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The Need for Relational Authenticity Strategies in Psychiatry

Sanneke de Haan

Psychiatric disorders involve changes in how you feel, think, perceive, and/or act—and the same goes for psychotropic medication. How then do you know whether certain thoughts or feelings are genuine expressions of yourself, or whether they are colored by your psychiatric illness, or by the medication you take? Or, as Karp (2006) nicely sums up the problem: "if I experience X, is it because of the illness, the medication, or is it "just me'?" Such "self-illness ambiguity" (Sadler, 2007) seems to be quite an ubiquitous problem in psychiatry (Estroff, 1989; Hope, Tan, Stewart, & Fitzpatrick, 2011; Inder et al., 2008; Karp, 2006; Singh, 2014). It is a very unsettling problem, moreover, and not easy to resolve.

In their article "Self-management in psychiatry as reducing self-illness ambiguity," Dings and Glas (2020) carefully discuss the many sides of self-illness ambiguity. They point to the likely effects of how one conceptualizes one's disorder on this ambiguity, and to the epistemological difficulties it opens up. When you cannot fully trust yourself, it makes sense to rely more on the people around you, in particular on loved ones, and clinicians. This makes dealing with self-illness ambiguity a social endeavor, which moreover takes place in a specific societal setting (with its stigma's and identity issues) that affects these social processes.

Yet the solution Dings and Glas suggest does not do justice to the social dimension they describe. Like many theories, they eventually rely on individual reflection for achieving authenticity. To resolve self-ambiguities, including self-illness ambiguities, they argue, one should "reflect on one's self-concept or deliberate on one's self-narrative" and make it coherent (2020, p. 336). With a coherent self-narrative in place, we can decide whether experiences are internally motivated and thus authentic or not. Their solution thus relies on reflection, on changing one's self-narrative, and on a conception of authentic actions as internally motivated, and of inauthentic actions as externally motivated. However, all of these are problematic, especially in the case of self-illness and self-medication ambiguities.

First of all, relying on reflection is problematic, because this reflection itself may be affected by one's psychiatric disorder. Being depressed, for instance, not only affects your current experiences, but also colors your reflection on these experiences. Outside the psychiatric context too,

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reflection might not be the best resource for establishing authenticity. For the question who we are and what suits us typically comes up in emotionally charged times when we are precisely not the kind of rational, stable persons who can calmly reflect and deliberate. Dings and Glas do mention that we should not overemphasize the importance of reflection, but it is still the only route to the authenticity they recommend.

Similarly, self-narratives too may be part of the problem rather than the solution. Dings and Glas follow Schechtman (2007) in proposing that we should change our self-narratives to incorporate (unsettling) life-events. Although it sounds logical that we need to make sense of what is happening to us and that our self-narrative helps us to bring order to the chaos of our experiences, self-narratives do not actually help. A helpful self-narrative is the *outcome of* rather than the *means to* achieving authenticity. For the ambiguities in our experiences just as much concern our self-narratives too: there are competing self-narratives that are all compatible with the current situation, yet offer contradictory explanations of what is going on. Is it me, or is it my disorder? Is it me, or is it (the side-effects of) my medication? Can I enjoy my high spirits or should I be worried that I'm sliding into a manic phase again? Is it because I'm depressed that I don't feel love for my partner anymore, or is our relationship not working? The problem in self-illness ambiguity is precisely that we do not know how to choose between such competing accounts of what we experience. And our self-narratives as such do not offer such grounds for choosing.

This points to a more general issue. Dings and Glas rightly note that "self-regulation is not an individual, isolated activity" (2020, p. 345) and describe several social and societal influences on patients" self-illness ambiguity. Others (clinicians, family members) might help "co-regulate" (p. 343) or may rather be "obstacles" (p. 343) to reducing self-illness ambiguities. Despite this acknowledgment of the social sides of self-illness ambiguity, when it comes to specifying how this ambiguity can be reduced and authenticity can be attained, Dings and Glas still refer back to *individual* reflection and deliberation. They are not alone in this: many theories of authenticity suppose that it requires some form of individual reflection (e.g., Frankfurtian identification [Frankfurt, 1988]; Kantian reflective endorsement [Korsgaard, 2009], or self-reflective "self-authentication" [Bauer, 2017]) to be or become authentic (cf., Feldman & Hazlett, 2013). Now, thinking hard on your own can sometimes be of help—as a philosopher I would be the last to deny that. However, when it comes to establishing authenticity, it is often in interactions with others that the real breakthroughs occur (also when doing philosophy, I would say). It is in talking to a friend that it becomes clear to you what actually matters most, it is a sibling's remark or raised eyebrow that makes you realize that you have been fooling yourself, it is the admiration you feel for your colleague's composed reaction that confronts you with your own limitations. In general, when struggling to determine what to do, which course of action best fits with what matters to you, with who you are, or who you want to be, others can help. "Know thyself" typically requires others who gently point us to our blind spots, that is, to the patterns in our behavior that we were unaware of ourselves. Within a loving relationship you may furthermore feel safe enough to consider the unthinkable options: options that are too scary or too confronting to come up when you are by yourself. It is also easier to look at the petty sides of your own character when there is someone present who is looking lovingly at you. Good relationships can thus enable you to engage in a different relationship with yourself as well.

What about self-illness and self-medication ambiguity? The question of authenticity is much more complicated here. Psychiatric disorders can be understood as structurally biased patterns of making sense of the world and/or oneself (de Haan, 2020a, 2020b). The world for instance appears as overly threatening, or meaningless, or overly meaningful. One's sense-making is no longer flexibly attuned to the situation at hand, but stuck in a certain direction. It isn't always easy to discern how to distinguish this psychopathological pattern of sense-making from you as a person. One's character after all also implies a certain pattern of acting, reacting, and interacting. For example,

"I am shy" is just shorthand for saying that in certain social situations I tend to feel ill at ease and not say much. Where does my shyness stop and where does my anxiety disorder start? There is not always a clear point of comparison either, especially in case of psychiatric disorders with an early onset and in case of chronic disorders. Maybe my vulnerabilities are simply part of who I am. Besides, a disorder can also be triggered by a disrupting event or series of events: experiences that will shape you as a person too.

Although assessing one's authenticity is much more complex in the case of self-illness ambiguity, there is an important overlap as well, namely that it is hard to see the patterns that you are in the middle of. Others have an advantage in this respect. For instance, in the case of self-medication ambiguity the people around you can sometimes notice changes in your behavior that you wouldn't have noticed yourself, such as being slower, or less articulate, or more agitated. In the case of self-illness ambiguity it is often partners and other loved ones who first notice the (subtle) changes in your reactions and preoccupations that signal the onset of an upcoming episode of depression, or mania for instance.

Of course, it is still the individual who makes the final decision, and it is also the individual who chooses who she listens to in the first place. Relational strategies come with problems of their own. Relational strategies do not offer a new, solid ground for deciding on authenticity questions. Such a foundation is simply unattainable if you accept that we are relational subjects: dynamic, embodied, and embedded. That does not mean that being yourself is an outdated, unattainable ideal; it just means that we should adjust our conceptions of what "being authentic" entails. Instead of regarding an authentic self as some sort of inner core that is cleansed from corrupting external influences by means of rigorous self-reflection, we could also assume that you are authentic unless there is something keeping you from acting according to what matters to you. Psychopathological sense-making patterns are just a variant of the kind of patterns that keep us from interacting in accordance with ourselves and our situation—like old habits, defense mechanisms, and fears. Patterns we have developed in our interactions with others, and that we can enact differently with help of others as well. Especially in complex cases such as self-illness and self-medication ambiguity, it makes sense to rely not just on our individual reflection, but to include relational authenticity strategies as well.

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