Struggling with Authenticity

A Critical Investigation of Authentic Agency for Mental Health

Philosophy

by

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ABSTRACT: In contemporary mental health research, authenticity and mental health are positively associated. Essentially, extant literature suggests that the more authentic you are the better your mental health. This thesis, however, argues that there are likely no principled grounds for thinking that people with mental health problems are less authentic than everyone else. While authenticity is a basic psychological concern in the lived experiences of people with mental health problems, two dominant views on how authentic agency is possible, the *self-discovery* and *self-creation* view, associate authenticity with *optimal* psychological functioning, with agency *par excellence*, and with ethically *ideal* behaviour. An authentic existence can only come about when the subject functions at a certain level of excellence. But what is deemed optimal or excellent is merely an idealised reiteration of *psychological normality* that forms a normative standard of mental health. This thesis argues that these views reiterate and reinforce this standard through the concept of authenticity such that the lived experiences of some people with mental health problems are unfairly pathologised. Accordingly, to be sufficiently flexible and open to the lived experiences of people with mental health problems, we must rework the concept of authenticity without presuming a positive association between authenticity and mental health.

Keywords: Mental Health, Authenticity, Agency, Self-determination, Self-assessment, Psychological Normality

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“Knowing yourself is the beginning of all wisdom.”

Aristotle

“This above all; to thine own self be true.”

William Shakespeare

“Be yourself; everyone else is already taken.”

Oscar Wilde

“To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment.”

Ralph Waldo Emerson

“Be yourself. The world worships the original.”

Ingrid Bergman

“I just want to be myself. I’m not into looking like everyone else.”

Joey Ramone

“Don’t compromise yourself. You’re all you’ve got.”

Janis Joplin

“Accept no one’s definition of your life; define yourself.”

Harvey Fierstein

“Follow your inner moonlight; don’t hide the madness.”

Alan Ginsberg

“Being a person is getting too complicated.”

Margaret Atwood

1. Introduction

Over the last few decades, there has been a rapid development in psychiatry and philosophy of psychiatry to become more inclusive and open-minded to the experiences and perspectives of patients and service-users when we try to understand what it means to actually live with mental health problems (Glas, 2019, p. 25). Broadly speaking, scholars are concerned with giving people who have what Thomas Schramme (2024) calls "minority minds" a real epistemic role in how we investigate and understand mental health and what it means to be mentally ill or unhealthy. These efforts are clear in, for example, *service-user involvement* (Sangill et al., 2019) where patients and users of the mental health system contribute with their lived experiences of mental distress to a collaborative research process and thereby increase the quality and relevance of mental health research.

But people with mental health problems often face systematic difficulties in contributing to such efforts. Some contributions are silenced due to epistemic injustices cause by stigmatisation, institutional opacity, testimonial biases, etc. (Chapman & Carel, 2022; Kidd et al., 2022; Legault et al., 2024); others, more importantly, *cannot even be intelligibly articulated* within existing conceptual frameworks (Chapman, 2023; Kusters, 2020). The problem is that sometimes the concepts that we use to interpret and understand lived experiences in mental health contexts are not sufficiently flexible and open to make intelligible what it actually means to live with mental health problems. So, if one takes seriously the idea that service-user contributions should guide theoretical understanding of mental health, then we "must uproot our assumptions and centre knowledge 'from below'—which often contradicts that of charities, medical institutions and other professional experts (Frazer-Caroll, 2023, pp. 39-40). We must reconsider our most basic concepts to better understand what it actually means to live with mental health problems. The aim of this thesis is to do just that—to investigate

from the ground up whether the concept of *authenticity* is sufficiently flexible and open to make intelligible the lived experiences of people with mental health problems.

Being authentic is a *basic psychological concern* for many people who live or have lived with mental health problems (Hope et al., 2011, 2013; Berlin, 2008, p. 61; Inder et al., 2008; Karp, 2006; Henry, 2000, p. 1508; Jamison, 1995, p. 15). In everyday situations, we associate being authentic with such expressions as "just be yourself" or "be true to yourself" which we offer as advice when people worry about and doubt how to act under unfamiliar and uncertain circumstances. We also associate it with expressions like "follow your heart" or "listen to your gut feelings" where we suppose that by attending to our deepest feelings and desires, we may resolve indecision and find out what it is we really want to do. As Bernard Williams captures it, authenticity is "the idea that some things are in some real sense really you, or express what you and others aren't" (quoted in Jeffries, 2002). As I will argue in section 2.2, the reason why authenticity is a basic psychological concern is that it signifies the capacity to determine one's life in a way that is really one's own.

As a concept, authenticity has shaped and influenced much of contemporary European and Anglo-American thinking. It has figured in Western intellectual and cultural history at least since the beginning of the Age of Enlightenment in the late 17th century, where cultural changes meant that human beings started to be conceived as *individuals*, with their own rights, freedom, and will, rather than as parts of a system of social relations (Trilling, 1972).[1] Today philosophers are suggesting that

[1] Unfortunately, authenticity's place in the history of ideas of Asian, African, Indigenous American, and Oceanic societies is much more difficult to assess. Such histories are often subject to colonial bias and distortion. However, there appears to be a link between authenticity and various Buddhist and Confucian philosophies that is worth noting upon (see McMahan, 2023; Steinvorth, 2016; D'Ambrosio, 2015; Streng, 1982). But despite some cross-cultural overlaps and conceptual exchanges, authenticity seems to be a largely Western cultural construct.

Interestingly, scholars in Medieval Europe seemed discontented with the concept, a discontent exemplified by the opening line of St. Augustine's prayer for self-knowledge: *Lord Jesus, let me know Myself and know Thee, and desire*

we are in an "Age of Authenticity" (Taylor, 2007; Ferrara, 1998; see also McEvoy, 2009), a post-modern period where individualist thinking has turned into an obsession with what Taylor (1989) has called "inwardness" or "internal space". An age where one's own will and personal preferences are the guiding authority in how we must engage with the social and political world.

Yet, in contemporary culture, authenticity is used to mean different things in different discourses. In artistic communities, authenticity is seen as an essential pillar of artistic self-expression and sometimes even as a way for artistic countercultures, like the post-punk wave emerging in the late 1970s, to resist mainstream cooption from the capitalist economy's ability to assimilate artistic and cultural outliers (Kohl, 2022). In this context, authenticity is seen as an ongoing struggle against socio-economic conformity. Contrarily, in the workplace authenticity is seen as a professional leadership skill that "can forge not just traditionally successful relationships but also ones that are truly impactful and durable, ready to adapt and thrive amidst change" (Perkins, 2024). The popular business book *The Authenticity Code: The Art and Science of Success and Why You Can't Fake It To Make It* by Sharon Lamm-Hartman (2021), for example, is written about authenticity as a leadership skill and a guide to success in business. Here, authenticity is not viewed as a countercultural struggle, but as a tool for people with career aspirations to stand out and become exemplars of the existing culture that can facilitate well-being as well as efficiency in the workplace.

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nothing save only Thee. The prayer's opening mandates a rejection of the Self as a guiding authority and instead an acceptance of God as the divine authority. Self-interest and self-love were seen as prideful notions because one should strive to be one with God, which was the ethical imperative from which all other virtues and ideals got their justification. Accordingly, the prayer instructs the flock to distrust themselves and trust only in God, to banish their self and follow only God. Today such radical self-ablution is a relatively uncommon aspect of our folk ethics, which has come to rest on more secular intuitions. It is not my point here to criticize or evaluate this shift here but merely to highlight the interesting and not uncontroversial trajectory the concept of authenticity has had in the history of ideas.

Especially in self-help literature, authenticity seems to be a locus point for self-transformation. For example, Martha Beck's popular book (2021) *The Way of Integrity: Finding the Path to Your True Self* is described by Oprah Winfrey as a roadmap on the journey to truth and authenticity. Other examples are *I Know I'm in There Somewhere: A Woman's Guide to Finding Her Inner Voice and Living a Life of Authenticity* by Helene G. Brenner (2004) and *Self Matters: Creating Your Life from the Inside Out* by Phillip C. McCraw (2003), better known as American TV-host *Dr. Phil*. In self-help, the ideal of authenticity is to turn "becoming who you are" into a life project. You're essentially becoming something you were not yet—"becoming a person who is *more than* or *better than* what he or she was before" (Guignon, 2004, p. 3)—someone you can work towards and manifest through effort and practice. It presupposes a distinction between what you currently are—an uncultivated, unhappy version of yourself—and an image of what you could be if you were to realise your own unique potential. Here, authenticity takes on a eudaimonic form and is strongly associated with moral superiority, life satisfaction, and existential success.

The sentiment that authenticity is a matter of knowing who we are and realising our unique potential is partially shared by philosophers who have argued that authenticity should be construed as an ethical ideal that engenders a certain culturally embedded moral virtue; namely, that "of being true to oneself" (Taylor, 1991; see also Bauer, 2017; Varga, 2011; Cottingham, 2010; Ferrara, 1998). Such accounts connect authenticity to an ideal form of individual human life; we can be happy, lead meaningful lives, and become successful if only we can achieve an authentic existence in our daily lives (Guignon, 2004, p. 1). It is even sometimes connected to a democratic ethos that underlies political participation and discourse (Maffly-Kipp et al., 2023; Jones, 2016). But we also use the concept as a descriptive term for persons who exhibit certain functional or practical qualities (Varga & Guignon, 2023; Kuhl, 2020). For example, someone who is authentic might be perceived as someone who is "at rest within themselves", who is "comfortable in their own skin" or someone who

is otherwise consistent in their attitudes and responses. To be authentic, we often attribute to the person some sort of psychological "harmony" or "congruence". By that I mean that their identity and behaviour is determined by certain integrating and coherence-making psychological capacities. Philosophers who are interested in the concept for its psychological meaning often derive it from ideas about autonomy and identity-formation (see for example Korsgaard, 2009; Frankfurt, 2006, 1988a, b, 1971; Jaworska, 2007; Shoemaker, 2003; Dworkin, 1988).

In mental health discourses, authenticity also appears in both professional and popular science contexts. For example, *the Washington Post* recently published an interview with Rebecca Schlegel, a professor of psychological and brain sciences at Texas A&M University, where authenticity was positively associated with greater mental well-being, where "pursuing your ideal self" is itself a manner of flourishing as a psychological agent (Kam, 2024). In *Psychology Today*, Stephen Joseph, professor emeritus at the University of Nottingham, expressed agreement with this view in an opinion piece where he suggests that "[a]uthenticity is likely to foster the essential psychological resources that (…) help [people with mental health problems] manage emotional and environmental challenges" (Joseph, 2018).

The idea that authenticity benefits mental health is even supported by many experimental psychological studies suggesting that authenticity is both predictor, moderator, and facilitator of greater psychological functioning and subjective well-being (Rathi & Lee, 2021; Sutton, 2020; Baker et al., 2017; Grijak, 2017; Bryan et al., 2015; Kernis & Goldman, 2006; Goldman & Kernis, 2002). These studies show that being yourself, attending to your deepest feelings and desires, and trying to make sense of one's mental health experiences in terms of authenticity, may moderate the negative effects of anxiety, loneliness, depression, and alcohol-related problems and therefore facilitates positive management of one's mental health problems. Simply put, much extant literature suggests

that authenticity marks better mental health outcomes. The more authentic you are the better your mental health is.

In this thesis I will argue against the positive association between authenticity and mental health. I agree that authenticity is a basic psychological concern in the lived experiences of people with mental health problems. When someone experiences certain mental health problems, they worry that their capacity to determine their life in a way that is really their own has become compromised or disrupted. Authenticity is therefore primarily a matter of agency and self-determination. An empowerment to make sense of one's life and to make it better. However, several influential accounts of how authentic agency is possible necessitate certain psychological capacities. These capacities are ordinarily associated with *optimal* psychological functioning, with agency *par excellence*, and with *ideal* behaviour. An authentic existence can only come about when the subject functions at a certain level of excellence. But what is deemed optimal or excellent is merely an idealised reiteration of *psychological normality* (see section 5.1) that forms a normative standard of mental health. These accounts reiterate and reinforce such a standard through the concept of authenticity such that the lived experiences of some people with mental health problems are unfairly pathologised. I argue that, considering the accounts discussed, there are no principled grounds for thinking that people with mental health problems are more or less authentic than everyone else. Thus, the main conclusion is that we should be careful when we conceptualise authentic agency, not to assume that it is an idealised form of "normal" psychological functioning. Authenticity does not presume psychological normality and so does not adhere to a normative standard of what society deems good mental health. Accordingly, being authentic does not necessarily mean that you are mentally healthy or vice versa. In order to be sufficiently flexible and open to the lived experiences of people with mental health problems, we must rework the concept of authenticity without presuming a positive association between authenticity and mental health.

The structure of the thesis is as follows. In section 2, I begin by arguing for the importance of authenticity, and specifically authentic agency, in the lived experience of people with mental health problems. When a person with mental health problems becomes alienated from their self, uncertain about the origin of their attitudes, motivations, and values, or ambivalent with respect to their preferred course of action, the desire to make an authentic existence is amplified. I make the case that feeling authentic results from a loss or diminishment in agency. *Authentic agency* is therefore the primary phenomenon in mental health contexts and is ultimately a matter of having the capacity to determine one's life in a way that is really one's own.

In section 3, I examine the first of two potential views on how we could understand authentic agency: the *self-discovery* view. The self-discovery view maintains that authentic agency necessarily involves a capacity for discovering oneself. I will be particularly concerned with Charles Taylor's (1991, 1989) practical account of self-discovery because of the way it has informed philosophers of psychiatry Erler & Hope's (2014) perspective on authenticity in mental health contexts. However, I argue that Taylor's account forces us *a priori* to conclude that certain people with mental health problems are incapable of authentic agency *qua* mental health problems. This is because self-discovery becomes unreliable from a first-person perspective in the presence of such problems. Such an account deprives people of serious consideration with regard to the legitimacy of their lived experiences in relation to their own mental health because it discredits their self-assessments merely by virtue of theoretical assumptions about the nature of authentic agency. I further problematise this account by discussing its questionable relationship with moral agency and responsibility.

In section 4, I turn to the second potential view on authentic agency: the *self-creation* view. I am particularly concerned with the *unificationist* account of self-creation found in Harry Frankfurt (2006, 1988a, 1988b) and Christine Korsgaard's (2009) work of autonomy, identity, and agency. The unificationist account argues that authentic agency necessarily involves the capacity to integrate one's

attitudes and motivation to form a coherent psychological whole. I argue, however, that this does not offer a sufficiently flexible and open account of authentic agency since there are ways for people with mental health problems to make sense of themselves without forming such a whole. Some people who are able to make sense of themselves and determine their life in a way that is really their own despite mental health problems must be judged inauthentic on this account. This is problematic because the account connects authentic agency to healthy agency. Accordingly, if one is not an authentic agent, one must be an unhealthy agent. However, there is no reason to suppose when we look at what it means to actually live with mental health problems that this is the case.

In section 5, I argue that the various psychological capacities that define an authentic agent in the previous accounts reiterate and reinforce *psychological normality*. It is here that I present the main conclusion of the thesis which is that we must develop an understanding of authentic agency that does not depend on a conception of normal psychological functioning since this can lead to irrational, meaningless, and potentially harmful misgivings about the lived experiences of people with mental health problems. I argue that what the self-discovery and self-creation views present are *possible pathways to making an authentic existence*. Each of these pathways depend on certain psychological capacities that some but not all people possess. However, they are not necessary conditions for authentic agency. Accordingly, if we wish to understand the nature of authentic agency in mental health contexts, we must leave behind the presupposition of psychological normality and rework the concept to account for how it is possible for human beings to make an authentic existence in such diverse and varied ways.

2. Authenticity Matters!

First, I want to settle any doubts as to whether people with mental health problems actually care about being authentic. So, it is important to understand why being authentic is a basic psychological concern

in mental health contexts. We see that it is in qualitative studies, patient-reports, and autobiographies. As I will show, the concern for authenticity is especially salient with people who live or have lived (at least for a time) with negative affective and social-emotional symptoms such as those people experience with depressive, bipolar, and eating disorders (Hope et al., 2011, 2013; Berlin, 2008, p. 61; Inder et al., 2008; Karp, 2006; Henry, 2000, p. 1508; Jamison, 1995, p. 15). Such symptoms are common during adolescence and early adulthood where periods of intense identity development take place (Potterton et al., 2021). These struggles with self, medication, and mental health problems show that people relate directly to their own lived experience in terms we associate with authenticity.

2.1 Authenticity and Self-Experience in Mental Health Contexts

Patients and service-users in the mental health system often report a yearning to feel authentic. Intuitively, most people will recognise the sort of feeling they are after. We do or experience something and discover that it gave us a feeling of "*this is me*" (Bialystok, 2014, p. 272). But achieving this feeling, knowing when one is being authentic, is not so straightforward. We are often only forced to reflect on our own authenticity when we are in doubt or confused about what to do in life, who we are, and where we are going. Supposedly, weighing thoughts, feelings, and decisions in terms of our authenticity can help resolve these uncertainties. Unfortunately, as will become clear below, this process is only made more difficult by mental health problems that distort self-experience. Mental health problems exacerbate and worsen such self-related uncertainties that we experience in daily life, like "not feeling like myself" (Dings & de Bruin, 2023) and being torn between different paths of life. Such uncertainties can become the ground for unpleasant and confusing inner conflicts (Erler & Hope, 2014, p. 22), which can induce states of *inertia*, *self-doubt*, and *inchoate feelings* that diminish mental well-being (Karp, 1994; Inder et al., 2008; Shea, 2010).

Jesse Millner, a poet suffering from depressive disorder and alcoholism, wrote about his experience that:

> "When I look at my journal from treatment days, I hear my voice struggling to be heard over depression and the withdrawal from alcohol." (Berlin, 2008, p. 61)

In looking back on his experience in therapy, Millner identified his symptoms as something that obscured or repressed his ability to express himself, and his voice as something that must struggle against them to be heard. This is echoed by Dr. Kay Jamison, a psychiatrist by profession, who examined her own experience with bipolar disorder from the dual perspectives of both patient and medical expert:

> "My sister saw the darkness as being within and part of herself, the family, and the world. I, instead, saw it as a stranger; however, lodged within my mind and soul the darkness became, it almost seemed an outside force that was at war with my natural self." (Jamison, 1995, p. 15)

By contrasting her own experiences to that of her sister's, who also lived with bipolar disorder, she was able to conceptualise the alien feelings that she experienced in relation to her symptoms. Feelings that were somehow opposed to her "natural" self. She described her experience as an internal conflict between a strange "darkness" that, like Millner, interfered with her ability to express and identify herself. In comparison, she perceived her sister's relationship with her own symptoms as more "natural". The sister's darkness is somehow integral, "within" herself, or part of her in a way where the darkness doesn't create an inner conflict. Both Jamison and Millner describe their self-experience in oppositional terms such as a "natural" opposed to an "unnatural" self, a "voice" that struggles against something to be heard, and "outside" and "inside" forces at war. It is common to use such oppositions to make sense of ourselves and come to perceive ourselves in self-pluralistic

terms. We often oppose the "real me" to the "false me" and come to conceive of ourselves as a collection of different selves that compete. Cooper (1999, p. 53) has also emphasised this point in relation to what he calls *the plural self*: "It is by no means uncommon for individuals to describe their subjectively-felt lived experiences in fundamentally self-pluralistic terms". Many people interpret their experiences of themselves *as* a matter of different selves. We organise the experiences we have of ourselves into different self-categories.

In relation to authenticity, these terms signify a connection to *the folk concept of the true self*. As we go through our daily lives, we come to have myriad attitudes and motivations. But many people believe that only a subset of those attitudes and motivations stem from those psychological characteristics that make up *who we really are* (Strohminger et al., 2017). Those that do are perceived to be more real than other attitudes and motivations. Further, they are believed to originate within us and are therefore seen as original, good, and unique to our identity. There is an intuitive sense in this. For example, many of our attitudes and motivations may be influenced by psychological characteristics that we do not want to see in ourselves. Some authors have argued that people in ethnically segregated cultures may, despite intentions to the contrary, have implicit biases that disfavour ethnic minorities and cause them to treat and think of them adversely (Lassiter & Ballantyne, 2017; Gendler, 2011; Nosek et al., 2007). Someone who has such an implicit bias might be looking for a new employee and ends up preferring ethnically European applicants over North-African applicants despite having an intention to treat all applicants equally and fairly. Implicit bias can result in attitudes and motivations that one would not want to see in oneself and becoming aware of one's implicit biases can be an unpleasant realisation. Implicit bias can create psychological characteristics that many have but more often than not it creates attitudes and motivation that are socially or environmentally implanted on us *against our will*. In comparison, those characteristics that we want to see in ourselves we actively pursue. I might feel that I am originally a generous person

and so seek to reenforce this characteristic in my life. So, concept of the true self gives us an intuitive, folk-psychological way to make sense of our authenticity. A person is authentic when they live in accordance with the true self (Harter, 2001, p. 382).

We see evidence of a folk-psychological connection to the *true self* in many reports about the lived experience of people with mental health problems:

> "It feels like there's two of you inside—like there's another half of you, which is my anorexia, and then there's the real K [own name], the real me, the logic part of me, and it's a constant battle between the two… So, there's always the real me still there because, well, if the real me wasn't there, then I'd be dead, because the real me is what I use to fight against it and to motivate me to want to beat it and get well. I truly believe that, that if there wasn't any me left, if there was none of me inside of me, then I would have let it kill me by now." (Hope et al., 2011, p. 22: Participant 36)

Here, the person reported feeling like there are two selves, one more real than the other, in conflict with each other. Also, the "real me" was perceived as still "inside" of the person, obscured by their symptoms but still originally and uniquely their own. The person experienced their "real me" as the part of the self that motivated and drove their *desire to get better*, to get healthy and to overcome those alien feelings that they have.

In *Is it Me or My Meds* (2006), David Karp interviewed people with Bipolar and Related Disorders (BaRD)[2], where he found that many experience a conflict in choosing between the measure

[2] In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), BaRD is identified as a group of affective disorders where individuals can experience phenomena like (shorter or longer) periods of abnormally and persistently

of mental well-being they get from medication and the loss of authenticity they feel when the drug's side-effects interfere with important aspects of their identity. For example, one female participant reported feeling disconnected from the effects of her medication:

> "I'm a complicated person and it's a difficult life and I make mistakes. But I'm there and then I take the pills, and my therapist told me that the pills would make me more like me… I go back to her and I say, "It's not happening." You know, the pills take me away from me, they do something else. The lithium sort of organizes me, the Wellbutrin lifts me up, the Benadryl puts me down. But it's not me." (Karp, 2006, p. 113: Female office worker, aged 60)

She experienced her capacity to "be herself" as diminished by the somewhat stabilising effects of the drugs she took, they took her away from herself despite the promise that they would help her become "more herself". The drugs allowed her to get through daily life, to manage it, but they did not help her get in touch with her true self. Interestingly, another participant reported the opposite experience with medication: "After several years of taking Zoloft, it's incredible to finally discover who I truly am." (Karp, 2006, p. 113: Male, 30 years old). He felt the medication revealed his true self in the sense that the medication enabled him to discover those psychological characteristics that

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elevated, expansive, or irritable moods accompanied by abnormally and persistently increased goal-directed activity, major depressive episodes characterised by increased sadness, apathy, hopelessness, and a loss of interest and pleasure, and various degrees of fluctuation between these mood states (APA, 2013, pp. 123-154). Including, but not limited to, Bipolar I, Bipolar II, and cyclothemic disorder. There are various unspecified and related forms of bipolar-like presentations that cause clinically distinct distress or impairment to social, occupational, and other areas of functioning that do not fully meet the diagnostic criteria for Bipolar I, II, or cyclothemic disorder.

make up who he really is. He no longer felt like his true self was obscured or out of reach. Conversely, others feel their true self is obscured:

> "Lots of times I haven't had any sense of what's normal for me. Because it's up or down, up or down, and many times in my life I'll say, "What's the real me? What am I really without the illness?" (Karp, 2006, pp. 119-120: Female counselor, aged 59)

Here, her mood fluctuations alienate her from herself by obscuring which attitudes and motivations originate in those psychological characteristics that make up who she really is. When we have to weigh our attitudes and motivations against each other to determine who we want to be and what we should do we depend on the reliability of self-experience to inform our practical deliberations. But BaRD-like symptoms can come in way of this:

> "The other thing is that it really impacts my identity, because I feel like I'm still developing who I am, and I haven't figured out my basic personality. I haven't figured out what I want in life, in a partner, in what kind of girl I'm looking for. And sometimes I feel like the depression and the medication and feeling better confuses that. . . . I mean, I've been trying to date a few girls recently. And I also think part of the medication's impact on me is that I don't know how I'm feeling. I always second-guess how I'm feeling emotionally about another person. It's a flat line. I don't have real joy. But when I feel sad and I feel like I should be depressed about something, I'm not. When I feel like I'm trying to figure out if I really like somebody, if I maybe love them, I can't figure that out, because I don't have those feelings. . . . When you're on medication that's part of the second-guessing. So you

> don't know if that's you or if that's the drug." (Karp, 2006, p. 110: Male peace activist, aged 22)

Here, the participant explains how the desire to get better, the medication, and his depressive symptoms come in the way of his own personal growth. The conflicted relationship causes him to second-guess his own desires, thoughts, decisions, and even his emotions, when he is trying to figure out what he values and what his preferences are. It becomes more difficult for him to act and decide what to do with his life because what he wants and cares about is unclear. Medically induced apathy, for example, may take away one evaluative pathway to identify attitudes and motivations that originate in his true self. He simply doesn't know where his motivations are coming from and is therefore unable to be certain about important life preferences (like "what kind of partner am I interested in?"). This is seemingly a common experience for people who live with BaRD-like symptoms. The symptoms cause an uncertainty around what is part of one's true self, what one's real motivations or deepest feelings are. Inder et al. (2008) corroborate this in their study on the continuity of sense of self in BaRD. They found that because someone experiences episodes of confusion, contradiction, and doubt with their long-term sense of self it can be difficult for them to identify their "real me" when they go about their everyday lives. Changing moods and other symptoms lead to ambiguities in self-perception: "So, I'm not sure if that was the mania or if that was me" (Inder et al., 2008, p. 128). Karp has argued that at the core of these concerns is a confusion about the causal origins of one's experiences, where people ask themselves, "If I experience X, is it because of the illness, the medication, or is it 'just me'?" (Karp, 2006, p. 119).

Clearly, people relate to themselves and their mental health in terms we associate with authenticity. But, importantly, what aspects of their self-experience they perceive as part of their identity differs from person to person. While some people associate their symptoms with a false or

unnatural self, and therefore inauthenticity, others only see this conflict as pragmatically useful. It can be useful to associate one's symptoms with inauthenticity for therapeutic purposes:

> "I think with it being part of me, I still do feel it is part of me to some degree, and I, that makes me still want to hold on to it . . . but then at the same time I can see that I don't want it to be part of me and the only way to get rid of it is to really hate it and be really angry with it and get it away from me. (Hope et al., 2011, p. 23: Participant 38)

One might not experience their symptoms as something inauthentic, but still see that, in trying to overcome their mental health problems, "externalising" them into an alien force can be a useful therapeutic strategy. So, to feel better they must treat aspects of their self as alien or hostile, even if they do not really see them as such. Having these dual perspectives in one's symptoms as both part of the self and as an alien external object can foster agency and result in increased mental well-being (Rego, 2004).

Further, some people report frustrations when others mistakenly attribute aspects of their person to their mental health problems. They feel indignation and hurt that they should think that their choices or actions were not authentic expressions of themselves:

> "I feel like everything I do is now somehow connected to my being sick. If I'm happy, it's because I'm manic; if I'm sad, it's because I'm depressed. I don't want to think that every time I have an emotion, every time I get angry at somebody, it's because I'm ill. Some of my feelings are justified. People say I'm a different person every day, but that's me! I've never been a stable person." (Miklowitz, 2012, p. 61).

> "But you know, there's times I've said something, and they've said, "Oh, that's your anorexia." "No, it *wasn't*, it was *me*." (Mimics indignant tone.)" (Hope et al., 2011, p. 23: Participant 18)

While many people experience inner conflict with respect to their own authenticity, their desire to get better, and their mental health, people with mental health problems also have to deal with the added social pressures and normative expectations of being associated with a psychiatric diagnosis. This can thwart their ability to be themselves because they worry, fear, or are angered by the judgements that others make of them. Accordingly, struggling with one's authenticity and mental health is also a matter of one's capacity to meaningfully manage social interactions in world. It is possible that one of the reasons why people are frustrated with the way they are perceived by others is because they see their mental health problems not as alien or inauthentic, but as integral to their identity (and so not problems at all). In their lived experience, symptoms can be part of what makes us who we really are, something that makes us unique, and something that we do not wish to be without:

> "Some people said to me, "If I could wave a magic wand and get rid of anorexia, wouldn't you like that?" and I was, like, "Well, no, because it's, I'm, it's safe, it's what you know." And although it's killing you, it's what you know, and that's, that's my identity, having anorexia. . . I was too scared because that was who I was, . . . because I'd be losing ME. Who would I be if I didn't, if I wasn't that? I was too scared to make that decision to give it up." (Hope et al., 2011, p. 24: Participant 12)

> "Once you've taken that [the anorexia nervosa] away, you've taken away part of my identity, so I'm bound to feel a bit lost." (Hope et al., 2011, p. 25: Participant 23)

> "It's like you're trying to take away the something that is a huge part of my life, . . . and if that goes what am I left with?" (Hope et al., 2011, p. 25: Participant 39)

Here, the participants worry that by taking away certain aspect of the mental health, mainly the one's considered problematic, they will lose some crucial part of who they are. They worry whether taking away these aspects will take them further away from themselves, make them inauthentic, and so they do not distinguish authentic and inauthentic in terms of health and pathology. One objection here is to say that these cases show that veridical experience and authenticity can come apart. It could be argued that people with anorexia nervosa mistakenly consider their desire to remain anorectic authentic. While I agree that this could be the case for some people with anorexia nervosa, I maintain that this is not what these cases show. These cases do not show that the participants experience an authentic desire to remain authentic, but that they worry about their authenticity because being anorectic has been such a big part of their identity for a long time. Although they may not desire to remain anorectic, they still feel that it is some sense an authentic part of their identity.

When we look at the lived experiences of people with mental health problems, we see a multiplicity of ways in which people relate to themselves with respect to authenticity. I argue that if we merely take lived experience as evidence then there is no systemic association between pathology and inauthenticity nor health and authenticity. They use such terms as the "real me" and the "natural self" in opposition to aspects of the self that are described as "alien", "dark", and "strange". This suggests that people relate to themselves with terms that indicate the presence of the folk concept of

a true self which underlies those authentic attitudes and motivations we might have. But what people see as part of their true self differs. Some people see their symptomatic aspects as part of their true self; others see them as in conflict with it. This does not mean that people cannot be mistaken about which aspects of their self are authentic. If mental health problems distort self-perception, we cannot know if those self-assessments are veridical because we cannot reliably differentiate between attitudes and motivations that come from original psychological characteristics and those that do not. Of course, it also does not mean that we are always mistaken about which aspects of the self are authentic. But whether self-assessment can reliably differentiate authentic and inauthentic aspects of the self, has no bearing on the fact that authenticity becomes a basic psychological concern when people experience mental health problems of the kind discussed above.

2.2 The Importance of Authentic Agency

Before moving on, I want to highlight what seems to be *at stake* when people with mental health problems struggle to determine which aspects of their self are authentic and not. Why do we become concerned with our own authenticity? The reason why authenticity becomes important, and is a basic psychological concern, is that it signifies a capacity to *determine one's own life in a way that is really one's own*. Being yourself would not matter in mental health contexts if not to support the desire to feel better, to make a satisfying life out of what one is given:

> "I think it was a huge turning point when *I wanted to make things better for myself* and *I wanted to become authentic in the most true sense that I could become authentic*. Instead of thinking I was becoming inauthentic by taking medication, I realized that I was totally inauthentic when I wasn't taking medication because *I was doing things that made me somebody that I didn't want to be.* So it was this sort of paradox in terms of realizing that the medication stood for something

> positive instead of negative. It took me a while to get there and it wasn't easy, but I got there." (Karp, 2006, p. 124: Female sociology student, aged 20; emphasis added)
>
> "Before I went on medication, all I wanted was to go out with my friends and go to a bar and be able to sit there and spend the time, because before I would be scared to get on the train. I would be fearful of going out, and once I was there I would have to leave after a short while. And now I can. *I can go out and I have a life and I enjoy it.* But sometimes I feel I really, really, miss that spiritual side of me. And it was becoming a major part of my identity and who I was, and *how it was going to shape my life and how I was going to live my life.*" (Karp, 2006, p. 116: male peace activist, aged 22; emphasis added)

The very basic desire to shape one's life to be meaningful, to flourish, seems essential for understanding the relationship between authenticity and mental health. When we experience confusion, self-doubt, and other manifestations of an inner conflict between self, medication, and mental health, our basic capacity to live a good life, a life we find gratifying, and a life in which we competently express ourselves is at stake. This capacity enables us to *do the things we care about*, to shape our lives into what we want them to be. What people in the presented selection of excerpts feel is authentic about themselves varies and to some extent arbitrarily, in the sense that there is not systematic association between (in)authenticity and mental health (problems) to be found in reports on lived experience. Some might see their symptoms as authentic and as such want them to be accommodated for a flourishing life, while others see them as inauthentic and as such want them to be resolved or eliminated. Yet what drives the concern with authenticity is the sense of "self-

empowerment" that an authentic existence gives the individual. An empowerment to determine one's own life trajectory.

This means that authenticity becomes important because people with mental health problems desire *agency*. Agency is a capacity to act we possess whether we exercise it or not. For instance, if my leg jerks from a strike on the knee, there is clear sense in which I am not the one *doing* the movement. It is merely some movement that happens to me. However, I am still *an* agent since the movement could have been *done by* me. Movements *done by* me are often called "intentional actions", such as riding my bike, raising my leg, or pointing to the train station. One necessary and distinctive feature of agency is that it has purposiveness or goal-directedness. When we do something intentionally, we do it to attain some end or goal. In acting we are doing something that takes us closer to realising that goal and once we've reached it the action has ended. This goal-directedness is typical of many different accounts of agency. For example, Donald Davidson argues that some movement is an action if what the person does "can be described under an aspect that makes it intentional" (1971, p. 46), where an *intentional* description of such goal-directed behaviour as pointing the finger could be put as "showing the way to the train station". G. E. M. Anscombe (1957, p. 9) has defended the view that actions are identified when some movement can be explained by answering *why*-questions that explain for what reasons the movement was done. For example, the question "why did *S* point in the direction of the train station" can be answered with "to show someone the way". So, whatever purposiveness an action has flows from the *reasons for* doing it. When there is a reason for why a particular action is done rather than another, then the action is intentional and therefore exhibits agency. Davidson echoes that actions are goal-directed in virtue of reasons for doing something when he stated that "[s]omeone who acts with a certain intention acts for a reason; he has something in mind he wants to promote or accomplish" (Davidson, 1978, p. 83).

Additionally, we must have some measure of persistence in acting to attempt compensations or adjustments when we encounter obstacles, interferences, or set-backs (Ferrero, 2022a, p. 4). When someone intends to do something, they intend certain movements rather than others, they guide the body to do what should occur (Frankfurt, 1988c, p. 73). The fact that the agent does one thing rather than another, and that they are able to exert some degree of control over which action should occur, shows that agency *guides* behaviour through deliberation. That actions are under an agent's guidance, that the agent can at one time give reasons for an action and at another time reasons for a different action and can adjust accordingly when their actions are thwarted, suggests a diachronic dimension or *busyness* in our capacity to act. All agency is temporal; it takes place in time and over time (Ferrero, 2022b, p. 336). Life continuously forces people to respond to events, to make changes in the world, and to maintain our existence. Construed accordingly, agency is ultimately the capacity for shaping one's life, a life that forces us to act and to do so continuously and responsibly. Without agency, a person would not be able to exert control over their existence. When we act, we are able to do so by making an evaluative assessment of the reasons there are for acting and deciding on them to motivate action. Accordingly, when we do decide to act, we not only make a change in the world but make a change that can impact ourselves. Because we make *the changes that we want* through practical deliberation, we may exert control over our life, how we shape our identity and life trajectory. We shape our lives into a potentially authentic existence. For example, if I choose to go to medical school because I want to help the sick, I shape my life in the direction of becoming a medical expert. Of course, there are many supplementary and ancillary decisions and actions on the way there, but they each contribute to shaping my life towards the profession I have chosen for myself. Further, since it is a capacity, we may construe it not merely as the competence demonstrated in particular actions, but as a competence built into the *practical characteristics of the whole person*. The attribution of agency does not depend on any one deed or action, but "is a general characteristic that we ascribe to

persons over a longer period of time, and that is not automatically denied by any incident of failure" (Kalis, 2011, p. 52).

Consequently, I suggest that *feeling* authentic is not the primary phenomenon in mental health contexts. Rather, people struggle with their own authenticity when they are concerned about whether or not they have the capacity to determine their own life in a way that is really their own. The concern comes from a loss or diminishment of agency, a loss in in the capacity to act for reasons and shape one's life the way we want. So, if we wish to understand how and why people with mental health problems struggle with authenticity, we should first and foremost seek to understand *authentic agency*. By authentic agency, I mean the capacity to determine one's own life in a way that is really one's own. It is a more specialised form of agency in that it is not merely the capacity to act for reasons over time. Rather, it is a form of agency that guide our actions down a particular path that somehow engender an authentic existence, a life that is really our own.

2.3 Summary

In this section, I have argued for the priority and importance of authentic agency in mental health contexts. People generally interpret their own lived experience in self-pluralistic terms, where the folk concept of the *true self* underlies those terms, we use to evaluate which attitudes and motivations are authentic and not. Further, there is no evidence from lived experience that people systematically associate (in)authentic aspects of their self with mental health (problems). Some people see their symptomatic aspects as part of their true self; others see them as in conflict with it. But both parties become concerned with their own authenticity because of self-uncertainties in their lived experience. I have argued that people with mental health problems struggle with their own authenticity because their mental health problems come in the way of their capacity to determine their life in a way that is really their own. Why authenticity is important is because people experience a loss or diminishment of agency. It is their self-empowerment that is at stake, at risk of becoming lost in the confusion of

navigating the contentious relationship between self, medication, and mental health. But how should we understand authentic agency and its relationship with mental health? In what way is authentic agency involved with the desire to get better and how does it help us make a life that is really our own? These are the questions that I will try to answer in the following sections.

3. Authentic Agency as a Form of Self-Discovery

Authentic agency, like I have argued, is a matter of having the capacity to determine one's life in a way that is really one's own or what I also call making an authentic existence. Philosophically speaking, we find two main schools of thought, two competing ways to conceptualise authenticity and agency in relation to each other. The *self-discovery* view, which I will discuss here, and the *self-creation* view (discussed in section 4).[3] The self-discovery view suggests that authentic agency flows from our human capacity for self-discovery. By "flows from" I mean that the capacity for self-discovery is regarded as a necessary condition for possessing authentic agency. Traditionally, this view has been associated with matters of self-knowledge, which is the point of departure for the present discussion and is the view that most closely resembles and incorporates intuitions we have with the folk concept of the true self.

3.1 Epistemic Self-Discovery and its Discontents

The self-discovery view can be traced back to Rousseau who thought that we could discover our unique character through "accurate knowledge" of our "inner being" (1957 [1782], p. 148). Since

[3] I distinguish a "view" from an "account" to organise the discussion. The self-discovery view is a general way of seeing authentic agency, a perspective on what it *could* be. An account, like the epistemic account of self-discovery, is a particular conceptualisation of what self-discovery *is*. Accordingly, when I speak of accounts, I mean something narrower than when I speak of a view.

then, *introspection* has been conceived as an essential feature of this epistemic account of self-discovery:

> *Epistemic Self-Discovery*: Authentic agency flows from the human capacity to discover one's inner being through introspection.

Introspection is the common philosophical thesis about human psychology that each individual is capable of "looking within" (Goldman, 2006, p. 246), to direct our attention inward and gain something similar to perceptual evidence of our "internal space" (Taylor, 1989). The idea is that with epistemic self-discovery nothing else is needed for making an authentic existence or, as Rousseau (1957 [1782], p. 148) states, "what one discovers there will reveal the path that one ought to follow."

Epistemic self-discovery has the advantage of making the familiarity and personal quality of our internal attitudes and motivations intelligible. It assumes that our inner being is something very much like the true self, a stable system of psychological characteristics that we can discover and use to make a life that is really our own. However, many authors are sceptical that it presents a plausible view of how we relate to ourselves. These authors often emphasise the point that the primary way we may know about ourselves, and our inner lives is socially constituted. Jean-Paul Sartre (1957, p. 31), for example, argued that self-knowledge is "outside, in the world. It is being of the world, like the ego of another". To Sartre, what we know of ourselves is not shown by looking within, but by looking *outward* into the world wherein we live. Also, Gilbert Ryle (1967, p. 156), in a behaviourist rejection of privileged self-knowledge, wrote that "John Doe's ways of finding out about John Doe are the same as John Doe's ways of finding out about Richard Doe." To Ryle, the familiarity we have with our own attitudes and motivations simply comes from the fact that we spend more time in our own

company than in others.[4] So, the idea that introspection gives us privileged self-knowledge, and that this constitutes self-discovery, is clearly not a given. Yet these philosophical challenges can be called into question if we assume self-discovery is not a matter of privileged self-knowledge, but an ability to guide our actions, to navigate normative expectations, and to reflect on our attitudes and motivations. Accordingly, it is not epistemic detection that is the purpose of self-discovery, but practical deliberation. Charles Taylor has argued for this position on self-discovery in *Ethics of Authenticity* (1991) and *The Sources of Self* (1989). I now turn to his account with a mind to get a more plausible account of self-discovery.

3.2 Charles Taylor on Practical Self-Discovery and Virtue-based Authenticity

Taylor's account of authenticity is rooted in a belief in human uniqueness, that "each of our voices has something of its own to say" (Taylor, 1991, p. 29), and that realising our uniqueness is "a means to the end of acting rightly" (Ibid, p. 26). Others have suggested that this means that we should interpret his account of authenticity as a matter of realising some ethically ideal character, of moral virtue, and of self-transcendence (Guignon, 2008, p. 286; Bialystok, 2014, p. 290; Anderson, 1995). To see why this is the case we need to understand how Taylor responded to contemporary critics of authenticity.

Contemporary critics (e.g., Bloom, 1987; Lasch, 1979; see also Feldman, 2014 for a more recent criticism) made accusations to the effect that authenticity engenders a morally relativistic, self-indulgent, and navel-gazing ideal that does not benefit social and political life, or even one's own well-being. Traditionally, authenticity had been perceived as a critical concept that justified individuals questioning the reigning social order. To Rousseau, the most important aspect of authenticity was exactly that: To avert from social conformity and reveal who we truly are underneath

[4] Other criticisms of privileged self-knowledge through introspection can be found in Evans (1982) and Wilson (2004).

the façade. He argued in *The New Heloise* (1997 [1761]) that not doing so results in potential self-alienation and a suppression of one's deepest motivations. But in modern culture, authenticity goes further and embodies a form of self-determination that outweighs both the demands of rational deliberation and adherence to moral and societal norms. In this "age of authenticity" (Taylor, 2007; Ferrera, 1998), the most important thing is that one expresses one's own will and that doing so is an ethical end in itself. Conformity to rational principles and social norms take a backseat to personal preference in one's practical deliberation.

Allan Bloom (1987, p. 61) argued that, in modern culture, this conception has made the minds of younger generations "narrower and flatter" and has led to self-centeredness and a moral detachment from the public life. Society becomes spiritually poorer and increasingly narcissistic the more its members value authenticity for its own sake (see also Lasch, 1979). Critics thought therefore that we should abandon the ideal of authenticity. Taylor agreed with these critics' charges, stating that I "couldn't just *decide* that the most significant action is wiggling my toes in warm mud" (Taylor, 1991, p. 36). He agreed that building the ethical ideal of authenticity on a lax ethical subjectivism where individual self-determination may justify anything as worthwhile, in the end collapses. If merely our feelings, desires, and personal preferences convey meaning to our own uniqueness, then none of us are genuinely unique: "Difference so asserted becomes *insignificant*" (Ibid, p. 38). Accordingly, ethical subjectivism cannot be the right foundation for authenticity. However, contrary to contemporary critics he argued that authenticity should not be abandoned but *rescued* from a "slide into subjectivism" (Ibid, p. 55).

Taylor argued that authenticity, as an ethical ideal, does not license the prioritisations of personal preference for its own sake, it does not license self-indulgent and self-centred attitudes. Rather, authenticity is a moral virtue; namely, the virtue "of being true to oneself" (Ibid, p. 15). To do what is right, one must be in touch with one's moral feelings and guided by one's inner voice and

conscience. But one's conscience cannot be completely detached and radically free. It must be guided by some background of enduring objective values to convey meaning to one's decisions. Taylor invokes the concept of *horizon of intelligibility* to provide such a background. The horizon of intelligibility is the social and material background that imbues one's attitudes and motivations with moral and personal significance, a framework for weighing the *worth* of things that one finds important:

> "Only if I exist in a world in which history, or the demands of nature, or the needs of my fellow human beings, or the duties of citizenship, or the call of God, or something else of this order matters crucially, can I define an identity for myself that is not trivial. Authenticity is not the enemy of demands that emanate from beyond the self; it supposes such demands." (Taylor, 1991, pp. 40-41)

Here, Taylor explicitly states that the social and material world is a *precondition* for authenticity. As a human being, you develop entrenched in a system of moral and social meanings. Without the horizon of intelligibility, there is no way to evaluate one thing as more personally meaningful and worthwhile than the other, and therefore no way to identify authentic and inauthentic aspects of oneself. For example, being generous can only ever be considered an authentic aspect if there are understandings that independently of my own deliberation give shape to what it means to be generous and whether I fit into that shape (Ibid, p. 39). Developing "our identity requires recognition by others" (Ibid, p. 45), and only in dialogue with others can we listen to our inner voice and come into contact with our conscience (Ibid, p. 48). Authenticity, then, is intimately related to recognition and, therefore, is not countersocial. Consequently, we shouldn't value authenticity for its own sake, but for the capacity it endows human beings to navigate moral and personal significances *in* the social and

political life, and not *against* it. Authenticity is not a countersocial movement, but a movement through the social life.[5]

However, this movement through the social life is ultimately guided by self-discovery. To Taylor, self-discovery is a concept that embodies the moral virtue of being true to oneself. In order to pursue your own potential for uniqueness, you must be capable of certain self-reflective evaluations about what is truly you and what is not. To Taylor, authentic agency requires that one may *articulate and discover* what is really one's own:

> "Being true to myself means being true to my own originality, and that is something only I can articulate and discover. In articulating it, I am also defining myself. I am realizing a potentiality that is properly my own." (Taylor, 1991, p. 29)

There is a tension in Taylor's account that we should address here. On the one hand, Taylor argues that the development of the self is dialogical. The self develops through a mutual and meaningful exchange between the individual and their social and material background. The significance of one's

[5] Several authors seem to agree with this point about authenticity and take a (more or less) similar stance on the background of authenticity. John Cottingham (2010), for example, is much aligned with Taylor, arguing that being a psychologically unified and integrated person who can express their will in a stable way is not sufficient for authenticity without assuming that our life projects, in the process, are brought into line with enduring objective values that we did not create ourselves. Somogy Varga has presented a similar account in his book *Authenticity as an Ethical Ideal* (2011) but presents a more nuanced perspective that combines Taylorian and Frankfurtian arguments with an existentialist basis in Sartre's view on life projects and the identity-forming potentials of existential choices. While each deserve their own treatment, I do not here have space to adequately engage with these interesting accounts and give them their fair due. And since Taylor's account is more commonly utilised in the context of psychiatry and mental health, I am focusing on his version.

own life "depends on the understanding that *independent of my will* there is something noble, courageous, and hence significant in giving shape to my own life" (Taylor, 1991, p. 39). This is what makes authenticity not a countersocial concept. Further, Taylor suggests that "discovering my identity doesn't mean that I work it out in isolation but that I negotiate it through dialogue, partly overt, partly internalized, with others" (Ibid, p. 47). Here, he implies that when we discover ourselves, we do so by negotiating through a dialogue with others. Admittedly, the dialogue might be internalised, but still dialogical in nature. On the other hand, Taylor seems committed to the view that *only I* can discover my own originality. In being true to myself I am engaged in an activity where *only I* can articulate and discover those aspect of the self that are authentic. To Taylor, the purpose of being authentic is to be a moral agent (Ibid, p. 26) and when we are faced with a decision where we must choose between what is a right course of action and what is a wrong course, we must identify the "moral sources *outside* the subject which resonate *within* him or her" (Taylor, 1989, p. 510). The dichotomy between outside and inside shows that the significances that we find in dialogue with our background must accord with "an order which is inseparably indexed to a *personal* vision" (Ibid: emphasis added). The dialogical development of the self gives us a "language of personal resonance" (Taylor, 1991, p. 90) with which we may reflect on our personal lives. Yet the self-reflection is not dialogical in nature but a matter of detecting when some course of action resonates with the self that one has developed. Accordingly, it is the development of the self that presupposes a dialogue with others and the background, but the deliberative activity of choosing a course of action and realising oneself rests on a notion of self-discovery that is self-reflective and not necessarily dialogical in nature (although some of our methods for self-reflection may have been learnt through negotiation with others).

Consequently, I argue that Taylor must be committed to the idea that self-discovery is an individual and self-reflective ability to detect when a course of action resonates with one's self. To

listen to one's inner voice and conscience, to be true to oneself, means that the agent must check whether outside significances resonate within. Further, by virtue of the dialogical development, what resonates within is a relatively stable set of psychological characteristics. We cannot simply by choice determine what resonates within (Ibid, p. 36) because the psychological characteristics that make an individual unique are formed on a background of objective values that we internalise during childhood, with others, through adolescence, and by guidance from parental figures. These characteristics are recalcitrant. They are the values, preferences, needs, goals, etc., we use to reflect and deliberate about which actions and decisions are good and righteous. So, when I articulate and discover myself, I choose a course of action that resonates within me by virtue of accordance with those characteristics I have developed in dialogue with the horizon of intelligibility. To give an example, I cannot choose to be a generous person simply by starting to do such things that are perceived as generous. Exactly that is what it would mean to be *in*authentic. Rather, I must choose to do such things that are perceived as generous *because* generous behaviour resonates within me. And only I can know whether this is the case.

Now, we can see clearly what Taylor believes makes an authentic agent possible. His account presupposes a particularly practical account of self-discovery:

> *Practical Self-Discovery*: Authentic agency flows from the human capacity to articulate, discover, and realise oneself by choosing actions that resonate with one's dialogically developed psychological characteristics.

Practical self-discovery is what makes an agent capable of creating an authentic existence, an existence that has ethical value, which stands out in society and transcends one's own preferences. Taylor's account has recently been picked up by philosophers of psychiatry to better grasp what

authenticity means in mental health contexts. I will therefore supplement Taylor's own account with this application.

3.3 Taylor's Account Applied to Mental Health Contexts

Erler & Hope (2014) have argued that Taylor's account provides the most plausible way to understand authenticity in mental health contexts. If so, it may offer a theoretical lens through which psychiatric researchers and clinicians may interpret the experiences and behaviour of patients and clients.

As I discussed in section 2, people with mental health problems can experience a contentious relationship between their sense of self, their mental health, and their medication. Erler & Hope (2014, p. 222) see this relationship as fundamentally a matter of experiencing a *substantial inner conflict*. Substantial inner conflicts are conflicts between substantially different *mindsets*, a concept inspired by Teasdale's (1997) notion of "mind in place". In a mental health contexts, the idea is that a person suffering from, for example, depression can have both a depressive mindset and a non-depressive mindset. This fits well with the excerpts in section 2 that describe how people may experience a conflict between *two selves* (e.g., Hope et al., 2011, p. 22: Participant 36). At any one time, one may experience one or both mindsets, but which is dominant varies at different points in time. Essentially, the person alternates between two distinct but coherent groups of psychological characteristics that underlie their occurrent attitudes and motivations, and the extent to which they experience personal turmoil depends on the degree and depth to which those two groups collide and guide our situational responses in different directions (Erler & Hope, 2014, p. 222). This can be an unpleasant and confusing matter and is a genuine barrier to mental well-being. Such a conflict consists in clashes between attitudes and motivations at different times, or even at the same time, that puts the agent in a state of personal turmoil. Personal turmoil can make people desire change or to transform certain aspects of their identity and their life. Authenticity is then drawn upon to help resolve the conflict, to

guide and frame self-development, and in order to live in accordance with one's true self (Ibid, p. 225).

Erler & Hope draw on Taylor's account to more precisely explain what it means to live in accordance with the true self. Specifically, they use the idea that being true to ourselves is necessary to realise your own uniqueness and to shape life the way you want (Erler & Hope, 2014, p. 223; Taylor, 1991, p. 29). On the one hand, they argue that it is prudent to do so. It will help you in developing a happier and more flourishing life. You will be able to control the effects of medication to your own advantage, to mitigate unruly behaviour caused by mental health problems, and so on. It can realise your desire to get better. On the other hand, it might be desirable for its own sake. The concern to live authentically, in accordance with "the real me" (Karp, 2006, p. 120), is a specifically *moral* one. To Taylor, the moral significance of living authentically relates to what one feels they *ought* to desire (Taylor, 1991, p. 16), and being conflicted about what one ought to feel or desire can only intensify one's concern with authenticity (Erler & Hope, 2014, p. 225; cf. Golomb, 1998, p. 34). This is clear both in relation to social pressures (e.g., Miklowitz, 2012, p. 61) and to identity crises (e.g., Karp, 2006, p. 110: Male peace activist, aged 22) that people experience in relation to their mental health.

Although Erler & Hope (2014, p. 222) acknowledge the lack of systematic evidence from lived experience for associating (in)authenticity and mental health (problems), they still suggest that there are major grounds for associating pathological aspects of the self as inauthentic. The reason for this is that if a person wrongs someone because they are experiencing mental distress, the wronged party would be liable to hold the offender less responsible for their actions than if the person had wronged while "in their right mind" (Ibid, p. 223). Consequently, it seems intuitively that we should not judge the person's character by the behaviour and mindset related to their condition, nor should we hold them (fully) responsible for the associated wrongdoing. Actions influenced by mental health

conditions or psychotropic medication are not the person's authentic behaviour, because they are not entirely morally responsible for what they are doing.

There are certain advantages of adopting Taylor's account to make sense of authentic agency. First, it takes seriously what people say about their own experiences. As I explained in section 2.1, people relate to themselves in self-pluralistic term with different aspects of their person defining different selves that can come into conflict with each other. Taylor's account presents a way to explain why people feel there is an underlying true self that they fail to bring out, that is difficult to express. When people feel they are not living in accordance with their *true self*, it is, on Taylor's account, likely because there is a disruption to the "language of personal resonance" (Taylor, 1991, p. 90). Essentially, we fail to choose a course of action that resonates with our dialogically developed psychological characteristics. Also, it explains why authenticity is a basic psychological concern. Because authenticity is a means to moral ends, it is clear why people feel urgently that they must be authentic. They must be authentic to do what they believe is right and good, and not merely so they can do what they want for its own sake. But despite its advantages, the account also comes with troubling consequences when applied to mental health contexts.

3.4 The Conceptual Problem of Practical Self-Discovery in Mental Health Contexts

Being an authentic agent requires practical self-discovery. It is through self-discovery that we are able to reflect on which attitudes and motivations are consistent with our psychological characteristics, what courses of actions we ought to desire, and how we might come to make an authentic existence. However, practical self-discovery presents two troubling consequences for people with mental health problems.

The first problem relates to the epistemic reliability of practical self-discovery. In section 2, I showed how BaRD-like symptoms may affect people's sense of self. People who live with fluctuating

emotional states characterised by BaRD-like episodes of depression or (hypo)mania need to be continuously aware of where they are at emotionally to head off an emerging episode. How you evaluate your values, needs, desires, and idiosyncratic preferences are likely to be altered by such episodes where depression brings despair, sense of futility, and excessive or inappropriate guilt and (hypo)mania brings inflated self-esteem, excessive excitement, anger, and sense of urgency. Such changes to self-evaluation can "drastically alter the reasons one takes oneself to have, producing swerves in one's plans, or being so pervasive that they deprive an agent of any stable point of view" (Porter, 2022, p. 134; see also de Haan, 2020).

While Erler & Hope claim that Taylor's account accurately encapsulates people's experiences in relation to their own authenticity, I argue that BaRD-like symptoms exemplify a serious conceptual problem. The consequence is that the necessity of practical self-discovery unjustifiably excludes *a priori* certain people with mental health problems from having authentic agency altogether. For people to be capable of determining their life in a way that is really their own, they must be capable of choosing a course of action that resonates with their psychological characteristics. However, for people with BaRD-like symptoms this capacity is structurally compromised. They must contend with the fact that affective fluctuations and remissions can "give them very different views on the normative landscape" (Porter, 2022, p. 134). In Erler & Hope's terms, they are going back and forth between different mindsets, different groups of attitudes and motivations, and different views on how important these groups are to them. Typically, people will have to articulate what they value and decide what to do in acknowledgement, but those of us living with BaRD must acknowledge that whatever value they perceive as authentic will at some point come radically at odds with their occurrent attitudes and motivations.

This is not simply a matter of self-perception being obscured. For example, Dings & Glas (2020, p. 334) have suggested that all that is noticeably different to the agent under such circumstances is

the absence of a sense of ownership of one's attitudes and motivations. But this does not seem to fully capture the multiplicity of experiences that people with mental health problems might have. As we saw in section 2, experiences vary quite radically with respect to one's attitudes and motivations. Sometimes people *do* feel ownership over experiences influenced by their symptoms (e.g., Hope et al., 2011, p. 24: Participant 12). The fact is that the self-assessments that one makes frequently come with a sense of ownership, that one experiences their occurrent attitudes and motivations without a sense of alienation or inauthenticity whether they originate in symptomatic aspects of oneself or otherwise. But, from a first-person perspective, the reliability of knowing when something truly resonates within depends crucially on the phenomenal experience of one's occurrent attitudes and motivations. And since there are no experiential markers to differentiate veridical self-assessment and mistaken self-assessment, assessing when something resonates within is unreliable. We therefore cannot know if one course of action truly resonates within compared to another.

Here is the point of the problem: Occurrent attitudes and motivations must be reliably evaluated with respect to one's dialogically developed psychological characteristics. We identify occurrent attitudes and motivations as authentic expressions when they are congruent with those aspects of the self (see also Harter, 2001, p. 382). But BaRD-like symptoms compromise this reliability, sowing structural incongruence between occurrent attitudes and motivations and the self. Whatever one perceives as really one's own can over time be altered (sometimes quite rapidly) such that those characteristics are now experienced as superficial, unimportant, or implanted against one's will. During remission, those previous characteristics may then be restored, but at no point should there necessarily be an experiential marker (e.g., absence of sense of ownership) that makes the agent aware of these changes in one's occurrent attitudes and motivations. While each mindset is phenomenologically different, they are not necessarily phenomenologically different in relation to what one experiences as really one's own. Each may feel equally authentic when depressed and when

happy. At one point in time joy may be perceived as an authentic response to one's life situation while at another time depression is perceived as authentic:

> There's the depressed me and there's the happy me. So, the depressed me is me, but the non-depressed me is also me. So, it's not really changing me. It's just like flipping me over. (Karp, 2006, pp. 124-125: teenager)

But realising oneself takes time. Self-development is both an existential and practical problem that requires continuity of psychological character (Erler & Hope, 2014, p. 225). It can be hard to make an authentic existence if the appearance of such an existence changes character over time. BaRD-like symptoms break the structure of self-developmental continuity. So, this is not only a problem for practical deliberation but, if not resolved, to the dialogical development of the self.

If this analysis is correct, then Taylor's account commits us to the consequence that the tools that enable an agent to be authentic do not work for people with BaRD-like mental health problems. Most importantly, this is a consequence that follows *a priori* from the assumption of practical self-discovery and the characterisation of BaRD-like symptoms we find in such medical texts as the DSM-V (APA, 2013, pp. 123-154). The upshot is that the account presents an understanding that, contrary to Erler & Hope's aims, rule out certain people with mental health problems from being considered even possibly authentic agents. Many people with symptoms like the one's discussed in section 2 fall within this category. These people would have to resolve their mental health problems and recover, to even start being considered capable of authentic agency. Now, Erler & Hope might bite the bullet and say, yes, certain people with mental health problems are incapable of being authentic *qua* mental health problems. This is why mental health problems are actually a major problem.

I find this an unjustifiable consequence and we cannot simply bite the bullet. Someone who has BaRD-like symptoms might be mistaken about some of their self-assessments, but it is unlikely that they are incapable of self-assessment altogether. However, practical self-discovery commits us to saying that this is the case. Accordingly, if a person claims that their being an unstable person is authentic, we must judge their claim false because how could they be when they are incapable of making such an assessment. This consequence implies that the self-discovery view is not sufficiently flexible and open to the perspectives of people with mental health problems. It *a priori* closes off the possibility that at least some of their self-assessments could be veridical. This unnecessarily takes away credibility and agency within mental health contexts from people with mental health problems, a consequence that is unjustifiable when our present purpose is to make intelligible what it actually means to live with mental health problems.

3.5 The Problem with Moralising Authentic Agency

The second problem has to do with the moral and ethical nature of authentic agency on Taylor's account. Through practical self-discovery, we are able to live according to what it is right and well, to live what philosophers call "the good life". Being an authentic agent goes beyond one's own will and into the ethical domain of what one *ought* to desire (Taylor, 1991, p. 16) and is hence "a means to the end of acting rightly" (Ibid, p. 26) This view therefore bridges people's psychological functioning to our communities' ethical pursuits and norms, to ideas we share in society of what an agent must do to be good, righteous, and virtuous.

This raises the question whether being authentic is essentially morally good (Stichter, 2022, p. 263)? If authenticity is a means to acting morally right, does it not rule out the possibility that one can be authentically evil or vicious? As Lauren Bialystok (2014, p. 293) points out, when we associate authenticity with moral virtue, "[i]t is good to be authentic, not because my authentic self is good, but rather because being authentic is synonymous with being good in some self-transcending way." This

is fairly counterintuitive. It implies that one cannot be authentically evil or vicious, because being authentic can only be objectively good. However, as Bernard Williams asks: "If there is such a thing as a 'real self' of an individual, what reason is there to think that it must coincide with an underlying character of honour, considerateness, and compassion?" (Williams, 2002, p. 182; cf. Taylor, 1991, p. 36).

Here it is worth distinguishing between content-neutral and contentful accounts of authentic agency. Contentful accounts propose that we are morally responsible for our authentic existence, such that not anything can be authentically *me* (distinction inspired by Bauer, 2017, p. 575). For example, there is no such thing as an *authentic dictator*, who oppresses, extorts, and rules his people with fear because this is what it means for him to realise himself and doing so resonates within him. People who wrong and harm others can never be authentic because being authentic is a means to the end of acting rightly. A content-neutral account boils down to a rejection of this claim. Authentically evil and vicious people are possible. What makes someone authentic has nothing to do with moral responsibility. Believers in content-neutrality doubtfully ask: "What are the reasons we should suppose that the being authentic is inherently morally good?"

We do not here have to answer the question to what extent Taylor's account assumes a contentful view on authentic agency. On the question of content-neutral and contentful accounts, there is likely no either-or response. However, it is clear that his view does assume that authentic agency is a means to moral ends. What I wish to emphasise is what Taylor's account implies for people with mental health problems and their moral agency. Being compromised in one's ability for practical self-discovery not only implies that a person cannot be authentic but also implies that the person is compromised in their ability to do good. People with mental health problems who struggle to be authentic by extension struggle to fulfil those moral ends that matter to them in their decisions and choices. It is therefore not only their authentic agency, but their moral agency that is impaired.

This, however, seems highly unlikely. While Erler & Hope conclude that we should think that people with mental health problems have less moral agency and so lack authenticity with respect to behaviour influence by their mental health problems, I will argue that moralising authentic agency in this way is not coherent. I mentioned how Erler & Hope argued that we regard people with symptomatic presentations less authentic than others because they are not fully responsible for what they do and think. However, this argument results in circularity. We might ask why we think they are not morally responsible for their actions? And the answer would be because their self-assessments are unreliable in differentiating when their choice of action comes from an authentic or inauthentic place. So, to be morally *ir*responsible, one must be *in*capable of authentic agency. The argumentation therefore assumes a lack of the very thing that the argument is supposed to show a lack of. A possible objection is to say that it is not authenticity that grounds moral responsibility but *autonomous* agency. But arguably, this only extenuates the circular argumentation. If it is the fact that an agent could have done otherwise, that one freely chooses a particular course of action, which grounds their moral responsibility, then it is because people with mental health problems choose courses of action in a non-autonomous way that they are not morally responsible. But the question remains to what extent other actions would have been more or less authentic than the one the person with mental health problems actually decided on. Only by assuming that the choice of action that the non-autonomous agent ended up with is already inauthentic can we make the connection between moral responsibility and authenticity. We cannot make this kind of argumentation without assuming that the agent is already incapable of making distinctions between authentic and inauthentic courses of action. Consequently, justifying the association between inauthenticity and mental health problems by claiming a lack of moral responsibility assume that the person is already incapable of authentic agency. This suggests, again, a presupposition for associating inauthenticity with mental health

problems and that we should *a priori* judge aspects of the self that come from mental health problems accordingly. It presupposes that certain people are inauthentic *qua* mental health problems.

3.6 Summary

Assuming that authentic agency flows from practical self-discovery, forces us *a priori* to conclude that certain people with mental health problems are incapable of authentic agency. However, this conclusion comes from certain theoretical assumptions that unfairly pathologise people's lived experience. While people with mental health problems can surely be mistaken is their self-assessments, it is unlikely that they *could* not make a correct assessment. Such a view deprives them of serious consideration with regard to the legitimacy of experiences they have in relation to their own mental health. What we need is an account that accurately captures lived experience and adequately balances with what is already present in terms of psychological and biomedical knowledge. We need to be able to account for why people might be mistaken about the authenticity of aspects of their self without presupposing that those aspects of their self that come from mental health problems are necessarily inauthentic. I therefore argue that the self-discovery view is not a promising avenue for understanding the lived experience of authenticity in mental health contexts, since it unjustifiably reinforces an *a priori* association between inauthenticity and mental health problems.

4. Authentic Agency as a Form of Self-Creation

The second potential view of authentic agency in mental health contexts suggests that authentic agency flows from our human ability for *self-creation*. However, it would be a mistake to think that this means there is a discrete set of ideas that brings authors together. In fact, accounts of the self-creation view are myriad and many-coloured. In this section I will attempt to draw lines through the discussion on self-creation and how it might empower an agent to make a life that is really their own.

I will identify three possible accounts that conceptualise self-creations in distinct ways: the *radical freedom* account, the *unificationist* account, and the *narrativist* account.

4.1 Radical Freedom and Active Self-Production

Initially, the idea that we create ourselves presents a wholly different view from self-discovery. While self-discovery presupposes that there are pregiven aspects of the self that we may discover in practical deliberation, the self-creation view supposes that there are no such pregiven aspects. It means that we have an active involvement in constituting our psychological characteristics through wishes, desires, and motivations; "we somehow produce or create them" (Varga, 2011, p. 70). This means that self-creation in its simplest form rejects the very idea of discovering one's own inner life.

Originally, this view can be traced to authors who argued for an aesthetic component in self-creation. Friedrich Nietzsche (1974 [1882], p. 335) believed that authenticity comes about through active self-production; that is, authentic agents are such individuals who "are new, unique, incomparable, who give himself or herself laws, who create himself or herself." Similarly, Michel Foucault (1984, pp. 41-42) argued that the authentic agent is not an individual who "goes off to discover himself, his secrets and his hidden truth; he is the man who tries to invent himself." Since the self is not a pregiven entity, nor does it contain pregiven aspects, the authentic agent must create herself as a work of art. Accordingly, the self is radically free to determine itself. It is not principally bound by laws of morality or ethical concerns, but by a concern for its own existence that "corresponds, must correspond, to the search for aesthetics of existence" (Foucault, 1988, p. 49). Only aesthetic values may determine how one chooses to live.

Nowhere is the association between radical freedom and self-creation clearer than in Jean-Paul Sartre's (1989 [1946]) statement that "Man is nothing else but that which he makes of himself." As an existentialist, Sartre doubted the usefulness of a contentful notion of authenticity and deflated it to radical freedom. Freedom is the absolute condition for subjectivity to the extent that each person

decide their own facticity; that is, each person projects onto themselves the facts of themselves (Sartre, 1991, p. 710). Richard Rorty (1982, p. 346) is another author who seems similarly committed: "We are a poetic species, the one which can change itself by changing its behaviour—and especially its linguistic behaviour, the words it uses." He believed that it is part of human nature that we do not discover antecedent facts about ourselves but that our selfhood depends on the contingency of the language, or his more technical term "vocabulary", that we use to interpret ourselves (Rorty, 1989, p. 40). In the end, Rorty's nominalism about the mind suggests that the content of our inner lives is created by the moral, political, artistic, or scientific terms we choose to apply to ourselves as linguistically reproducing beings. This general account can be called simply:

> *Radical Freedom*: Authentic agency flows from the human capacity to freely and actively create itself

Traces of this account can be found in later authors who also emphasise freedom and reproduction in the self-creation account. For example, John Drummond (2010, p. 453) reflects Sartre's radical freedom, where an authentic individual is an "agent that makes of herself who and what she is through her choices." But as it stands, radical freedom cannot be a plausible account of authentic agency. While connecting radical freedom and active self-production to authenticity might give us some sense of what it means to be an authentic self-creating agent, the question remains "from what do we create ourselves?" From what psychic materials do we make ourselves into a subjectivity? Answering this question may be why some authors who have endorsed radical freedom chose to move the contents of our selfhood *outside* the self. I already mentioned how Sartre's scepticism of introspection (1957, p. 31) led him to the claim that we know ourselves by looking out into the world we live in. But even assuming that there is a plausible answer to what our mind consists in if not inner mental phenomena,

there is still a normative conflict between being radically free and actively self-producing. Active self-production comes with a normative pressure; that is, we *must* create ourselves as a work of art. Yet as radically free subjects, it is difficult to see where the force of this pressure should come from. If nothing is pregiven, then not even active self-production is pregiven. Further, when we create an aspect of ourselves, we must also identify with it in order for it to be a motivation for us. We must see it as something *good* for it to make an impact on *who we are.* Radical freedom cannot explain the normativity of our motivations without giving an account of how this comes about, why we are able to see those aspects as something worthwhile. However, in giving such an account, the subject would no longer be radically free.

The conclusion must be that radical freedom is simply too free to be able to account for the normativity of our attitudes and motivations; that is, why we should care about who we are. In section 2, we saw how being authentic was a basic concern for people with mental health problems, so caring about who we are is clearly an essential feature of the capacity to determine a life that is really one's own. Yet a rejection of radical freedom does not mean that the self-creation view should be rejected altogether. Many authors, unlike those discussed above, think that while we are autonomous beings there is much to be said on how we come to care about who we are, and how to explain the normativity of our attitudes and motivations and how we make and shape ourselves in light of it. These are the authors I turn to now.

4.2 From Integrity to Integration

Authenticity is often associated with the notion of *integrity*. A person of integrity is someone who goes about their business in the world with a certain degree of consistency in what they do and purport to be. This is often also associated with being a "decent person", someone who is dependable in their behaviour and decisions (Bialystok, 2017, p. 292). Someone others can rely on. Being dependable and responsible for your actions and expressions is good. It allows others to understand you, to know

what to expect from you, and to otherwise organise your social relationships in a fruitful manner. So, being a person of integrity seems to bring us close to the idea that it is good to be a person with a psychological structure that allows one to act and express oneself with consistency across a wide range of normative contexts (Guignon, 2008, p. 228; Harter, 2001, p. 387).

While people often experience and interpret themselves in self-pluralistic terms, there is also an important sense in which we experience our personal identity as persistent and coherent. For example, Jennifer Radden (2003, p. 358; see also 1998) claims that in normal experience "diachronic and synchronic unity—my oneness across time and at a time—form a seamless whole". Here, Radden highlights the sensation of being one continuous person, who is the same as they were years prior, who is able to seamlessly move about with intention and purpose as a whole. This sensation often coexists with the experience of multiple selves, suggesting that the sensation comes from some sort of *unification* of those disparate aspects of the self. To John Cottingham (2010, p. 3), whose account more resembles Taylor's but rests on a foundation of self-creation, goes further and argues that becoming a person of integrity is a personal and ethical end: "[T]he goal of my life should be, as it were, to grow into that unified self." Here, integrity is also construed as a matter of forming a seamless whole or as Cottingham puts it a "unified self". Accordingly, being a person of integrity presumes that we should pursue a *psychologically coherent and continuous point of view* because it is required for living a fulfilling life. Having a psychologically coherent and continuous point of view arguably enables a person to act consistently over time and in different normative contexts. It allows for being a person of integrity.

From the idea that integrity presumes a coherent point of view we can infer that what makes an action authentic is that it is an expression of one's *most integrated* decisions and attitudes.[6] The

[6] There are several ways that this thesis has been conceptualised, all different in their implications for authenticity. To Arpaly & Schroeder (2013, 1999), "most integrated" means that our actions are well-integrated with our morally

question then is what it means for one's decisions and attitudes to integrated? Several authors assume that integration is a fundamental process by which we come to form a *whole, unified self*. Being a unified self means that various aspects of the person are assimilated into a whole, a whole that must be consistent and cohere (Archer, 2017, p. 437; von Eschenbach, 2012, p. 369; Helm, 1996, p. 58). So arguably, the process of integration is the means by which this assimilation and coherence-making is brought about. While self-unity does not necessarily have to be a matter of *psychological* integration and wholeness, I am here concerned with the coherence among attitudes and motivations, values and emotions, traits and characteristics. These terms inevitably take us into the realm of psychology and so I will be concerned with how self-unity implies a connection between psychological integration and self-creation.

4.3 The Unificationist Account of Self-Creation

The idea that one must be a psychologically integrated agent to be authentic I call "unificationism". Unificationists, like Harry Frankfurt (1971, 1988a,b, c, 1999, 2004, 2006) and Christine Korsgaard (2009), argue that the proper functioning of the will is to integrate an agent's psychological structure

relevant beliefs and desires. To Richard Dworkin (1988), it means that our actions result from identifications with our character traits. To Michael Bratman (2007), it means that there is harmony between our actions and our more-or-less long-term plans. To Shoemaker (2003) and Jaworska (2007), our actions are most integrated when they reflect a relatively stable network of emotional states that we associate with the term "caring". To Rings (2017) and Oshana (2007), our actions and decisions must be integrated first through truthful acknowledgement of our personal, social, and psychological history and make-up. The terms in which we cast integration significantly changes how we might view authentic agency. My point here is not that all these account fail for the same arguments I raise but to point out the rich philosophical literature that surrounds the idea of integration. There is much source material with which to explore authentic agency that so far remain untouched. While I raise problems for one account here, I encourage others to seek out inspiration from these other authors.

into a unified self. What unites the two authors with the existentialists discussed above is the idea that people *make and shape themselves* through their actions and decisions, that one's psychological characteristics depend crucially on one's will. However, unificationists limit the extent to which people are free to invent themselves with the notion of integration.

While Korsgaard (2009, p. 19) prefers the word "integrity", she uses it in much the same sense as authors who write about authenticity do: "For a movement to be my action, for it to be expressive of *myself* in the way that an action must be, it must result from my entire nature working as an integrated whole". Here, by emphasising the word "myself", she already gives a glimpse into how authentic agency could look in her general theory of self-constituting agency. When I am acting as a unified, coherent agent, my actions express *me* in the most faithful way possible and are therefore authentic. She also shares with other scholars on authenticity the emphasis on human uniqueness being essential to the concept: "Every human being must make himself into someone in particular, in order to have reasons to act and live. Carving out a personal identity for which we are responsible is one of the inescapable tasks of human life." (Ibid, p. 24). Authenticity drives self-development and our engagement with the world, it gives us a unique sense of identity, and it is through action and practical deliberation that these things come to be.

According to Frankfurt, there is a structural relation between what we do and what we *really want* that can make our actions authentic (Frankfurt, 1988b, p. 166). He conceived of the mental life as hierarchically ordered:

> "[P]eople characteristically have second-order desires concerning what first-order desires they want, and they have second-order volitions concerning which first-order desire they want to be their will. There may also be desires and volitions of higher orders" (Ibid, p. 164).

The idea is that because humans have the reflexive ability to reiterate thought in consciousness, we can exert some control over which desire, beliefs, feelings, preferences, etc., that we want to guide our actions and decisions (Frankfurt, 1971, p. 10). Essentially, I may desire a large strawberry flavoured ice-cream, but desire even more so that I lose weight. I therefore form a further attitude toward my desire for ice-cream; namely, the desire *not to desire* ice-cream. Our attitudes and motivations can, because of this fact, form a hierarchical ordering where certain attitudes and motivations have as objects other attitudes and motivations. When we act, we act on the basis of some coherence or consistency between these levels.

This is part, like Korsgaard, of a process of making up our minds. When we decide to identify with a certain attitude or motivation, we come to *constitute ourselves*: "It is these acts of ordering and of rejection—*integration* and separation—that create a self out of the raw materials of inner life" (Frankfurt, 1988b, p. 170: emphasis added). This is what makes unificationism properly self-creative. In acting and choosing how to act, we also come to constitute ourselves as practical identities (Korsgaard, 2009, pp. 19-20). But "creating an orderly arrangement" (Frankfurt, 1988b, p. 173) is not itself sufficient for authenticity. Rather, we must *wholeheartedly endorse* those higher-order attitudes and motivations that provide the criteria for which we make ourselves coherent, with which we integrate different aspects of our inner life into one unified whole: "A person who decides what to believe provides himself with a criterion for other beliefs; namely, they must be coherent with the belief on which he has decided" (Ibid, p. 175). By wholeheartedly endorsing some desire or motive, we choose to identify with those attitudes and motivations that will help us resolve conflicts in our inner life and ambiguities in which desires to act on. In making our attitudes and motivations coherent and consistent with respect to those higher-order beliefs, desires, and preferences that we wholeheartedly endorse, "[w]e have taken responsibility for them as authentic *expressions of*

ourselves. We do not regard them as disconnected from us, or as alien intruders by which we are helplessly beset." (Frankfurt, 2006, p. 8). We have made up our mind about who we are and who we will be when interacting with the world and those around us. From the unificationist account we can now see how authentic agency might be possible through self-integration

> *Unificationism*: Authentic agency flows from the human capacity to wholeheartedly endorse and integrate one's attitudes and motivations in order to form a coherent unified whole

But how we come to wholeheartedly endorse is left rather vague. Frankfurt emphasises that "reason depends on will", that deciding what one should do depends essentially on the activity of making up one's mind which is in the end a process of eliminating volitional ambivalences (Frankfurt, 1988b, p. 176). Ambivalences in what one really wants to do. Unfortunately, this does not provide much insofar as an explanation of how we come to wholeheartedly endorse when we make up our mind. A not unreasonable interpretation is to connect wholeheartedness to his essay on *the Importance of What We Care About* (1988a). In this essay, Frankfurt suggests that:

> "Caring, insofar as it consists in guiding oneself along a distinctive course or in a particular manner, (…) [means that a person] *identifies* himself with what he cares about in the sense that he makes himself vulnerable to losses and susceptible to benefits depending upon whether what he cares about is diminished or enhanced. Thus, he concerns himself with what concerns it, giving particular attention to such things and directing his behaviour accordingly" (Ibid, p. 83).

Caring is an activity that is both continuously and actively beholden to the thing one cares about and implies a certain consistency in behaviour. If one identifies with being a parent because they care about their children, then one must act continuously to the benefit of their children. The parental role cannot be switched on and off depending on one's mood. That would mean that one does not actually care about one's children and so does not identify with being a parent. This is in line with Korsgaard's thoughts on what it means to identify with a practical identity. Identifying with a practical identity requires an agent:

> "to find it worthwhile to do certain acts for the sake of certain ends, and impossible, even *unthinkable*, to do others… If you are a parent, then you will see saving money for your child's education as a thing worth doing for its own sake, while you will see refusing to help him with his homework because you want to watch a movie instead as an action that is ruled out." (Korsgaard, 2009, p. 20: emphasis added)

The unthinkability of not acting to the benefit of what one cares about, according to Frankfurt, is something we experience as a "volitional necessity". Volitional necessity "characteristically affects a person less by impelling him into a certain course of action than by somehow making it apparent to him that every apparent alternative to that course is *unthinkable*" (Frankfurt, 1988a, p. 86; emphasis added). It is not that the agent has any "in principle" constraints on their will that stops them from acting against the benefits of what they care about. The agent simply experiences such courses of action as rendered impossible or unthinkable. We feel our moral responsibility towards the object of caring so strongly that we do not allow ourselves to reject it or act ill towards it.

So, what does this say about wholehearted endorsement? I suggest that Frankfurt intended for caring to be what guides a person's will. It is the fact "that it is *possible* for him to care about the one

and not about the other" (Ibid, p. 94) that allows one to weigh different higher-order attitudes and motivations against each other and figure out which of them one will wholeheartedly endorse. It underlies the process by which one comes to have an undivided will and makes up one's mind.

4.4 The Unificationist Account Applied to Mental Health Contexts

But what does the unificationism say about mental health? Unificationists assert that we make ourselves a coherent and continuous whole by integrating our attitudes and motivations in such a way that ambivalences are eliminated, and by guiding our actions with what we care about and wholeheartedly endorse. In mental health contexts we can see how this might apply. It is common to think that being incoherent and fragmented is not a good thing for psychological functioning and mental well-being. For example, Alfred Archer (2017, p. 437) states that "the person with integrity has reconciled the various aspects of her life into a coherent whole, the fragmented person is someone whose self is ridden with internal conflict." When we become fragmented, we also become vulnerable to personal turmoil and inner conflict, to self-doubt, inertia, and negative feelings, like we saw in section 2.

But we all experience ambivalences, and for many of us it comes with personal turmoil and unease. It can be a source of inner conflict since we do not appreciate being torn between competing courses of action and knowing that in choosing one, we give up on the other. Especially when the two options are equally enticing and important to us. Then, whatever one chooses, one will be alienated by some aspect of oneself by rejecting one's commitment to the other. When we are genuinely "of two minds" about what to do, we cannot wholeheartedly endorse our choice of action. Accordingly, ambivalence seems to be the marker of defective authentic agency, or what Coates (2017, p. 420) calls a defect in one's agency *par excellence*.

Since ambivalence traditionally is perceived to involve a failure to integrate oneself, an ambivalent agent is unstable and at war with herself. Such an agent is "incapable of action because

of inner faction and not being of one mind with himself… it will make him his own enemy" (Plato, 2004, 352a5). To an authentic agent or, more precisely, to be healthy as an authentic agent, it seems, one must be psychologically structured in such a way that one eliminates ambivalences in mind and will. Augustine (1992) echoes this sentiment. When our will is divided "we are dealing with a morbid condition of the mind" (1992, VIII, ix, p. 21). To Augustine, being "of two minds" is inherently *dissociative* and therefore it is not healthy to be alienated from ourselves (or in Augustine's case from God). An ambivalent mind, on this view, threatens the proper functioning of agency the same way that a disease threatens the proper functioning of the body. Frankfurt even claims that "the mind is healthy—at least with respect to its volitional faculty—insofar as it is wholehearted" (2004, p. 95). By relating health to reason and will, Frankfurt purports to show what is unhealthy about not being an integrated agent: "[H]is will is unstable and incoherent, moving him from contrary directions simultaneously or in a disorderly sequence" (Ibid, p. 92). Such disorderliness is detrimental to an agent's capacity to determine a life that is really their own. This makes it clear that failing to wholeheartedly endorse and integrate their unstable and incoherent self is something that an agent should avoid, something that leads to diminished flourishing and well-being (Coates, 2017, p. 421). So, when we become fragmented and ambivalent, we hover close to the realm of psychopathology.

There is a close relationship between conceptions of psychopathology and self-disintegration; that is, when one's self becomes deeply divided, fragmented, and ambivalent. Disintegration has even been written into the diagnostic criteria and symptomatology of psychiatric categories. Consider for example *dissociation* which can be defined as "a partial or complete loss of normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements" (WHO, 1992, p. 151). Dissociative symptomology often presents with relational trauma, posttraumatic stress disorder, schizophrenia and other schizotypal and psychotic disorders, and includes presentations of self-fragmentation, derealisation, depersonalisation, emotional detachment,

selective amnesia, and out-of-body experience. In the DSM-V (APA, 2013, p. 820), dissociation is explicitly related to epistemic disintegration: "[D]issociation may allow the individual to maintain allegiance to two contradictory truths while remaining unconscious of the contradiction," which results in a "disruption of and/or discontinuity in the normal integration of consciousness" (Ibid, p. 291). Effectively, dissociation upsets psychological functioning, someone's ability to navigate the world with a sensitivity to what they really think and makes it "difficult for subjects to form a well-integrated self-identity" (Maiese, 2024, p. 5). So, here we see that self-integration is conceived as directly linked to non-pathological functioning and self-disintegration leads to a disunified pathological condition.

So, what seems to be at the core of unificationism's association with mental health is that ambivalence and fragmentation is bad for our psychological functioning, and sometimes individuals suffer mental health problems that make ambivalence and fragmentation more severe. This, of course, makes a lot of sense. Dings & de Bruin (2023), for example, have argued that when self-experience becomes fragmented and ambiguous, it is not a discrete psychopathological phenomenon, but a form of distorted self-experience continuous with ordinary self-experience. People often don't feel like themselves, feel "of two minds", or is otherwise ambivalent about their self. So, why should such experiences in mental health contexts be any different? They must merely be exacerbated cases or more severe cases.

Self-integration applied to mental health context allow us to interpret the experiences of people with mental health problems in a fruitful way. It also does not essentially pathologise their experiences since they are continuous with ordinary self-experience. What seems to be the case is that it is simply *more difficult* for people with mental health problems to exercise their authentic agency, but they are not principally barred from the possibility. Their agency is just not functioning *par excellence*. One can through effortful self-deliberation assert themselves as authentic agents. The account is relatively

content-neutral; that is, does not make any claims about the morality of authentic behaviour. It merely states that coherence-making and self-integration is good but not what attitudes and motivations should be integrated, whether good or bad. It also allows us to understand why we care about who we are and why when we become fragmented and disunified authenticity becomes a serious concern. When we are deeply ambivalent about ourselves and don't know what to do, the need to form a whole is amplified:

> "When one is painfully conscious of the danger of abandoning one's self, a cry for authenticity is heard… Only one who has deeply experienced the conflict between authentic and inauthentic patterns of life and has frequently struggled to decide between them can become conscious of the importance of being authentic." (Golomb, 1998, p. 34)

So far, unificationism seems to present the most likely way to be flexible and open to the perspectives of people with mental health problems. Unfortunately, I will argue that unificationism, despite its advantages, does not offer a plausible account of self-creation.

4.5 In Defence of Ambivalence

To Frankfurt, ambivalence constitutes a failure to wholeheartedly endorse and integrate one's unstable and incoherent self and should therefore be avoided as much as possible. Unlike Frankfurt, Korsgaard does not address ambivalence explicitly, but she does claim that what we do when we engage in *any* rational activity is the act of *making ourselves* as rational agents, rational agency is inherently a matter of self-constitution. The more integrated, the better constituted an agent will be. Accordingly, we fail to constitute ourselves as integrated agents when we fail to resolve ambivalences. As we saw above

self-disintegration is inherently *unhealthy* and amounts to a pathological condition. But what exactly does Frankfurt mean by ambivalenc*e*. He sums it up neatly in the following excerpt:

> "Ambivalence is constituted by conflicting movements or tendencies, either conscious or unconscious, that meet two conditions. First, they are inherently and hence unavoidably opposed; that is, they do not just happen to conflict on account of contingent circumstances. Second, they are both wholly internal to the person's will rather than alien to him; that is, he is not passive with respect to them. An example of ambivalence might be provided by someone who is moved to commit himself to a certain career, or to a certain person, and also moved to refrain from doing so" (Frankfurt, 1999, p. 99).

Ambivalence, according to Frankfurt, is a division at the "deepest" level of one's hierarchy of attitudes and motivations, at the level of one's cares and wholehearted endorsements. These are the bits of the structure of our agency that really "speak for us" and with which we are properly identified. At this level, our identifications must exhibit four characteristics: 1) there must be no external manipulation for why we identify with *p*, 2) there must be no reservations for why one would identify with *p*, 3) there must be no willingness to betray one's commitment to *p*, and 4) one must desire to preserve one's commitment to *p* (Varga, 2015, pp. 305-306). When a conflict at this level occurs, it occurs because when two such identifications compete for priority in the preferential order (Frankfurt, 1988b, p. 170). When the conflict is resolved, the two competing identifications are *integrated* into a single ordering, within which each has a specific position in the hierarchy of attitudes and motivations. Importantly, this is not merely a matter of conflict between willing different things. We may identify with two alternatives and be ambivalent about how to prioritise them. But the

ambivalence relevant here is more serious. It is ambivalence towards the identifications themselves. It involves being unsettled about whether one should really continue to be committed to one's own motivations or whether one should reject them as alien (Coates, 2017, p. 424). In order to resolve the ambivalence, the agent is forced to "outlaw" an attitude or motivation that one up until that point was wholeheartedly endorsing. It is clear such ambivalence can negatively impact one's well-being. It may lead to serious self-uncertainties and doubts about one' s life projects, values, and personal characteristics. In ordinary parlance, we often talk about these ambivalences as identity-crises or crises of faith, disruptions to our hierarchy of attitudes and motivations that are so severe that they upset the very foundations of our beliefs, desires, and values.

However, there is reason to believe that eliminating ambivalences is not necessarily healthy. Although they may be rare, there are cases where being ambivalent about one's commitment is actually ideal. Imagine a case where an agent is torn between two things she cares about, care *a* and care *b*. *A* and *b* are for whatever reasons mutually exclusive, meaning that the agent cannot act in such a way that she can preserve her commitment to both. For a more concrete example of this, imagine a person who grows up in a family where the mother is Christian and the father is Muslim. Due to their mixed religious upbringing the person has come to wholeheartedly endorse and care about both religious lifestyles for various reasons. The parents then divorce and demand that their child choose between which religious lifestyle they want to commit to. Since she wholeheartedly endorses both and is therefore unwilling to betray her commitment to either, she becomes ambivalent to which course of action she may take that allows her to preserve her commitments to each lifestyle. The question then is: "In what way is her ambivalence unhealthy?" To Frankfurt, it is unhealthy because her will is divided which means she is not functioning well as an agent. She must therefore actively try to resolve her ambivalence. But in cases of true ambivalence, the turmoil indicates exactly that one is torn between things that are important. Things that one deeply cares about. It shows that one is

responsive to reasons for the worth of things that compete and are equally valued. Accordingly, if she did not experience ambivalence in her crisis of faith, then she is arguably not functioning well as an agent because she is not responsive to those reasons there are for valuing them equally. She is not valuing them appropriately, given her commitments, in her practical deliberation. The fact that she cannot choose which commitment to adhere to shows not that her will is not functioning as it should, but merely that there are things in her life that are so important that she struggles to choose between them. This is not necessarily unhealthy but, in fact, a marker that her will and agency is functioning as it should, that she is responsive to reasons that are so powerful that they put her into a crisis of faith.

Further, being utterly unambivalent about one's commitment seems to be unhealthier than being ambivalent about certain things. For example, if someone consistently overrules their other dreams and wishes to cater for their career aspirations, that person seems overly rigid and self-controlling. However, on Frankfurt's account such a person can be construed as entirely healthy and authentic if their career aspirations are simply the things that one consistently chooses when resolving ambivalence. But not being willing to accept some degree of ambivalence between one's cares and commitments can seem obsessive and be a marker that someone is attuned to self and world in an unhealthy way.

So, ambivalence is not altogether unhealthy nor is wholeheartedness altogether healthy. There are reasons to question if self-integration is necessarily a matter of psychological functioning that leads to health like Frankfurt and others claim it is.

4.6 In Defence of Fragmentation

Having argued that ambivalences are not necessarily unhealthy nor wholeheartedness healthy, I will now argue against the assumption that fragmentation is necessarily unhealthy and that assuming so presupposes a particular cultural psychological framework.

Consider the case of passivity phenomena. Passivity phenomena is a class of symptoms people ordinarily have in relation to their thoughts, feelings, volitions, and impulses. It includes delusional beliefs such as thought withdrawal (that one's thoughts have been removed by outside forces), thought insertion (that thoughts have been put into one's mind), volitional passivity (that one's actions do not emanate from one's own will but instead the will of some outside agent), and auditory hallucinations (APA, 2013, p. 87). Passivity phenomena are often thought to undermine one's psychologically coherent and continuous point of view because they constitute a failure to integrate and order one's own attitudes and motivations. However, as Rashed emphasises, this claim rests on the assumption that "the mental states with which the subject is failing to identify are ones with which the subject *should* identify" (2019, p. 166: emphasis added). Normally, people think that an agent should be the author of all their mental states. That in order to be a coherent whole, an agent must identify with all the attitudes and motivations they come to have. However, passivity phenomena are experienced as coming from the outside of oneself and so the subject feels that they shouldn't identify them as they did not originate in themselves. In the case of thought insertion, it is clear why one would rather not identify with one's thoughts as they are experienced as inherently alien:

> "I was definitely receiving thoughts. It wasn't my own thoughts made up in my own mind. You can tell the difference. I know my own mind; I know my own self. It's hard to express… It's not as if it's my own thoughts being made up in my own mind."[7]

[7] This patient report was found in *The Oxford Handbook of Philosophy and Psychiatry* online clinical-case resource: https://fdslive.oup.com/www.oup.com/booksites/uk/booksites/content/9780199579563/clinical/fulford_cases_section1.pdf (Retrieved from url on 03.06.2025).

In ordinary situations, having one's thoughts be externally authored would be seen as an entirely abnormal and pathological case of self-fragmentation. How would one make up one's mind when one's mind is not entirely one's own? When passivity phenomena interfere with one's self-integration, they do so by creating disruptions in the process of making up one's mind. But I would argue, in line with Rashed (2019), that there are ways make sense of one's inner life without resolving one's ambivalences. When we speak of ambivalences, we do so from the perspective that to be properly functioning we must always be active with respect eliminating them. We continuously work to make up our mind and resolve ambiguities in what to do (Frankfurt, 2006, p. 20), to avoid becoming fragmented. This excludes the possibility that one might eliminate ambivalences in a passive way.

As a counterpoint, Rashed (2019, p. 169) suggests that there is a way for someone to make sense of themselves while remaining passive with respect to ambivalences, i.e., not actively seeking to resolve them. An example of this possibility can be found in differences of cultural psychology:

> "I have a woman cohabiting with me for several years, ten years. When she first appeared I was not able to stay at home; I would run away and walk the town all night. I am *mekhawy* [attached/ in a relationship with a *jinni*]. In the beginning when she used to appear I would be terrified, but she beautified herself along the years. In the beginning I wanted to go to a Sheikh to get rid of her, but she began to help me, she cares about me. For example she would tell me the personality of the person in front of me, and if a person would hurt me I would just leave and find some excuse. I show people nothing but a surface, but I know a lot and I understand people.
>
> (…)

> [How often does she talk to you?] Most of the time, but it increases when there is a problem. She tells me the personality of the person in front of me, and advises me. Could you know who to trust and who not to trust? You can't know yourself, but she tells me. I could ask for anything, thousands of pounds, cars, but I don't want to let her control me. But I am so used to her now. When she goes away for a few days, I miss her."

Rashed recalls the story of Mahdi, a thirty-two-year-old fieldworker conducting research in the Dakhla oasis in Egypt. Mahdi claimed to have been in a relationship with a female *jinni* for more than ten years. The experienced presence of the *jinni* fit several key symptoms of passivity phenomena, like auditory hallucinations, thought insertion, and volitional passivity. From a unificationist perspective, these symptoms all suggest that Mahdi's mind has become fragmented and unhealthy. However, Mahdi offers a different picture. Mahdi emphasised that he had become *mekhawy*, an Arabic word with a root in the word for "brother" which refers to a state of closeness, even intimate involvement between two individuals. In the cultural context of Dakhla, it is acknowledged that sometimes such a state can occur between a person and a *jinni*. There, people understand that some become infatuated with the *jinni* and the persons affected "may resist this presence, this relationship, if it hampers marriage or their ability to carry out duties in general, or otherwise they may accept it if it brings some benefits" (Ibid, p. 170).

So, in the Dakhla oasis, the *jinni* figure is part of a cultural psychological narrative that people use to make sense of passivity phenomena. A script that allows for unusual but non-pathological influences on the coherence of the self. Mahdi is able to make sense of himself with this script without resolving the fragmentation he is experiencing that result from passivity phenomena. He is literally

"of two minds". But to Mahdi the distress that being of two minds would normally bring about does not arise because he perceives it though a cultural script that makes sense of it for him.

Rashed argues that what his account of passivity phenomena shows is that while a person's attitudes and motivations may be fragmented, not made coherent within one's own frame of mind, they do not actually undermine the unified self (2019, p. 174). His argument suggests that the idea that all our mental states should be harmoniously integrated assumes a set of cultural psychological assumptions about what it means to constitute a self. These assumptions pathologise other equally viable ways to form an identity that don't fit with self-integration. But I would argue that, while Rashed is correct in his argument, he does not recognise its real implications. What his presentation of passivity phenomena shows is not that there are instances where passivity phenomena do not undermine the unified self, but that there are ways for people to make sense of themselves without having a psychologically coherent and continuous point of view. And in having made sense of himself, Mahdi is able to make an authentic existence without resolving fragmentation and ambivalence.

Now, someone might stand their ground and consider whether Mahdi's use of the cultural psychological narrative actually constitutes a case of self-integration. However, I would argue that this is unlikely. Frankfurt claims that when we wholeheartedly endorse our attitudes and motivation, we must feel that the "moving principle" is actively inside of us (Frankfurt, 1988d, p. 59). It is important for an action to reflect who we are that it feels as "mine" and that it is self-referential in this sense. If you do not experience the action as "mine" then the moving principle is outside you and so not genuinely a reflection of who you really are. Of course, this is not a spatial distinction. We can be moved by impulse or passion in a way that does not constitute internality. Similarly, Mahdi's *jinni* constitutes an external moving principle despite being "spatially located" inside Mahdi's mind. It is like an impulse or passion that drives Mahdi into doing certain things without his active involvement.

So, when he acts on the basis of the *jinni*'s influence, he acts with reference to an external force. This is inherently fragmented. Is it Mahdi or the *jinni* who is the moving principle of Mahdi's actions? Where does the motivation to act in a particular way come from? Yet he is able to make sense of this fragmentation in a way that allows him to live and thrive without resolving it.

To sum up, I take it that Mahdi's case shows that, while rare, cases where fragmentation is not unhealthy are possible and that assuming they are not presupposes a particular cultural psychological framework.

4.7 A Narrativist Rebuttal?

Mahdi's ability to make sense of himself and to form a coherent whole as *mekhawy*, despite what we usually consider pathological symptoms, depended on his ability to interpret himself through a cultural script, to form a narrative about himself and his experiences where those unusual experiences play an important role in his worldly engagement. So, I will briefly consider whether the self-creation view can be accommodated by the notion of *narrative integration*.

Narrative integration considers a psychologically coherent and continuous point of view to be a matter of constituting ourselves as persons by constructing narratives about our life projects, values, and aspirations. As narrators of our own lives, "we interpret life events, find meanings in personal interactions, and attribute to ourselves various character traits and propensities" (Cheng, 2022, p. 80). We play out the self-narrative that we tell (Velleman, 2005, p. 215). We tell stories about ourselves and make sense of changes in our life through these stories. So, when an agent is torn between equally enticing courses of action she must figure out "how to continue her own story" (Lucas, 2014, p. 235). This view is similar to the idea that our actions and decisions must have a background of significance that endows them with meaning. Leuenberger (2021, p. 43), for example, has argued that "[f]or actions to be intelligible and meaningful they need to be integrated into a narrative." (Leuenberger, 2021, p. 43). But it is not only that they must be integrated into a narrative to be meaningful, it is that

the meaningfulness of the narrative is what makes actions and decisions a matter of authenticity. What matters to authentic agency is the ability to make the changes to ourselves that we care about. This follows from the idea of self-empowerment in section 2.2. But "what matters for the process of change is the self-narrative" (Ibid, p. 45). Changes can be meaningfully valued only if they fit with the narrative that has come to characterise and constitute our psychological and social identity.

So, when self-creation functions properly it is not to make up our mind in the unificationist sense of the term, but to make up a coherent narrative that we can use to make sense ourselves:

> *Narrativism*: Authentic agency flows from the human ability to integrate and make sense of one's experiences by forming a coherent self-narrative

Unfortunately, it is likely that this is also not a plausible way to conceive of authenticity. As Sanneke de Haan (2020, p. 350) has argued, despite the fact that self-narrative can help us make sense of chaotic and unfamiliar experiences, it does not actually help a person who is struggling with their own authenticity: "A helpful self-narrative is the *outcome of* rather than the *means to* achieving authenticity. This is because the self-uncertainty, the ambivalence, and the fragmentation that we can experience with mental health problems just as much apply to determining which narrative to form. There are in principle several competing narratives, at any one time, that could make sense of our lived experience yet offer mutually exclusive explanations of what we are going through. For example, imagine if I have been taking time away from work because I have suffered a series of manic and depressive episodes. Ordinarily I enjoy my job very much and find a lot of gratification in what I do. So, since I am in remission I am considering going back. But when I think about work, I now get this feeling that I really don't want to continue working at my old job and that I won't enjoy it anymore. I can't figure out why I am feeling this way, but the inner turmoil results in my being torn

between excitement and dismay with respect to going back to work. Why am I feeling this way? Have I changed during my time off? If so, is it really me that has changed or is just the effects of my mental health problems? Am I a weak and lazy person who doesn't want to work? Or am I a strong and diligent person who wants to work despite my problems? The problem is that mental health problems can disrupt exactly how we settle these questions, questions that are necessary to make sense of if we want to form a narrative whole.

So, while having a good self-narrative that can help one make sense of things and to make a life that is really one's own, it is not clear that it will necessarily lead to authentic agency.

4.8 Summary

What I have shown above casts doubt on the idea that the self-creation view can plausibly avoid necessarily associating inauthenticity with unhealthy psychological functioning. While both unificationism and narrativism offer possible ways for people to make sense of themselves, it is clear that whenever self-creation assumes that authentic agency flows from some substantial degree of psychological coherence and continuity, it ends up either not adequately capturing the diversity and multiplicity of ways that people make sense of themselves or not actually offering up a plausible account of how one determines what is authentic and inauthentic. Consequently, like the self-discovery view, self-creation as it is considered here risks unfairly pathologising lived experiences. At least some people who are able to make sense of themselves in such a way that they are capable of determining their own life in a way that is really their own, are *a priori* excluded from being judged authentic. Again, what we need is a way to understand authentic agency while recognising the diversity and multiplicity of ways that people may make sense of themselves, that they can be mistaken in self-assessment, and without assuming that people with mental health problems are inauthentic *qua* mental health problems.

5. Constructions of Normality and Pathology in Understanding Authentic Agency

In this section, I try to answer the question of why these accounts of authentic agency fail to be sufficiently flexible and open to what it actually means to live with mental health problems. I will argue that each account in its own way pre-emptively reinforce constructions of psychological normality and pathology, and that this is the reason why they fail to be sufficiently flexible and open. Each account assumes that authentic agency is a matter of being a particularly well-functioning agent, but what this means is merely an idealised reiteration of psychological normality.

5.1 A Brief Critical History of the Concept of Psychological Normality

Psychological normality has historically served, with few exceptions, as the standard of mental health while the same standard has defined deviations from normality as mental disorder and illness. And as Steven Bartlett (2011, p. 3) has argued, these presuppositions "held uncritically [can] powerfully impede the growth of any branch of learning".

What do I mean by psychological normality? I will be accepting a fairly intuitive and unspecialised meaning associated with the "typical", the "customary", and the "norm". "Psychological normality" is the "set of *typical* and *socially approved* characteristics of affective, cognitive, and behavioral functioning," (Bartlett, 2011, p. 10) which can be derived from the shared psychological capacities of society's largest population as a reference group. Researchers and clinicians can then use the term to understand deviations as specifically *psychopathological* conditions and hence mental disorders.

Over the last decades there has been an increasing awareness of the negative effects of having psychological normality set the normative standard for mental health. In academic discourse, for example, a movement that was critical of the history of psychiatry began mid-20th century. Foucault's

Madness and Civilization (1965) and his lectures on *Psychiatric Power* (2006) from 1973 to 1974 represents an important beginning for revisionist critiques of previously optimistic interpretations of psychiatry's own history, success, and treatment practices.[8] Such revisionist critiques focused on sociological, structural, and economic reasons for the rise of psychiatric institutions in the United Kingdom, the United States, Germany, and France (Ellis et al., 2021, p. 4). This shift in tone spurred wide-spread disagreements on the nature of madness, definitions of mental disorders, the status of psychiatric history, and what is optimal therapeutic treatment.

These developments likely incentivised the *anti-psychiatry movement*, led by several authors including David Cooper who, among other things, argued for the deinstitutionalisation of those practices that manage populations marginalised by psychiatry and wrote the seminal work *Psychiatry and Anti-Psychiatry* (1971). He maintained that psychiatry as an institutionalised scientific discipline is effectively antagonistic to the individuals it seeks to treat, even if that is not its intention (Cooper, 1982).[9] We, Cooper argues, should therefore dismantle these monuments to power and social conformity.

[8] Several important works include David Rothman's *The Discovery of the Asylum* (1971), Andrew Schull's *Museums of Madness* (1979), and Klaus Doerner's *Madness and the Bourgeoisie* (1981). All authors suggested that the mental hospital was a highly regulated institution (regulated by financial, political, and cultural interests) that, intentionally or not, deprived its patients of autonomy, personality and moral character.

[9] The anti-psychiatry movement is sometimes traced back to Thomas Szasz's influential paper *The Myth of Mental Illness* (1960), where Szasz argued that diagnostic categories are not *real* but contingently constructed on social values and cultural beliefs, and any suffering they identify is caused by *problems in living*, i.e., psychosocial problems with how the individual lives in society like being out of tune with folk conceptions of normality (p. 117). However, Szasz clearly believed there was a place for institutionalised psychiatry, namely as a facilitator and moderator of the "social intercourse of persons" (Ibid) such that its users may be provided services that can help them manage their life problems. Anti-

While these ideas are admittedly radical, sceptical sentiments and critical attitudes of psychiatric research and institutions clearly hold sway in much of contemporary academic and public culture. Take, for example, the *neurodiversity movement*. Several authors have argued that there is no non-evaluative way to determine when a person is mentally disabled (Chapman, 2023, 2019, 2018; see also Legault et al., 2021, Fenton & Krahn, 2007). Potential social, emotional, and cognitive harms that a person can experience by deviating from psychological normality derive not from facts but from the norms engendered by a "neuro-typical" society. So, there is no factual reason why someone who falls outside what is neuro-typical should not be able to function as a psychological and social agent.

These theoretical developments have also been picked up in the public and political sphere beginning with the *Autism Rights Movement* where activists actively seek out improvements in health policies to the benefit of autistic people who are disadvantaged by society (Kapp, 2020). They argue that autism, which has previously been viewed as a neurodevelopment *disorder*, is, in fact, merely a natural variation in brain structure, a matter of neurological diversity, which means that the person will have different strengths and weaknesses than those with neurotypical brain structures (Singer, 1999).[10] We should therefore mitigate potential harms through policy-making and social awareness.

Another example of scepticism towards psychological normality comes from the *mad pride movement*, originating in Toronto, Canada and London, England in the early 1990s, which has battled local prejudices about mental health where participants seek to mobilise the mental health community

psychiatry's more radical deinstitutionalisation undermines Szasz's intentions for psychiatric care, and the two positions should therefore not be conflated.

[10] While credit for coining the term neurodiversity is often traced back to Judy Singer's Honours thesis on the subject in 1998, recent work shows that the first printing of the term was in 1997 in the work of journalist Harvey Blume who attributed the term not to Singer but to the online community of autistic people (Botha et al., 2024).

and re-educate the public about what it is like to use the mental health system (Reaume, 2008; Glaser, 2008). They aim to increase public awareness of unethical practices and the potential harms of psychiatric treatment, and to de-pathologise our mental health vocabulary, reclaiming such terms as "mad" or "weird" from negative cultural connotations. A similar movement is the *psychiatric survivor movement* which traces its roots back to the critical zeitgeist of the 1960s and 1970s, where ex-patients of psychiatric institutions banded together to speak on behalf of themselves, to reassert their rights, and to protest such things as coercive or involuntary treatment (Adame et al., 2017).

While these movements have different focuses, I argue that they share much in what they aim to do; namely to promote mental health literacy, advocacy, and to eliminate disempowering and dehumanising treatment practices within mental health services. These aims come from a dissatisfaction with how psychological normality sets the normative and authoritative standard for mental health. Once a person deviates from that standard, they become vulnerable to disadvantages and oppression by those practices that privilege those that fit with psychological normality:

> "*When we make the standard of mental health synonymous with psychological normality, we automatically validate normal psychology and invalidate deviations from it…* To use psychological normality as an arbiter of good mental health is to import pathology in our efforts to differentiate health as opposed to disease." (Bartlett, 2011, p. 14)

This tendency to associate psychological normality with *healthy* psychological functioning (and psychological abnormality with unhealthy functioning), transcends those biostatistical differences that we might use to evaluate which mental conditions we call pathological. It shows that what is considered healthy has important social and normative dimensions that need to be accounted for. It

further shows that when we try to understand the lived experience of having mental health problems, it is insufficient to explain such experiences without a careful and critical attention to such social and normative influences.

5.2 How Authentic Agency Might Reinforce Psychological Normality in Mental Health Contexts

There is a clear conceptual connection between the accounts of authentic agency I have discussed and psychological normality, and the connection runs through the fact that it is common to associate authentic agency with *optimal* psychological functioning, with agency *par excellence*, and with ethically *ideal* behaviour.

First, let us compare a field of psychological study where we supposedly understand what it means for an individual to function at a superior level; that is, *intellectual intelligence*. Intellectual intelligence is considered a quantifiably higher degree of performance in cognitive functioning, meaning that a person possesses such abilities as reasoning, problem-solving, calculation, memory, learning, and language comprehension to a superior degree compared to others (Bucaille et al., 2022; Colom, 2020; Hampshire et al., 2012; see also Bartlett, 2011, pp. 24-25). People who are intellectually intelligent perform better in tests and at challenges that are designed to isolate variables that indicate a higher performance level in those abilities. Accordingly, the level of excellence in intellectual intelligence is identified through observations of individuals who are better at abilities that most of us have.[11] We often think that being intellectually intelligent has a measure of intrinsic value, that

[11] I am aware that some people with intellectual disabilities may struggle with these cognitive abilities. However, a complete lack of intellectual intelligence is rare. Further, for the majority of society's population abilities like language comprehension and reasoning are fundamental for engaging in ordinary and meaningful social and normative practices.

being intellectually intelligent is an inherently good thing to be. Outperforming others in certain intellectual tasks can lead to competences in life that we use to flourish and to make the life that we want. For example, excelling at certain cognitive abilities likely increases the quality of your performance at the workplace which, in turn, can advance your position, reputation, and job satisfaction. However, for present purposes, we should note that intellectual intelligence involves cognitive abilities that we all possess to some degree. Such abilities as language comprehension, memory, reasoning, etc., all facilitate certain aspects of our engagement with the world. What sets intellectual intelligence apart is that an individual possesses those abilities at a superior level. To be an intellectually intelligent person then is to fit an idealised reiteration of psychological normality. It is to be better at what we normally are capable of. We take some psychological capacities that we find typically within individuals and test them for a measurable difference in performance.

In comparison, we similarly associate the concept of authenticity with something that is better or superior because it has intrinsic value. Often when we speak of authenticity it is to point out something special, unique, and original about the object. It is somehow inherently better than the alternative or the derivative. For example, an *authentic* by Salvador Dalí, authentic meaning original, is inherently more valuable than a copy, even if the copy is faithful to the original. But in what sense can this apply to human beings?

Consider first that both the self-discovery and the self-creation views start on fairly intuitive assumptions about our psychological functioning. The self-discovery view builds on the familiarity we seem to have with our own attitudes and motivations and from there develops into a more sophisticated account for why such familiarity can help make an authentic existence. Our actions

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Accordingly, most people must at least be functioning at some adequate (or "normal") level in many of these abilities for those practices to persist.

must *resonate within* to be authentic. Many people have an intuitive conception of this familiarity from their own occurrent attitudes and motivations. Similarly, the self-creation view builds on the common belief that we have some degree of control over who we are. Typically, we can shape ourselves to be more like the person we imagine and want ourselves to be. We do this by making a coherence between our attitudes and motivation and then shape our life by choosing actions that are consistent with the coherent whole. The self-creation view then turns into more sophisticated accounts that draw on this intuitive belief, making it a necessary condition for authentic agency. But as I have demonstrated, the self-discovery and self-creation view struggle to account for authentic agency in mental health contexts in a way that is sufficiently flexible and open. They assume that an authentic existence is only possible if the individual functions at a superior level. Both views associate this superior level with health, moral agency, and other aspects of human life that involve us in certain normative standards for functioning and flourishing. However, relying on those standards by reworking them into a necessary condition for authentic agency, simply reiterates what we might consider "normal" psychological functioning.

With practical self-discovery, we see that to be an authentic agent one must realise one's potential for uniqueness and be a moral agent who competently navigates the social and material background. Accordingly, the account explains the importance of authenticity by connecting it to morally or ethically *ideal* behaviour. It is no surprise then that the account deprives people with certain mental health problems of legitimacy with respect to their own lived experiences. If one is struggling to make an authentic existence, then one is also struggling to live up to those ideals that we associate with authentic behaviour. If authentic agency is by default a matter of realising some objectively ideal behaviour, then being authentic must come from a place of optimal psychological functioning (see also Kernis & Goldman, 2006). Accordingly, if the person does not live up to the normative standard of such functioning, it is natural to conclude that they are not authentic.

With unificationism, there is a clear connection between health, authenticity, and agency *par excellence*. Unificationism requires of the agent to make an authentic existence that their agency functions at a level of excellence. What this level means is that the agent is capable of wholeheartedly endorsing and integrating their attitudes and motivation to form a coherent unified whole, they can eliminate all ambivalences and resolve fragmentation. Being well-integrated is then a matter of being a healthy agent, someone whose will is working as it should. With narrativism, we see a similar picture. But an important difference is that to function properly as an agent one must be capable of make sense of oneself in terms of a narrative. So here narrativity is connected to optimal psychological functioning.

How does the association with optimal psychological functioning connect to "normal" psychological functioning. Consider, for example, the case of Mahdi, who showed that unificationists have identified a certain way that people commonly function psychologically and then idealised it to explain what agency *par excellence* or authentic agency might mean. Mahdi showed that there are other ways to determine a life that is really one's own without having to integrate one's attitudes and motivations through wholehearted endorsement. In the case of practical self-discovery, people often negotiate their place in the world and their communities by reflecting on which moral and social significances resonate within. However, if we turn this way of functioning into the *only* legitimate way of functioning by idealising it then we risk excluding people who function otherwise.

I suggest that what each of these accounts represent are *possible pathways to make an authentic existence*. While each possible pathways depend on particular psychological capacities, none of them are necessary for making an authentic existence. People can make an authentic existence in different ways depending on which psychological capacities work best *for them*. However, what the application to mental health contexts demonstrates is that they are considered necessary conditions for functioning as authentic agents *because* of associations with optimal psychological functioning,

agency *par excellence*, and ethically ideal behaviour. But, in turn, such idealisations reiterate characteristics we associate with psychological normality. Doing so would unfairly exclude people from fair consideration. The diversity and multiplicity of ways in which an individual may make sense of themselves and determine their life in a way that is really their own, is simply too varied for these accounts to be able to accurately capture them. Since authentic agency is likely an idealised reiteration of psychological normality, it will inevitably fail to capture such diversity of mental life and reinforce those lived experiences that people associate with "normal" psychological functioning.

5.3 The Risks of Reinforcing Psychological Normality in Mental Health Contexts

Before concluding I wish to consider why assuming psychological normality in our understanding of authentic agency is risky in mental health contexts. First, consider the case of *normalcy bias*.

Normalcy bias is a species of implicit bias where what is conceived as psychological normality influences judgements about mental health, medically necessary treatments, and medical goods. Being biased towards "the normal" is almost ubiquitous in general health contexts. For example, in disability studies we find documented cases where clinicians have disregarded their patient's own well-being assessments in making a treatment decision (Chappell & Jeppson, 2023, p. 301). Despite the patient's positive health-assessments, the clinician often still dismisses their testimony. This is called the "disability paradox" and is caused by the presumption that disabled people adjust their preferences regarding their own well-being such that they adapt to their situation by lowering expectations. This presumption leads to disbelief and a lack of deferential or testimonial trust in the patient. In a mental health context this can also be potentially dangerous. If a clinician assumes that the patient is simply mistaken in their assessment of their own mental health, then they may resort to potentially harmful, meaningless, and even involuntary treatments.

A good example of this comes from clinical judgements around antipsychotic drug treatment. Treating symptoms of psychosis (hallucinations, delusions, disorganized thought, etc.) with drugs is

often considered a medical necessity to restore normal psychological functioning. Many patients who take antipsychotic drugs are non-responders. Circa 30% depending on the choice of medication (e.g., Tracy et al., 2015), are still prescribed medication that may have seriously diminishing effects (e.g., weight gain, drowsiness, loss of sex drive, constipation, etc.) on the patient's personal welfare. Arguably, it would be quite irrational to oppose drug-free treatment for those patients then. Yet the strategy often employed, and the one considered most efficacious, in early non-response (within 1-4 weeks) is to switch medication or higher the dosage (Rubio et al., 2023; Hatta & Ito, 2014). Chappell & Jeppson (2023) argue that normalcy bias explains these relatively irrational treatment-decisions:

> "Few people today believe that psychosis patients can turn normal through, e.g., talk therapy. The ambitions of drug-free treatment alternatives tend to be more modest; to help the patients find a way to handle their symptoms in such a way that they can live good lives despite them… Some of their interview subjects [Bouwmans et al., 2015] explained why they sometimes, e.g., heard voices, by citing their supposed supernatural powers, which is pretty weird according to most people's standards. A medicated psychosis patient, even one who suffers and is incapable of work, study, or having normal relationships with others, might seem more normal by comparison as long as they keep calm and abstain from such bizarre ideas. A "non-responder" who keeps trying one drug after the other while the voices and other symptoms persist might still seem less weird than people interviewed by Bouwmans' research group who do not even try to get rid of their "psychic powers"." (Chappell & Jeppson, 2023, p. 303: emphasis added)

While more research needs to be done to determine the extent to which normalcy biases influence or distort decision-making in mental health care, it should be clear that scrutinizing our own conceptual assumptions allow us to identify potentially irrational and unjust biases such as these. Struggling with authenticity is common in the lived experiences of people with mental health problems. Accordingly, if a researcher or clinician engages with their perspectives through a theoretical lens where authentic agency is an idealised reiteration of psychological normality, we risk that their evaluation of the patient's or service-user's clinical presentations may eschew towards treatment trajectories that reinforce psychological normality, but not what would be an authentic existence to themselves. Biasing such evaluations risk taking the individual away from a life that is really their own by trying to restore some resemblance to the normative standard of mental health. But resembling psychological normality might not be authentic for a particular individual.

Second, consider the case of *patient autonomy*. Most bioethical theorists agree that a patient's autonomy entitles them to reject treatment, even when the healthcare professional would consider it beneficial to them (Beauchamp & Childress, 2019, Ch. 4). This right is recognised by healthcare regulations and ethical guidelines, which usually state that healthcare interventions are only permitted to the extent that the patient freely gives informed consent. Importantly, healthcare practices are morally justified in virtue of respect for patient autonomy which protects them from medical paternalism (Aljuni, 2023; Varelius, 2011; Welie & Welie, 2001). However, many legislations allow for situations where coercive interventions are permissible and that sometimes the patient has no right to reject care (e.g, the Danish *lov om anvendelse af tvang i psykiatrien* [trans. act on the use of coercion in psychiatry] (Sundhedstyrelsen, 2024), §3-4). This is usually when the patient is unable given the circumstances to make autonomous decisions regarding their own care and are at risk of hurting themselves or others. The ability for patients to make valid decisions about their own care is primarily understood as a matter of decision-making competence. This involves basic capabilities for

understanding different treatment options, reasoning about their consequences, and the ability to express one's choices (Grisso & Appelbaum, 1998). Accordingly, the patient has a right also to make imprudent decisions about their own care as long as competency is in place.

However, some authors have suggested that respect for patient autonomy can be overruled if a patient's decisions are sufficiently *inauthentic*. Tan (2003) reported in a case study about women with anorexia nervosa that a young woman named Carol who claimed she would rather die than gain weight refused treatment despite the benefits it may have had to her. Carol understood the risks, alternative treatment options, and was able to clearly articulate why she did not want treatment and so fulfilled all the criteria for decision-making competence. Quite generally, many patients with anorexia nervosa fulfil standard competency criteria (Tan et al., 2006). When someone experiences mental health problems it can cause quite severe changes to one's system of values, preferences, and desires. For example, if one is depressed it may shift one's attitudinal disposition from associating treatment with something good and worthwhile to something that imposes risks (Elliot, 1997). Consequently, the problem with Carol's case is not whether decision-making competency is place but whether she is *valuing appropriately* (Sjöstrand & Juth, 2014, p. 119). One might, like Hope et al. (2011, pp. 27-28), ask: "Is there a potential justification for overriding treatment refusals along the lines: mental disorder compromises authenticity, and inauthenticity compromises autonomy?". Additionally, some authors argue that we need a condition of authenticity to protect them from being overruled when there is doctor-patient disagreement in high-stakes clinical encounters (White, 2018). All this suggests that how we conceptualise authenticity, and who we consider authentic agents, will affect a patient's right to determine the trajectory of their own treatment.

On the one hand, it is clear that we need an adequate understanding of what authentic agency actually is if we are to accept that healthcare personal may overrule treatment refusals on the basis of judging the service-user inauthentic. Otherwise, doing so can be dangerous, paternalistic, and deprive

the person of their right to autonomy. As we've seen, each of the accounts are not impervious to criticism when it comes to their ability to adequately capture what it means to be an authentic agent. On the other hand, if authentic agency is construed as an idealised reiteration of psychological normality, then overruling the service-users refusal on the basis of inauthenticity can be biased towards overruling in cases where the service-user is acting and expressing abnormal functioning. But as we've seen, abnormal functioning (like in the case of Mahdi) is not necessarily unhealthy, nor necessarily inauthentic. What is abnormal is often defined in opposition to psychological normality, an authoritative standard that has social and normative dimensions.

5.4 Summary: *Authentic* Agency, not "Normal" Agency

We must seriously consider that a characterisation of the necessary conditions for authentic agency differs to a large extent from how we characterise psychological normality. There seem to be a multiplicity of possible pathways to making an authentic existence. While some may be more common or typical, we should not exclude the possibility that some people can make an authentic existence through unusual ways. What we need is a way to understand *authentic* agency that does not rely on "normal" agency. The authentic person is not to be an exemplar or an ideal version of what we find typically or ordinarily; being authentic does not assume that the person is functioning like the typical or ordinary but better. Being authentic assumes the capacity to determine one's life in a way that is really one's own. A life that does not necessarily have to do with being healthy, moral, or excellent.

It is clear that authentic agency is often associated with mental health. But some people who at least appear inherently authentic do not have good mental health. Many artists and performers suffer from mental health problems of various degrees and kinds, yet these people are often epitomised as authentic because they signify uniqueness and originality. They, in a sense, dare to do what others don't, they are able to live like others can't, they stand out and cause controversy. They *release their*

inner moonlight. Having mental health problems does not make a person any more or less authentic *qua* mental health problems. Nor does being ambivalent and inauthentic necessarily make one mentally unhealthy or with subpar psychological functioning. Authenticity does not presume normality. In order to be sufficiently flexible and open to the lived experiences of people with mental health problems who struggle with their own authenticity, we must rework the concept of authenticity without this presumption.

6. Conclusion

In this thesis, I have argued for the importance of authentic agency in mental health contexts. We struggle with our own authenticity when we feel uncertain that we have the capacity to make a life that is really our own. However, I have also argued that two of the main ways of understanding authentic agency, the self-discovery and self-creation view, are likely not sufficiently flexible and open to actually make intelligible what it means to be an authentic agent in mental health contexts. Authentic agency is associated with *optimal* psychological functioning, with agency *par excellence*, and with *ideal* behaviour, ideas that presuppose the absence of mental health problems. An authentic existence can only come about when the individual functions at a certain level of excellence. And what we consider optimal, excellent, and ideal is an idealised reiteration of psychological normality.

We often assume that when we are with good mental health, we are functioning well as psychological agents. This can explain why authentic agency, which is to function well as a psychological agent, has a history of being connected to mental health. Someone who is free from any mental conditions that disrupt their ability to determine their life in a way that is really their own. It is no surprise then that authenticity is considered to mark good mental health outcomes. But as I have suggested, this view does not seem altogether plausible. I have presented several accounts where the psychological requirement of an authentic agent either wrongly presumes the inauthenticity of

mental health problems or wrongly assumes that authenticity is necessarily healthy. The takeaway message is this: Being authentic does not presuppose mental health. According to the arguments I have raised, there are likely no principled reasons for presuming that people with mental health problems are by definition more or less authentic than others. While we can be mistaken in self-assessment about our own authenticity because of mental health problems, it does not do to assume so *qua* mental health problems. Further, while it may be common to make sense of oneself through wholehearted endorsement or narratives, it is clear that these are not necessary for making an authentic existence. Each account present possible pathways for determining a life in a way that is really one's own. If we wish to understand the nature of authentic agency in mental health contexts, we must leave behind the presupposition of a positive association between authenticity and mental health and rework the concept to account for how it is possible for human beings to make an authentic existence in such diverse and varied ways. An account of authentic agency that can be adequately utilised in mental health contexts must accommodate this multiplicity in forms of mental life and not reinforce a normative standard of mental health.

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