PHILOSOPHICAL PSYCHOPATHOLOGY AND INDIVIDUATION: THE ARCHETYPE OF THE SELF AND REDISCOVERING PERSONALITY

by

Alyc Rideout

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A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

Psychopathology has been associated to personality in trait characteristics as a contributing factor to mental illness, but the degree to which personality development as an influence in mental pathologies remains under researched at a phenomenological level. Thus, leaving a significant gap in psychopathological clinical literature on the functional role personality development is associated with psychopathology. In the modern era, the medical symptomology model of mental illness set by the *DSM* serves as the justification for psychotropic medication prescription as well as the diagnostic criteria for mental pathology but, there is limitations to functional ideals of mental health based off diagnostic criteria for illness and its treatment. However, theories of personality development outside of trait characteristics such as individuation could expand understandings of root causes in mental illness that could reveal new information on how psychopathology forms within the personality and could lead to holistic treatments to mental health and mitigate long term medication use. The aim of this study was to understand the phenomenological experiences of individuation and perceptions of the self in participants who are diagnosed with a mental illness. There was a total of 7 participants in this study and were all diagnosed with a mental illness. The study used a semi-structured interview to assess phenomenological experiences of participants perception of the self and their individuation. Results of the study revealed that all but one participant was on psychotropic medications, all but one participant understood their ideal self as not being mentally ill, and all viewed receiving their diagnosis as beneficial to their sense of identity.

Keywords: Self, individuation, mental illness, mental health, psychopathology

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Dedication

I would like to dedicate this study to the work of those who pursue the difficulty in healing the mind. The complication of defining mental health and its counterpart, mental illness, is part and parcel to understanding the meaning in life. I would also dedicate this study to Carl Jung who has influenced my psychological thinking not only at the level of philosophy but, in Christian worldview. His work on the human psyche has paved the way for many deep theories of the human soul. It is my hope that this study causes readers to learn from his work as I have.

Acknowledgments

I humbly stand on the shoulders of great thinkers and psychologists who have paved the way in the field of human psychological understanding. To them, I am thankful for the pursuit of wisdom and seeking to understand the complex phenomena of the human soul. But this work would not be accomplished without those closes too me pushing towards the finish line. I would not have accomplished this work without their support.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

In his book, *The Myth of Mental Illness,* Thomas Szasz argued that the origins of mental pathologies are fundamentally a problem of moral human existence associated with the tragedy of life and the underlying nature with the dilemma of personality (Szasz, 1974). Szasz, a psychiatrist, recognized that the psychiatric model of symptom-based psychopathology had usurped the ethical domain of personal conduct and the problems related with the will of the individual for the person being a slave to their biological abnormalities (if present) that effect neurotransmission within the brain. He made the argument that mental illness is a myth by the belief that psychopathology is fostered by the presupposition of abnormal biological processes in neurotransmissions. Rather, Szasz, suggested that the psychogenesis of mental disorders is fundamentally rooted within the personality and modern clinical evidence is inconclusive on organogenesis of mental illness (Borsboom et al., 2017). Thus, the problem with a primary diagnostic criteria biological model and assumption of mental illness based on symptomology is the inability for symptomatic assessments to incorporate the personality as well as its need for maturity within the individual in clinical testing. What is largely missed in psychopathological clinical testing is the human experience that is characterized by the propensity to inflict self-harm to the psyche by immaturity and willful blindness which could be factored as a primary genesis to the origin of mental illness (Peterson, 1999) as primary rather than secondary to biological abnormalities. Therefore, further phenomenological investigation into the role personality influences mental illness is required in clinical research to specifically address the present gap in the field of psychopathology.

Szasz (1975) literary criticism of the psychiatric model of mental illness is worth re-investigating in the modern era as the mental health crisis has fostered vast resources to finding a solution for psychopathology but, the problem primarily exists at the source of mental illness rather than the manifestation of it. A growing body of meta-analyses and clinical research is confirming Szasz (1975) claim that mental illness cannot be derived from a singular biological model or models of psychopathology that are unidimensional separated from the personality even if evidence is suggesting a biological composition in mental illness (Berkman et al., 2017). Namely, that the problem with a biological model of mental disorders is the separation between the personality that influences psychological meaning of an individual and that individual's personality being subservient to their biology.

By personality, this is not limited to trait characteristics such as the Big Five but, the interpersonal motivations of personal ambitions such as the perceptions of the self, the aims in life, moral identity, and the emotional states as well as cognitions of an individual (Rotman, 2021). Consequently, psychopathological research is suggesting that dynamics of personality theory in association with mental pathologies and pathological symptomology is an important prediction to causal effects in pathological mindsets (Perry, 2021) but, current models of psychopathology and personality investigation are related to symptomology research. The problem, then, is clinical literature investigating psychopathology is primarily dependent on trait characteristics that correlates or predicts pathology but, forgoes micro causes of personality to psychopathology such as interpersonal motivations that are difficult to measure using quantitative models. Nonetheless, the primary models of psychopathological research are factored by categories of personality traits and relationships between variables of psychopathology and quantifiable personality traits (Zavla et al., 2020) but do not factor the

phenomenological essence of psychological matters such as values, ethics, personality, and psychological processes that could lead to the manifestation of psychopathology in the personality.

Consequently, a phenomenological philosophical understanding of the totality of personality that involve the many influences of the development of the self is required to grasp the complexity of personality and mental illness. This is to say, that personality and mental illness have correlation, but causation is not clinically clear. By examining mental illness and personality at the level of phenomenon, research could evaluate why psychopathology exists within an individual as well as the potential for understanding the psychogenesis of mental disorders to be formulated in micro causes of personality formations at an individual level. Further, a phenomenological approach to psychopathology could also investigate the manifestation of mental illness in conscious awareness, the effects of mental illness on the individual, the experiences of psychotropic medications in addressing underlining causes of mental illness, and the degree to which an individual's personality is involved in their unique psychopathology.

Although the under researched role of personality in psychopathology at the level of phenomenon has not been established as significant in psychopathology, the influence of psychiatric care in the modern era has increasingly adhered to the use of psychotropic medications as the leading cure to mental disorders associated with biological processes. However, increasing evidence is suggesting that medications by themselves can become counterproductive to mental health (Cocoman & Casey, 2018). Namely, that psychotropics act to reduce symptoms of mental pathologies through effecting the central nervous system (Balamane & Kolakowsky, 2018) that causes other non-related side effects of psychopathology which have

the potential to become worse than the symptoms of their mental diagnosis, cause patients to experience a lack of autonomy in their medical decisions, require additional medication to counter act side-effects, and experience long-term health consequences such as prolonged weight gain and diabetes (Hernáez et al., 2020). The question, then, is if psychotropic medications have the potential for side effects that are counterproductive to mental health, why is there an increase of individuals on psychotropic medications for reducing symptoms and not addressing root causes of their mental pathologies?

An additional layer to the complexity of mental illness and its treatment with psychotropic medications is the difficulty that medications can have on the individual's treatment habits. Olfson & Marcus (2010) found an increased likeliness that once an individual is on psychotropic medications, they are prone to cease or reduce seeking psychotherapeutic support which increases their prolonged use of psychotropic medications. Thus, enhances a prescribed individual the potential to have side effects of prolonged use of psychotropics which can only complicate their recovery (Charlot et al., 2020). It could be theorized that psychotropic use also effects the psychology of the individual to be aware of their condition through the level of biology rather than the level of personality. The difference is in the quick fix of medication verses the prolonged psychological process of investigating the thinking that had gave rise to mental illness (Siegel, 2010).

It is important to the philosophy of mental illness that a reevaluation of root causes of psychopathology in the personality are investigated. Not only to assess psychogenesis but, to understand other alternatives to medication that solve the problem at its genesis rather than at the level of its symptom. Namely, that if research can uncover a psychogenesis in personality

through phenomenology, then treatments outside of medications can be explored to uproot causes of mental illness that do not rely on psychotropic medications with their side effects.

Research is now indicating that personality and the sense of the self are central axioms between mental health and mental illness (Basten & Touyz, 2020) and investigation into the mentally ill in relations to their personality development is required to understand the psychogenesis of mental illness. By personality development, this is to say, the motivations for self-improvement in life such as goals, the confrontation with conscious weakness that disinhibits achievement of goals, immoral behavior, and ethical living (Berkman et al., 2017). However, this is not an easy task as investigating psychological causes of psychopathology rooted within the personality center around multiple domains of thought such as philosophy, morals, ethics, and psychological processes. Thus, a singular model of psychopathological relations to personality traits would not suffice in uncovering the dynamics between personality and mental illness. To grasp the totality of psychopathology in relations to personality, a phenomenological study is needed that tests theories from great psychological thinkers that developed their theories before the taxonomizing of personality and psychopathology.

To understand the aims of current research in personality and psychopathology in contrast to early pioneers of psychology, it is significant to state that current research in psychopathology is primarily framed by network models driven by the scientific archetypal of inquiry in categorization relationship (Bringmann and Eronen, 2018) rather than philosophical psychopathology that associated personality factors as the contributor to mental illness (Ellenberger, 1970). This does not suggest that either model is superior to the other, but that each model has its strengths and limitations. The modern scientific model is primarily based on symptomology and categorization relationships between variables while early psychologists

developed theories of psychopathology as fundamentally rooted in the psyche. Thus, it could be argued that modern research proposes individual's with mental illness are studied through trait characteristics or biological abnormalities while early pioneers of psychology proposed that people are their own problem due to processes within their psyche. Consequently, the motivations behind mental processes were a central dilemma in psychological thinking and pioneers of psychology understood psychopathology through the dimensions of psychological motivations in relations to personality rather than the biological causes of mental disorders (Jung, 1972).

According to this axiomatic difference between personality and modern systems of mental illness, this study will analyze Carl Jung's theory of individuation as it accounts for the developmental processes of personality in the normal individual as well with the psychopathological personality (Jung, 1969). Jung's theory of individuation is not a specific therapy per say, but a process that all must engage in to have a healthy life even if an individual suffers from mental illness. His theory also addresses the problem of the pathological focused therapies and research that does not appear to be proactive in understanding the presuppositions of fostering healthy individuals rather than reactive measures for individuals to not become crippled with their mental illness.

Carl Jung, the founder of analytical psychology, proposed the theory of personality development through individuation which is comprised of two equal and opposing summations: the becoming of the self and the parts of the self-fitting within the collective social constructions (Jung, 1965). The two parts of individuation fit together the need to become or find the self through confrontation with an ego driven unconscious life, and the conscious self being useful to society. This developmental process is not only proactive in the mentally ill but a necessary

practice to be mentally healthy, so to speak. When individuation has taken its course, the individual becomes not an entity unto themselves void of their social commitments but, an integrated whole person who is free to be their psychological self. This important concept in personality maturity fitted together the two central components of meaning, the need to deal with immaturity within the self, and life free from ego formations that adjusted to social constructs and life being controlled by unconscious blindness to immaturity without a person becoming an island unto themselves.

The self in individuation is not analogous to selfishness or individualism with dark personality traits such as narcissism or selfishness (Dillion, 2021). Rather, individuation is the forgoing of living derived in ego formations that fronts a persona at the expense of who one is (Jung, 1965). This is to say, that deeply embedded in psychopathological disorders is a separation between who one's ego suggests they are and who one is with all their character struggles and lack of an aim in life, or the inability to reach desired ambitions (Harcourt, 2018) which was the early notion of psychopathology (Ellenberger, 1970).

Background

The anatomy of mental illness is as complex as any subject in the medical and psychological field, and so is the treatment. Namely, that the psychology of the mind is multidimensional that involves the biological, social, and personal attributes of an individual that is associated with the will, the mind, emotions, and values of a person. Intertwine into the psychology of the human being is neuromechanical functions of the brain and its involvement with psychopathology which the medical model is ultimately based on. This is to say, that the issue with psychopharmacology is not in the clearly identified evidence that the brain is involved in psychopathology at a neurochemical level, but if it is a root cause. This presupposition is

important to the subject of psychopathology because the modern era has invested resources into psychotherapeutics as a leading remedy to the epidemic of mental illness.

Whitaker (2015) notes in 2007 the United States alone spent 25 billion dollars on psychopharmaceutical medications which was more than the entire GDP of Cameron, Africa in that same year. With such an investment into mental illness and medical treatments there is the dilemma with incentive to profit off mental illness through medications. This does not suggest that profit in medications for helping the sick is wrong, but the selling of sickness to the population through a biological problem alone calls into questions the motivations for the cure by pharmaceuticals.

Whitaker (2015) makes the claim that if investors into psychotropics are willing to spend significant amounts of money into a particular psychotropic therapy, then there is a cost that needs to be recouped and the way to do that is by the medication being distributed. Thus, there is an incentive of selling medication to the public at large with mental illness being the catch line. For example, mental illness is advertised through media outlets which offers medications without any explanation of how and why someone is mentally ill outside of certain symptomology factors. It could even be argued that the medical community regarding mental health has sold mental illness to the public and its solution, the psychotropic (Whitaker, 2015). However, there are many reported complications with the use of psychotropics and the evidence for psychopathology being a biological phenomenon remains inconclusive (Borsboom et al., 2017).

Therefore, there is a need to reexamine psychological ideas that address the personality as a root cause of psychopathology such as Jung’s conception of individuation which could lead to psychological remedies outside of psychoactive medication. While individuation in contemporary measures is a psychological concept derived from Jungian psychoanalytic theory,

the ideal itself encompasses a religious phenomenon (Ellenberger, 1970). Jung proposed that the human being is a religious entity and cannot be separated from spiritual behavior and religiously inspired psychological reasoning even if modern trends in behavioral analysis are void of religious belief (Jung, 1959). Jung's individuation was contradictory to Freud's assumption of the human being in that Freud assumed that people believed in religion but to Jung, the human being was religiously psychological. Namely, that the religious foundation to life is the life of self-improvement by confrontation with one's own immaturity within the psyche. By religious, this indicates the problem with life is presupposed with the friction between the meaning of an individual and the contradictory actions that is manifested from it. Peterson (2018) argues that to have a life worth sacrificing for, there must be a problem present that causes the meaningful change of one's personality. Arguably, there is not a greater problem with the existence of life than the nature of sin (missing the mark) within the human being. Therefore, it could be argued that dealing with mental illness is a natural way of life (Hall, 2019) and causes maturity within the personality. To negate this factor would be to undermine the human experience of maturity and capacity for change in the personality for the belief that all mental pathology is akin to biological sickness rather than opportunity for an enhanced self and a more mature state of being. When this worldview is applied to psychopathology and personality, it results in a distinct understanding of mental illness and adds an additional presuppositional explanation to psychopathological philosophy. Namely, that mental illness is derived from within the character of who one is rather than the perception of mental illness as being primarily biological abnormalities, or an illness caught through external means.

Namely, that if the personality complex associated within psychopathology assumes an internal cause which is manifested through the personality at the level of values, morals,

behaviors, and cognitions. For example, sin in the biblical tradition incorporates the domains of ethical conduct in association to values and meaning in life that constitute the personality of the individual. This domain of thought challenges the purely scientific reasoning associated with biomechanical functions of neurotransmitters that effect emotions as well as the psyche and symptoms of psychopathology or the existence of mental illness outside of the will. This is to say, that the biblical understanding of sin is derived from willful blindness to character flaws that exert themselves on the choices that individuals make. The biblical nature of sin (*hamartanō*) means to miss the mark as an archer misses the target, willful blindness, lack of moral fortitude to reach desired goals and weakness in character (Kittel et al., 1964). This ideal sets the presupposition to personality and its transformations. Namely, that to transform into more mature states of personality, there must be a conscious awakening to one's own sin and thus, a confrontation within oneself.

In the biblical narrative, the conception of sin is first introduced in the Cain and Able story. Cain offers the Lord his first fruits and Able offers his firstlings of his flocks (Kass 2003). God respects Able and his offering but, does not for Cain and his. God tells Cain in his disappointment that, "If you do well, will you not be accepted? And if you do not do well, sin lies at the door. And its desire is for you, but you should rule over it" (*New King James Version*, 1984, Genesis 4:7). Theologically, the Law and grace through Christ have not yet been given to mankind but, God clearly sets the premise that sin should be held at bay through action of doing well (Kass, 2003). However, Cain kills his brother Able because his sin caused Cain's retribution. Thus, suggesting that Cain psychopathology was connected to his desires and failed attempt at reaching his goals.

While it is not clear on why God rejects Cain's offering, it could be hypothesized that it is not the primary concern. The problem for Cain was his attempt to reach a desired goal and fails, but his reaction in murder showed his sin (mental illness). Thus, the problem for Cain is not only his motivations but, his action when he descended to sin. The Cain and Able story short narrative makes up for its depth of revelation on the human nature of sin and its consequence on the individual, others, and society. Cain eventually settles in the land of Nod (wandering) and begins his civilization which became the descendants of those who God deems to be wiped out by the flood in the Noah's Arc saga (Kass, 2003)

Mental health is not merely a function of personality development but is an aim towards a higher ideal at the sacrifice of who one was, who one is, and who one should be (Peterson, 1999). The complexity of personality development and psychopathological states of being is made less problematic when the measures or motivations for transformation within the self are taken into consideration. Furthermore, there is a degree of freedom in the philosophy of mental illness when there is an authentic discussion as well as clinical research to suggest that an individual can be responsible for their mental illness. If someone is their own problem, then they can be their own solution, so to speak. By biblical standards, there is not a recovery from sin within the personality, it is rebirth through the Son of Man archetype which denotes a purposeful transformation from the past sin into a new beginning (Wink, 2002).

Problem Statement

Mental illness is a complex phenomenon and encompasses multiple domains of self-conception that include personality, biology, personal values, motivations, and personal ambitions. However, each domain of value involves the person and their personality. Thus, mental health is not a singular dimensional problem but multifaceted due to the complexity of

the human psyche (Girard et al., 2017). A significant dilemma in the endeavor to understand the psychogenesis of mental illness in relations to the personality is the lack of clinical evidence between the association of personality and its developmental processes into maturity that influences pathological mindsets. This is mainly due to the psychiatric model of symptomology categorizing mental illness through manifested behavior without considerations of the inner workings of personality at a micro level (Szasz, 1975). However, psychologist before the age of psychiatry proposed various personality concepts that involve psychopathology at the dimensions of psychological motivations (Ellenberger, 1970) but, today's clinical investigations assume DSM symptomology as the primary identification of mental illness.

Consequently, the age of biological influence to the discussion of mental health with the prescriptions of psychotropic medications have gained the pinnacle treatment in mental disorders due to the perception that biological processes are attributed to psychopathology (Whitaker, 2010). Further, DSM diagnostic criteria is based on symptomology and mixes biological mental pathogens such as amnesia due to alcoholism with other non-related biological conditions such as depression (Graham and Stevens, 1994). Although it is fundamentally true that human beings are composed of anatomy and physiology, the treatment of psychotropic medications for mental illness with the additional problems associated with its side-effects has reduce psychopathology to a singular model of biomechanical dysfunctions based on symptomology that is applied to DSM listed mental illness regardless of clinical verification of biological evidence (Borsboom et al., 2019). A further problem with the use of psychotropic medications is the inability of prescriptions to cure root problems in pathological mindsets when one could be suffering from an immature personality which perpetuates pathological personality. The philosophical approach in the biological model to mental disorders undermines important functional roles that an

individual's personality influences their pathological disorders. Further, psychotropic medications are based on reducing symptoms of psychiatric disorders but, add further complications to individuals who are prescribed (Cocoman & Casey, 2018). Therefore, the need for further investigation into the conceptions of self in psychopathology is required to understand a possible link between the psychogenesis of psychopathology and personality development which could influence the mental health field in treating those with mental illness.

The gap that exists within psychopathological studies is the degree to which personality is associated with the symptoms of psychopathology outside of *DSM* criteria for personality disorders independent of the pathology at psychological motivations (Jung, 1972). Meaning that psychological motivations are just as real as the biological reality of a person and undervaluing the ego that is formed in a psychopathological personality undercuts root causes of mental illness in the personality. Research has indicated that psychopathology is not rooted in singular causes and requires multiple hierarchical structures to understand how a particular illness of the mind effects the individual (Gierad et al., 2017). As far as the awareness of this study, there has not been a research analysis done investigating individuation in those who are diagnosed with a mental illness. Therefore, clinical evidence of personality immaturity or maturity has not been evaluated in the psychogenesis of mental disorders. Thus, created a problem with the current understanding of mental illness in the tendency for mental health professionals to reduce mental illness to its symptoms that are expressed in accordance with the *DSM* as the current manual of mental illness. However, the root causes associated with personality are left in void.

Psychopathology is derived from epistemological words that encompasses the mind, suffering, and the logos that describe psychological states which denotes a function of someone's personality (Colman, 2015). Research has established that personality contributes to

psychopathology and is correlated to an individual's psychological essence (Jackson & Beck, 2021) and personality has a central role in psychopathology (Hyland et al., 2019). To this extent, it is challenging to measure causal personality traits at the micro level to specific disorders within the *DSM* because individuals at dimensions of subjective motivations and values vary across multiple domains of psychological processes. Thus, it is nearly impossible to capture personality and psychopathology through self-reporting due to the problem of bias and pathology focusing. Consequently, further research at a phenomenological level that assesses personality development that aims at understanding psychopathological processes within personality growth could shed light on the contributions of how one's personality influences their mental illness. To date, there is a lack of investigation in personality developmental maturity processes in association to mental illness.

Jung (1965) supposition in individuation is based on the theory that having a personality (all human beings) requires a maturing process that causes mental transformation to a new psychological being. This theory is not specifically designed as only for those with a mental illness but, the necessary process for all human beings. This conception is important to the subject of psychopathology because without the willingness of the individual to confront the archetype of the self, there will not be an authentic healing or reconciliation of the self to the individual's psyche. But the process of individuation is not only for the mentally ill as it's a theory that focuses on the development of a person rather than a reactive therapy for those who are only mentally ill. Thus, individuation's philosophical view aims at a new psychological being that has matured by confrontation with one's own immature nature. This is to say, that individuation is not an ideal that understands an individual as merely mentally ill but, in need of maturing their personality. Jung's religiously inspired psychological theories have already

proven to be foundational to popular therapies such as Alcoholics Anonymous (Addenbrooke, 2017). Therefore, other aspects of Jung's clinical theories can provide further understandings of mental illness and mental health in association to one's personality.

The problem with the current understanding of psychopathology within psychological states of personality is not the presence of mental illness, but the functional role that the self plays into mental illness. Research is beginning to investigate the flexibility of personality to intersect with psychodynamic psychopathology states (Luyten & Fonagy, 2021) but, the degree of the conceptions of the self within those states remains uncertain. Therefore, a phenomenological study may uncover problematic underpinnings of self-conception in psychopathology. Namely, that quantitative studies investigating psychopathology and perceptions of the self tend to limit evaluation of lived experiences of individuals, but a phenomenological inquiry could mend this gap.

Purpose of the Study

The purpose of this qualitative phenomenological study is to understand the experience of individuation in individuals who have been diagnosed with a mental disorder in accordance with the diagnostic criteria set by the *DSM-V* or *DSM-V-TR*. Furthermore, this study will evaluate participants experiences with psychotropic medications, their perception of their ideal self, as well as their experience with their initial experiences upon diagnosis.

Research Question(s) and Hypotheses

Research Questions

RQ1: How is individuation experienced in individuals diagnosed with a mental disorder according to the *DSM*?

RQ 2: How do participants diagnosed with a mental disorder describe their experience with the self in relations to their mental illness?

RQ 3: How participants with a mental illness experience their personality development?

Assumptions and Limitations of the Study

The present limitation in this study is the validity and reliability of the interview questions as it pertains to individuation. To the awareness of the present study, this is the first test in clinical research aiming to understand individuation in patients who are diagnosed with an active mental illness. Therefore, multiple tests using the proposed methods of this study will need to be conducted to ensure reliability and validity of the measures for accurate results that could be generalizable. Although Carl Jung is an acclaimed pioneer in psychology and other aspects of his psychoanalytic ideas such as extravert and introvert have been converted into clinical test formats, his other analytical ideas have widely been held in the realm of philosophical psychology outside of modern clinical literature. Further, the path of individuation in Jungian terminology is vague enough to have multiple interpretations that could lead to different subjective ideals in mature personality. With limited knowledge of standard procedures of identifying individuation and test-retest reliability as a psychopathological genesis assessment, the results could have generalizability complications to the public.

A further limitation to this study is the wide variety of clinical diagnosis for mental disorders associated with the *DSM* and how their pathology could affect individuals' personality maturity. People are as complex as their disorders and the degree to which interpersonal formations within the personality could very between participants. Therefore, it is complicated to identify what it means for an individual to be mentally healthy in association to their specific mental disorder. For example, psychotic disorders could affect personality maturity differently

than personality and emotional disorders. Without knowing how each disorder has the potential to affect participants experience with individuation can result in mixed conclusions about individuation and specific mental disorders.

Theoretical Foundations of the Study

Personality theories very to the degree of the presumptions of theorists that put forward axiomatic assumptions of personality and its development within the individual. To this extent, personality maturity is not a singular variable but is part and parcel to a theorist's views on personality. Further, defining mental illness and mental health in relations to personality is in the association to what theory of personality is chosen to assess its functional role within the individual and that individual in society. However, the challenge to clinically measure personality as a fixed human trait is the totality of a person's multiple psychological processes that form the conception of the self. This also includes the role that religiously inspired dimensions of personality influence the psychological makeup of the individual at an axiomatic level of value, belief, and interpersonal processing in relations to immaturity. This is to say, that as developmental psychologist has put forward milestones for developmental stages for children (Piaget, 1999), there is equally developmental stages in adult life concerning personality.

What is largely missed in clinical investigations of psychopathology and personality is considerations for the biblical ethos of personality and its maturity, the notion of sin and rebirth, and mental health versus mental illness. These axiomatic values of human phenomenological experiences stand as a central presupposition within the Bible itself. Reading the Bible for aspects of personality development is key to the theory put forth by Carl Jung's individuation. In fact, Jung and his mentor Freud separated for many reasons but, one of those reasons was due to the disagreement about religious structures of belief that Jung understood were innate within the

human psyche (Ellenberger, 1970). To Jung, the religious aspects of personality were so intrenched in his thinking that he claimed that psychology could not assume that there is a separation between the individual and their religious expressions (Jung, 1959). Therefore, everything the human being does is innately religious even if the individual did not ascribe to a higher power. This mainly asserts that the human being is not a perfect being and the propensity to inflict self-psychological harm causes schisms between the self and the ego.

Consequently, individuation is part and parcel to the central narrative of sin and rebirth in Christian theology and assumes the confrontation of the weakness within one's being manifest through conscious revelation towards unconscious reasonings. Jung (1972) proposes that symptoms of psychological disorders are associated with other psychological processes within the human psyche outside of consciousness of mental illness such as the unconscious and semi-conscious thoughts. Therefore, symptoms of pathological distress are out of the control of one's ego but are intact within one's personality, nonetheless. In Jung's theory of the individual and psychopathology is the notion that pathology is a personality itself that slowly integrates into other domains of the personality if not confronted. His theory of personality and its maturity proposes psychopathology as less of a disorder of the mind and is more of an unwanted personality taking over the self which he equates to be the conflict between the shadow and the self (Jung, 1972).

Previous studies have investigated personality dimensions in relations to psychopathology but, to the knowledge of this study, there has not been any indication of clinical research of individuation in mental illness associated with the experiences of patients that are currently on psychoactive therapy. Namely, that this study attempts to mend the gap between the

psychogenesis of root causes of psychopathology in personality as proposed by Jung's individuation to expand current understandings of personality and mental illness.

Definition of Terms

The following is a list of definitions of terms that are used in this study.

Individuation **–** is characterized by the phenomena of maturity associated with coming into the self or self-realization (Dillion, 2019). Individuation is comprised of two fundamental summations. First, it is the process of the unique individual becoming their own being that they have always been but, have failed to mature into. Second, the components of the individual that shares likeness with their community becoming integrated with their collective unconscious social constructs (Dillion, 2018). Individuation parallels religious formations of belief that associates growth within the self as always beneficial to one's community (Ellenberger, 1970). Thus, the self in individuation is not a growth of narcissistic tendencies but, maturity with who one is free from the small self (ego) driving the will of the individual.

Psychopathology – is characterized by the state of being that involves psychological conditions contrary to an ideal self that involves degrees of immaturity within the psychological being (Harcourt, 2018). This includes but is not limited to character weakness, being immature in each domain of personality, having trait characteristics that resemble infantile states of being and moral separations between ideal behavior and actual behavior (Harcourt, 2018). Thus, psychopathology is defined as the abnormal functions of the personality to the degree of functional personality determined by the ideal function by the individual.

Psychotropics– medications that are psychopharmaceutical in nature that act primarily on the central nervous system to alter brain functions (Balamane & Kolakowsky, 2018). Side effects of psychotropics can include, drowsiness, dizziness, changes in appetite, sleep problems and

changes in weight (Balamane & Kolakowsky, 2018). Class action psychopharmaceuticals can include antidepressants, stimulants, antipsychotics, mood stabilizers, anxiolytics, and antidepressants (Balamane & Kolakowsky, 2018).

Personality- is a difficult concept to define because depending on the model that is used to assess it can change how personality is understood. For this study, the chosen definition is a general conception to capture the multiple dimensions of the discussion of personality throughout this analysis. Personality is the distinct character of an individual that makes them unique to others by behaviors, cognitions, and emotions (Longe, 2016).

Significance of the Study

Defining what it means to be mentally healthy is as important to the subject of mental illness as understanding the problems in life that leads to psychopathology. Simply defining mental health as the absence of mental illness leaves a void of personality maturity and the need to address root causes of psychopathological personality traits regardless of mental illness is present by symptoms within an individual. Further, the study of mental illness is pathologically focused and causes clinical literature to primarily be motivated on sickness rather than health. If there is not a clear process on how mental health is developed and maintained within the personality, then all remedies for mental illness are reactive rather than proactive. This is to say, that if a firm grasp could be theorized on what constitutes mental health that is reinforced by clinical data, then measures can be taken in the educational sector that could begin to create materials that teach the foundations to health rather than reacting to sickness. Therefore, shifting

the narrative from a societal mental illness crisis to the problem of lack of maturity or missing the potential in the personality.

To this extent, life is a complex balance between necessary problems that cause personality growth and problems controlling the individual's psychological functioning which influences the trajectory of their personality development towards health or illness. Without establishing the comprehensive framework of philosophical axioms in belief concerning the nature of being that define and establish mental health as a baseline to formulate mental illness, then illness of the mind will continue to be under researched in root causes in personality development and medical therapeutics will increasingly forgo addressing the psychogenesis of psychopathology for treating symptoms of mental disorders. Thus, creating an endless cycle where people remain sick and dependent on medications and never realizing their full potential in life. This is not only a major problem in mental illness but, creates a Tower of Babel effect in psychopathological literature where studies indicate correlational relationships between personality types and symptoms of psychopathology but, not causation.

Literature review concerning the subject of mental illness has many components but, there is a gap in how exactly personality development is associated with mental disorders. However, even in a personality state free from mental pathologies, the personality of an individual remains in need of development which can be argued is only fostered by the presence of problems. Without understanding the problem associated with personality and mental illness, the modern remedy of psychotropic medications could become worse than the disease. Further, medications of the mind do not address the fundamental causes of mental illness.

However, this study could potentially unveil the hidden or miss understood causes of psychopathology. Namely, that life is not void of multiple problematic essences that can range

from trauma produced by uncontrolled events, the guilt and shame associated with habitual wrong choices that lead to mental breakdown, personality weakness, limitations within one's character, and the problem with character development. The proposed study can shed light on the personality and its need for development which could suggest pathology of the mind is part and parcel to its development and a necessary growth pain in maturity. Therefore, establishing a new understanding to mental pathologies which could result in personality enhancement therapies for the treatment of mental disorders that do not include multiple complications with the use of psychotropic medications.

Summary

The history of psychopathology is complex and involves many facets of human psychology. Throughout history, psychopathology has been defined by the times and has had continual revaluation from the moral model to the medical model. In the modern era, however, the medical model of classifying psychopathology has become the most influential method of evaluating mental illness but, this model is predicated upon psychotropic medications in reducing symptoms of psychopathology. While the medical model has become useful in identifying functional states of human behavior regarding mental illness, the model does not account for the role personality factors into the psychogenesis of psychopathology. Thus, leaving a significant gap between the role of personality and psychopathology. Furthermore, personality has become a disorder itself in the *DSM*. To this extent, there is not a clear clinical model that addresses the personality outside of clinical measures that assess correlational relationships between variables of personality and psychopathology. This is to say, that a large body of research in psychopathological literature is correlational but, not reliable for addressing personality for root causes in mental illness.

Psychologist before the revolution of psychiatry assumed that psychopathology was rooted within the individual's psychological processes and their theories provide a rich understanding of human psychology. It is the aim of this study to provide a clinical investigation of individuation in psychopathology and provide additional information to the body of psychopathological research.

CHAPTER 2: LITERATURE REVIEW

Overview

The purpose of this literature review is to define the current philosophical approach in clinical literature of psychopathology in relations to personality, the history of psychiatry, the effects of psychotropic medication for patients treated with psychotherapeutics, and individuation as proposed by Carl Jung. The intent of this chapter is to break these complex structures of subjects concerning mental pathology and personality to their axiomatic assumptions with the objective to uncover the influence these topics have on the difference between defining mental health and mental illness. Furthermore, this review will breakdown the complex theory of individuation as a multifaceted system of personality maturity that to the awareness of this study, has not been investigated in relations with psychopathology at a phenomenological level in the modern era.

Description of Search Strategy

Mental illness is a complex psychological problem that invokes multiple domains of human phenomena. Thus, there were many topics that were excluded from this literature review such as the Big Five personality traits, the history of psychopathology, and the multiple dimensions of psychopathology addressed in mental illness. The search strategy was not intended for a specific dimension of mental illness and personality such as individuation and depression. Rather, the main emphasis of this narrative review was to address the issues that relate to philosophical psychopathology and phenomenology in mental illness. Most notably, the ideas that have shaped the philosophy concerning the nature and role of psychopathology in personality.

Modern literature on psychopathological studies as well as clinical measurements associates personality off trait characteristics in relations with mental illness that serve as the baseline for clinical literature. Nonetheless, contending with the personality of an individual through a classical theory will allude to philosophical concepts in the domain of thought rather than specific clinical measurements of symptomology that shed light on correlational evidence between variables in psychopathology. The research strategy of this literature review is to highlight trends in psychopathology as it relates to personality, address the modern cures of psychopathology, and reintroduce psychopathology through an individuation theory. With the aim of addressing root causes of psychopathology that are seldom investigated because of the difficulty of pinpointing how one's personality can contribute too or causes pathological mindsets.

Due to the philosophical aspects of this study, the research incorporated a wide verity of key words and ideas. Search words included, psychopathology, mental illness, personality, Jung's individuation, psychiatry, asylums, psychotropics and side-effects, and the self. Liberty's University online data base was the primary source of compilation that filtered articles and books of information along with books of Carl Jung's original writings. Some data bases that were used were EBSOHost, Psychinfo, and Mental Health and Mental Illness test and measurements. The biblical implications for this study were comprised of themes as laid out by relevant research and the philosophy of individuation.

The Origins of Psychiatry: From the Asylum to the Outpatient Clinics

It could be concluded that personality and psychopathology are related under the assumption of idiographic models (Jackson and Beck 2021), but to what extent an individual is responsible for their own mental pathology remains difficult to assess due to the multiple

disciplines that are required to paint the full picture of personality in relations to mental illness (Kim et al., 2021). While much progress has been made in the statistical models of personality such as personality types, temperament, and categorization of trait characteristics, there is still the missing philosophical discussion of how the personality is related to psychopathology on an axiomatic level. Psychiatry is predicated on the notion that biological influences that manifest symptoms of pathology must be reduced to a functional level to regain a certain degree of normality within the patient to enable practical mental clarity to operate in a healthy way. However, like other mental health therapies, psychiatry itself faces the difficulty in determining the metric associated with mental health. This means that symptoms of psychopathology are the main indication of mental illness but, this does not mean that individual is cured of their pathology with absence of symptoms. Especially if other psychological contributors of mental illness are at play.

Furthermore, the introduction of psychotropic medications as the primary cure of mental pathologies has only complicated the personality problem in psychopathology because medications are aimed at reducing symptoms of mental pathologies and not the root causes which have led many individuals towards psychotropics and not to maturing their personality (Waszczuk et al., 2017). While it could be argued that the primary role of psychotropic medications is not in the functional application of addressing root causes of mental illness at the level of personality, but this leaves the difficulty of answering why the increases of psychotropic medication use among the common non-institutionalized patients. Pincus et al., (1998) found through 1985 to 1994 that the number of patient visits for psychotropic medications had risen from 32.73 million to 45.64 million alone with the biggest change from patients seeking antianxiety medication to antidepressants. Thus, it is important for this review to investigate the

history of psychiatry and psychotropic medications as the current leading remedy in mental health because psychopharmacology medication influences the modern perception of mental illness.

To address the practice of psychiatry and the purpose of psychopharmacology, this investigation must address the origins of medicating the mentally ill. Psychopathology is a uniquely human experience and effects are notable in society. Pathology of the mind exists in every culture and influences the rehabilitation of the mentally ill as well as the recovery of mental illness (May, 2021) and its existence is as ancient as civilization itself (Rotman, 2021). The understanding of mental illness is part and parcel to the theories that are associated with the psychogenesis of pathological mindsets weather it's by the organic or moral model. Throughout history, treating and diagnosing psychopathology was contingent on the leading theories of the psychogenesis of mental illness. This is to say, that mental illness is an experience, but the methods and views of psychopathology have evolved over the course of time from the moral model to the medical understanding of biological processes that contribute to mental illness.

In the modern era, the practice of psychiatry has emerged to be the leading treatment of mental illness by the philosophy that mental pathologies are more akin to a disease or virus. However, psychiatry is still relatively a new medical expertise that has been around for 200 years. Psychiatry as a popular medical practice did not exist Before the 18th century, but the origins of modern psychiatry began in the 19th century with the inventions of the asylums and state sponsored hospitals that focused on medication as the primary therapeutic means or rehabilitation (Edwards, 1997). The post industrialized era led to the birthplace of the asylums where psychiatry has grown to be the primary tool in treating the mentally ill by the science of

medicine which has been accepted by mental health professionals as the most humane way of treating mental pathologies (Szasz, 1975).

Psychiatry is not a complex medical practice but a complicated one with a history unlike any other medical tradition. Simply defined, psychiatry is the practice of specially trained medical doctors in psychopharmacology prescribing psychoactive medical therapies to their patient in the attempts of reducing their symptoms of psychopathology in the effort to establish mental health (Lomax, 2020). Psychiatry as a practice in America was originated out of the asylums which was the states way of handling the severely mentally ill (Scull, 2018). But psychiatry is dependent on medication as the primary tool and the efficacy of the work in fighting mental illness is only as good as the tools available to the psychiatrist. In 1954 the revolution of psychiatry began with the introduction of Thorazine, an antipsychotic, which eventually led to antidepressants and antianxiety medications (Whitaker, 2015). The evolution of medications in the asylums brought the practice of psychiatry to professional standard for alleviating mental illness in society. Ultimately resulting in a paradigm shift for treatment of mental illness to primarily be through medication.

Furthermore, the surplus of patient samples in the 19th century offered confined samples where experimental drugs and therapies could be introduced to patients to measure efficacy of medications to heal the mentally ill (Szasz, 2019). All be it with the assumption that the housed mentally ill were unproductive in society to the degree that their function within it was counterproductive, so to speak. Therefore, without the confined patients for psychiatrists to observe and measure, the practice of psychiatry could have taken a much different path in the history of psychopharmaceuticals if there was not housed mentally ill individuals for tests. Consequently, the state sponsored hospitals and asylums gave psychiatry its foothold as a

medical practice because they provided an endless amount of test subjects where the mentally ill were housed, treated, and received drug therapies (Szasz, 1975). However, as asylums became a common staging center for the mentally ill, controversial topics of concern began to be questioned by the public and medical professionals. Such as treatment practice, staff to patient ratio insufficiencies, and funding issues (Tomes, 1994). Further, in the early days of the asylum, patients were excluded from normal functions of life that were outside of the psychiatric wards which led to little recovery rates once they were on medication. This is especially true with the bias that if someone was committed to the asylum, they were already sick; it was up to the medical professionals of the hospital to define to what degree they were mentally disabled (Szasz, 2019). A further problem that asylums came across was the standard definition of being healed of mental illness when the individual was placed outside of the normal functions of life.

Eventually, the state hospitals and asylums became a staging house for the misfits of society even if the patient was not truly ill. This led to a period where the asylums became a normalized institution within society and the number of patients increased the ratio between psychiatrists and patients but, also caused significant increase of patient admissions which put a strain on the staffing ratios in the hospitals. Davidson et al., (2011) notes that in the 1930s there was a ratio of 14 doctors for 336 patients, but that rate would increase from 1 psychiatrist for every 24 patients. Eventually, the state psychiatric wards became a dumping ground of the unwanted problematic individuals of society regardless of if they were truly defined as a neurotic individual incapable of normal functioning (Davidson et al., 2011).

In America, the number of psychiatrists increased after attention was brought to “battle fatigue” which is now labeled as PTSD (Brian, 2010). Before this time, the number of mental health professionals such as psychiatrists, were not as widely available due to the lack of

awareness of psychological damage that could occur during war. However, the demand of mental illness treatment made not only the practice of psychiatry necessary but, available to the soldiers before, during, and after war which eventually became the birthplace for the modern state mental hospitals where psychiatry gained its foothold in current mental health practices. Brian (2010) notes that at the beginning of the 20th century, America had 560 mental health institutions which housed 469,000 patients. However, in 1946 alone, 446,000 new patients were added and peaked during the 1950's. This led to an overburden on the state's ability to staff hospitals and questionable practices such as the lobotomy, electrical shock therapy, and the chemical lobotomy which was medicated through Thorazine (Brian, 2010).

Eventually, the practice of isolation with biological interventions became a problem unto itself as state psychiatric hospitals were not reintegrating healthy individuals back into society. Rather, asylums were preparing patients for long term admission in the hospital or for the duration of their life due to the medication prescriptions they were treated with and lack of reintegration methods (Whitaker, 2015). Namely, that medication was prescribed not as an aide to patient recovery but, a crutch to their psyche which led to belief that once on medication there was no discontinuation plan but additional medications to treat side-effects (Whitaker, 2015). Long term patient admissions and lack of reintegration put a heavy financial burden on the state and only increased the number of admissions needs within the community into the hospital itself. Not only were state and federal institutions a burden on the taxpayer, but it also gave rise to the questionable efficacy of distinguishing the mentally insane and the common individual with psychological problems.

The dilemma for early psychiatric medical interventions which is still a significant dilemma in the practice of prescribing psychotropic medication is to what degree of

consciousness is needed for an individual to remain cognizant of themselves but reduce symptoms of pathologies that interfere with healthy engagements that hinder with their will to make productive life choices (Whitaker, 2015). Psychiatrists in early days of the asylum were testing new medications of producing the effects of lobotomies through neurotransmission manipulation which were hailed as a modern-day miracle. This came in the form of chlorpromazine (Thorazine) that disconnected regions of the brain that are responsible for motor movement and emotional responses but, did so without the patient losing consciousness (Whitaker, 2015). With the invention of Thorazine as a miracle drug, psychiatry began to shape the modern world of mental illness and mental health through class action medication to reduce symptoms of pathologies associated with the holy book of mental disorders, the DSM, through psychopharmacology. This was accompanied by the growth of state sponsored mental hospitals where psychiatrists had at their disposal test subjects to measure the effects of new medications (Szasz, 1975).

Further, psychiatry began to overtake the psychoanalysis role that patients received, and the primary purpose of psychiatric help was primarily through prescription rather than multilayered approach to holistic healing. Shorter (1997) notes that in the 1950's that psychiatrists who did not prescribe medicine was the exception and the focus of psychiatry was reducing symptoms of mental pathologies according to the DSM through medication. This came at the expense of previous definitions of mental health such as personality enhancement or individual change through character strength for the lack of symptoms of mental illness. Thus, the birth of psychiatry began to shape with the progression of psychogenesis of mental disorders being organogenesis centered (Dimitriades, 2020). When psychiatry took to the for front of mental disorder, it did so by strengthening the assumption that sickness of the mind was akin to

sickness of the body (Szasz, 1995). Therefore, the body needed treatment over the other psychological components of a person because what was the cause of mental disorders was placed at the problem of biology rather than the personality of a person. Nonetheless, the problem between the organic composition and psychological makeup of the human being are intertwined but, distinct from one another. Shaping into a coin with different sides but creating one whole coin.

A further complication that asylums played in the understanding of the modern notion of mental illness was by the defining of psychopathology as a normality within the general population and not distinguishing between patients who were in the psychiatric wards verses those who were not (Szasz,1975). Meaning that mental illness as it was growing to characterize a specific type of individual was flawed at a fundamental definitional standard because this means that the mentally ill could never function in society. Thus, Szasz (1975) asserted that people have a problem with life that is made more difficult with the immoral nature of the human being. Therefore, the assumption that the mentally ill needed a special environment only provided by the state hospitals or asylums where the mentally ill could receive medications was the primary solution, but there were little provisional efforts to reintroduce individuals back into society (Szasz, 1995). Eventually, the problem with state hospitals to house the mentally ill manifested because once patients were on medications, they needed them to maintain a state of compliance with hospital regulations which had little resemblance of everyday social living. To this extent, the state hospitals for the mentally ill became a prison rather than a rehabilitation center.

Over the course of time, psychiatry as a medical practice began to understand that people are a complex multidimensional biological structure that is also made of emotional, psychological, and philosophical value and when people are mentally disturbed, adds an

additional complex association to treatment (Paris, 2018). Thus, the treatment associated with medication that is aimed at manipulation of human emotions, cognition, and psychiatric care involve many components of human psychology which cannot be remedied through prescriptions of psychopharmacological drugs alone (Wand, 2018). Furthermore, psychiatry as a purely medical practice imposes a degree of compliance with patients as medications are seen as what keeps an individual healthy. Thus, patients of psychiatry can experience a lack of autonomy when side-effects of medications become worse than their pathologies and they come to the decision to stop taking medications (Hall, 2019).

Many patients in the early days of the 20th century asylums were committed for long-term or life in state hospitals where new drugs and continuous medication regiments were prescribed but these remedies rarely made improvements on their psychotic or neurotic symptoms to the degree that they could reenter society fully healed (Paris, 2018). The treatment protocols for the mentally ill in the asylums inevitably placed a burden on state sponsored hospitals to care for patients through long periods of time where integration back into society was unlikely due to medication, lack of socialization, and flawed integration strategies. To this extent, psychiatric care has a questionable philosophical origin with asylums as the main vehicle and the degree to which mental illness is a biological abnormality or at least, be treated as such remains questionable. In addition, psychiatry in its early stages was primarily in charge through state sponsored asylums with the care of neurotic and psychotic patients which provided researchers with a subset of the population which grew overtime.

However, as time progressed, there was an increasing question on the ethical considerations for state hospitals becoming the epicenters for mental illness and the developmental guide for the DSM which was influenced by pharmaceutical companies to

promote their drugs to the public (Slotten, 2015). The problem was the subset of the population that was held within state mental hospitals became the guide and clinical definition of mental illness that influenced the DSM. Thus, fostering mental illness in the public through symptoms based on small sample sizes from the public that defined the normal population as mentally ill before they knew that they were ill, so to speak. The problem with the practice of psychiatry and the localizing of the mentally ill in state facilities was noted by Szasz (1975) who argued that the severely mentally unstable could not be the true axiomatic assumption of mental illness in the public. However, with the pressure of pharmaceutical companies to recoup cost of their drugs, the answer is to administer the drugs to the public by symptomology of mental disorders to the general populace (Whitaker, 2015). Therefore, with the dismantling of the asylums, psychiatry left the state hospitals to operate like counseling centers for the public.

Psychiatry has evolved from its genesis in the asylums to widespread community practices as the outdated model of housing the mentally ill has diminished over the past century. Psychiatry moved from the state hospital to the model of outpatient clinics where the aim is shorter stays in the hospital to get medication regimens accurate enough by the aim of reducing symptoms of pathologies to enable patients to live productive lives in their communities (Yanni, 2007). Thus, psychiatric centers would turn from primarily housing hospitals for the mentally ill to outpatient and inpatient clinics where individuals could be assessed for symptoms of mental disorders based on *DSM* criteria before their mental illness could render them useless in society (Grob, 1991).

The primary purpose of psychiatry is the treatment of mental disorders through medication and is associated with symptoms that are labeled as categories and dimensions of mental disorders within the *DSM*. The classes of mental disorders in the *DSM* range from

personality, emotional, and psychotic disorders. Each classification of disorders has correlated medications that are designed with altering emotional and cognitive states by reducing symptoms of the disorders themselves. Nonetheless, there is still an axiomatic problem with the medical model of psychopathology that is present with the practice of psychiatry. Namely, that psychiatric medical interventions assess psychopathology as a medical condition which require medication to manage symptoms and not root causes or treatments that uproot the causes of psychopathology. Therefore, many in the medical community do not hold to a cure for psychopathology more than a reactive measure taken to reduce symptoms. Unfortunately, psychotropic medication is the equivalent to insulin for managing blood sugar levels rather than penicillin for staphylococcus (Yanni, 2007).

However, before the 18th century psychiatry was not a mainstreamed practice where a medical community's main purpose was to cure mental disorders through medication (Shorter, 1997) and mental illness before that time was mainly formulated from a spiritual or moral component such as the shaman, church authority and eventually the psychotherapists in the early 20th century (Wiess, 2018). What sets psychiatry as a medical practice apart from other ancient methods of healing the mentally ill is the emphasis of biological components as a primary cause of mental illness and thus, the need for biochemical engineering in the form of psychotropic medication. As previously discussed, research is indicating that reducing psychopathology to a singular cause is undermining treatment (Borsboom et al., 2018). Therefore, psychopathology is characterized by functions of the human being that are counterproductive to health but, to what extent each factor contributes to mental illness will vary from person to person which indicates that treatment for individuals with mental illness will vary depending on their root causes.

Psychiatry unlike other methods of treating the mentally ill began to take hold in American society after the 1940's with the expansion of state psychiatric hospitals where psychiatrists were responsible for the care of the mentally ill. Before the induction of state sponsored hospitals as main staple in society, psychoanalysis was performed by smaller private practices where the typically wealthy families could pay professionals to help with family members or seek individual therapy (Szasz, 1975). However, with the invention of psychopharmacology and psychiatry being a medical practice fully set to the treatment of mental illness, an increasing demand for medication and placement for the mentally ill regardless of income began to become a staple in American society. The modern era has become increasingly mental health focused due to the asylums of the mid-19th century pushing the practice of psychiatry into society as a method of prevention of crimpling mental illness that renders someone as unable for community living.

Without the use of psychotropic medication, there would not be the practice of psychiatry, so to speak. To understand the taxonomizing that psychiatrist use to classify mental disorders as an axiomatic practice of curing the biological influence of mental pathologies, it is the same as zoologists classifying species of likened animals (Chase, 2018). Therefore, psychiatry based its practice on classification of mental disorders that had degrees of homogeneity between patients despite differentiating origins of mental disorders which eventually became the genesis of the *DSM* (Chase, 2018). The invention of the manual of mental disorders developed as a main staple in the practice of psychiatry and other psychological analysis of mental disorders. At the axiomatic crutch, however, was the degree to which mental illness was a biological or a psychological problem or, both.

In the 20th century asylums and state sponsored psychiatric hospitals, psychiatrists assumed all mental illness were a physical deterioration or abnormalities within the brain. However, this view has largely shifted as asylums and state hospitals became less effective in treating mental illness (Tomes, 1994). State sponsored hospitals before the invention of psychotropic medications were predicated on healing the mind rather than the body. Many asylums operated with a moral treatment which sought to train patients with the power of self-control under the guidance and training of a paternalistic doctor (Yanni, 2014). Moral treatment was fundamentally religiously inspired and assumed that the axiomatic truth in mental stability was the ability of self-control despite the propensity to act contrary to ethical demands (Yanni, 2014). In the time of the early asylums before the influence of medical practice for healing the organic composition of individuals, society was still influenced by Christian ethics. Therefore, sickness and healing were predicated on religious values of the will and lack of it as being the psychogenesis of illness, so to speak (Szasz, 1975).

Ng (2022) noted that a significant complication between the science of psychiatry and the philosophy of it is in the problem that science is not designed to measure the phenomena of philosophy in many human functions. That is, human beings are not only a biological essence but a complex system of values, beliefs, and spirituality (Peterson, 1999). This is not to down grade the biological composition of the neuroanatomy of the human brain and its influence on behavior, but to state that there is more to the human than their biology. Therefore, it could be argued that human beings assign their biology a system of meaning through their personality more so than their biology assigns their personality and, in this case, their psychopathology. Through the view that personality assigns biology a function and purpose which forms a personality more than biology determines a person's function, then healing the mind will have to

contend with the psychological proponent in mental pathologies. As Alport (1955) notes, that what characterizes an individual is the ability of the human being to live outside of their biological nature which denotes a free will. By free will, this means changing their nature to conform to their will that is often outside of the nature. Further, NG (2022) suggested that the question of whether and how biological processes are influenced by non-material matter such as values that do influence the anatomy of the brain and vice-versa.

The main influence of the medical model of symptomology as the primary philosophical understanding of psychopathology gradually advanced into pathogen liken sickness in the body or biological abnormalities in neurotransmitters within the brain rather than other complications with the personality such as religious immorality, and the dissociation between the self and virtues (Lomax, 2020). Brain and behavior in mental illness are part and parcel to processes that are intertwined and cannot be separated from one another less the whole problem is overlooked. Siegel (2010) argues that a crucial functionality between the brain and behavior is that many do not understand how their brain works and rethinking how people think can lead to new understandings between the relationship in mental health and mental illness. Psychopathology in the medical model is not a treatable disease but a managed one. The obvious question to be asked is if mental illness is a biological function and medication is a leading treatment, why is an ever-growing increase of individuals receiving medication in the treatment of mental disorders and not the opposite? This leads to the philosophical challenge of psychiatry in the quest of healing the mentally ill. Namely, is the cure of psychotropic medications for psychopathology creating the virus of the mind.

Phenomenology of Psychotropics and Patient Experience

In the spirit of the phenomenological approach to understanding mental illness, the objective of this review is not to examine efficacy rates of psychotropic medications but the experiences of individuals who are prescribed psychotropic prescriptions. Thus, this portion of the review will examine relevant literature on psychotropic experiences among users and analyze what current trends are occurring in association to patient experience. With this noted, the dilemma with the practice of psychiatry is not only in the efficacy rates of psychotropic medications in placebo trials to alleviate symptoms of psychopathology (Ghaemi, 2018) but, what is the end point of medication use. This is not only a medical issue but, primarily a philosophical discussion because the basic truths about why and how medications are prescribed is aimed at the very axiom of the practice of psychiatry.

This is to say, that because psychiatry is fundamentally the practice of alleviating symptoms of mental disorders at biological levels, at what point is the patient cured from their mental illness? It could be argued that the absence of symptoms of mental pathologies is the primary goal of medication but, what if someone is prescribed medications when their symptoms are a manifestation of other root causes rather than their biology? Further, if therapeutic measures in the form of medications are targeted to reducing symptoms and is successful at reducing those symptoms of psychopathology but the psychogenesis is rooted in the personality or some other psychological reality then the patient is still under the torment of their mental disorders.

By comparing type-II diabetics and patients on psychotropics a clearer picture is painted between the similarities in the problem with the use of medication as a reduction of symptoms and not root causes. Type-II diabetics require insulin to keep blood glucose in ideal levels. However, the medical community would not consider a type II diabetic cured because they’re on

insulin but managed. Nonetheless, the insulin required is not only needed to maintain healthy living within the pancreas to regulate healthy blood glucose levels, but the individual completely adjusts their life to the need of insulin which is interdependent on the healthcare system. Roughly 463 million people have type 2 diabetes and is a major problem for those living to manage their sugar levels (Zhao, 2022).

However, this problem does not only affect the individual, but the healthcare system to maintain insulin supply, insurance costs, and patient to doctor interactions. Simply stated, the pandemic of type II diabetes is primarily behavioral, but insulin use has made the problem for most diabetics medical. Zhao (2022) notes that the cure for diabetes is difficult to be discussed in the medical community because managing type II diabetes is primarily behavioral but, the medical community predominantly understands the condition through the medical model. This means that the primary focus of the medical model is to reduce symptoms of high A1C. Therefore, it could be argued that an entirely new personality is formed to adjust to the need of external insulin for daily living and shapes the social structure of the healthcare system. But there are other treatments such as diet modification, lifestyle change, and healthy exercise that can entirely reduce the need for external insulin or eliminate it. Although this would require more will power from the individual, it could be reasoned that it is the best choice for the individual to maintain their health.

Both type II diabetes and mental illness share a behavioral and psychological component. Namely, that the primary problem for both is the level of the individual's choices that create the need for the healthcare system to provide medication. It could be proposed that the medical model is beneficial for pathogens such as bacterial infections or viruses, but the model is severely limited when an individual's personality is involved. Therefore, it would be difficult to

claim that type II diabetics on insulin are healthy. Likewise, with the use of psychotropic medications in the treatment of mental health, it would be difficult to argue that mentally ill patients are healthy because they are on psychotropic medications or managed by them. While mental health professionals may not claim that the aim of medications is to cure mental disorders, but what is the goal of medications outside of reducing symptoms of mental pathologies?

Therefore, what is the end pursuit of the use of psychotropics if decreases in symptoms is the primary objective but is held to the use of psychotropics to control symptoms. Waszczuk et al., (2017) found that widespread practices of psychiatry do not medicate according to diagnosis but, due to the symptoms their patients are having. This increases the likelihood of multiple medications since transdiagnostic methods allow for the perceived homogeneity between symptoms and cross transference between medications to reduce symptoms. This can include selective serotonin reuptake inhibitors (antidepressants) to treat anxiety disorders or eating disorders (Waszczuk et al., 2017). Unfortunately, this practice in prescribing undercuts the very foundational notion to the *DSM*. If prescribers are attempting to reduce symptoms primarily, then the aim of diagnosing an individual with a mental disorder could be secondary to getting the necessary documentation to put a patient on medication.

Wand (2018) notes that psychotropic medications that are specifically aimed at treating mental pathologies do not work as an antibiotic because of the vast difference between medical conditions and psychiatric ones. Namely, that mental disorders are established by consensus of compilation of data rather than scientific facts and mental disorders do not have pathophysiology or a biomarker (Wand, 2018). A further problem is the perception of mental illness in the public as being a biological abnormality which requires medication. This perception has made the

public driven to be conscious of mental illness rather than knowing what it means to be mentally healthy as the factor to having a life worth living.

Whitaker (2015) argues in his review of modern psychotropics in American society that psychopharmacology companies have the responsibility to market their psychoactive drugs to the public at large. He notes that the major change in the marketing scheme for wide use of psychotropic medications was to convince people that an overwhelming majority of mental illness was not diagnosed within the public and it is a crippling disease. Whitaker also suggests that market schemes were bent on convincing the public that mental disorders are not a weakness in the individual but, a disorder outside of the control of the individual and those individuals who are going undiagnosed could eventually develop crippling mental disorders if they are not medicated. It is through the marketing of mental disorders that the medical model of psychiatrists created the demand which only increased the supply. Thus, creating the mental illness crisis. Whitaker also argues that the push to sell mental illness to the public reshaped not only how mental illness was treated but, how the population thought of mental disorders. Namely, that mental disorders are a biological sickness that is akin to a deformity within the brain or other biological abnormalities and people needed medication to rectify this defect.

With the mental illness crisis unfolding in society and continual increased use of psychotropic medication in the normal everyday individual (wand, 2018), there has been a growing body of literature revealing the complications associated with psychotropic use that effect a wide range of human phenomenology. Consequently, the problematic experiences with psychotropic medications are multifold that range from insurance, lack of autonomy, side-effects, and the additional medication to combat side-effects (Hernáez et al., 2020). Keough et al., (2021) notes that a particular strength to psychotropic medications is the short to medium-

term alleviation from symptoms but, the long-term complications cause individuals to seek discontinuation which contributes to another problem in the use of psychotropic medications, medical compliance. Because psychotropics deal with symptoms of mental pathologies and are prescribed by a medical professional, the issue of discontinuation can become problematic between the patient and doctor relationship. Salmon & Hamilton (2013) note that about 50% of individuals who are on psychotropics will try to cease medication use but often results in a high relapse rate. Furthermore, because of the chemical compositions in psychotropic medications, patients will experience breathlessness, dizziness, shakes, feeling sick and passing out (Salmoan & Hamilton, 2013). One patient in their study described, "Despite the fact that they were more harmful than helpful, no doctor would support me to reduce my dose and come off the medications, they would just call me 'non-compliant' and threaten me with a CTO" (Salmoan & Hamilton, 2014, p. 162).This alludes to the problem of what constitutes in the standard of when a patient is healed in the use of psychotropic medication which is mainly a philosophical health question.

Psychotropics are also an addictive substance like other addictive narcotics. Paradoxically, however, society encourages illegal drug users to give up their addiction, but doctors require psychotropics as medical compliance which makes discontinuation problematic (Hall, 2019). The further problem with the use of medication in treating mental illness is the lack of a discontinuation plan when the patient believes that medication is no longer an effective long-term solution in alleviating their mental pathology. The discontinuation off medication can also create a feedback loop where individuals come off their meds but, have distressing side-effects which psychiatrists assume to be the evidence that patient is not cured and provides proof that the medication was in fact working (Wand, 2018).

The aim of this section is not to dissuade the practice of psychiatry in attempting to heal the mentally ill or to suggest that medical interventions are absolutely flawed. Rather, to bring philosophical discourse to the application of psychotropic medications and provide the undervalued narrative of how and why psychotropics for the cure of mental disorders is not aimed at root causes for all individuals who are unconsciously led to believe that their disorders are out of their control. There are other models that assess psychopathology differently than the biological model that have been overlooked in the modern era. Namely, that of personality and individuation and comes with different remedies for the healing of the mind that do not have with it the complications of psychotropic medication use.

Psychopathology and Clinical Methodology of Personality

Psychopathology of the mind is a uniquely human condition and effects the totality of the individual. Throughout history, the study of mental disorders has evolved with time and has ranged from the religious function of psychopathology that was understood as the immoral behavior of an individual to the psychiatric model which assumes organic dysfunctions (Joesph, 2009). The study of mental illness axiomatically suggests that mental disorders are emotional, psychotic, and cognitive abnormalities of the individual that are counterproductive to health in accordance with mental processes. Depending on the model that is used to assess psychopathology can shape therapeutic remedies, the analysis in psychogenesis or organogenesis, and variables associated with the influences of mental illness (Grimm & Henninger, 2010).

However, there is significant problem with the conception of studying mental disorders on a widespread clinical level due to the use of self-report measures, correlational tests that do not reveal causation and the multiple mental disorders that are added to the DSM (Graham and

Stevens, 1994). Part of the problem with psychopathology in clinical research is the degree to which philosophical assumptions in the measures that assess mental illness are distinguishable in relevance to the psychogenesis of mental illness concerning personality. This is to say, that when research is done in psychopathology, the domain of clinical investigations either deal with models of assessment or correlational factors of mental illness. Thus, leading to the ever-expansive issue of defining what it means to have a healthy personality and genesis factors of psychopathology. For example, it could be argued that defining mental health is as or even more difficult than understanding the root causes of mental illness (Siegel, 2010). Namely, that with the invention of the *DSM*, mental illness is defined by the manifestations of abnormalities in the human psyche through symptoms of mental pathologies but does not account for the proactive processes that could cause mental illness found in the domain of personality motivations. These functions can include rumination of unresolved conflict, lying to the self about problems, immaturity within the personality, or lack of emotional fortitude.

However, the psychiatric model of symptoms of mental pathologies are linked to categories of human processes at a psychological dimension (Graham & Stevens, 1994). The symptomology model for psychopathology has become the common standardization in psychological literature for investigating mental illness. This has provided not only the relevant literature on the topics of psychopathology, but the philosophy of how individuals are evaluated for it. Although the *DSM* has allowed mental health professionals the guide to distinguish mental illness as abnormal functioning based on symptomology, there is still the problem of the psychogenesis of mental disorders within the personality of the individual that manifests mental illness.

This is to say, that the framework that distinguishes mental health from illness in the human being still must contend with the human psychological aspects such as the will, moral compass, and belief structure of the individual. Before the modern era of class action categorization based on the psychiatric model, psychopathology was not measured through symptomology but the domain of ethics, motivations, and morals as it relates to the personality. Thus, the presence of psychopathology in the population is interdependent on the models that it is used to assess it. Furthermore, as the mental health community has become more aware of the presence of mental illness within society, the problem remains to what extent does it mean to be mentally healthy (Siegel, 2010).

A central question to propose to the issue of psychopathology in the human being is whether it can be accurately represented by the scientific model such as the one provided by the *DSM*. In other words, the taxonomizing of mental disorders that is associated with the psychiatric model has become expansive but, has undermined the natural processes that individuals engage in for dealing with life (Graham & Stephens, 1994). Therefore, it could be equally true that mental illness can be understood as the natural processes of life that an individual manifests as symptoms of psychopathology cause alterations to mental functions. A model of psychopathology could be proposed that incorporates the totality of personality functions as developing through stages of life rather than an illness that is caught by the individual whether that is organic or psychological (Hall, 2019).

However, a clinical model that attempts this has not been developed to the awareness of this study. Thus, the study of psychopathology is pathology oriented by category and forgoes the functional ability of the individual in their pathological state (Graham & Stevens, 1994). The category structure of psychopathology lumps individuals by correlational measures to symptoms

and leaves the individualized processes of personality motivations undervalued in clinical evaluation and in its place, a significant gap between personality of an individual from their pathology. Human beings do not have psychopathology free from the influence of their personality, but they embody mental illness into their psyche by habitual behavior. Meaning that personality and identity are the vehicle in which one drives through life and people do not only have mental illness but identify with it (Peterson,1999). The identification of the individual with their mental illness could be an unconscious relationship but, it is intertwined with their personality.

For example, Wright and Hopwood (2021) wrote a review on the relevant issues in psychopathology and personality in clinical literature. They sought to answer the dilemma of how people's pathological problems are distinct from their personality and are related. To investigate this problem, they noted that before the influential *DSM* for assessing pathology in clinical investigations that psychological theorists presupposed that personality was the problem of psychopathology. This was mainly due to the relevance of philosophy and empiricism were equally balanced as an approach to understanding not only mental illness, but personality. As time progressed and the *DSM* became the standard for identifying psychopathology, personality theories lacked clinical evidence and became philosophy of personality rather than variables in personality psychology. Wright and Hopwood (2021) note that this shift in personality psychology created the gap between what is personality and how personality is viewed in mental illness.

For example, certain models of personality suggest that personality has nothing to do with psychopathology, personality is only relevant in personality disorders, and those who assume that personality is everything (Wright & Hopwood, 2021). However, personality evolved

with the *DSM* to a disorder itself (paranoid personality disorder, schizoid personality disorder, antisocial personality disorder, etc..) but Wright and Hopwood (2021) argue that there is a significant advantage from distinguishing personality from psychopathology. Namely, that they view that there is a moral problem for clinicians to express that an individual's personality is the source of their psychopathology. Thus, it is more acceptable to have a diagnosis of a personality disorder rather than the assumption that someone's personality is a cause of their pathology. Further, they expressed that comprehending the difference between personality and psychopathology is held at the heels of the models that are used to assess personality and psychopathology. Therefore, diagnostic materials should assess differences but, not dictate how personality is separated from mental illness or in line with it (Wright & Hopwood, 2021).

But a limitation within Wright and Hopwood (2021) study and argument is that it could be contended through the philosophical presupposition such as a moral model or personality model of psychopathology that it is entirely healthy to assume that someone is their own problem. This does not mean a mean-spirited approach to clinical therapy in the treatment of mental illness. Rather, that what is misdiagnosed, is mistreated. Thus, some psychopathological models assume that people's personality is not the problem but, how could someone's thought, will, and emotions not contribute to their pathology? The problem, then, is that psychopathology is mainly understood by the models that measures it rather than the nature of mental illness itself. Namely, that because the *DSM* now lists personality disorders that clinical measures are forced to distinguish psychopathology from personality because personality is now a disordered framework for other trait characteristics in psychopathology. Pioneering theorist of personality would not assume that someone has a personality disorder more than they were not fully integrated in personality motivations for the manifestation of the self (Ellenberger, 1970). Thus,

through the symptomology model, the problem of personality is categorical and interpersonal but not at an individual level for those who do not meet diagnostic criteria for other disorders.

This has influenced not only the classification of mental disorders but, the clinical measures to assess personality and psychopathology. Multifactored analyses are a common statistical model used to measure psychopathology that assesses multiple domains of psychological pathology that contribute to mental illness or is influenced by it. Hierarchical models of clinical testing provide the most sufficient assessments of psychopathology and other related factors because the main issue in clinical measurements is not necessarily the ability for clinical measures to assess the reality of a problem in psychopathology but, the functional relationship between variables and the interrelationships of multiple domains. These domains cannot be singled to axiomatic assumptions in categorical structure that is in line with current diagnostic criteria for psychopathology. Namely, the issue in measuring psychopathology is in the decision to which variable serves as the baseline for a measure and to what degree a variable is the result of psychopathology or the influence of it.

Clinical measures of psychopathology assume an intersectional model that relates to a wide range of potential human factors such as their social environment, self-efficacy, emotional fortitude, and cognitive ability, etc. Therefore, selecting a variable related to the discussion of psychopathology is interconnected with the wide range of human psychological motivations that contribute to the development of mental illness and personality. Depression for example is not akin to a virus in that it is caught at a biological level, but a human condition that is attached to the personality and there could be multiple reasons why an individual is depressed that has no relations with other individuals' who have depression. Hence, clinical assessments of mental illness lack the ability to assess micro causes of mental pathologies on a personality level due to

self-reporting, categorization structures, and relationship testing between variables. Graham and Stevens (1994) note that the issue in self-reporting in psychopathological research is a problem in and of itself because many who are mentally ill are not fully aware of what is the exact problem with their psyche. To this degree, many patients who are diagnosed with a mental illness have multiple complications within their psychological being, not just the diagnosis.

Psychopathology in personality as a subject of study can be comprised of two factors with their own implications. First, the individual model of trait characteristics such as psychological processes and the relationship between certain mental disorders (Eronen, 2021) and second, multifactored analysis that seek correlations between multiple variables such as interpersonal motivations, social class, age, relationships, genetics, and emotional states as it relates to psychopathology (Hyland et al., 2019). Hyland et al., (2019) sought to compare two approaches to assessing risk variables for mental illness. Their investigation to use the dimensional model for psychopathology which factors genetic, environmental risk, neurology, chronicity, developmental change, functional impairment, treatment planning, and treatment response (Hyland et al., 2019). The general risk factor for psychopathology was introduced based on correlations either by bifactor analysis or hierarchical structure. The difference between them is bifactor analysis does not compete for symptom categories but, assesses causes directionally to factors (internalizing, externalizing, thought disorder). In a higher order model, psychopathology assigns individuals their pathology based on correlational symptoms where extraneous variables are not accounted for in correlational assignment. The aim of their study was to assess which model was better in assessing psychopathology.

A total of 1,051 participants from a trauma exposed community participated in the study. Participants were assessed using 49 symptoms of psychopathology that was used as the baseline

for the presence of mental illness. In addition, participants were assessed for fear, internalizing psychopathology, externalizing psychopathology, and traumatic exposure (Hyland et al., 2019). Results from their study indicated that bi-factor and hierarchical models had correlational output of $r = 0.97$. However, the difference between the models that effect clinical understanding of psychopathology was noted. In the bifactor model, the general dimension of psychopathology was specific to dimensions and in the higher order model, was causally related to dimensions. Hyland et al., (2019) study demonstrates that model analysis can reveal degrees of psychopathological relationships based off symptomology testing but, the problem with their study was assignment of individuals to their pathology. To this degree, their study does not reveal issues with psychopathology and personality more than which model better predicts relationship between individuals and their pathology.

Personality and the motivations within an individual towards a particular reality as a contributing factor to psychopathology is not widely researched, not only because the models are a significant limitation but, that the mental health community does not know how to measure personality dimensions in relations to mental illness outside the symptomology model. Girad et al., (2017) sought to investigate personality factors such as the interpersonal characteristics that is associated with psychopathology. The main objective of their study was to measure the relationship between interpersonal problems and psychopathology as a functional hierarchy of the ability in the individual to function with their psychopathology which gives further manifestation of it at an interpersonal level. They suggested that interpersonal problems have bidirectional relationship with psychopathology by the individual's behavior not only contributing to their psychopathology but enhancing it. For example, a depressed individual may have interpersonal problems such as social withdraw and lack of self-efficacy which can

influence their coping abilities. Thus, leading to depressive mindsets and enhancing their depression.

Girad et al., (2017) study indicated that interpersonal motivations can be categorized as personality types and have correlational support to specific mental disorders associated with the *DSM*. However, the significant limitation that is presented in the study is the symptomology associated with a family model structure for gaging the relationships between interpersonal motivation and specific mental disorders. This is to say, that although studies have demonstrated that certain trait characteristics can be clinically associated with specific diagnosis, it can also mean that said person can also be related to other diagnosable mental pathologies. In effect, clinical measurements assumes that individuals are prone to mental disorders, and it is the primary function of the assessment to determine which one belongs to the individual. To this extent, psychopathology in clinical assessments as a philosophy does not assume health until sick but, sick to what kind of sickness. Even with the factored analysis of five dimensions of personality and interpersonal motivations (detachment, internalizing, disinhibition, dominance, compulsivity) the clinical measures assumes that a complex individual with mental disorders fits within the five categories and individuals have no qualities that excludes them from the five factors. Therefore, it could be argued that the studies that present variables of psychopathology to personality characteristics creates a feedback loop where a circle can be drawn into itself.

Part of the problem to the study of psychopathology in any metric is the assumptions within the framework that provides the consistency to test psychopathology. On one end of the spectrum, having psychopathology means manifestations of it but, not potential for it through personality outside of trait characteristics. Such as immoral values, poor maturity in character, and social factors such as economic status and aim in life. Bringmann and Eronen (2018) note

that psychopathological models of symptomology intersect because they often share the same cause or factors which produces their relational value. For example, depressive symptoms will have multiple factors that interconnect but build upon each other. In other words, by criteria standards an individual will not have depression and be asymptomatic. Rather, the manifestations of mental disorders indicate a root problem that has risen to the manifestation within the individuals' psychological processes and have caused co-occurring symptoms that eventually lead to disorders themselves.

This philosophical assumption sets the baseline for clinical measurements in psychopathology because measurements assume conscious awareness to pathological symptoms from the participant. Bringmann and Eronen (2018) suggest that a network approach where the main goal of assessment is to find relationships between multiple symptoms is needed to assess the function of relationship rather than its presence. However, when it comes to the problem of personality and psychopathology, it could be argued that a set criterion for diagnosis is beneficial for congruence in validity and reliability in judgement of psychopathology. But this does not suggest that manifestations of depressive behavior have limited impact to the psychological makeup of the individual only when they meet requirement for clinical diagnosis or that symptoms themselves do not affect the psychological process of the individual.

This critique of the current understandings of psychopathology in clinical literature is not aimed at excluding the importance of investigations into variables associated with psychopathology but, to state that the feedback loop associated with trait characteristics of the personality are evident in clinical psychopathological research and have created an echo chamber. Furthermore, the degree of personality at a philosophical level is related to psychopathology is undervalued where subjective reasonings within the individual are at play in

psychopathology. This is to say, that once psychopathology is removed from the symptomology model that what is left is the personality of the individual which has motivations beyond the clinical measures.

Although the clinical symptomology approach has revealed significant contributions to the subject of mental illness, they simply cannot address the phenomenon of the personality and the psychogenesis of mental disorders. Rather, they add information to the symptomology approach of understanding mental disorders. Namely, mental illness is not present in only select subsets of the population that are categorized by psychopathology but, within the human being itself. The potential to be mentally ill must be weighed in the balance for the potential to be healthy. Therefore, literary investigation in the personality is needed to examine the axioms concerning personality and psychopathology.

If one were to view psychopathology in the terms of developmental processes such as the theories of developmental psychology without the influence of the psychiatric model, then mental illness paints a completely different picture. It is a very fine line between mental illness and ethical domains of thought. For example, what is the determinate between a mentally ill child, and an immoral one? Children require expansive training from their parents for acceptable behaviors that range from telling the truth, selflessness, saying “thank you” and other moral qualities (Prager, 2019). Harcourt (2018) notes that there is a philosophical argument to be made that being mentally ill is analogous to being immature. He further argues that it is apparent that human beings in their developmental years are immature but, the objective of life is to become mature and mental illness is the processes in which one maintains a state of immaturity. To this extent, moral character is the framework of maturity which begets a meaningful life. Thus, the crux in the road becomes to what extent do we view immaturity as psychopathology and

psychopathology a mental disorder outside the range of ethical considerations. It could be argued that all criminal behavior is mental illness but, this would deny the willful intent of the criminal mind.

Rotman (2021) notes that mental illness is like no other conception of disease because of its historical value in philosophical moral reality. By reality, this is to mean that the ethical domain of human conduct is an embodiment of rules that define the nature of reality in accordance to how someone ought to be verses who someone is (Peterson, 1999). The schism between immoral action and moral thought stands at the fork between mental health and mental illness in philosophical psychology which accounts for the personality and the will of an individual. The conception of personality and human will cannot be stated as an equivalent form of sickness such as disorders that are akin to neurobiology or sickness of the body which unfortunately has been the modern contributor to mental illness through the medical model.

Rotman (2021) notes that the Greek word for pathology originates in the *patheia:* illness, infection and suffering under the weight of bodily passions and psyche which in Greek terminology is associated with the mind, suffering and the study of the logos (Fulford & Johnson, 2010). He further notes that morality in ancient civilizations was predicated on optimal health because the moral being was in fact, a healthy one. However, the notion of moral health became a lost discussion piece in psychopathology because of the psychiatric movement, the technological advances of the medical field, and the collapse of Christian thought as a primary guide to mental health (Rotman, 2021). This gave way to the mental health professionals discussing mental illness as a sickness void of the personality as the primary concern rather than the responsibility of the individual to have a moral life which Szasz (1975) argued in his literary criticism of the psychiatric model usurped and replaced.

In the modern era the personality as a subject is rarely discussed in the issues of psychopathology because the biological model of psychopathology influenced by symptomology has overtaken the moral fortitude within the human being to have functions of health rather than the state of it. Therefore, the modern philosophy of psychopathology understands mental illness as a disease rather than a lack of will towards moral being and willful connection between right and wrong. Furthermore, in the age of reason, any illogical behavior is determined to be a significant identification for the unreasonable behavior of individuals which gave rise to the need for state sponsored hospitals to house and treat the illogical (Rotman, 2021).

With the moral dilemma being stated in psychopathology, the current consensus of mental health misses the dynamic processes that are at play regarding personality and its development in subjective categorization. Presently, the World Health Organization (WHO) suggest that mental health is a state of wellbeing where the individual realizes their own abilities, copes with stresses in life and makes contributions to society (WHO, 2005). However, part of the problem with mental health verses mental illness is having a set criterion that becomes the baseline for healthy living throughout the duration of one's life as an axiomatic standard that engages the totality of an individual. For example, age, experiences in life that come with age, and social economic factors with age can influence mental health and mental illness by the definition set in accordance with WHO. Further, health means a functional state of being that must face the life of the problems with living, so to speak. The primary problem that is evident in WHO definition of mental health is the ability to cope with problems. It is not clear what ability means if problems are mental disturbances associated with the DSM. For example, the state of mental illness is more than a problem that is attached to the psyche but, is a result of the integration of the personality to the mental mindset identified as DSM criteria. Therefore, the

task of mental health is subjective more than objective due to mental health being individualistic but, still requires a set of guidelines to live by for optimal mental health throughout the stages of life.

Westerhof and Keyes (2009) sought to investigate developmental factors of age and its association with mental health and mental illness. They noted that mental health has been defined as the absence of pathological mindsets but, this definition bares little weight to psychological development across life span regarding maintained psychological health. The problem, then, is that maintained psychological health is not as simple as the avoidance of mental illness but, the focus of an individual to maintain their health throughout the course of one's life. To test this, they defined mental health through three criteria: happiness and satisfaction with life (emotional wellbeing), positive self-realization (psychological well-being) and having social value (social well-being) (Westerhof & Keyes, 2009). The study comprised of 1,340 Dutch speaking respondents participated to the online survey in raging from the ages of 18- 65+ years old. Age categories were created to factor stages of life. These ages were 18-29, 30-49, 50-64, 65 and older. Half of the respondents were female, were married, had jobs, and graduated from higher education. Respondents filled out the *Mental Health Continuum* (MHC-SF) which is a 14 item self-report that assess a participants emotional, psychological, and social well-being as well as the *Brief Symptom Inventory* (BSI) that assess mental problems (Westerhof & Keyes, 2009). A regression analysis was used to assess participants responses.

Westerhof and Keyes, (2009) found that there was a significant effect for mental illness based by age category. For example, there was less mental illness in older adults but, more in the oldest respondents. Further, when age was factored against social constructs such as education, marriage and employment, mental illness significantly decreased by age. However, when

compared to age range for mental illness, there was no significant relationship across ages even though the youngest and oldest exhibited higher mental illness (Westerhof & Keyes, 2009). This is to say, that younger adults have more mental illness but, older adults have less mental health. The study revealed that when comparing mental illness to mental health that there could be an integration of both through definition standards. Thus, stating someone is not mentally ill does not mean that they are mentally healthy. Therefore, personality and the moral being is out of the equation to what degree at a personal level does an individual's personality contribute towards their mental health or illness.

Furthermore, when it comes to personality, the question of mental illness becomes more complicated. Individuals are unique and gauging to what extent a individuals life experiences and personality influenced their pathology remains difficult to measure in clinical testing. Valid and reliable depression test will not always answer the central question of how and why an individual is depressed and identify root causes of psychopathology that are connected to the personality which are difficult to address on a clinical level. With these problems stated, a sufficient place to start a philosophical investigation into psychopathology and personality is the sense of the self. Namely, to have psychopathology as a factor in human psychology there must be a common agreement that there is a notion of the self or the autonomous function of the individual to recognize when something is wrong, so to speak. But this also implies that the imposing force of recognizing something is wrong with the self is akin to knowing that there must be an aim in life that sets the metric for what is right (Peterson, 1999). This is akin to knowing what biological functional health feels like so that when someone is sick, they know that something is wrong.

Thus, the sense of the self as a personality attribute for health can serve as a baseline for normality associated with living and the discrepancies towards that ideal as being psychopathology. The agency of the self is more in line with a philosophical discussion but, clinical investigation has revealed significant data concerning the self and psychopathology. Basten and Touyz (2020) noted that typically a sense of the self (SOS) is a common diagnostic criterion for personality disorders but, the SOS is also common in other psychopathological disorders such as eating disorders, psychotic disorders, and dissociative disorders. They define SOS as the subjective awareness to the self as an autonomous decision-making individual that has continuity overtime and agency over one's own actions. Therefore, it can be theorized that a psychogenesis of all psychopathologies could be axiomatically assumed to be contributed to a weak SOS or a lack of it (Basten and Touyz, 2020). Further, the definition they put forward axiomatically aligns with the moral considerations of psychopathology because morality is more than a function of being but, the willful choice to resist immorality. They further noted that correlational evidence made by patient to therapist interactions suggest that a low SOS can result in failed therapeutics not because of the efficacy of therapies but, in that there is not a foothold for therapies to shape the self.

In other words, like medications are designed to influence biology, mental therapies aimed at helping someone must have a psychological SOS for them to attach too. When a patient has a weak or low SOS then the individual is lost to their own autonomy and decision making which are fundamental contributors to mental illness. By using a framework of the SOS as a template for psychopathology and mental health, investigation into psychopathology can have a functional role of the will of an individual having autonomy over the self.

Individuation

As literature review suggests on the clinical investigation on mental illness and personality, the degree to which personality influences psychopathology is challenging to clinically evaluate through qualitative and quantitative studies. Namely, that psychological measures that deal with the phenomena of the human being are subjective but are often measured through objective means. Therefore, to examine multilayered philosophical perceptions of personality, pioneers of psychology must be examined for their ideals of psychopathology and personality to address the functional role that personality influences psychopathology. Investigating psychological theories before the time of the *DSM* allows for fully developed thoughts of great thinkers of psychology concerning psychopathology that address the academic disciplines of philosophy, morals, and ethics which are valuable to the discussion of mental illness. This does not suggest that modern research is undervalued in understanding mental pathology but, to provide a philosophical framework to the gap in literature concerning personality and mental illness. As far as the awareness of this study, individuation as proposed by Carl Jung, a pioneer in psychology, has not been investigated in modern research regarding the psychogenesis of psychopathology being rooted in the personality.

Carl Jung developed his practice of analytical psychology after his separation with Sigmund Freud. By analytical, Jung suggests the influence of the unconscious is more than an aspect of the personality where thoughts lay dormant to be brought into consciousness through thinking, but the presence of unconscious thoughts having influence in conscious thinking itself (Jung,1965). This is to say, that Jung's hypothesis in the unconscious having an active effect on the personality separated from Freud's by the way the unconscious operated in thinking. Freud believed that the unconscious was repression of undesired thoughts while Jung believed that the unconscious actively influenced conscious perception.

Although Jung and Freud agreed on many theories of psychology when Jung was his pupil, eventually they separated (Ellenberger, 1970). As Jung started to develop his own ideas, he incorporated aspects of Freudian and Alder's psychology but, separated on fundamentals of psychological influences on the personality such as the role of the unconscious not being a hidden repression of sexual urges but its own autonomous function within the personality, the nature of religion as a psychological force, and the role of the archetypes in personal psychological formations (Graf-Nold, 2015). Jung wrote extensively concerning the nature of the unconscious, conscious, the collective unconscious, archetypes, and the self (Fher, 2010). One of his most notable differences from Freud was how the unconscious functions and the degree to which it influences the self. Namely, that the unconscious is not merely a repression of negative thoughts that are neglected and only brought to conscious awareness through psychoanalysis but, are fundamentally active within the personality. Jung (1965) suggests that the unconscious has the capacity to functionally shape the personality through the conscious will by the unconscious mind actively shaping conscious thoughts.

For example, thinking is both what is perceived and what is not perceived (Siegel, 2010). However, what is not perceived does not mean that it is non-existent within the psyche but is in the realm of reaction and influence regardless of conscious awareness. Someone may not recall what they had for dinner a week ago but can recall the last time they were betrayed, lied too, or lied to someone when they should have told the truth. Therefore, the nature of the psychological being is predicated on a moral compass reality and the nervous system of the psyche is morality, so to speak (Piaget, 1990). Jung did not separate how the nature of morality shaped not only reality but, how the individual perceives the nature of reality through their psychological

processes. To him, morality itself is what awakens the human being to a conscious awareness (Jung, 1977).

Jung believed that the unconscious thoughts of an individual influence the ego which become counterproductive to aims of the self which is the psychological center of the being (Ellenberger, 1970). When the unconscious becomes the driving force for an individual's life, the ego becomes the sole manifestation in the personality and is a superficial approach to life itself. Jung (1959) notes that the motif of "pride goes before the fall" is synonymous with the ego before the self. In that, the ego is not effective in dealing with problems that can only be addressed by the authentic person. Thus, when a problem in life occurs and the ego is unable to deal with it, the authentic person self-destructs under the weight of the inability of the authentic person to handle the problem with their maturity. The ego in an immature person becomes the sole identity of the individual but an ego driven life can fail to adaptability of life because the ego is predicated on protection of itself rather than assimilation to the self. Therefore, deeply embedded within the overly enlarged ego is the self that is trapped by the unconscious ego being the sole expression of the individual. This harkens back to the WHO definition of mental health of the individual being able to handle the problems with life but, leaves out the degree to which one's ego manages with the problems of life.

Jung's work is heavily influenced with philosophy, religion, and mysticism in addition to psychology but, he recognized that these academic endeavors were fundamentally psychological; not separate but integrated. Thus, Jung's theory of personality could be argued to be the most complex compared to other ideas of psychological phenomena of personality in his time (Fehr, 2010). Namely, that he did not reject the ancient views of psychological influences such as

religion for the contemporary psychological ideas that were axiomatically based on scientific modernism and not on the values of ethics and morals.

He viewed that modern science has left the individual morally empty but, technologically advanced and matter driven (Jung,1965) which could be argued is the result of the medical model advancing past the psychoanalysis and moral models of rectifying mental illness. Further, he separated the psychological force as its own source of life from biological components which influenced how he practiced his psychology. For example, Jung believed that dementia praecox (schizophrenia) even if biological considerations are factored, cannot be reduced to the brain because the individual still is a psychological being and all human beings experience trauma either by omission or commission (Jung, 1972). Thus, the psychological must be addressed in any facet of mental pathology even if the common medical consensus is to assume biological abnormalities.

Due to the expansive topics of his analytical ideas, many of his theories are difficult to grasp but when fully understood; provide a deep picture of human phenomena that covers many psychological influences in the human being. For example, Jung believed that psychological energy has a cause and an aim (Ellenberger, 1970). This means that the human will is directed by a path of fulfillment but is made difficult by the existence of the ego which projects who one wants to be at the expense of who one is. Thus, forming a persona, a type of mask that individuals wear in society to cover who one truly is.

To Jung, the human being is not subject to uncontrolled forces of psychopathology but, are the source of it through weakness or immaturity within the personality itself. Furthermore, the individual is active in maturing their immaturity which becomes the source of problems within the individual, so to speak. As a therapist, Jung provided a deeper connection between the

unconscious, the conscious, archetypes, the self, and the shadow than any of his other fellow psychiatrists at the time (Ellenberger, 1970). In analytical psychology, human beings are both a collective of the social unconscious and archetypes of the self which is influenced by psychological types and symbols. He believed psychological symbolisms are as real as reality and the aims in life such as becoming an ideal version of oneself is not merely a whish but, a construction of what individuals believed to be true (Jung,1956). Therefore, to Jung, there was a world of matter (physical) and the world of what truly matters (psychological). His compilation of theories led to his pinnacle work in therapy, individuation.

It is important to note that Jung lived through and practiced his psychotherapy in the early 20th century which had two World Wars and increasing political changes as America became a superpower and Communist Russia took its place after Europe recovered from forty-years of war. He was particularly interested in how the change in the 20th century influenced not only the social landscape but, the individual (Jung, 1964). He was a critic of social identity predicated on ideology and political constructs as a form of mass hysteria and even noted that his German patients displayed a social anger after the humiliation of WWI which became the birthplace for need of revenge in World War II (Jung, 1964). He noted that the psychopathology of the masses is rooted within the psychopathology of the individual (Jung, 1964).

Therefore, he proposed the ideal of individuation which is based on ancient understandings of psychological wholeness or the *imago dei* (image of God) as the antidote to life controlled by an ego driven unconscious (Jung, 1959). However, he emphasized that individuation is not an occurrence, but a foundation to life itself. Simply put, individuation is the phenomena of becoming a wise individual through the confrontation within oneself (Ellenberger 1970). While it may appear a common understanding that people are unique, it is seldom the case

that someone becomes their own person through willful intent and sacrifice of weakness within the personality. Jung saw that individuation is a psychological maturity towards gaining the conscious control of who one is, ranging from the life of adolescents to early adulthood subjugated on the collective unconscious and the recognizing of the self (Ellenberger, 1970).

His template for psychological maturity was more akin to a life of becoming through stages than a reactive protocol to mental sickness and regression towards narcissistic thinking. Therefore, the contrast between individuation and individualism is the difference between becoming selfish and becoming psychologically whole. Further, his template of individuation resembled a source of personal spirituality that was akin to a path of a hero as an archetype which all human beings have a calling to. This is to say, that each human being has an ethical path that is uniquely theirs and can only be journeyed by them (Nicolaus, 2010). Individuation as a type of therapy is the path of confrontation with two axioms standing at opposite paths, what can the individual give to the world as a psychological whole person and what is the individual willing to give up of themselves to the world in the name of avoidance to their flaws. Jung saw individuation as primarily the balance between being good by confronting evil (within), the role of male and female, and life between the unconscious and conscious (Nicolaus, 2010).

Individuation when initiated is the archetype of rebirth which denotes that an individual is leaving the unconscious life of egocentric belief for the conscious life of willful responsibility. However, this undertaking is not simplistic but, comes at the sacrifice of who one is for who one could be. Individuation is a philosophy of life but, also an acting out of psychological process. Jung notes, “When the summit of life is reached, when the bud unfolds and from the lesser the greater emerges, then, as Nietzsche says, ‘one becomes two,’ and the greater figure, which one always was but which remained invisible, appears to the lesser personality with a force of

revelation. He who is truly and hopelessly little will always drag the revelation of the greater down to the level of his littleness and will never understand that the day of judgment for his littleness has dawned. But the man who is inwardly great will know that the long-expected friend of his soul, the immortal one, has now really come to lead ‘captivity captive’; that is, to seize hold of him by whom this immortal had always been confined and held prisoner, and to make his life flow into the greater life-a moment of deadliest peril!” (Jung, 1969 p. 121).

To experience individuation, one must be willing to confront themselves as the problem rather than the individual having a problem. In Jung’s view, psychopathology even if caused by external forces such as a tragedy, still has roots within the personality. This ideal became a source of difference between Jung and Freud. Namely, that Jung believed that Freud became solely focused on abnormal psychology that he did not develop his ideas to address normal problems within the human being (Fher, 2010). Therefore, there was no difference between a severely mentally ill individual and an individual with problems in life. Therefore, individuation is an ethical conflict with the repressed negative cognitions and emotions that lay as a personality in the unconscious (Graf-Nold, 2015).

To awaken to the self, an individual must realize that the problem with their psychopathology first dwells within the ideas and emotions that they unconsciously submitted themselves too and grew from their ego formed identity. This conscious awakening comes with the confrontation with oneself and begins the process of becoming a psychological whole person that is responsible for their conduct, beliefs, and behavior. Individuation, then, is a conscious choice that is arguably the most significant because it confronts the weakness within the individual, so to speak. By weakness, this means the immature psychological aspects of an individual that are prone to become psychopathological personality types within the personality

and fully manifest themselves through the ego (Jung,1972). But in the end and if the individual is honest with themselves with their immoral immaturity, the individual becomes themselves, a psychological whole person forged from the fires of confrontation of the unconscious ego through the conscious self (Jung, 1965).

Individuation was Jung's answer to the problem of symptomology in psychopathology and personal problems that manifest at the level of thought (Jung,1969). Jung criticized other psychological theories that did not aim at the change of a person by the processes of thought itself but, at the reduction of symptoms. For example, if a patient is experiencing depression, it could be a therapeutic goal of a therapist or a psychiatrist to address the symptoms of depression and view that once symptoms are reduced to minimal expressions, then the patient is cured or worse, managed their depression. However, Jung would argue that true psychological healing is when the person who was prone to depression by psychological thinking rooted in an inferior personality is no longer in control of the self. Therefore, the fundamentals of the archetype of rebirth and a new psychological being has been produced by the confrontation of the old nature. As a result, the person is reborn rather than healed (Jung, 1969). Further, individuation is predicated on an aim rather than a natural process. This is to say, that individuation is not akin to self-help processes for emotional gratification but, an ethical formation within the psyche where an individual must find the reasons for change outside of the short-term satisfactions of feeling good about oneself which is analogous to psychological wholeness.

Psychological wholeness means admitting that an individual is their own problem at the core of any issue and to have a life worth living, they must sacrifice who they are to be who they want to be (Peterson, 1999). Consequently, individuation is not a cure to psychopathology but, an antidote to it. Namely, that individuation occurs within the personality is directed to be

proactive rather than reactive. Much of the medical predicated notions of mental health are reactive in nature and many seek psychological help when the personality has become fully consumed by their pathology. Therefore, it could be argued that a personality when weakened by progressive immaturity will develop mental illness throughout life because the personality is a store house of weakness rather than mental illness being a notion of a sickness or virus that is caught. To Jung, the personality itself is a store house of psychopathology, not the recipient of it (Jung, 1972).

Therefore, confronting the problem within the personality is the primary aim of individuation which is a lifestyle of becoming rather than a therapy designed to treat specific psychopathological disorders. Furthermore, individuation as a psychological conception of mental health is not prescriptive for psychopathology more so than it is a framework of being predicated on integration of maturity within the personality. Miller (2004) notes that individuation is fundamentally a continuous lifestyle of bringing unconscious realities to conscious will through confrontation with the immature personality residing within the individual.

Jung's conception of psychology is motivated from a religious standpoint of dealing with evil which he observed to be something fundamentally innate within the human being. Therefore, he viewed that coming into conscious awareness of oneself was synonymous with the nature of the original condition as understood in the Christian tradition (Jung, 1959). He viewed that the symbolic nature of Christ was the archetype of the self which formulated a collective unconscious. This is to say, that within the human psyche is an understanding of self-improvement where Christ was the representation of the perfect person who modeled the transcendent life (Jung, 1980). However, in his view, the antichrist or the shadow of one's own

personality is seldom confronted with conscious will (Jung, 1965). Thus, the individual can grow to be a slave to their shadow that results by a psychological truth through rumination and develops into the immoral dark aspects of the personality (Jung, 1965).

The question that could be proposed to the philosophical proposition of individuation is to what degree individuation addresses the biological notion of mental disorders as primary rather than secondary. In Jung's point of view, he did not necessarily believe that the primary issue is whether empirical evidence can demonstrate what is true regarding mental illness but, what can be generalizable to shape public opinion becomes the truth regarding mental illness (Jung,1972). He separated the idea between the biological functions of the individual and the psychological aspects of the individual. Ultimately, he argued that psychological processes are more powerful than organic (Jung, 1972). Even if biology is influenced to the psychological make up of an individual, that individual still incorporates psychopathology into their personality which denotes a will and a manifestation.

An example of this would be that even someone who is diagnosed with a disease still has a personality that needs maturity. Likewise, the individual with a mental disorder still requires maturity within their personality which involves the conflict with their innate weakness. Jung (1972) also notes that in ancient times, psychosis or mental illness was seen as revenge of the gods against immoral behavior which overtime became less of a common conception. However, this was replaced by the sciences where the body was fully to blame for mental illness as deformed mechanics in the brain replaced the ideal of the gods seeking their revenge. In the places of the gods, medical sciences in the field of psychopathology have concerned themselves with classification of mental disorders through biological processes as well as symptomology and not psychological reasons behind psychopathology (Jung, 1972).

The problem with a purely biological view of psychopathology is the undervaluing of common experiences in an individuals' life have the potential to cause psychopathology when the personality of that individual is immature. To this extent, the investigation into the psychological cause of psychopathology often remains undervalued and overlooked. Hence the increase of psychotropic medication uses in the common cases of experiences that cause hardships in life. There are problems in life that cannot be delt with in willful blindness to them, distraction, or ignorance (Jung, 1972). Therefore, mental illness could be described as the problem of the human experience to have them and not overcome them which led to mental breakdowns and psychosis. Simply put, the psychogenesis of mental disorders happens when people lose their sense of reality for the unconscious mental repressions that become the only reality that an individual holds to be true (Jung, 1972).

Jung's view of individuation cuts against the grain of current formations of psychopathology that have been heavily influenced by the medical symptomology model. Namely, that moral and immoral states of the personality is kept out of the conversation between mental health and mental illness. Further, current medical models of psychopathology may agree that reducing symptoms of psychopathology is not the cure but would not go about addressing the personality of an individual as the cause of their psychopathology on an ethical level. In some sense, it could be even argued that such a view in the modern era is a mean-spirited approach to psychopathology. To this degree, individuation and Jung's ideas of psychology and psychopathology are moral ideas that transcend the world of biology and aim at the philosophical nature of the human being. The shadow of the individual is the overlooked and in its most honest sense, the willful blindness to immature factors of the personality that have manifested in a pathological personality. To this extent, mental illness has even replaced the notion of evil and

self-improvement means not having pathologies associated with the DSM. Jung's theory of individuation also came before the DSM which means that his theory of becoming the self was an antidote to pathological personality rather than a therapy to a specific mental illness.

Biblical Foundations of the Study

The Bible is the source of the Christian ethic and a vital tool for uncovering the mysteries of the human being. When the Bible is read for its wisdom concerning the truth of human nature and the moral good of God's hierarchical structure of meaning, can open the veil of reality that can have an important influence concerning personality and psychopathology. Thus, creating a worldview of the things that matter through foundational presuppositions regarding the nature of reality (Wolters, 2006). Reading the Bible for wisdom has been largely replaced with the scientific method of investigating truth of source text authenticity (Kass, 2003). At this expense, the modern intellectual enterprise for psychopathological research has suffered under the weight of not increasing wisdom to the ever-expansive field of psychopathology and personality. This is to say, that wisdom in the biblical essence is the spirit embodiment of truth and not the conception of it or the understanding of its essence (Kass, 2003). The Bible may not explicitly address the modern notions of mental illness and personality but, it addresses the fundamental nature of the human being.

The biblical foundation for this study is axiomatically linked to the biblical notion of sin, transformation of the self, and rebirth which are prototypical examples of transformation within the personality. Likewise, individuation is a psychological concept derived from Jungian psychoanalytic theory, but the theoretical approach to individuation is analogous to the spiritual journey of self-discovery, meaning, sacrifice, and rebirth (Ellenberger, 1970). These foundational truths to the nature of the human are evident in the biblical narratives and

individuation indicates the problem with life is presupposed with the friction between the meaning of an individual, the contradictory actions that is manifested from it, the necessity of meaning, and adherence to a higher order of life not predicated on natural instinctual presuppositions.

Individuation, then, is not merely a concept of personality development but, a maturity process derived with the ideal of becoming a wise or mature person (Ellenberger, 1970). The difference between mental illness and mental health is primarily associated with the nature of problems and how they affect the individual or in Jung's theory, the difference between the shadow (the dark components of one's character) and the self (the person who one should be). In the Christian ethos, this is analogous to sin and the image of God that is distorted by sinning which becomes someone's sin nature (Jung, 1979). Psychopathology is not an occurrence of mental illness but a slow integration of pathological thinking and behavior in the psyche which becomes the nature of the individual. Therefore, Jung's theories did not separate how pathological thinking is not the person but is reflective of a sinful (missing the mark) nature.

Jung (1965) analytical psychology was also influenced by the theoretical notion of archetypes. Archetypes proposed by Jung were derived from psychological matters of reality that shape unconscious behaviors that influence conscious thought formulated by a collective unconscious (1969). For example, it could be argued that meaning in life is an archetype which the human being searches for (Frankel, 2006). When the search for meaning is not a primary drive in the human being, then it sets the psyche of that individual to become predisposed to live a life not worth living which is a life of unconscious thought (Peterson, 1999). Furthermore, Jung used the concepts of the archetypes as a therapeutical notion to help his patients navigate out of their shadow into the self that was formulated by an archetype (Longe, 2016). Jung (1969) used

the term archetype to reflect the God-image in mankind that was predisposed on the light within human consciousness. This means that an archetype is a high ordered truth that is reflective of the nature of reality (God's order) which shapes the human psychological reasoning.

Most notably in personality formation, Jung (1979) suggested that in Christianity that the central archetype of the human being was Christ, the perfect person. To him, Christ was the perfect human who manifested the archetype of the meaningful life free from sin (missing the mark) which sets the standard of judgment upon the human being. This is to say, that the presence of conviction that awaken conscious thought is predicated on the embodiment of a judgement standard (Christ) and that all measures of psychological health was based off his perfection (Peterson, 1999). Wink (2002) noted that Christ only referred to himself as the Son of Man which had a rich historical value in Old Testament theology. The Son of Man was derived of Old Testament philosophy which prophesied that mankind would only be saved by a human being of divine nature, but that He would be the archetype of all mankind (Wink, 2002). Therefore, the Son of Man was the savior of the human being by living as the perfect human. Christ exemplifies the perfect person in the standards of mental health by having problems but not sinning despite of them. Similarly, the ideal of mental health in Christianity is the attitude of being that allows the mental strength for problems to exist but, fighting the nature to sin despite of them through the example of the Son of Man as the model of being.

An archetypical example of rebirth or transformation of the psychological makeup of an individual is in many narratives of the Bible. These meta-narratives create a hierarchical process that is the foundational presupposition of personal transformation. Even Christ, the archetype of mankind, had to face the temptation of sin before he could start his earthly ministry which was His call to meaning. After his baptism by John the Baptist, Jesus enters the wilderness to face

temptation by Satan (anti-truth). Although he was tempted to sin (miss the mark), Jesus overcame the human will weakness to forgo higher order meaning at the expense of temporary gain. After His temptation, Jesus leaves the wilderness and "Then Jesus returned in the power of the Spirit to Galilee, and news of Him went out through all the surrounding region" (*New King James Version,*1984, Luke, 4:14). Suggesting that Christ had to first face the human nature of temptation to sin before He could manifest the Son of Man archetype.

However, before the time of Jesus' earthly ministry, the biblical story of Abram and Sarai's journey to become Abraham and Sarah set the template for meaning and transformation within the personality (Kass, 2003). God gave Abram a command (to leave his father's house) with a promise (his name will be great and be a father of multitude) which set Abram and his wife Sarai on a journey of self-discovery and meaning. The many sojourns of the Abrahamic story, the end goal for Abram and Sarai by God was to become Abraham and Sarah (Kass, 2003). Thus, the biblical narrative of personality from the patriarchs to Christ and beyond has been predicated on personality and its transformation. Throughout the Bible, there are name changes which denotes a transformation within the personality that represents individuation such as Jacob to Israel, Saul to apostle Paul, and Simon to Peter.

This domain of thought challenges the purely scientific reasoning associated with biomechanical functions of neurotransmitters that effect emotions as well as the psyche and symptoms of psychopathology as being the sole cause of psychopathology (Borsboom et al., 2019). Moreover, stories from the biblical narrative of transformation through confrontation give grace to the idea that mental illness can be attributed to the weakness within the personality that could be the cause of turmoil of failed states of higher ordered existence. This is to say, that the biblical understanding of sin is derived from willful blindness to character flaws that exert

themselves on the choices that individuals make which progressively takes a central stage within the psyche. As Jesus stated, “Most assuredly, I say to you, whoever commits sin is a slave of sin” (*New King James Version*, 1984, John 8:34). Thus, giving sin an integral part of the personality itself. Similarly, Jung (1965) suggested that there is a shadow within the human personality that controls the unconscious behaviors of the individual which can be likened to the sin nature of the human being held in Christianity. Consequently, to become mentally healthy, the individual must awaken to the archetype of the self, Christ, and cast off their personality weakness for a higher ordered truth and confront their weaknesses in the personality.

This study chose the psychological theory of individuation as a variable to be tested in phenomenological clinical research because Carl Jung did not succumb to the pressures of scientific reasoning to replace Christian philosophy as an influential source in psychological processes. Rather, he embraced the scientific method and the enlightenment of reason as a tool in discovering truth but not as the replacement of the psychological force the nature of religion plays into psychological processes. He noted that the early 20th century was filled with luciferin ideas of materials and science but lacked the moral ethical standards of Christ which led to the horrors of WWII (Jung, 1959). In his view, evil in the world at that time could be only summarized as the spirit of the anti-Christ, or anti-truth (Jung, 1959). He noted that the psychopathology of the masses is rooted within the psychopathology of the individual. Thus, the source as well as the manifestation of evil is following unconscious propensity to be led by psychopathological thinking (Jung, 1970).

Jung’s pursuit of uncovering the psychological being was influenced by the Christian ethos which provided his theories a depth and wisdom that separated him from many great psychological theorists of his day. More importantly, Carl Jung was a student of the Bible and

religion that showcases through his writings. He noted that the religious structures of belief were the earliest and most universal forms of expression in the human mind and any psychological theory must associate its manifestation to the religious nature of the human personality (Jung, 1969). Consequently, matter or meaning in religious belief, in this case the biblical notion of meaning, is a psychological force that apprehends the individual from the highest of moral good, God's assigned meaning in life. This is to say, that meaning is not necessarily something that is formulated by someone's image of one's own making but, the precipice of a journey directed by a high ordered consciousness (Jung, 1977).

Summary

Regardless of the psychogenesis of mental illness, the personality of an individual is affected when psychopathology is present in the individual. Before the age of modern psychiatry, the pioneers of psychology and psychoanalysis assumed that the root causes or effects of psychopathology were integrated within the processes of the personality (Jung, 1972). However, the modern era of mental health has integrated personality as a dysfunction in and of itself as a symptom rather than a cause. Thus, a significant gap in modern understanding of psychopathology and maturity is left unresearched.

Furthermore, the use of psychotropics to address mental illness specifically targets symptoms of pathologies but, are associated with multiple complications that can leave the prescribed individuals in worse states than their mental illness. If psychotropic medications are not alleviating root causes of psychopathology that are fostered within the individual's personality, to whatever extant that could be, then the cure can often become worse than the disease. Therefore, clinical research focused on the personality and its need for development is required in association with psychopathology.

CHAPTER 3: RESEARCH METHOD

Overview

The history of research regarding mental illness has been predominantly influenced by the axiomatic assumptions of psychopathology (Ellenberger, 1970). These axioms have evolved from the morally influenced religious understandings of ethical morality to the modern age of psychiatric models which has largely adopted the practice of prescription administration of psychotropic medication based off symptomology of mental illness as defined by the *DSM.* Furthermore, the use of the *DSM* has influenced the perception of mental illness by categorization of trait characteristics in many clinical measures and statistical analysis. However, complications exist with current models used to assess psychopathology at the level of personality at micro levels of psychological perceptions of the self which make the interpersonal aspects of psychopathology difficult to measure using quantitative measures. Therefore, the aim of this study is to assess the phenomenon of participants experiences with personality development as understood by individuation and their use of psychotropic medications to manage their mental illness.

A phenomenological approach was chosen to evaluate trends of lived experiences associated to participants personality maturity and the influence psychotropics have on their psyche as they describe the many facets of their diagnosis on their psychological understandings of the self and their use of prescription medication. The study chose a phenomenological approach due to the body of literature in clinical investigation concerning psychopathology, personality, and psychotropics are focused on trait characteristics and types of quantifiable

personality traits in relations to symptomology of psychopathology but has missed the essence of personality maturity or personality formations at a phenomenological level.

The objective of this study was to investigate individuals lived experiences with mental illness in relations to individuation as and sense of the self. Combining these two variables to understand mental illness allows for a complete phenomenological account of participants dealing with mental illness from the level of personality to the use of medications to treat their mental illness. Specifically, this study will examine the phenomenon of personality formations in the sense of the self as guided by principles of individuation and participants perceptions of personality development for those who are diagnosed with a mental illness using semi-structured interviews.

This chapter provides the description of procedures that occurred, the research questions that guided the formations of analysis, the procedures of data collection, and ethical guidelines for data collection.

Research Questions and Hypotheses

RQ1: How is individuation experienced in individuals diagnosed with a mental disorder according to the *DSM*?

RQ 2: How do participants diagnosed with a mental disorder describe their experience with the self in relations to their mental illness?

RQ 3: How participants with a mental illness experience their personality development?

Research Design

Previous research in the field of psychopathology and personality have established a strong enough indication that there is homogeneity between personality and mental illness in idiographic models of clinical testing but, there is little support for mental illness and personality

in qualitative format. Consequently, quantitative analysis has established categorization of psychopathology to personality traits but has not grounded the psychogenesis of mental illness in the personality. Therefore, this study used a qualitative phenomenological method to describe the common meaning of several individuals to establish a trend within the public (Creswell & Poth, 2018) and mend the gap between experience of mental illness and symptomology in quantitative measures. The main goal of this design is to capture the essence of lived experiences of those with a mental illness as they reflect on their personality and their psychopathology. In addition, the use of psychotropic medication has become a common place in the treatment of mental illness but, there are many side-effects and complications that could influence one's personality development (Charlot et al., 2020). The objective of this research design is to assess potential common variables of experience through a semi-structured interview using open ended questions of personality influence on psychopathology and prescription use among participants.

Furthermore, this study chose a phenomenological approach because mental illness is a common experience in the populace and the themes presented will limit the need for large sample-sizes that have already been established by quantitative means. This gives the study a strength because intensive interviews can open the door to experiences where participants can think about the interview questions through dialogue instead of filling out self-report measures that limit lived experience of those living with a mental illness.

Participants

A sample size of 7 participants comprised of 5 females and 2 males participated in the study. Creswell and Poth (2018) recommend 5-25 participants in phenomenological studies and this study considered 7 to be a sufficient sample size to find common lived experiences in individuation. Participants were recruited from the general populace through outpatient

psychiatric clinics, counseling agencies, Registered Behavioral Technicians from an Autism center, and healthcare workers from a state hospital in Iowa. Researcher reached out for participation through email and phone contact.

To be included in this study, participants must be over the age of 18 and be diagnosed by a licensed mental health professional with a mental illness meeting the criteria set by the *DSM-V* or the *DSM-V-TR*. Participants from inpatient hospitals or state psychiatric institutions were excluded from the study due to the primary objective of this analysis seeking the phenomenon of people attempting to live within society diagnosed with a mental illness. A $25 gift card to Amazon was given as an incentive to each participant to encourage participation within the study as the topic addressed in this study can be private sensitive.

Study Procedures

The study requested permission from Institutional Review Board (IRB) for approval of data collection and once granted, researcher gathered participants for the study via outreach to local counseling agencies, and social networks. Semi-structured interviews were held at various private locations and through phone communication. Data processing and recording procedures were explained to participants as well as assurance that all identifying information will be confidential. Once information was gathered from participants, the information was assessed for key phrases and generalizable themes by the creation of Tables that explains the lived experience for each participant.

Instrumentation and Measurement

Individuation

Individuation and mental illness were measured using the *Issues of Mental Health and Sense of Self Semi-structured Interview Guide* which was used in a research article called

Barriers to and Facilitators of the Acceptance Process for Individuals with Mental Illness that sought to measure experiences associated with mental illness and the sense of the self (Mizock et al., 2014). A modified portion of the interview in the sense of the self to measure principles of individuation was requested by the researcher to the author to capture the essence of individuation. Author of the semi-structured interview granted permission for modification. See Appendix A. All modification questions are italicized to separate from the researcher modifications and the author's original questions. For permission by original author for modification to the *Issues of Mental Health and Sense of Self Semi-structured Interview Guide*, See Appendix B.

Data Analysis

The semi-structured interview was administered through face-to-face interactions and phone conference as needed by the participant's schedule. All interviews used an audio recording device for the researcher to relisten to interviews for key themes that participants noted through the semi-structured interview. Opened-ended questions were used as well as follow up questions to provide a broad enough structure for points of interests to emerge as they arose from the participants. All data collected was encoded using NVivo.

Due to mental illness being a personal matter with varying degrees of psychological genesis and manifestation, the study chose a phenomenological approach. This is to say, that previous research regarding psychopathology is mainly held at objective self-reporting which limits the essential experiences that individuals may have in their psychological reasoning with their mental illness that is not captured in quantitative means. The studies aim was to capture the

processes of individuation as a personality phenomenon through interview rather than quantitative measures.

Delimitations, Assumptions, and Limitations

The delimitations for this study were chosen specifically to address the current gap in literature concerning the experiences of those who are diagnosed with mental illness. To the knowledge of this study, this type of clinical experiment has not been done in previous research and would be considered experimental. Mental illness does not begin with diagnosis, but with the breakdown of psychological reasonings, emotions, and willful blindness. Being diagnosed is only part of the problem with mental illness because *DSM* symptomology suggests manifestation that does not include psychogenesis of psychopathology and identifications of mental abnormalities comes with multiple diagnoses.

The study chose not to include participants that were in psychiatric hospitals as inpatients because their status does not qualify for most individuals who are prescribed medication or represent those who suffer from mental illness in the general populace. Therefore, the study chose to sample the typical patient of mental illness and psychotropic user who would represent that vast majority of individuals living with mental illness and use of psychoactive prescription and still have functional daily lives.

Individuation is not merely a method of treatment for psychopathology but, a blueprint for personality maturity. This is to say, that individuation as a personality theory separates from other psychological therapies because it forgoes specifically addressing psychopathology more than it confronts the roots of the processes that can lead to psychopathological personality. Therefore, the study excluded what Szasz (1975) argued to be the foundational problem in mental health genesis in the psychiatric wards. This study chose to have samples of the

population that could be assumed to suffer from a weakened personality that manifests in mental illness but, were still contributors to society.

Due to the previous analysis concerning user experiences with psychotropic medications, the study assumes that participants will describe complications with their prescription use but may indicate short to medium term success with medication. However, when participants are interviewed with questions about individuation principles concerning their personality development, the study assumes that their medications do not enhance their personality maturity.

A significant limitation to the study is the measures chosen to evaluate individuation in participants. As aforementioned, this study has not been done in previous clinical research regarding psychopathology. Further, to the knowledge of this study, there is not an active qualitative measure that specifically addresses individuation although Carl Jung's work is well known. However, to have a degree of validity and reliability within the study, this study chose to use existing measures that have validity and reliability but modified (Mizok, 2014) interview portion of the self to ask open ended questions regarding individuation. The study may find significant results concerning the assumptions of the semi-structured interview, but it could be argued that the results do not clearly specify individuation as proposed by Jung's theory of individuation. Nonetheless, this study is experimental and could foster further development of individuation tests that are specifically aimed at Jung's principles in future clinical research.

Summary

The aim of this analysis is to capture the essence of lived experiences of participants personality development as proposed by individuation and are currently receiving psychotropic therapeutics to manage their mental illness. The target of this research study is to fill the gap in current trends of mental health research that do not present the influence of how personality and

its development is factored into mental illness. By forgoing a quantitative approach to personality and psychopathology, this study will capture the essence of lived experiences and provide the current body of literature concerning mental illness a phenomenological understanding that could influence how further testing could be done in the research of psychopathology.

CHAPTER 4: RESULTS

Overview

The objective of this study was to investigate individuals lived experiences with mental illness in relations to individuation and their perceptions of the self. Specifically, this study examined the phenomenon of personality formations in the sense of the self as guided by principles of Carl Jung's individuation theory and participants perceptions of personality development in individuals who are diagnosed with a mental illness by using a semi-structured interview. To assess this, the study used a modified version of *Issues of Mental Health and Sense of Self Semi-structured Interview Guide,* See Appendix A.

Research questions were aimed at understanding the lived experiences of individuals who have been diagnosed with a mental illness and their perception of the self. The research questions for this study were: RQ1: How is individuation experienced in individuals diagnosed with a mental disorder according to the *DSM*? RQ 2: How do participants diagnosed with a mental disorder describe their experience with the self in relations to their mental illness? RQ 3: How participants with a mental illness experience their personality development?

Descriptive Results

A total of 7 participants participated in the study and were all over the age of 18. Participants were employees from a State Hospital in Iowa, Registered Behavioral Technicians from an Autism center in Nebraska, and patients from outpatient counseling centers in Iowa. Inpatient individuals for psychiatric concerns were excluded from the analysis due to the main objective of this study was to assess experiences of individuals who were living within society. Semi-structured interviews were held both in person and over the phone in private rooms or in an

office. All interviews were recorded for efficient coding of key themes that were presented in the interviews. Themes were then transferred to NVivo for analysis.

All but one of the participants were in counseling or actively seeing a psychiatrist and all but one participant was on psychotropic medication either as PRN or daily regimen. For the participant that was diagnosed with alcoholism, they engaged in Alcoholics Anonymous off and on. For those who were prescribed medication, 5 out of the 7 were on polypharmacy and had to take multiple medications throughout the day. Most of the participants reported being prescribed medication by a psychiatrist and one by a general practitioner. All the participants reported being diagnosed with multiple diagnoses either at once or through the duration of their life. All but one of the participants reported being prescribed medication at the initial diagnosis and two were referred by a mental health therapist to a psychiatrist for medication. See Table 1 for characteristics of participants.

Table 1

Characteristics of Participants

Gender	Diagnosis	Age	Age of Diagnosis	Prescription	Currently medicated
Female	ADHD Anxiety Depression	24	14	Adderall Bupropion	Yes
Female	Anxiety Depression	57	44	Effexor Bupropion	Yes
Male	Alcoholism Depression	55	50	N/A	No
Male	Schizoaffective Anxiety Depression Agoraphobia PTSD	52	42	Clonazepam	Yes
Female	ADHD Anxiety Depression	26	16	Trazodone Zoloft	Yes
Female	ADHD Depression Anxiety PTSD Suicidal ideation Bipolar	25	7	Trazodone Adderall Bupropion	Yes
Female	Anxiety Bipolar ADD	31	23	Sertraline Seroquel	Yes

Study Findings

Themes for the study were gathered by responses to the semi-structured interview and organized based on the research questions as referenced to individuation and sense of the self.

RQ1: How is individuation experienced in individuals diagnosed with a mental disorder according to the *DSM*?

Each participant had similar responses in their perception of the self at initial diagnosis as being beneficial to their understanding of the self and, all shared the common theme of life

stressors that ranged from divorce, affairs, family relation problems and struggles of coping with life either past or present. Each of the participants had a form of a life trauma which influenced their psychiatric condition weather through a childhood trauma, difficult experience with an uncontrolled event, or broken relationships. Each participant reported that receiving their diagnosis helped with their understanding of who they were and aided in their perception of themselves. For all the participants, they reported that they knew something was off with their psyche before receiving their diagnosis but found it helpful to obtain their diagnosis and reported that they came to an understanding of themselves.

Furthermore, participants reported that it was helpful to receive their diagnosis. One participant noted, “I felt a sense of relief once I was diagnosed. I became less critical of myself and more accepting of my condition”. Another reported, “I felt that I had a good starting point of who I was and had a place to start the healing process”. Some of the participants also reported that their diagnosis had an influence of their understanding of how others who were close to them were affected by their condition. One participant noted that, “I finally understood that my family was right about my condition and receiving my diagnosis helped my family understand who I am”. Table 2 presents significant themes and their formulated meaning regarding how individuation is experienced with their sense of the self through diagnosis with a mental disorder.

Table 2

Themes of Participants Diagnosis and Individuation

Significant Statements	Formulated Meaning
More aware of how I affected other people.	Further understanding of how mental illness impacts others.
I knew something wasn't right.	Awareness of the self not being healthy.
Felt that it helped my understanding of myself.	I had a grasp of who I am.
I knew I was mentally off.	I have a true sense of myself.
My family told me that I wasn't okay.	I could trust my family wanted the best for me and came to understand I was sick.
Felt that my anxiety diagnosis helped.	Understood that I truly have a problem with anxiety.
My diagnosis was lifesaving.	I knew something was wrong. The diagnosis helped me understand what was wrong with me.

RQ 2: How do participants diagnosed with a mental disorder describe their experience with the self in relations to their mental illness?

All participants reported that receiving a diagnosis was therapeutic in the sense that they understood that something was wrong but, were unable to identify what the problem was until receiving their diagnosis. One participant stated, "before my diagnosis, I knew something was wrong with me but, I didn't understand until I received my diagnosis". All the participants reported that their sense of the self was influenced by their diagnosis and aided in further understanding of how they perceived themselves. A theme of a sense of relief was reflected in the participants responses. Namely, that participants reported that before their diagnosis, that there was a strong sense that their perception of the self was off a baseline of abnormality, but

they did not know what was wrong. It appears that the diagnosis itself became a starting point of confrontation with the sense of the self and the influence that their mental illness had on them.

For example, one participant reported “I have become more cognizant of myself, and I understand the difference between triggers that are related to my mental illness and triggers that are due to me”. Interestingly, a theme among participants began to manifest of a dual perception of the self verses the self that was diagnosed, so to speak. The theme of a sick side of the self and a normal side of the self presented as the researcher asked questions regarding the perception of the self. It appears that participants in this study perceived themselves as two sided. The sense of self who is sick and the self who is not. See Table 3 for key themes.

Table 3

Themes of Participants Experience of the Self and Mental Illness

Significant Statements	Formulated Meaning
Sense of the self is more positive.	Past self was more critical but, new self is more understanding.
I have become more isolated.	Doesn’t want to bother others with their mental issues.
Not so negative about myself.	I have a grasp of who I am and give grace for when triggers occur.
There is a sick side and a me side.	There are my illness triggers and my issues regarding myself.
Not so hard on myself.	I have become proactive with my triggers and actively seek therapy.
Life is clear and not so hard on herself.	Life is easier through acceptance of who I am.
I have overcome my past self.	New life away from the triggers that caused mental illness.

RQ 3: How participants with a mental illness experience their personality development?

All participants effectively did not regret their diagnosis and all participants saw receiving their diagnosis as part of the healing process as well as a crucial identifying mark of who they are. When asked about their ideal self, all but one participant explained that their ideal self will always have their mental illness. This is to say, that most of the participants understood that their diagnosis was not only reflective of their psychiatric condition but, a significant part of their identity and perception of themselves. However, one participant suggested that he is experiencing his ideal self by overcoming his depression and schizophrenia. He noted, "my ideal self is present, and my old self was tied to my previous life". For this participant, his ideal self was associated with his new life away from an emotionally abusive partner in his previous marriage. Nevertheless, this participant still reported that he was prescribed a PRN and he takes his psychotropic when his mental illness manifests in stressful situations.

The rest of the participants reported that their ideal self or mature version of themselves will always have struggles with their mental illness or their diagnosis. A theme presented with an ideal self through personality maturity was that participants identity was influenced by the diagnosis itself. Nonetheless, all participants in the study reported a dual sense of identity in some regards to their triggers that cause symptoms of their mental illness to manifest verses when they have a problem that they perceive is out of the realm of their mental diagnosis. Therefore, participants in this study reported that their ideal self would always carry the diagnosis they received, and their life is based on management of their illness. See Table 4 for key themes.

Table 4

Themes of Participants Ideal Self and Individuation

Significant Statements	Formulated Meaning
I will always have my diagnosis.	My diagnosis helped me, and I have learned that my ideal self is a part of how I control my illness.
My mental illness is a part of who I am.	I was born this way; I will always be this way.
I'll never outgrow my illness.	My ideal self is not separated from my illness.
I am who I am and it's a part of me.	My ideal self can do better with managing my mental illness.
My ideal self will always cope with my illness.	The ideal self will have to live with the mental illness.
Who I am will always carry the diagnosis.	My ideal self will always have the diagnosis.
I am not who I was.	I have overcome my mental illness through a new life away from my former life.

Summary

This section covers the results of the lived experience of the participants in the study and their perception of the sense of the self. Furthermore, this section highlights descriptive characteristics of individuals who have been diagnosed with a mental illness. The aim of this section was to understand how individuals engage in individuation as an applied theory of

maturing the self. In The next chapter will discuss how the study findings in relation to the research questions and other research could explain the results from this chapter.

CHAPTER 5: DISCUSSION

Overview

This phenomenological investigation sought to understand the lived experiences of individuals who were diagnosed with a mental illness and the perception of the self as well as their personality maturity. The study chose a semi-structured interview due to the main pursuit of clinical investigation of mental illness being predicated on idiographic models that measures symptomology relations between variables of psychopathology but, does not reveal the philosophical considerations in mental illness nor the lived experience of individuals at the level of the self or personality maturity. This chapter will summarize the findings, discussion of the findings, implications, limitations, and recommendations for future research.

Summary of Findings

While the participants described many factors regarding their experience with the sense of the self and their mental illness, there were many themes that were presented that resulted from the research questions. Some of the findings confirmed what literature review predicted such as the use of medication in the treatment of mental illness, the perception of the self as being intertwined with their mental illness and, symptoms of mental illness being the identifying mark of psychopathology that occurred from external life factors. However, there were themes present that were not noted in the prediction of this research. All participants reported certain life stressors that contributed to their mental illness and their diagnosis. To this degree, it could be argued that all participants within the study experienced mental illness and the perception of the self that was influenced by external factors which could explain a significant influence on their individuation. This implies that their sense of the self was and is influenced by social morality outside of biological processes which would confirm Szasz (1974) argument that mental illness

is due to moral complications rather than a purely biologically psychiatric condition. None of the participants reported having a moment of realization of mental illness outside of certain moral and trauma experiences. Thus, implies mental illness on a psychological and philosophical level is more attributable to moral and psychological psychopathology than a biological phenomenon (Bosrboom et al. 2019).

Nevertheless, with this being stated, all but one participant was prescribed psychoactive medication to treat their mental illness which influenced their perception of the self as needing medication. None of the participants in this study reported receiving extensive biological testing to confirm a biological abnormality but were assessed by mental health professionals and medicated accordingly. As predicted by the literature review, all but one of the participants were currently medicated with psychoactive drugs and did not report any plans of discontinuation. Although the study did not seek to investigate the effects of psychotropics in participants and their perception of the self or individuation, it was clear that the participants viewed their mental illness and their prescriptions as necessary to the management of their mental illness. Participants that were prescribed medications reported that their medication helps control their symptoms and see long-term medication use as necessary in controlling their illness.

Furthermore, when it came to discussion of an ideal self, a key theme presented was the sense of the self was manifested in a dual perception of a sick and healthy side which was not predicted in the literature review. This theme especially came to light during the portion of the interview that was investigating an ideal version of the self. It appears that receiving a diagnosis bares a significant understanding to individuals' perception of the self but, as an individual copes with their illness, they form an identity of a sick and a healthy identity. All the participants

reported that they comprehended a sense of identity that was based on their diagnosis but, also reported that an ideal self would be predicated on dealing with their triggers of mental illness.

Discussion of Findings

As mentioned in chapter 2, there is a philosophical problem with the discussion of mental illness at an axiomatic level. Namely, that mental illness is not established as a biological problem alone (Whitaker, 2010) with identifying marks outside of the symptomology model (Graham & Stevens, 1994). Further, the problem with DSM symptom-based diagnosis criteria is multilayered. For example, all participants in the study reported a significant help in receiving their diagnosis but, having been diagnosed was the initial understanding of themselves and the baseline of their psychiatric condition. Nevertheless, when the researcher discussed an ideal version of themselves, all but one participant reported that their ideal self will always carry their diagnosis. This brings into question not only the methodology of diagnosis procedures but, the recovery from mental illness and the maturing of the self. If participants report an ideal version of themselves as always being mentally ill, then it is arguable to state that mental illness once diagnosed is psychologically perceived as a lifelong diagnosis.

For example, individuals who have been diagnosed with cancer can become cancer free but, participants in this study were diagnosed with a mental illness and did not report any remission from their mental illness. Some were diagnosed a decade ago and still did not report recovery from their illness but, a lifelong struggle of coping with mental illness through therapy and medication. Furthermore, all participants but one was medicated with psychotropic medications with no discontinuation planned noted in the interview. On the contrary, participants in this study viewed their medication as necessary to control their sick sense of the self. This suggests that although it may not be implied, the reality for the participants in this study is

lifelong medication for their psychiatric condition which brings into question if people who are diagnosed with a mental illness have an objective measure for health. Some of the participants have been medicated since their initial diagnosis which for a majority of participants was over a decade.

This suggests that it is possible to conclude that once an individual is diagnosed, that it is probable that individual will be medicated for a long duration of their life. This is analogous to the problem of psychiatric facilities in the conception of mental hospitals where there was insufficient reintegration in society (Szasz, 1995) and prolonged periods of medication use which keeps the pharmaceutical companies on the front line of mental illness (Whitaker, 2010). Namely, what is the criteria that individuals will experience in their personality maturity that equates to remission of mental illness? While individuation would suggest that the integration of psychological problems to the sense of self dissipate when an individual becomes anew, the participants in this study reported the opposite. Their sense of the self was firmly established with their diagnosis and the facets of their identity were linked to their psychiatric diagnosis. This brings the question of if there is a philosophical problem of mental illness as being sick conscious without considerations on a personality factor such as the sense of the self being free from mental illness even if mental illness is a naturally occurring phenomena (Nielsen & Ward, 2020).

Likewise, how is an individual exactly cured from their mental diagnosis if prescriptions of psychotropics are aimed at reducing symptoms but not root causes? Furthermore, both individuation and biblical considerations as a worldview would not hold onto the ethos that mental illness is a part of an identity if symptoms are no longer present or aiming at an ideal self would still be mentally ill and form an identity of a healthy individual capable of handling life

without being mentally ill. In other words, what is the exact clinical separation between an immature version of the self and mature version that can handle life in a healthy way? The purpose of the therapeutic remedy of individuation is for someone to become a mature version of themselves (Jung, 1965) through dealing with the problems of life through conscious means that confront unconscious psychopathology and gaining wisdom from the experience of facing difficulties related to the self that cause growth (Peterson, 1999).

It could be argued from the findings of this study and literature review that psychopathology has left the moral model of life stressors and individuals' perception of mental illness as a part of life (Hall, 2019) for the medical model of psychiatric symptomology and medication. In the void of this change in perception is the need for individuation and maturing one's personality in a healthy way where identification of being sick is not formed which makes the individual sick conscious. To this extent, mental illness has become the focus of mental health professionals and has left the question of how current diagnostic criteria is making a pathway for health rather than long-term duration of illness. Especially when it comes to the psychological perception that those who are diagnosed see themselves as sick as an identity rather than a specific issue that one must cope with for a duration of time.

A significant question regarding individuation in this study is the implication that most of the participants described their ideal self as always being diagnosed with a mental illness. While individuation may not hold this as a value of maturity, it begets the question if someone would become mature if they viewed themselves without their mental illness. For example, if participants describe their ideal self as always being sick or meeting the criteria for their mental illness, is it better for the individual to cope with their mental illness and make the focus of their maturing process as dealing with their diagnosis or if it is more therapeutic for an individual to

see their ideal self as not being mentally ill and manifesting that individual. It was hypothesized that the ideal self would not be mentally ill but, themes presented in this study describe the contrary. This suggests either a philosophical difference in individuation in the treatment of mental illness or a short coming in the treatment of mental illness.

Implications

This study sought to have a philosophical investigation on multiple axiomatic matters as well as historical examination concerning mental illness and the notion of the self. Likewise, the result of this study has many implications for counselors, psychologists, and mental health considerations in academia. However, the most significant implication of this study is for those who have been diagnosed with a mental illness. Namely, the notion of the self and its need for maturity. Regardless of if someone has been diagnosed with a mental illness, there is still a need for an individual to mature into an ideal self (Jung, 1965). Carl Jung did not propose individuation as a cognitive therapy for the mentally ill individuals but, as a worldview that attests to the need for maturing the sense of the self through life's many stages (Jung, 1965). Contrary to the results of the study, individuation would not hold to the ideal that the participants reported with their ideal self still coping with mental illness. Nevertheless, this does not imply that a healthy individual would not face life struggles that could cause diagnostic criteria for a mental illness. Rather, that a healthy individual can cope with life stressors in a healthy way that does not result in long durations of symptomatic criteria for psychopathology to form into an identity, so to speak. Nor the sensitivity of an individual to form a sick identity sense of perception and a healthy perception which is further complicated by the long-term use of psychotropic medications. Thus, the problem could be that individuals diagnosed with a mental illness are prone to put their identity in their illness because it forms a stable sense of the self.

Without the security of the diagnosis by a mental health professional forming a sense of reality of who one is, there could be no baseline for an ideal self without equating who they are to their mental illness.

This is to say, that DSM criteria is symptom based and if the presence of mental illness is not manifested to the degree of meeting diagnostic criteria, then it could be argued that the patient is cured of their mental illness or is not mentally ill. This does not imply, however, that there are real problems that must be delt with in an individual's life. Peterson (1999) argues that problems that cause psychological consciousness are necessary for growth, and one truly does not know who they are until they must face a problem that awakens a sense of the self of who they truly are. This does not suggest that the participants in this study are psychologically weak but, that they could be led by the current understanding of mental illness being predicated on an over conscious center of illness with no equivalent baring of mental health.

Nevertheless, all the participants but one reported that their ideal self was still influenced by the need to cope with their diagnosis. This brings the question of how individuals perceive themselves after their diagnosed. If the goal is mental health, then further testing could be administered on the difference between the sense of self in individuals who no longer identify as mentally ill verses those who believe they cope with their mental illness over the duration of life.

Furthermore, this suggests that mental illness as it is defined is not akin to a sickness on a biological front but, a natural process of life that all must contend with (Hall, 2019). This idea brings with it an antidote to the stigma of mental illness and replaces it with a worldview that allows a journey of life to have a maturing process that may not result in an identity of mental illness or long-term medication with the complication of side effects. Jung's individuation theory suggests that the totality of the individual need's integration within the self as the central axiom

of self-perception. This indicates that the individual's aim in life is maturity which is fostered by the confrontation with unconscious processes that may lead to symptomatic criteria found within the DSM.

All pillars of understanding in mental illness that were investigated in this study of psychopathology hold a valid but a reliable underpinning of what holds mental illness as legitimate. Namely, that deeply embedded within the perception of mental illness is the issue of the self and its need for maturity regardless of the diagnosis an individual may receive. Jung's theory of individuation was not tailer made for the mentally ill, so to speak. But the necessary process that all people must engage in to bring maturity and wisdom to one's psychological wholeness. Thus, finding a philosophical implication that can be further empirically tested was the main proposition of this study.

Therefore, this study sought to examine how individuals who have been diagnosed with a mental illness under modern diagnostic criteria perceive themselves as a preliminary gateway to philosophical psychopathology and perceptions of the self as defined by Carl Jung's individuation. Those who may benefit from this study could be anyone who has been and will be diagnosed with a mental illness. The notion of an ideal self is what causes and could cause individuals to work at perfecting who one is. This is to say, that having a sense of the self, with all its weakness, is still a value to perfect in life and overcoming mental illness to become mentally healthy starts with the perception of who one wants to be.

Limitations

There are limitations within this study that are naturally occurring factors in the pursuit of measuring mental illness. Most notably, the sample of participants were mostly female. Out of the 7 participants, 5 were female and 2 were male. Although Creswell and Poth (2018)

recommend 5-25, the study would be limited to male interest in participating in the study. For the majority of those interested to participate in the study, most were female. However, mental illness is a common phenomenon and effects both genders but, the ratio of male to female participation in counseling may very and result in higher rates of females being diagnosed with a mental illness. Therefore, the population of mental illness could be overrepresented by females to males. Carl Jung's theory of individuation encompassed distinct archetypical roles such as the anima and animas (Jung, 1965). To this point, the study did not have an equal distribution of male to female and did not seek to examine the difference between the sexes.

Another limitation within the study was how the participants treatment of mental illness could affect their perceptions of the self and what diagnosis they received. For example, some participants have multiple diagnosis while others had two and some were active in counseling while others were not. Although this study did not seek to examine the differences with treatment, the vast majority of those who are diagnosed with a mental illness are prescribed psychotropic medications which could affect how one may understand the nature of the self. Namely, that if an individual believes that mental illness is akin to a sickness such as staphylococcus, their mental illness has no baring on the self but, what they caught rather than their self being immature in some regard even though all participants reported life stressors that influenced their mental diagnosis.

Furthermore, this study was experimental and used a modified semi-structured interview that could be subjective in Jung's theory of individuation. This is to say, that another researcher familiar with individuation could have asked different questions as it relates to the self. Therefore, this studies interview is the first ever implemented to the awareness of this study and

further retesting would need to be done to determine validity and reliability of the measurement used in this study.

Recommendations for Future Research

This study sought a phenomenological understanding of the self in individuals who are diagnosed with a mental illness but, mental illness is not a settle science and there is much more to understand on how those who are struggling with psychopathological symptoms are affected in their perception of the self. Carl Jung's theory of individuation has yet to be tested in quantifiable measures to the awareness of this study. It could be recommended that a Likert scale using principles of individuation could be developed in future research to gage participants sense of the self and personality maturity factors. It would be beneficial to the discussion of mental illness and its counterpart, mental health, on how society can be proactive in not only fostering healthy individuals but changing the perception of mental illness at a philosophical axiom. Therefore, it would be necessary to quantify individuation and have additional empirical testing.

Furthermore, this study sought to be experimental and add an axiomatic topic to the discussion of mental illness. It would be recommended for further research to examine principles and philosophies of early psychologists who put forth ideas on the nature of mental stability to empirical testing that complement the already established symptomology model. The intent being that it is one thing to know how mental illness is related at a symptom level but, it's another to know the factors that contribute to maintaining mental health through life's many stages. Similarly, the discussion of mental illness needs an equal understanding of mental health. This is to say, that not having a standard of mental health can make the mental illness sick conscious with little understanding of the difference between the struggles of life for the healthy individual and those who are truly suffering from mental illness. This could only be achieved if

scientific effort could be put forth in defining mental health and testing the variables associated with healthy minded individuals and the perception of the self.

Summary

It is the conclusion of the researcher that there is still much that is left undiscussed in the need for the maturing process of the self in both those who are struggling with mental illness and those who are mentally healthy. Once mental health is discussed at an axiomatic level, we may uncover the truth of how genuine recovery from mental illness may occur in the maturing process of the self. It was the aim of this discussion for the need to understand the nature of the self and the individuation process. It is the hope that this research may foster further investigation into the factors that an individual can become mentally healthy and fully integrated into their identity absent of the life-long battle with mental illness.

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APPENDIX A: Issues of Mental Health and Sense of Self Semi-structured Interview Guide

Items The reason for this interview is to have a conversation about issues of mental health and your sense of self. Please feel free at any time to let me know if there are any questions you have for me.

1. I'd like to talk with you about your experience of your diagnosis.
    a. When were you first given a diagnosis of a psychiatric problem?
    b. What was the diagnosis that you were given?
    c. *Can you tell me about your experience with receiving your diagnosis?*
    d. *Can you tell me about what you found helpful about receiving this diagnosis?*
    e. *Can you tell me about what you found unhelpful about receiving this diagnosis?*
    f. *What has your experience been like living with your diagnosis?*

2. Next, I'd like to talk with you about your psychiatric diagnosis and how you perceive yourself.
    a. How have you been thinking of yourself since your diagnosis?
    b. *Have you experienced any changes in your sense of self since your diagnosis of your illness*? If yes, *can you tell me about that?*
    c. *Has your diagnosis influenced your understanding of the self?*
    d. *How do your experience your ideal self?*

APPENDIX B: Permission to Modify *Issues of Mental Health and Sense of Self Semi-structured Interview Guide*

Hi Alyc - thanks much for sending this on. Your research sounds very interesting. It is surprising to me to see this interview guide identified in PsycTests and by a title that it looks like they have taken from the instructions. I've reached out to them and the original journal to see what happened. So yes, feel free to use the interview guide and just cite the article wherever you reference please. I would not use the title on this PsycTest but you could just reference as a semi-structured interview guide developed for a study on the process of acceptance of serious mental illness. You can also clarify the adaptations you've made to the guide of course in your writing on it. Let me know how your work turns out and thanks again for your interest. I don't think I can share the original article which should be available on an e-journal library, but I can send you one of the final MS doc versions, attached to this email.

Warm regards,

Lauren Mizock, PhD

APPENDIX C: Consent

Consent

Title of the Project: Philosophical Psychopathology and Individuation: The Archetype of the Self and Rediscovering Personality
Principal Investigator: Alyc Rideout for the School of Behavioral Sciences at Liberty University

Invitation to be Part of a Research Study
You are invited to participate in a research study. In order to participate,

- You must be 18 years or older
- Currently have a diagnosis of a mental illness from a licensed professional meeting the criteria set by the DSM.

Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?
The purpose of the study is to investigate the perceptions of the self as defined by Carl Jung's theory of individuation in individuals who are diagnosed with a mental illness. Primarily, this research study seeks to understand the phenomenological perception of the self and one's personality.

What will happen if you take part in this study?
If you agree to be in this study, I will ask you to do the following things:

1. Participants will respond to questions of a semi-structured audio-recorded interview which will take 30-45 minutes either face to face or via phone, Skype, Facetime, or Microsoft Teams.
2. Participants will have the ability to review their transcripts for accuracy.

How could you or others benefit from this study?
Participants should not expect to receive a direct benefit from participating in this study.

There are multiple societal benefits from doing this study. Mental health and mental illness have become a main staple in modern society. However, the current model of assessing and treating mental pathologies is largely based on the symptomology as defined by the DSM. Nonetheless, the lost discussion piece in the subject of mental illness is the notion of the self and personality development over time. By participating in the study, clinical evidence for how people perceive the self can help mental health professionals understand how the self is a crucial factor not only in mental illness, but in personality development.

What risks might you experience from being in this study?
The risks of this study are minimal meaning they are equal to the risks you would encounter in everyday life. There is minimal risk in this study sense this interview allows for subjectivity by

the participant. There are no right and wrong answers, just the experience that individuals have with living with a mental illness in everyday life. All identifying information will be excluded from the study to protect participants identity.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation such as private rooms or business offices.
- Data will be stored on a password-locked computer. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. All audio recordings will be kept in a locked cabinet and only the researcher will have access to it. All transcripts and data will be kept on a password locked flash drive and will also be locked in a cabinet where only the researcher will have access to it. All data will be analyzed on a password-protected computer and all information from NVivo as well as data files will be deleted after three years.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study upon completion of the semi-structured interview. All participants of the semi-structured interview will receive a $25 Amazon gift card. Gift cards can be emailed or provided in person.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the e-mail address/phone number included in the next paragraph. The data collected from you will be destroyed immediately and will not be included in this study

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Alyc Rideout. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him and/or you may also contact the researcher's faculty sponsor, Dr. Gilbert Franco.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

APPENDIX D: Recruitment Letter

Hello,

My name is Alyc Rideout, and I am a student in the School of Behavioral Sciences at Liberty University. I am conducting research as part of the requirements for a doctoral degree in Psychology. The purpose of my research is to interview individuals who are diagnosed with a mental illness and seek their phenomenological perceptions of the self as defined by individuation. I am sending this email to seek participants for the study. The study consists of a 5–10-minute initial screening phone call and a 30-45-minute-long semi-structured interview that can be done via in person or over the phone as well as skype, Microsoft teams, and facetime. I am writing to invite eligible participants to join my study.

Participants must be 18 years or older and must be diagnosed with a mental illness by a licensed medical professional. Participants, if willing, will be asked to participate of an audio-recorded 30–45-minute semi-structured interview that can be done via in person or over the phone. Participants will be able to review their transcripts for accuracy. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at [redacted] or by email [redacted] to schedule or for more information.

This email contains an attached consent form as well as the semi-structured interview so that you may see what participants will be asked. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me in person or via email at the time of the interview.

Participants will be compensated with a $25 gift card to Amazon for their participation at the end of the interview.

Sincerely,

Alyc Rideout
Doctoral Candidate of Psychology