

Postprint

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Whither Authenticity?

Newson, A.J and Ashcroft, R.E. (2005)

The discipline of Bioethics, being the amalgam that it is, features myriad concepts, theories, and approaches. Singh adds another dimension to the field, with her sensitive and penetrating investigation into parents' perceptions of Ritalin use.

One concept Singh uses in her analysis is that of authenticity. She applies Abbey's earlier conception of an ethics of authenticity to describe it as the "self's sense of its own uniqueness and individuality, and the desire to be true to this self" (Singh 2005). Those who lack the capacity to "lead a life of one's own" (Taylor 1991, 17) are unable to find and create their own authentic selves. Over time, this could lead to feelings of disorientation and disturbance, displacement and alienation (Vadas 1989).

Applications of authenticity have become increasingly prevalent in bioethics and are utilised by both deontologists and utilitarians. The concept has been utilized in, for example, discussions of the doctor–patient relationship (Arnason 1994), treatment of persons with dementia (Holm 2001), advance directives (Vollman 2001), and enhancement technologies (Newson, forthcoming). Some of the allure of this kind of concept in bioethics is that it provides academics with a tool for a more nuanced assessment of the issue at hand, albeit with the caveat that it does tend to fall in and out of favour (Welie 1994). More specifically, employing an analysis of authenticity allows one to step back from more traditional, individualistic approaches of liberal bioethics to find new questions that require answering and which can influence debates on what we should do (Welie 1994).

Singh, however, has shown that authenticity is a flexible and "inherently relational" concept, inconsistently applied by parents whose definition of authenticity shifts with what is valued in a particular context. She therefore argues that this raises questions about authenticity as a transcendent moral principle. Bioethicists instead need to engage with ground-up studies and need to examine how decisions are made in context, Singh posits. We agree. There is also a need to recognize that an authentic self is not always easily identifiable, coherent, or stable. We agree—indeed, so far as child development goes, it could hardly be otherwise. Further, she questions whether applications of moral theory can "be relevant without an appreciation of the meaning and significance of behaviour, context and moral concepts for those making treatment decisions" (Singh 2005). Again, we agree.

If Singh is right, does this charge of abstraction of bioethical analyses from people's lived realities spell the end of authenticity as a useful concept in bioethics? Is there any scope remaining for

theoretical considerations of authenticity in debates over medical interventions? We believe that it is not the end of the line for authenticity. It is still defensible as a valuable concept in the moral assessment of health interventions, including the pharmacological management of behavioral disorders in children. And although its validity should be subject to considerations of context, it can also stand without it.

The fundamental role of the authenticity concept is derived from two sources in philosophy. The first source is existentialist philosophy, most notably the early work of Sartre, in which the concept relates to the nature of humans as both free and responsible for their actions and the relationship to the situations in which they find themselves. To focus on authenticity is thus to emphasize human freedom and agency. These are objective properties of humans, although how they are experienced and realized is essentially subjective. Thus to be authentic is both to be free and to have a certain subjective relationship to that freedom. In this sense, we should be concerned with the use of enhancements to the extent that these undermine or constrain the child's ability to feel free, while noting that in an important sense these technologies do nothing objectively to undermine his or her freedom. There is a fundamental ambiguity here, as noted by Simone de Beauvoir in *The Ethics of Ambiguity* (1948).

The second source is in a version of perfectionist moral philosophy, most notably found in Nietzsche, but also in the later work of Foucault, in which agents are concerned to be authors of their own lives considered as narratives, and evaluated through an aesthetics of the self. In this line of thought, third parties concerned with enhancement technologies should be concerned in two ways: first, to the extent that such technologies objectively enhance individuals' abilities to live full and well integrated lives, and second, to the extent that how this is achieved matters to the individual. To the extent that an individual cannot take a full sense of achievement from externally authored improvements in his or her life, this is morally problematic. But—as Singh notes—most things a child comes to master have at least some external source. What is required is a full sense of how human achievement is relational, as she points out.

It is important to consider how we should be framing authenticity in our discussions about medicine and health care. Singh has shown that parents harbor certain (flexible) conceptions about their children's authenticity when medicated with Ritalin. Yet we think Singh could have pressed the ambiguities in the concept of authenticity as applied in bioethics still further. In both the Sartrean and Nietzschean versions of authenticity there is an objectivist and a subjectivist element. The objectivist element is that authenticity, as it relates to freedom, can be present or absent independently of agents' judgements of it—this allows Sartre, for instance, to criticize agents who perceive themselves to be unfree and to have no choices, as simply wrong. The subjectivist element is that authenticity, as an experienced property of the self, is in an important way accessible only to the individual and hence the individual gives a privileged account of it.

The objectivist view of authenticity is interesting, but certainly a little odd. Parents' perceptions of their child's lack of authenticity can simply be wrong. But a subjectivist about autonomy would say that he cannot be wrong, as a matter of analytic truth. If parents perceive that their child is more or less authentic when medicated (or if the child herself were to perceive this as an adult after medication), then surely this perception is what matters?

If we allow that authenticity is objectively perceptible or judgeable, then we could be drawn to a causal account of it; we might say that certain states are objectively inauthentic, and if authenticity matters morally, then we should resist attempts or actions which would bring it about, or make it more likely. It is harder, but not impossible, to say this of subjectivist accounts. In both cases, however, we need a phenomenology of (in)authenticity—what it is, how it is experienced, what it feels like, what consequences it has.

However, even if we are right in that concepts such as authenticity can have valid theoretical application in bioethics discussion and this is not affected by considerations of its objectivity or subjectivity, its employment is still subject to some concerns. Arguments in bioethics which draw on some concept of authenticity are certainly vulnerable to attack if not drawn carefully. For example, one might argue that an argument from authenticity is simply uninformative; that the authenticity approach says nothing that cannot be said within an existing framework of concern for autonomy and welfare. Or, critics might argue that an appeal to authenticity is self-undermining, as it is internally incoherent and conceptually vague. Despite a long tradition of theoretical discussion, authenticity often lacks a clearly meaningful application within bioethics. Yet part of its value in thinking about the meaning of people's lives lies precisely in the ambiguity of the concept, rooted as it is in the ambiguities of how we give accounts of ourselves.

Another potential problem is that whilst we might accept arguments from authenticity as validly indicating our liberty interests, these kinds of assertions are still subject to considerations of liberty in decision-making. In other words, authenticity is akin to a “thick” conception of personal well-being, as opposed to a “thin” account. This draws from the liberal notion that autonomy should have priority over more objectivist accounts of personal good or welfare.

Overall, for authenticity to be fully utilized, academics in medical ethics need to bear these concerns in mind. A further challenge is how we can effectively merge an appropriate theoretical understanding of authenticity with Singh's call for engagement with empirical studies of contextual decision-making. There is much to do.

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