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Orientation on 'Visions of the Good': A Narrative Analysis of Life Stories of Patients with Personality Disorders

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Abstract: Persons with a diagnosis of personality disorder struggle to experience meaning in life. This article explores how meaning in life of patients with personality disorder changes during intensive psychotherapy. In a qualitative study, life stories of nineteen Dutch patients receiving intensive psychotherapy, written both before and after treatment, were analyzed using holistic content analysis. Here, meaning in life was understood and operationalized in terms of the concept of orientation towards visions of the good by philosopher Charles Taylor. The findings suggest that patients experience both positive and negative shifts concerning meaning in life. On the one hand, in comparison to the first life stories, there is more awareness and insight about the way the 'good' is missing in the second life stories. On the other hand, there are more descriptions about being vulnerable, guilty or ashamed, whereas particular sources of meaning are missing.

Keywords: meaning in life; narrative analysis; life stories; personality disorders; psychotherapy

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1. Introduction

Both in philosophy and in psychology, various scholars state that meaning in life is crucial for human beings (King et al. 2016; Steger 2012). An increasing body of literature addresses the role of meaning in life in the context of psychotherapy (Huguelet et al. 2016). For instance, it is a widespread notion that issues of meaning in life explicitly or implicitly play a role in the problems that clients bring to therapy (Hill et al. 2015). This is also the case for patients with personality disorder (PD). Persons with PD experience problems with self-direction and identity; they are unable to organize diverse aspects of self-knowledge into an overarching autobiographical narrative (Livesley and Clarkin 2016). As a result, this can lead to the experience of life as dangerous and meaningless (Livesley 2003, 2011). Furthermore, there is evidence that meaning in life of patients who suffer from certain mental health disorders improves over the course of therapy (Volkert et al. 2014; Jørgensen et al. 2012). In the literature we also find an increase in attention for spirituality, a concept that is related to the concept of meaning in life, in relation to mental health, personality disorders and psychotherapy (Koenig 2010; Piedmont 2009; Bennett et al. 2013). Spirituality has been increasingly recognized to validate positive mental health treatment outcomes (e.g., Brown et al. 2013; Dixon and Wilcox 2016; Kyle 2013). Spirituality is, however, a rather ambiguous concept and thus difficult to study empirically (Koenig 2008; Hill 2018; Jastrzębski 2020). Spirituality is often associated with religion: Koenig (2008), for instance, warns against using the term spirituality to describe purely secular, psychological, or humanistic concepts, detached from religious connotations. A broad definition of spirituality, on the other hand, entails all attempts to find meaning, purpose, and hope in relation to the sacred or significant (which may have a

secular, religious, philosophical, humanist, or personal dimension) (Bussing et al. 2014). In this view, spirituality and meaning in life are closely related concepts. Given the caution of several researchers to use the term spirituality in a secular sense, when doing research in secular contexts, it may be less controversial and more inclusive to speak about meaning in life rather than about spirituality.

In this article, we present a study in which the focus is on meaning in life of patients with PD who received intensive (partially) hospitalized psychotherapy. The data of the study consists of the life stories of 19 these patients with PD in The Netherlands. Each of them wrote their life story before treatment, as part of the assessment; after the intensive treatment period of 9 to 12 months, they were asked to write their life story again without looking at the story that they had written before treatment.

Various authors emphasize the connection between life stories and meaning in life (Ricoeur 1991; Bruner 1990; Taylor 1989). For instance, Taylor (1989), when elaborating on his philosophical perspective on meaning in life, states that "we grasp our lives in a narrative" (p. 47). To tap into the meaning in life expressed by the life stories of the patients in our study, we decided to use Taylor's philosophical perspective as our starting point. This not only allowed us to bypass the ambiguity of psychological understandings of meaning in life in our empirical explorations, but also to assess meaning in life holistically. This seems important in view of the critique on the commonly used 'tripartite model' of meaning in life in psychology as consisting of coherence, mattering, and purpose (George and Park 2016; Heintzelman and King 2014; Martela and Steger 2016), phrased by Hill (2018) as follows: "these three constructs do not on the surface seem to form a cohesive or united whole; rather, they seem like three separate but related components" (p. 22). Here, it needs to be emphasized that the life narratives used offer a reduced image of the dynamic narrative meaning making processes of the patients and they are not representing images of their life as a whole. The conducted research can be seen as an attempt to understand these narratives as a spatial processes of moral orientation. The original aim of the study was to explore how meaning in life changes in the life stories of patients with PD before and after long-term intensive psychotherapy. A second aim that arose during the study was to explore how to translate a philosophical conceptualization of meaning in life into a qualitative method for empirically assessing meaning in life in life stories.

In his seminal work *Sources of the Self*, Taylor (1989) elaborates on a metaphorical conceptual understanding of searching for meaning in life in terms of an ongoing process of orientation (see Schuhmann and van der Geugten 2017, for an exploration of Taylor's philosophical conceptualization of searching for meaning in life in relation to the psychological model of meaning making by (Park 2010)). This process takes place in what Taylor calls 'moral space', the 'space of questions about the good' (p. 4). To experience our life as meaningful, we need to feel that we can live our lives in accordance with 'visions of the good' that, to us, represent a life worth living. These visions function as orientation frameworks in moral space; they provide us with direction concerning the question of how to live our lives, and help us evaluate whether or not we live a life worth living. Taylor speaks about this evaluative aspect of orientation frameworks in terms of 'strong evaluation' in order to stress that these frameworks do not simply represent what we like or desire in life, but what is of incomparable value to us. Taylor seemingly reluctantly applies the term 'spiritual' to orientation processes in moral space: "what deserves the vague term 'spiritual', is that they all involve what I have called elsewhere 'strong evaluation" (Taylor 1989, p. 4). At another point, Taylor describes orienting frameworks as "that in virtue of which we make sense of our lives spiritually" (p. 18). Therefore, in view of this spatial conceptualization of meaning in life, searching for meaning in life has a spiritual dimension as the search is for "ends and goods [that] stand independent of our own desires, inclinations, or choices [and] that represent standards by which these desires and choices are judged" (Taylor 1989, p. 20).

Taylor distinguishes three axes of orientation in moral space: orientations towards visions of the good that underpin our 'respect for others', visions of the good that underpin

our 'recognition for the self' and those that represent our 'perspectives on a full life'. These orientation processes in moral space are closely intertwined with narrative identity. These three axes offer a focus to find 'visions of the good' in the life narratives, this division is in itself not another tripartite framework to define meaning in life. Hermans and Hermans-Jansen (1995) devised the Self-Confrontation Method (SCM) to understand personality and identity from a narrative point of view, and to get insight into the specific content and organization of a client's valuation system. Visions of the good related to our *respect for others* can be understood in terms of what Hermans & Hermans-Jansen call 'O-motives', which reflect the desire for contact and union with others and are characterized by care, love, intimacy, and tenderness. Furthermore, visions of the good related to *recognition for the self* can be understood in terms of so-called S-motives, which reflect the desire for self-enhancement. In stories that people tell about themselves, O-motives and S-motives may be positively or negatively present. Positive motives appear in terms of joy, happiness, and inner calm. Negative motives appear in terms of sorrow, misfortune, and disappointment (Hermans and Hermans-Jansen 1995, p. 40). The third axe Taylors describes concerning moral space is 'perspectives on a full life' here understood as the 'goods' that give an understanding of what a full life would be in the stories.

Understanding the search for meaning in life in terms of orientation processes underscores that, generally, people do not need to actively engage in this search. Often, we simply live according to certain visions of a good life without asking ourselves what these visions are. It usually is when orientation is no longer possible, when we experience disorientation, that the search for meaning in life becomes an issue. Taylor argues how we all know experiences of being 'out of joint': when we feel lost, disillusioned, meaningless, or empty. Such an experience may still involve a sense of what it would mean to be 'back on track', and, therefore, a notion of a good life. Therefore, when meaning in life is perceived as a spatial concept, searching for meaning in life appears to have a twofold character. On the one hand, meaning in life is about knowing what visions of the 'good' we orient towards. Taylor speaks about this aspect of orientation in terms of knowing what the 'map' looks like. The crucial question here is whether we can envision notions of a life worth living. On the other hand, meaning in life has to do with a sense of where we stand in relation to these visions of the good, where we are on the map. The crucial question here is whether the goods are within reach or not.

As mentioned above, we present a qualitative study which explores how meaning in life changes in the life stories of patients (n = 19) with PD before and after long-term intensive (partly) hospitalized psychotherapy. As part of the assessment, patients were asked to write their life story. After the intensive treatment period of 9 to 12 months, they were asked to write their life story again, without looking at the story that they had written before treatment. We use Taylor's notion of meaning in life as orientation towards visions of the good in order to study life stories of patients before and after therapy. We think that translating a philosophical conceptualization of meaning in life into a qualitative method for empirically assessing meaning in life stories, is an innovative feature of this study. As mentioned above, meaning in life can be problematic for persons with PD because of problems with self-direction and identity (Livesley and Clarkin 2016). The philosophical framework of Taylor in combination with holistic content analysis offers a broad perspective in which every 'vision of the good' can be taken into account. Where more standard types of 'visions of the good' might be lost for persons with PD other 'visions of the good' might be found. The framework offers a focus on descriptions of orientation processes in moral space, which might be related to (problematic) processes of self-direction for persons with PD, which is also a spatial concept. Here, the framework might be uniquely beneficial for persons with PD. Furthermore, the aim of therapy specifically for patients with PD is to reconstruct their life narratives to become richer and flexible, thus increasing their sense of agency and purpose (Dimaggio et al. 2016). Here, the framework of visions of the good gives the opportunity to bring in the scope the way the narratives might become 'richer' in understanding how visions of the good increase or decrease. The method is in line with a

view of meaning in life in therapy as a complex issue that differs per client and is not easy to pinpoint (Vos 2017). The central research question in our study is *how does the orientation towards the good shift in the second life stories in comparison to the first life stories of patients with PD*? We reflect on the question of what we can learn from this study with respect to more firmly integrating narrative meaning in life as a field of attention in psychotherapy and make suggestions for future research.

2. Results

2.1. Respect for the Other

2.1.1. Respect for Others in the Pre-Treatment Stories

In the life stories, we see how others are described as representing a 'good', either by being 'good' or by showing what the 'good' should be. Table 1 shows which others represent a 'good'—or the lack of a 'good'—in the first life stories. Often, these others are family members. For example, r3 writes: 'our family is very open, warm and reflective'. Similarly, r19 writes that: 'there was so much love and a great sense of humor in our family'. Often, the family members who represent the 'good' are parents: "My mother always stayed home since she had kids to take care of us. She is a sweet, caring woman (. . .) My father always worked a lot. He was an example for us in hard work" (r14). Care, provided by the mother, appears as the 'good' for several respondents (r5, r6, r8, r10, r14, r21), while the father earns respect because of his work (r6, r9, r14). Brothers and sisters are also mentioned as representing the 'good' (r15, r16, r3, r10, r31). For one respondent her grandfather is of great significance in her life, she writes about his farm: 'I loved coming there, because he had so many animals there. Our shared love for animals made our connection very strong' (r31). Her greatest aim in life stems from that, to be a vet. Her grandfather shows her the 'good' of loving animals that she tries to integrate into her life.

Table 1. Respect for the other in the first life story.

The Other	'Respect for the Other' Respondents	Others Show the Lack of the Good Respondents
Father	r6, r9, r14	r25, r31, r20, r15
Mother	r5, r6, r8, r10, r14, r21	
Brothers, sisters	r15, r16, r3, r14, r10, r22, r31, r33	r29, r8, r10
Family	r3, r19	
Grandfather	r31	
Aunt & uncle	r33	
Romantic relationship	r6, r8, r9	r22, r8
Class at school	r29, r16, r25	r6, r22
Teacher	r15	
Little or no 'other'	r9, r22, r17	

Family members who represent the 'good' may, however, also confront respondents with a 'good' that they lack in their own life: 'My sister was my antitype at that time, she had everything right, great grades and she went to the gymnasium. She was doing her homework when she came out of school' (r15). One respondent describes how being in the company of her 'good' sister during holidays even makes her feel superfluous, which leads to suicidal thoughts (r33). Furthermore, family members are sometimes described as being the opposite of 'good'. One respondent writes about her brother: 'I noticed my parents got frustrated with him. I told myself I had to be exactly the opposite from my brother.' (r10).

Apart from family members, other people are also mentioned as representing the 'good'. Several respondents describe how their romantic relationship is the 'good' (r6, r8, r9). One respondent explains how her boyfriend is the 'good' for her: 'He is intelligent, ambitious, sporty, funny, patient and he can take care of me like no other' (r9). For a few respondents, being in a relationship is also a 'good' they want to integrate or keep in their lives. For several respondents, school and meeting their classmates is an encounter with the

'good'—but it may also be a confrontation with the lack of it (r10, r29, r6, r16, r22, r25). This can be in two ways. First, it can be in a way of admiration, the other shows the good and confronts the respondent with the lack of that good in their own life. As one respondent describes: 'Started to look at my classmates, in my eyes they were perfect. I wanted that too.' (r29). Or the other shows the lack of the good, here it is in a way of disgust. School time is not easy for the respondents, the admiration or disgust towards the other makes them lonely and insecure. Here, the theme of respect for the other is closely related with appreciation for the self.

As shown in Table 1, several others are described as representing a 'good', either by being 'good' or by showing what the 'good' is. Some others are also showing the lack of the 'good' this is mostly the father or brothers. When the other is the 'good' for the respondents the aim is to integrate that person into their life. When the other shows the 'good', there are descriptions on how the respondents try to integrate this 'good' into their story as well.

2.1.2. Respect for Others in the Post-Treatment Stories

Comparing the post-treatment life stories to the first life stories, the most obvious shift concerning respect for others is a decrease in respect for parents (r6, r14, r15, r21, r31). In the post-treatment stories, respondents articulate what they would see as 'good' in parents, and how that is lacking in their own parents. For example, one respondent writes: 'They had serious mismanagement of their finances; they had bought a house in Italy that they could not finance. I was angry, sad, and desperate about that' (r6). In the second life stories, respondents explicitly connect a lack of self-esteem to their upbringing. For instance, in the first story of r15, she describes her 'lick my ass' attitude towards her parents without further explanation. In the post-treatment story, she explains that the 'good' that she expects from her parents—to be there for her—was missing: 'I hated them for the fact that they brought me into the world without being there for me, and that they didn't give me what I needed' (r15).

Two respondents (r5, r29), however, show more respect for their father in the post-treatment story. In his first story, r5 describes how, when he called for him as a child, his father did not answer. This episode is described differently in the post-treatment story, where r5 writes about his father: 'deep down I know that he did not want it that way, but perhaps hadn't learned how to do it differently'.

In the second stories more of an increase in respect for the other, apart from family members, can be found (r8, r10, r15, r19, r20, r22) then a decrease in respect for the other (r9, r17, r15). In the first story r10 already talked about the importance of his friends and in the second story he uses more powerful words: 'my friends, at that moment the only bright spot in my life'.

In conclusion, it can be said that respect for the other concerning parents decreases and respect for the other about others then family members increases in the second life story (see Table 2).

Table 2. Respect for others in the second life story.

Others	Increase of 'Respect'	Decrease of 'Respect'
Parents	r5 & 29	r6, r14, r15, r21, r31
Others	r8, r10, r15, r19, r20, r22	r9, r17, r15

2.2. Recognition for the Self

2.2.1. Recognition for the Self in the Pre-Treatment Stories

Concerning the theme of appreciation and recognition for the self, various 'goods' are described in the first life-stories that serve as sources of self-esteem (see Table 3). Parents are an important source of recognition and appreciation (r21, r8, r10, r5, r6): 'I used to get a lot of confirmation from my parents and what I did was good' (r8). Two male respondents (r5 and r6) gain recognition from their parents through school performance and through

sport and this predominates in their life story. Various respondents emphasize being 'good' at school or work as a source of self-esteem (r6, r17, r29, r21, r22). For example, r5 writes: 'Work was the only thing I had under control, where I felt appreciated and where there was development.' Dance and musical are also mentioned. For example, one respondent says: 'When I am on stage with my dance group, I do not really worry about myself, I have more self-confidence and I feel at ease' (r33). Several respondents derive recognition and appreciation from caring or being responsible for others (r22, r20, r14, r19). Three respondents describe how the source of recognition and appreciation lies within themselves so that they are not dependent on others: 'I like to look in the mirror and talk to myself a lot, I have one best friend and that is myself. I often talk to myself about how clever it is all that I can still do and keep up' (r25).

Table 3. Sources of recognition in the first life story.

Sources of Recognition for the Self in the First Life Story	Respondents
Parents	r21, r10, r5, r6
Sports	r3, r5, r6, r21, r22, r33
School	r6, r17, r29, r21, r22
Work	r5, r15
Online	r10, r19
Being caring or responsible	r14, r19, r20, r22
Theirselves	r25, r29
(Losing) weight	r14, r19, r29, r33

Several sources of recognition and appreciation are described in more ambiguous terms, as goods which also have a negative flip side. Two respondents find recognition online; one through chatting (r19) and the other one through gaming: 'I started to play more and more online on the computer. I was very good at it and played with people from all over Europe. I could get a certain sense of satisfaction from it' (r10). The recognition he gets from playing online on the computer, however, also confronts him with the lack of recognition and appreciation he gets in his daily life for who he is: "I was very alone but when I was behind the computer, I was in another world. I withdrew further and further and became quieter. At night I sat at the computer and during the day I lived in a fantasy world that closely resembled the virtual world" (r10). Being absorbed in the virtual world, nothing in the real world interests him anymore: here he neglects himself and has no appreciation for himself. Body weight is also described as a source of self-esteem and recognition (r14, r33, r19, r29) that may have a downside. For several female respondents, losing weight is a way to gain recognition: "But I lost weight. That was something I was good at, which I also got attention for. Negative, but I got the attention I craved. [. . .] I would lose weight and be just like the rest. Then they would probably like me" (r29). However, respondents also describe these attempts to integrate the 'good' of losing weight in their life as a struggle. If they don't succeed to lose weight, this results in a lack of self-esteem. Weight can also be a reason for a lack of appreciation and recognition. One respondent is bullied because of her weight: "I was also on the plump side then, so I was called 'fat, ugly pig, rotten child, and more ugly names" (r19).

Various respondents write about a lack of appreciation and recognition. One respondent describes the 'good' in terms of working, having children, and playing sports. She sees herself as a bad and stupid person as she cannot achieve this 'good': 'I have achieved nothing, what a bad and stupid person I am. Any other being can do this, can work, have children, and play sports and there is nothing wrong with them' (r15). Another respondent describes his upbringing in a religious village, where it was often held against him that he was not raised religiously: 'I often felt undervalued and inferior because of this. Due to this I think often had a great need for recognition in my life and I always strived for perfection in the things I did (r5). Many respondents have keenly experienced a lack of

appreciation and recognition from their classmates. R17, for example, writes: "I can still remember a moment when we had some sort of anti-bullying training and the class had to tell each other what good qualities they had. Everyone thought I was smart and friendly, but nobody liked me. That hurt a lot" (r17). Lack of recognition from classmates is apparent in the stories of several respondents who talk about bullying (r33, r22, r19, r10, r3).

Severe lack of self-esteem is often related to feelings of shame, guilt, or regret. Here, respondents describe events or experiences that prevent them from seeing themselves as 'good'. One respondent describes strong feelings of guilt for burdening her parents with her problems (r19). In another story, shame and guilt are described in relation to having been raped (r15). One respondent feels shame about sex with an older man: 'That night he had sex with me. I was 15, he was 42 or 43. Hearing that age still makes me feel like puking. (. . .) Lately I have noticed that I can experience shame very strongly, and that I carry it with me for a long time' (r17). In several stories, experiencing a lack of recognition and appreciation seems to result in suicidality.

When respondents do not manage to live up to their own visions of the 'good', when they are lacking self-esteem, they do not want to show to others what is going on: 'I no longer allowed myself to cry. I had cried several times in class. I was determined not to let this happen again; I was not allowed to be weak' (r29). Another respondent describes how her problems make it difficult for her to openup to others: "I know I'm not the easiest person to get along with because of my problems and I don't really want to do this to anyone" (r33). Respondents seem to find it difficult to search for or find recognition by others for being vulnerable, for failing to live a 'good' life.

Three aspects stand out in the first life stories regarding the theme of appreciation and recognition for the self. Firstly, various sources are mentioned from which the respondents derive recognition and appreciation. Secondly, when there is a severe lack of appreciation and recognition for the self, terms as shame, guilt and regret are used. Thirdly, respondents describe how they do not allow themselves to show vulnerability when they fail to live up to certain visions of the 'good'.

2.2.2. Recognition for the Self in the Post-Treatment Stories

In the second life stories, there are shifts in how respondents relate to the sources of appreciation and recognition for the self that they mentioned in their first life story (r3, r10, r16, r17, r29). Sometimes, a source disappears: while r10 describes in the first story how he finds recognition and appreciation in gaming, he no longer mentions gaming in the second story. A source of recognition that was mentioned in the first story may also be highlighted in the second story. For instance, in her second life story, r16 describes more forcefully how her control over food gave her 'power and success', and r17 more strongly emphasizes that dancing is an important source of recognition. Additionally, sometimes a source of recognition is described in more ambiguous terms. While r3 described musical theatre purely positively as her main source of recognition in the first story, she is more critical about musical and the musical scene in her second life story.

Overall, we see an increase in appreciation and recognition for the self in the second life stories of some respondents (r8, r9, r16, r20, r31), while we see a decrease in the second life stories of others (r3, r17, r20, r21, r29, r31). Respondents generally describe that they have gained more insight into the reasons for their lack of self-esteem and recognition (r3, r10, r14, r15, r17, r20, r21, r31). They often situate those reasons outside of themselves. They point for instance at social disadvantage (r10) or at the role of their parents (r3, r6, r14, r20): 'Extra cuddling, more play, all those things that are normal in a family, it was just not there' (r20). Sometimes, they also point at reasons within themselves. For instance, in the second story, r15 describes that her refusal to adapt caused her "misery": 'Because of the trimmed hair I had back then, I was often called a boy and more. Instead of adapting myself, I never changed myself to the average. I was insecure and the bullying and unkind behavior of the children caused me trouble, but I did not adapt' (r15).

In the post-treatment stories, respondents elaborate more on feelings of guilt, shame, and regret in relation to a lack recognition for the self (r14, r16, r17, r22, r29). R22 describes that she feels guilty about her sister's miscarriage. R14 also describes guilt in relation to miscarriages in her family: "I felt very guilty and responsible as if I should have prevented the miscarriages as a 14-year-old." Furthermore, there appears more room for vulnerability in the post-treatment stories (r5, r6, r9, r14, r25). Respondents express more appreciation and recognition for the self when some 'good' does not work out. For r6, being 'tough and strong' plays a more prominent role in the first story than in the second one. R5 explains that he has learned 'not to put too much pressure on myself and to take my vulnerabilities into account.' R8 also literally mentions the notion of vulnerability: 'I have learned that by being vulnerable I make more contact with others' (r8). A tear that she describes in her second story seems to symbolize how she embraces her vulnerability: "A young adult, who doesn't even realize what she's been through, and could never be angry or sad about it. And in the reflection of my laptop, I now see something beautiful. A bright tear rolling down my cheek. A tear that has been lost for many years and has found its way back" (r20).

In the post-treatment stories, both a decrease and an increase in appreciation and recognition for the self can be found. Respondents' relation with sources for self-esteem and recognition that they mentioned in their first life stories have changed in different ways. Respondents also express more insight into the reasons for the lack of appreciation and recognition for the self in their post-treatment stories. They elaborate more on themes of shame, guilt and regret, and 'being vulnerable' appears as a 'good' from which they derive appreciation and recognition for the self.

2.3. Sources of a Full Life

2.3.1. Sources of a Full Life in the Pre-Treatment Stories

In the first life stories, respondents describe various 'goods' that make for a full, rich life (See Table 4). We first describe 'goods' that respondents describe as being or having been present in their lives. The first of these 'goods' is having a love affair or being in a relationship (r6, r25, r10, r14): 'When I was 15 years old, I started dating a girl from our church. From that moment on that was really my everything' (r25). One respondent writes about the moment she started a relationship: 'where I was sick of life at the beginning of the year, he showed me a good side of life again.' (r14). The second 'good' that respondents describe as providing life with fulness is having and maintaining social contacts (r14, r20, r21, r17). The third 'good' is religious faith (r14, r22, r25). One respondent describes how faith offers her both support and hope: "I get a lot of support and hope from it (. . .) yet it comes back every time and gives me strength to keep going and not to give up" (r14). The fourth 'good' that respondents describe is the birth of nephews and nieces (r14, r22): "standing at the crossroads of a literal choice between 'life' or 'death'. Chosen for life, until at least the birth of a nephew or niece in January" (r22). For r22, the upcoming birth of a nephew or niece is what makes her choose life. The fifth 'good' that makes for a full life is having a home (r5, r16, r19, r20). This good is described in terms of the desire to be at home and maintaining a cozy home. The sixth 'good' is being able to practice sports and achieve school performance (r5, r6, r21). The respondents who describe these abilities as goals are all men. The seventh 'good' that is described as a source of fulness is the pursuit of calmness or tranquility (r3, r16, r21, r29, r31). Respondents strive for tranquility in a specific ways; for example in this case with a dark undertone, r3 describes how the thought of the possibility of suicide gives her tranquility. The eighth 'good' are specific activities, here referred to as 'hobbies'. Respondents speak about painting, playing the guitar (r29), gaming and philosophy (r10), water polo (r31), ball-folk dancing (r33) and musical (r3). Finally, the ninth 'good' that respondents mention in the first life story as a source of fulness is contact with animals (r8, r10, r19, r31, r33).

Table 4. Sources of 'fulness' that are or were present in the first life story.

	Sources of 'Fulness'	Respondents
1	A romantic relationship	r6, r25, r10, r14
2	Social contacts	r14, r20, r21, r17
3	Faith	r14, r22, r25
4	Nieces/nephews	r14, r22
5	A home	r5, r16, r19, r20, r29
6	Performing in sports and school	r5, r6, r21
7	Tranquility	r3, r16, r21, r29, r31
8	Hobbies	r29, r10, r19, r31, r33, r3
9	(Contact with) animals	r8, r10, r19, r31, r33

Respondents also talk about visions of fulness that they are orienting towards, but that they have not (yet) integrated in their lives. These are listed in Table 5. A 'good' worth pursuing that various respondents mention is getting better, usually through therapy (r15, r29, r25, r3, r5). A few respondents speak of a life motto or life philosophy that they aspire for (r15, r22, r29). Several respondents also describe more concrete goals as aspiration for the future. R10, for instance, writes: 'I really want to buy my own apartment, a job and my first dog. This is therefore my aim' (r10).

Table 5. Sources of 'fulness' that respondents aspire to in the first life story.

Striving for the 'Good' beyond the Horizon	Respondents
Getting better	r15, r29, r25, r3, r5
Becoming someone else	r3
Becoming myself	r31
Working on myself	r10, r15
Finding answers within myself	r5
Not to survive but to live	r5, r8
Happiness	r3, r5, r9, r15
Livegoal/philosophy	r15, r22, r29

Most respondents also write about how they lost sources of fulness. For some respondents, such a loss of fulness results in a complete loss of interest in life (r3, r5, r15, r17, r19, r22): "My whole body ached. Mentally I was completely exhausted. I had no money and ate & drank very badly. I felt abandoned and hoped every day that I wouldn't see the morning again" (r6). While suicidality is sometimes described in terms of the loss of all 'good', several respondents write about the option of suicide as a last resort, the one potential 'good' that remains when all other visions of the 'good' fail. In the story of one respondent, tranquility is a recurring 'good', and the idea of giving up life is described as giving her a sense of calmness (r3). Here, the option of suicide seems to be envisioned as an ultimate way to achieve the 'good' of tranquility. We find that suicide is a theme that is linked in complex and ambiguous ways with respondents' orientation towards the 'good'.

Three aspects stand out in the first life stories regarding living a full life. First, nine sources of fulness are described in the stories as being or having been present in the lives of respondents. Second, the respondents describe various visions of fulness that they aspire towards. Thirdly, the respondents describe different experiences and moments when the 'good' in the sense of fulness was lost. The theme of suicidality is linked in complex and ambiguous ways to loss of and aspiration towards the 'good'.

2.3.2. Sources of a Full Life in the Post-Treatment Stories

In the second life stories, there are various shifts concerning the relevance of the nine sources of fulness that respondents, in their first life stories, describe as being present or having been present in their lives (see Table 6). The importance of six sources decreases, the importance of two sources increases and the importance of one source remains the

same. For instance, concerning the theme of religious faith, r14, who in the first story was somewhat ambiguous about the role of faith, writes in the second story: 'Faith has been a common thread in my life and upbringing. (. . .) Faith still plays an important role' (See Table 6).

Table 6. Sources of the 'fulness' in the post-treatment stories.

	Sources	Respondents	Shift
1	A romantic relationship	r6, r10, r14, r25	Decrease
2	Social contacts	r14, r17, r20, r21	Increase
3	Faith	r14, r22, r25	Increase
4	Nieces/nephews	r14, r22	Same
5	A home	r5, r16, r19, r20, r29	Decrease
6	Performing in sports and school	r5, r6, r21	Decrease
7	Tranquility	r3, r16, r21, r29, r31	Decrease
8	Hobby's	r29, r10, r19, r31, r33, r3	Decrease
9	(Contact with) animals	r8, r10, r19, r31, r33	Decrease

In the post-treatment stories, shifts are also seen regarding the visions of fulness that respondents aspired to according to their first life stories (see Table 7). Sometimes, respondents write that they have reached their vision. For example, R31 writes that the 'good' of 'becoming myself' has been achieved. Additionally, R3 writes: 'I remember I wrote in my life story at the beginning of this year that I wanted to run away from the Enk as a different person. I have achieved this and proudly complete my treatment' (r3). There are also shifts concerning the role of therapeutic treatment in aspirations for fulness. Several respondents do no longer mention therapy in their second life story, although they express high expectations of the treatment in their first life story (r3, r5, r25, r29). For several respondents, therapy is described as a crucial 'good' or as that which has brought the 'good' within reach (r3, r5, r6, r9, r19, r20). Various of these respondents write about their treatment in terms of gratitude: 'thankful that it turned out this way' (r3), 'what a gift' (r5), 'I am grateful' (r20), 'grateful' (r25). Some conclude their stories with strong, almost poetic descriptions about how they changed because of the therapy (r3, r5, r8, r9, r19, r20, r31, r32), for example: "I started here with my heels in the sand[1], with little hope of a happy ending. Now I can say that this ending is better than I could have ever dreamed. I have not become a different person, but more myself. I look forward to the future, sometimes it is exciting but also full of possibilities. I only see myself growing into who I am supposed to be" (r31).

Table 7. The 'good' beyond the horizon in the second life story.

The Good beyond the Horizon	Respondent 1st Life Story	2nd Life Story
Therapy	r3, r5, r25	Positively described: r3, r5, r6, r9, r19, r20
Getting bettter	r3, r5, r15, r25, r29,	No longer mentioned
Becoming someone else	r3	'succeeded' (r3)
Becoming oneself	r31	'i did it' (r31)
Working on myself	r10, r15	No longer mentioned
Finding answers within myself	r5	'succeeded' (r5)
Not to survive but to live	r5, r8	'i'm no longer just surviving' (r5)
Happiness	r3, r5, r9, r15	'on my way to happiness' (r5) 'made it' r9
Livegoal/philosophy	r15, r22, r29	less strongly mentioned

Several respondents elaborate more on their loss of the 'good' in the second life story in comparison to their first story (r9, r14, r16, r17, r22, r33). For example, r16 writes 'I couldn't fight anymore after all these years, keep going, fall, get up and fight some more. I had put all the pain and sorrow so far away and now it all came out' (r16). R22 describes more about how severe her mother's miscarriages were. In some stories, respondents more strongly emphasize their experience of the lack of 'good'. Here, they use terms like 'despair, loneliness and misfortune' (r33) or 'it was a black hole' (r17).

In the second life stories, the relevance of certain sources of fulness diminishes. Some respondents have achieved a 'good' that they aspired to according to their first life stories Others do not mention these aspirations anymore. Experiences of the lack of the 'good' are described more forcefully. Some respondents end their second life stories with poetic descriptions.

3. Materials and Methods

3.1. Participants

The current study was implemented between 2016 and 2018 at a large Dutch regional mental healthcare center, at the department for psychotherapy for treatment of patients with PD[2]. Patients are treated with intensive multimethod group dynamic psychotherapy in a fully or partly hospitalized setting, in accordance with the national guidelines for treatment of personality disorders (CBO 2008) and comparable to a treatment framework as described by Livesley and Clarkin (2016).

The treatment program consists of large group meetings, sociotherapy, group psychotherapies, art therapy, psychodrama, psychomotor therapy, and music therapy. The group psychotherapy was similar in both treatment settings and was based on the integration of psychodynamic, experiential, cognitive-behavioral and systemic psychotherapy approaches with a frequency of once (this department is called Enk) or twice a week (this department is called Zwaluw). The participants were assigned to groups of no more than nine patients. Each patient participated in family therapy whenever possible and received pharmacotherapy if necessary. In the inpatient program (Zwaluw), a maximum of 27 patients attended therapy for five days per week. Inpatient treatment duration was typically 12 months, followed by three months of partial hospitalization. In the partial hospitalization (Enk) program, a maximum of 27 patients attended therapy for three to four days per week. Treatment duration was typically 9 to 12 months. This research is part of a research project in which a part of the stories are analyzed before (Steen et al. 2022).

Nineteen participants in the study who completed their treatment gave permission to use their life stories, written before and after treatment (Table 8). All respondents had undergone various types of treatment several times before, some from childhood onwards. The hospitalized group had more previous hospitalizations and suicide attempts and used more medication. Four of the respondents are male and fifteen are female. This is representative of the usual male-female distribution of this target group. The youngest respondent is eighteen and the oldest thirty, the average age is twenty-three.

The second number refers to the original numbering at r = 37, this is the number that is used in the data processing because the respondents are stored and anonymized according to that numbering; Diagnoses according to SCID II (for the personality disorder (PS) and DSM-IV TR; Ages are grouped to ensure anonymity; The age as noted when writing the first life story: NF means that the respondent started the education but did not complete it (not finished); NOS: not otherwise specified.

Table 8. Demographic and diagnostic characteristics of the authors of life-stories as written within the context of an intensive psychotherapy program for patients with a personality disorder (PD).

NR.	NR.	Sex	Age	Education	Diagnosis DSM-IV
1	3	F	18–20	Higher professional, NF	Borderline PD, depression
2	5	M	28–30	Higher professional, first year finished	Obsessive compulsive PD, depression recurrent
3	6	M	22–24	Higher professional, NF	Narcissistic, dysthymia somatoform disorder, depression,
4	7	M	22–24	Secondary professional	Borderline PS, substance dependence in early remission, recurrent major depressive disorder in partial remission
5	8	F	28–30	Higher professional	PD NOSand dysthymia
6	9	F	26–28	Higher professional	Borderline PD
7	10	M	22–24	Pre-university	Avoidant PD, depression recurrent in partial remission
8	14	F	22–24	Bachelor university	PD NOS, dysthymia, eating disorder
9	15	F	22–24	High school	Borderline PD, alcohol abuse, ADHD
10	16	F	18–20	Secondary vocational, Secondary vocational, not finished	Borderline and avoidant PD, ADD and recurrent depression
11	17	F	18–20	University, not finished	PD NOS
12	19	F	22–24	Secondary vocational	Avoidant, Obsessive-compulsive and Borderline PD, Undifferentiated Somatofom Disorder, eating disorder
13	20	F	24–26	High school	Avoidant PD, pain disorder
14	21	M	24–26	Higher professional, not finished	Avoidant PD
15	22	F	28–30	Secondary vocational	PD NOS
16	25	M	20–22	Secondary vocational	Borderline PD and PD NOS, alcohol abuse, Major Depressive Disorder, Moderate.
17	29	F	18–20	Secondary vocational	Avoidant PD and dysthymia and post traumatic stress disorder
18	31	F	24–26	Bachelor university	PS NOS and ADD
19	33	F	18–20	High school not finished	PD NOS

3.2. Materials

Following a naturalistic design, the data for this study consisted of life stories, written by patients before and after treatment as part of the standard assessment and treatment. These materials are also analyzed for further qualitative narrative research (Steen et al. 2022). Before treatment, as part of the assessment, patients were asked to write a life story of no more than three and-a-half pages. They were asked to (1) write a life story that gives others an impression of themselves, (2) describe their family of origin, (3) describe how they got along at school, during any further education and at work (if applicable) and (4) how they experienced friendships, relationships, and sexuality. They also were invited to address major negative and positive life events and their response to these events.

After the intensive treatment period of 9 to 12 months patients were asked to write a new life story without looking at the old one (to avoid replication) and without instructions. The maximum length was the same. Fully hospitalized patients did this at the end of the clinical phase (after 12 months), and partially hospitalized patients did this at the end of 9 to 12 months of treatment. This post-treatment story was read aloud at the final group psychotherapy session and reflected upon by the group and therapist. The life stories

were anonymized by the first author. The institutional scientific ethics committee from the mental health care institution authorized the data collection, and all patients provided their informed consent.

3.3. Method of Analysis

In our analysis, the philosophical conceptualization by Taylor (1989) of meaning in life as orientation towards visions of the good served as the theoretical point of departure. We assessed meaning in life in the life stories before and after treatment using a holistic content analysis (Lieblich et al. 1998). In holistic content analysis, the focus is on the story as a whole and on how parts relate to the whole story (Lieblich et al. 1998, p. 13). For each of the stories, we followed the five steps of a holistic content analysis, described by Lieblich et al. (1998): (1) close reading of the material (three times), (2) writing a global impression, (3) looking for themes throughout the text and choosing which ones to follow, (4) marking these themes throughout the text; (5) drawing conclusions and writing them down. In step 2, in line with the spatial metaphor of orientation that Taylor uses, we adopted a spatial view of the life stories. We examined what the stories express concerning questions like 'where am I going?', 'where do I stand?', 'what did I leave behind?', 'what is out of my reach?'.

In step 3 of the analysis, we used a theoretical framework based on Taylor's (1989) distinction between three dimensions of meaning in life, related to three axes of orientation in moral space: orientations towards visions of the good that underpin our 'respect for others', visions of the good that underpin our 'recognition for the self' and those that represent our 'perspectives on a full life' (see Table 9). On each axis, we explored which 'goods' were described in the life stories; furthermore, we explored to what extent these 'goods' were described as being within reach or out of reach for the respondent (see Table 9). We interpreted 'goods' that were within reach in terms of 'orientation' and those that were out of reach in terms of 'disorientation'. We described orientation and disorientation qualitatively, in order to capture fluctuations and ambiguities concerning orientation within the life stories.

Furthermore, for our analysis we elaborated on two of the three axes of orientation—'respect for others' and 'recognition for the self'—using the theory of the Self-Confrontation Method (SCM) as mentioned above (Hermans and Hermans-Jansen 1995). In our analysis, we interpreted positive and negative O-motives in life stories in terms of visions of the good along the axis of respect for others being within reach or out of reach. We interpreted positive and negative S-motives in the life stories in terms of visions of the good along the axis of recognition for the self being within reach or out of reach. The axe of vision of a full life is analyzed separately from the SCM and is defined as the 'goods' that make life worth living separately from respect for others and recognition for the self. In this way, we explored (1) what visions of the 'good' along the three orientation axes respondents articulate in their life stories and (2) whether they feel they are oriented towards these visions. See Table 9.

After analyzing the first and second life stories separately, we added one more step to our analysis in which we compared the two life stories of each respondent. Here, we explored whether and how orientation towards visions of the 'good' shifts from the first to the second stories (see Table 10). This allowed us not only to assess whether respondents articulated 'more' or 'less' meaning in their post-treatment stories, compared to the ones written before treatment—in the sense of feeling that visions of the good had moved within reach or out of reach—but also whether the meaning frames themselves, 'the visions of the good' articulated in the life stories, had changed during treatment. Shifts to 'more' or 'less' meaning was described qualitatively and assessed using two indicators: (1) respondents mention visions of the good more or less often in the second life story. For example, one respondent (r20) describes 'staying at home' as an important 'good' in the first story, its mentioned ten times in the first story in a positive connotation. In the second story the concept of 'staying at home' Is only mentioned once, in a negative connotation. This is

analyzed as the vision of the 'good' of staying at home is decreased. (2) Respondents describe the relevance or presence of a vision of the good in their life in stronger or weaker terms, here we look for a change in language that is used. For example, one respondent mentions 'religious faith' in her first story as something important, but she also describes that sometimes she does not really care about it or it does not really have any role in her life. In the second story she describes her faith purely positive, and she describes it as a 'connecting line in her whole life'. This is interpreted as and increasement of the vision the good.

Table 9. Theoretical framework for analysis.

	Taylor (1989)	Hermans and Hermans-Jansen (1995)	The 'Good'
1.	Respect for the other, the other seen as autonomous and worthy of respect	O-motives: connectedness, surrendering (longing for) contact with others, care, love, closeness, appreciation	The other shows the 'good' to the respondent or is the 'good' for the respondent
2.	Recognition for the self, Appreciation, self-worth	S-motives: self-affirmation, autonomous, pride, strength, success, self-confidence, capability	The 'good' is integrated in the self
3.	Visions of a full life: fullness, depth, worth, richness		The 'good' is that which makes life worth living
+	Orientation, integration of the 'good'	joy, happiness, and inner calm	The 'good' is within reach
-	Disorientation, loss of the 'good'	sorrow, misfortune, and disappointment	The 'good' is out of reach

The stories were analyzed by the first author. During the analysis, the process and results were thoroughly discussed with the other authors.

Table 10. Analysis per respondent.

Aspect of the 'Good'	**Lifestory 1**			**Lifestory 2**			**Shift**
Respect for the other	The 'good'	Described as within reach	Described as out of reach	The 'good'	Described as within reach	Described as out of reach	Did the description of the 'good' change? More or less described or weaker or stronger?
Recognition for the self	The 'good'	Described as within reach	Described as out of reach	The 'good'	Described as within reach	Described as out of reach	Did the description of the 'good' change? More or less described or weaker or stronger?
Visions of a full life	The 'good'	Described as within reach	Described as out of reach	The 'good'	Described as within reach	Described as out of reach	Did the description of the 'good' change? More or less described or weaker or stronger?

4. Conclusions

We investigated 'visions of the good' in 19 life stories before and after intensive psychotherapeutic treatment of patients with personality disorder by means of a qualitative narrative analysis in the form of a holistic content analysis. The central research question was: how does the orientation towards the good shift in the second life stories in comparison to the first life stories of patients with PD? In the first life stories we see a wide variation of descriptions of the 'good' following the three axes. Several 'others' are described as representing a 'good', either by being 'good' or by showing what the 'good' is, some others

are also showing the lack of the 'good'. When the other is the 'good' for the respondents the aim is to integrate that person into their life. Various sources are mentioned in the first stories from which the respondents derive recognition and appreciation, when there is a severe lack of appreciation and recognition for the self, terms as shame, guilt and regret are used. Respondents describe in the first stories how they do not allow themselves to show vulnerability when they fail to live up to certain visions of the 'good'. Nine sources of fulness are described in the first stories as being or having been present in the lives of respondents. The respondents describe different experiences and moments when the 'good' in the sense of fulness was lost. The theme of suicidality is linked in complex and ambiguous ways to loss of and aspiration towards the 'good.' The results show various shifts between what is seen as, present as, and aspired for as 'goods' in the second life stories. The most distinct patterns that we found are:

- In the second story, parents stand less for the 'good' and others are more important.
- In the second story there is more recognition and appreciation for the vulnerable side of the respondents, where the 'good' does not work.
- More descriptions of feeling vulnerable, guilty, ashamed (lack of finding 'the good' within oneself) are found in the second story.
- In the second story, several visions of the 'good', which in the first story can be seen as sources of meaningful life, are no longer mentioned (animals, philosophy, gaming).
- In the second story, several respondents conclude with poetic statements in which they indicate that they have achieved 'good' through therapy.
- We see a dynamic between the map and being located on the map and the reachability of the 'visions of the good' on the map.

The secondary aim of the research was to explore how to translate a philosophical conceptualization of meaning in life into a qualitative method for empirically assessing meaning in life stories. As stated above, spirituality is a notoriously ambiguous concept and difficult to study empirically (Koenig 2008; Hill 2018; Jastrzębski 2020). The philosophical framework of 'orientation towards visions of the good' appeared to be of use. Analyzing the stories while looking for 'visions of the good' as within reach and out of reach shows a whole dynamic of struggles and strivings within the life stories of the respondents. The conceptualization allows for capturing the complexity of meaning-making processes; there is a map, a location on the map, a direction in which we move on the map, there is orientation and disorientation, 'goods' can be within reach or out of reach. This is a spatial dynamic in which it is questioned what position was described with respect to 'goods'. The three axes show how 'goods' can be located within the other, the self or in the ideal. Collecting data at two different moments in time makes it possible to explore how 'visions of the good' shift per respondent. The results show how, as stated in the introduction, there is a connection between life stories and meaning in life (Ricoeur 1991; Bruner 1990; Taylor 1989). We found descriptions of experiences that are, in Taylor's (1989) terminology, severely disorienting: moments of feeling 'out of joint' in which all 'good' is lost, where we read suicidal thoughts and hopelessness, where the option of suicide appears to be the only 'good' left. However, in each of these descriptions we also find an orientation towards the good, a notion of how it would be to be 'back on the track'—there is still a relation to 'goods' that make life worth living, even though they seem (completely) out of reach.

In this research we aimed to dive directly into the normative evaluations of the clients about the 'good', without evaluating the 'good's itself and with an open vision for all potential goods as much as possible. Nevertheless, there were inescapable visions of the good of the authors present in process of the data analysis and thus in the selection of 'goods'. The first author, being educated and employed as a spiritual counsellor, looked for goods that seemed 'meaningful' for the clients and in some cases might have been drawn towards a 'good' that seemed meaningful because of it's meaning for the author (for example philosophy). Christopher (2006) argues that each therapeutic school has an underlying moral vision, even though they are presented to be 'neutral', and that often these moral visions are based on Western values such as autonomy and individualism.

During the research, we had ongoing discussions in our multidisciplinary research team in order to keep an eye on these biases.

These discussions led us to question whether some of the 'goods' that we found to be 'meaningful' for patients are 'healthy' from a more psychological point of view, for example gaming or a focus on contact with animals. For clients with PD, interpersonal contact is often problematic and contact with animals can be a substitute for the experience of love and/or connection with humans. The therapy for the young adults at the GGZ department where this research was conducted (Zwaluw & Enk) focusses on growth on the interpersonal level. This might be a reason why therapists do not support contact with animals. (For other, older client groups with a more stable and heavier diagnosis, the contact with animals is more often encouraged by therapists because there is less hope of restoring the potential for interpersonal contact.) In the results, we see how recognition for the self and respect for others improves, and how being vulnerable becomes more valuable for respondents. This confirms the therapeutic aim of improving interpersonal functioning. This focus on interpersonal behavior might, however, contribute to the disappearance of certain visions of the good that could be of meaning for the clients. This raises the question of whether therapy might be improved by not focusing on interpersonal behavior only but also taking other sources of full life into account.

Spiritual counsellors can have a significant role in this. Spiritual counselling can be understood in terms of 'representing the Good' (Schuhmann and Damen 2018). This does not mean that a specific 'good' is offered by spiritual counsellors, but rather that they look with compassion and love at the story of the client and listen carefully which goods are present and which goods got lost. Spiritual counsellors take the visions of the good of the client as the starting point in the care that they provide, engaging together with the client in a search for 'goods' that make this particular life story meaningful. They have a broad knowledge of 'goods' within different worldview traditions and can in some cases offer inspiration by pointing out 'goods' within the client's own tradition or other traditions.

When writing down their life stories, respondents engaged in a process of moral evaluation. Questions about whether life events were fair or just are considered. We did not explore whether clients had an overall judgement of their life story as being a 'success' story, or whether their story reflected dominant storylines of society. It was visible in the second stories that the space to be vulnerable, where the 'good' did not work out, had increased. It would be interesting for further research to look at the aspect of moral evaluation in the life stories. Our study has several limitations. Firstly, the way the data was collected was not based on our theoretical framework, as respondents wrote their life stories on the basis of a few open questions that were not related to the philosophical framework. It seems an interesting option to conduct in-depth interviews using the theoretical framework and spatial visualization methods. Having respondents draw or otherwise visualize 'goods' and explore how these changed might help to get more clear results. Secondly, within the research the sociological and cultural differences between respondents were not taken in to account. From a culture-psychological point of view, it could be of significance to assess how 'goods' are related to the context and (lack of) privileges in which the respondents wrote their story. Thirdly, the differences between the diagnostic classifications (personality disorders are clustered in three groups: A, B and C) were not taken into account. When the respondents would be clustered in groups with each one of these diagnoses, this would result in more homogeneous groups with potentially clearer distinctions within the results. Last, only respondents with a full response were selected. Respondents that did not write the second life story were not included in the study.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to privacy reasons.

Conflicts of Interest: The authors declare no conflict of interest.

Notes

[1] Heels in the sand is a dutch saying for being reluctant.

[2] Zwaluw & Enk (a part of GGz Centraal).

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