

Narrative Identity, Authenticity, and Psychopathology

What does it mean to be true to yourself when you have a mental illness? Can symptoms of a mental illness ever be part of one's authentic self? In this paper, I discuss issues of narrative identity, authenticity, and psychopathology by examining a choice that some people with mental illnesses may confront, that of taking or refraining from taking psychiatric medication as part of treatment. Unlike other forms of treatment such as talk therapy, psychiatric medication may pose what some take as a threat to one's very self. When effective, these medications can alter symptomatic moods or behaviors, for instance by neutralizing a pervasively depressed affect. But though these symptoms can be undesirable, some agents can nonetheless identify with them as an important part of who they are. For these agents, psychiatric medication that alters or eradicates their symptoms can also alter or eradicate (part of) their selves. As the loss of self may be a painful prospect, some may resist medication for this reason. Yet for others, the very same concern of maintaining one's self can count in favor of psychiatric medication treatment. If one feels a mental illness has altered who one is, turning one into 'someone else,' psychiatric medication can allow for a return to one's self. How should we understand these strikingly divergent attitudes towards taking psychiatric medication for mental illness treatment?

A tempting philosophical tactic may be to determine which sort of state must be the authentic one. Following philosophical literature on autonomy, one could argue that the 'real' self is the recovered or healthy self, perhaps because mental illness may undermine the capacities needed for authentic identity. On the other hand, the Mad Pride and neurodiversity movements offer a re-valuing of mental illness as a way of being that should not be treated away. Following testimonies of people living through each kind of experience, I argue that we should resist privileging either type of self as *the* authentic self; neither recovery nor illness are a priori authentic states. Rather, I argue that we should take patients' experiences and self-reports as starting points to understanding authenticity and self rather than viewing them as phenomena to be explained away. That is, we should recognize the possibility that (part of) an agent's identity may be consistent with treated or untreated mental illness.

To do this, I motivate a view of narrative identity and authenticity under conditions of psychopathology. We can utilize a theory of narrative identity to account for both types of experience rather than privileging either perspective as "really" authentic. Drawing on Diana Tietjens Meyer's account of narrative authorship and Hilde Lindemann Nelson's view of counterstories of self under oppressive conditions, I argue that the form, rather than the content, of one's narrative sense of self determines the authenticity of one's identity. This will include, for instance, creative capacities to imagine different narratives for oneself and the ability to revise a narrative as needed. So, the agent's self-authored identity takes precedence in forming their authentic self, and by extension, in deciding on an authentic choice for them when it comes to treatment.

Finally, I argue that this narrative account needs an addendum. One may worry that rather than defining themselves through narrative, agents may instead conform to preexisting narrative archetypes that predictively define that person. To forestall this worry, I draw on existentialist notions of bad faith to explain the dangers of conforming to static states of identity, specifically, archetypes of recovery or illness that reify the self and hinder the possibility of different narratives. I suggest that inauthentic narrative selves are those that are built on static archetypes—that are in bad faith—since they interrupt the process of narrative revision by positing the self as already defined. Rather than rely on fixed archetypes to define the self, I suggest that authentic narrative selves undertake narrative identity as a process that is continually subject to revision. Doing so can open room for many different, and equally legitimate, stories of selves with mental illness.