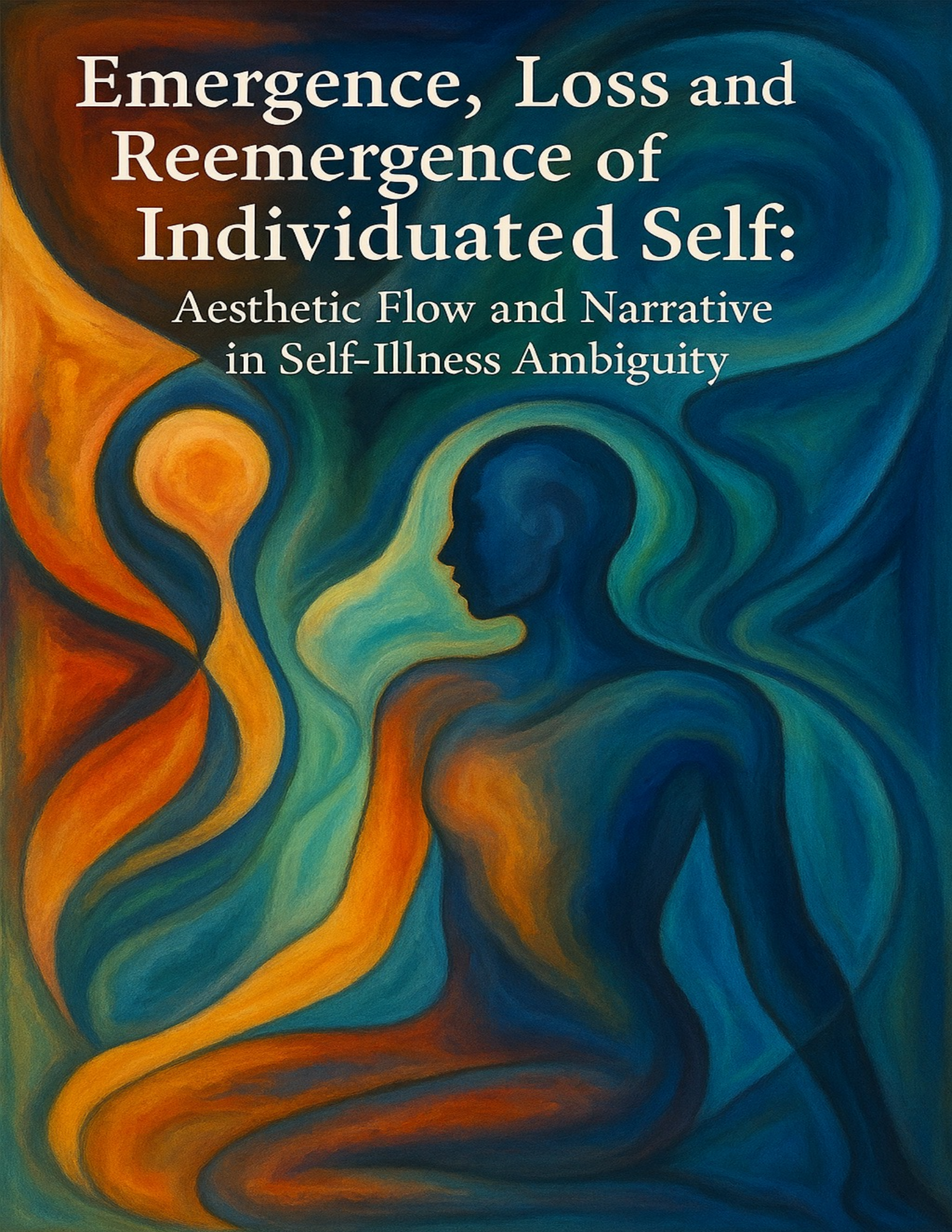


Emergence, Loss and Reemergence of Individuated Self:

Aesthetic Flow and Narrative
in Self-Illness Ambiguity





The emergence, loss, and reemergence of individuated self: aesthetic flow and narrative in self-illness ambiguity

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ABSTRACT

Known as *self-illness ambiguity*, subjective confusion about whether patients or their mental illnesses are in control may partly stem from clinical methods mimicking medical models that diagnose illnesses (e.g. viruses) as present or not irrespective of sufferers' life stories. Researchers accordingly propose narrative contextualization as a way of disambiguating self from illness. But what if heightened self-attention is symptomatic of mental illness? Wellbeing may then associate with a smaller 'me' versus 'not-me' divide, a position Csikszentmihalyi's flow psychology and Dewey's aesthetics both support. What I call *aesthetic flow* involves embodied, non-linguistic dramatic structure, suggesting another way to view narrativity. By lessening self-preoccupation – and perhaps illness severity – this kind of narrativity may help dissolve self-illness ambiguity. However, a perplexity remains. Aesthetic flow depends on encountering resistance, including psychological obstacles. In life, as in art, this resistance delineates and individuates. Thus, aesthetic flow might lead to a temporary loss of self, followed by its reemergence in more immersively relational forms. A second complexity is that experiences of 'self' vary across time, cultures, and individuals – much like concepts of 'justice' or 'love.' This fluidity makes broad generalizations about selfhood and illness problematic. My solution partly sidesteps this by downplaying the importance of self.

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1. Introduction

Coined by Sadler (2007), *self-illness ambiguity* refers to the blurring of boundaries between self and mental illness, where individuals experience their disorders as dictating their thoughts, desires, and actions. This can lead to a felt loss of agency and confusion about identity (Dings 2020; Tekin 2019), which many find subjectively troubling. Self-illness ambiguity may stem partly from psychiatric categories being modelled after medical criteria that identify illnesses (viruses, tumours, etc.) as present or absent irrespective of sufferers' life experiences (see Sadler 2005). As a solution to the issue, some propose that attention be given to patients' personal narratives as a way of disambiguating self from illness while making sense of struggles (e.g. Dings and Glas 2020; Tekin 2020, 2022; Tekin and Mosko 2015). This solution fits within a framework that presumes that

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mental illness is a disorder of *self* and places clinical emphasis on clarifying, reflecting on, and searching for the *self* (e.g. Daly and Gallagher 2019; Fuchs and Röhrich 2017; Gallagher 2003; Jones 2005; Longo, Coyne, and Joseph 2017; Parnas, Bovet, and Zahavi 2002; Sousa, Pestana, and Tavares 2019; Tekin 2020; Viou and Georgaca 2020).

While narrative strategies for distinguishing the self from illness remain valuable, an alternative approach is worth considering: reducing self-focus. This may be helpful for two interrelated reasons. First, as self-awareness diminishes, the risk of confusing the self with illness decreases. Second, self-attention has been linked to mental illness (Brockmeyer et al. 2015; Das et al. 2023; Humphrey and Bliuc 2021; McCullough 2000, 2003; Mor and Winkvist 2002). Consequently, focusing less on self may weaken the presence of illness, thereby decreasing the likelihood of conflating it with the self.

How can self-salience be reduced? One approach is what Csikszentmihalyi (1975) calls *flow*, which arises when we are so wrapped up in a task as to lose ourselves in it. While widely studied, flow has not been explored in the context of self-illness ambiguity. But as we shall see, flow offers insight into self-illness ambiguity and suggests a new way of resolving the issue. This is more so when viewed through Dewey's (1925, 1926) 1931, 1926) 1931, 1934) aesthetic philosophy, which similarly supplies grounds for thinking that deep engagement with the world fosters self-forgetfulness.

Now, my approach partly sidesteps some obstacles faced by self-illness ambiguity theorists. One issue is that there is no settled concept of self, with the topic only gaining traction in scientific psychology after the 1950s (Viney 1969). Also, discussions usually revolve around Western notions of self, a problem noted early on by Sadler (2003, 2005, 2007) but left unresolved by him and others. In Western philosophy, perspectives on self vary widely. While cross-cultural research reveals additional diversity, studies regularly find that egocentric, private, abiding, and individuated notions of the self as a causal agent are less pronounced outside the West (e.g. Ho 1995; Jojola 2004; Kim 2021; Markus and Kitayama 1991; Nwoye 2006; Shiah 2016; Tafarodi et al. 2004). For reasons to be touched upon, the just cited work suggests that self-illness ambiguity should be less prevalent among non-Westerners, though the claim is secondary in this article.

Self-illness ambiguity scholars recognize the impracticality of evaluating the myriad notions of self. As a result, they often resort to vague descriptions of patients 'not being themselves' or stipulate a preferred concept of self (see Dings 2020; Dings and de Bruin 2022; Tekin 2020). Yet, as already intimated, experiences of 'self' vary across time periods, cultures, and individuals – much like concepts of 'justice' or 'love.' This fluidity makes broad stipulations and generalizations about selfhood inherently problematic. However, by leveraging flow and Dewey's aesthetics to downplay the focus on self, my approach largely avoids these definitional challenges.

Still, this leaves room to take seriously what commentators on the self say in cases where their stipulations fit, though the normative undertones of their claims are notable. For instance, therapeutic interventions that promote self-complexity and self-concept clarity have consistently demonstrated efficacy in alleviating anxiety. But a limitation is that psychological research is conducted almost exclusively on affluent Westerners (Henrich, Heine, and Norenzayan 2010). Moreover, while anxiety correlates positively with neuroticism and depression, these three traits jointly associate with creativity and high intelligence (Moutafi, Furnham, and Tsaousis 2006; Perkins et al. 2015; Schouwenburg and Lay 1995). Anxiety – even at clinical levels – can also be an adaptive

and rational defense mechanism (Crippen 2023a). So, should reducing anxiety be regarded as a universal goal, or should the aim depend on context and individual differences?

A broader concern is that many clinical approaches implicitly assume a private, independent, and individualistic notion of self – one that aligns with Western normative ideals (see Ingle 2021). The concept of flow and Dewey's aesthetics, however, casts affairs in a different light. Dewey (1925) suggests that life obstacles contribute to the emergence of a sharply individuated self, a point for which empirical support has already been cited. Conversely, aesthetic flow – defined as a skilful handling of challenging tasks that brings about dramatically coherent experience – seems to diminish the boundary between the person and the world while elevating wellbeing. This is at least according to participants in Csikszentmihalyi's (1975) classic study, who reported uplifting experiences of egolessness. But the story gets more complicated because aesthetic flow depends on agents encountering resistance, which can include psychological obstacles. In life, as in art, this resistance has a delineating function, which individuates yet only arises insofar as a greater self-world integration is achieved. This suggests that the interventions I propose might lead to a temporary loss of self, only for it to re-emerge in a more immersive and relational form.

Considering all the factors discussed, the proposed framework is best viewed as a supplement to, not a replacement for, existing self-illness ambiguity interventions. This is because recent self-illness ambiguity scholars stress the embodied, immersive, and relational aspects of selfhood (e.g. de Haan 2020; Glas and Dings 2020). Also, aesthetic flow – by virtue of its drama – can be grasped within narrative frameworks, even if it does not always involve explicit storytelling. Lastly, panaceas are rare, and already existing strategies may work better for patients from backgrounds that value strong personal independence.

2. Varieties of self and links to illness

It has been stated that the concept of 'self' varies across time periods, cultures, and individuals, with my approach largely avoiding these complexities. However, in this section, I explore some ideas about the self. This discussion sets the stage for my arguments about how the self emerges and diminishes in the context of illness and recovery. Ultimately, this will lead to my defense of aesthetic flow as a way to reduce self-illness ambiguity.

With the caveat that, in discussing the self, any historical point of origin and cultural perspective is arbitrary, let us begin with Locke. Locke ([1690] 1849) takes the self as the capacity to reflect on personal memories as one's own and to thereby have a sense of narrative continuity. Locke also stresses self as independent or autonomous of other individuals. His views may be opposed to or compatible with materialist outlooks identifying the self with the physical body. With some tweaking, Locke's position could additionally be made to fit pragmatic or performative theories, where the self is not an underlying entity but rather something enacted during daily affairs (e.g. Daly and Gallagher 2019; Gallagher and Daly 2018; James 1904).

Contrasting with Locke-style views is what we might call a *substrate* position, which identifies the self as an inner kernel that experiences. Descartes ([1637] 1998) defended something like this, and Kant's ([1781, 1787] 1998) idea of the transcendental unity of

apperception can be understood as a more impersonal variant. Yet with Locke, Descartes and Kant both stress the autonomy of self. Heidegger ([1927] 1962) makes a related normative judgment about individuals achieving ‘authentic’ being (of self) when they come to terms with the inevitable separateness entailed by the ‘mineness’ of their own death. As Heidegger was well-schooled in theology, his account may be taken as a late stage of Augustine’s metaphysical and moral notion of the self as a private, internal sanctum for communing with God (see Berrios and Markova 2003; Taylor 1989; Viney 1969).

The Augustinian model was reinforced by Reformation thinking, which emphasized a personal relationship with the divine, bypassing the clergy’s role in mediating the self-God connection. All the models discussed, in any case, depict the self as an individuated, subjective phenomenon capable of autonomous action. Later, certain Western thinkers shifted toward more collective and embodied perspectives, suggesting that psychological existence – especially in early development – is constructed through joint activities (e.g. Atkinson 2013; Dewey 1922; Krueger 2011; Lacan 1953; Merleau-Ponty [1964] 1991; Noë 2009; Tomasello 2014; Trevarthen 2009; Vygotsky 1978). Even though self-illness ambiguity scholars frequently align with these more recent outlooks, traces of earlier views linger in their work. Glas and Dings (2020, 353), for example, advance a ‘relational’ over an ‘autonomous and individualistic’ self on the grounds that ‘it tends to be affected ... by the emotional, cognitive, and/or behavioral turmoil.’ Yet the cited basis for relationality implies that a separate self – and in this sense, an autonomous one – is there to be impacted by cognitions, emotions, and so on.

At the same time, the shift in Western thought toward embodied and relational views of the self has precedents in various cultural and historical traditions. Aristotelian-inflected philosophies – coming, as they did, in the medieval period through the lens of Islamic thought – stressed public customs, habits, and social interactions as bases for the self (Naaman 2017). Similar ideas appear across diverse traditions – from Bantu and Malagasy worldviews to Confucianism, Vedism, and Indigenous American philosophy – despite their many differences (Crippen 2021a, 2023b; Jojola 2004; Kim 2021). Several of these perspectives also emphasize that psychological peace arises from recognizing one’s metaphysical unity with the divine or the universe.¹ Somewhat contrastingly, Daoism and Buddhism lean toward practices presupposing that enlightenment is cultivated by a degree of separation from society. But these views, in their own ways, hold that the psychological attributes of human beings lack individual reality; that is, the self is a fleeting reflection of the networked relationships in which one happens to temporarily be embedded.² The broad claim that non-Westerners, by and large, regard the self in *more* relational and *less* atomistic or individualistic terms is strongly supported by research in cultural psychology and anthropology.³

What are the possible takeaways from this? First, for much of modern Western history, a central normative ideal has emphasized individualistic independence – celebrating the ability to stand apart from others and do what one wants. The self as cause is a corollary. This ties into Sadler’s (2007, 113) observation that ‘the personal self is a Western common-sense concept’ and his advice to look at other cultures (Sadler 2003, 1823–1814, 2005, 253–254). But identifying a problem does not automatically solve it – and the literature on self-illness ambiguity still relies almost entirely on Western philosophy and psychology. Some might object that embodied perspectives from phenomenology or the cognitive sciences cover non-Western ideas. However, this scholarship does not simultaneously

address wide-ranging particularities, such as Indigenous American beliefs about the self extending into the land or Buddhist teachings that the self is illusory, merely reflecting transient relationships (Crippen 2023b; Whitt et al. 2001). Even if the scholarship addressed the plurality of views, it would still be incumbent upon researchers to explore older non-Western positions, as they came first.

Second, while non-Western views are diverse and not interchangeable, psychologists have identified a common thread among many of them: that the self is contextually interdependent. Since contexts change, this implies ‘a less continuous inner self,’ leading to a sense of being different people even within the same day (Tafarodi et al. 2004, 115). As a result, concerns about ‘not knowing who one is’ and ‘not being in control’ – hallmarks of self-illness ambiguity – should occur less frequently. In contrast, distressing self-illness ambiguity is more likely for Westerners, who often experience the self as ‘bounded, unitary, stable,’ as well as ‘internal,’ ‘private,’ and ‘separate from social context’ (Markus and Kitayama 1991, 230). Although this thread is mainly reserved for forthcoming work, it ties to points that will be central in this article.

An additional point is that self-focused attention sometimes implies *dis-ease* – encompassing both psychological *un-ease* and outright illness that is typical of self-illness ambiguity. Self-focused attention is defined as heightened internally generated self-referential information (Duval and Wicklund 1972; Ingram 1990). It interconnects with acute and chronic negative affect (Mor and Winquist 2002), as when obsessive thinking about a romantic relationship indicates its breakdown (Crippen 2023a). Indeed, certain research lines (Das et al. 2023; McCullough 2000, 2003) specifically suggest that self-attention is symptomatic of depression. Depressed patients have been observed to use more first-person singular pronouns, and the same occurs when people recollect negative events (Brockmeyer et al. 2015).

With this background in mind, I shall argue that aesthetic and flow experiences, along with corresponding decreases in self-focused attention, offer a lens for understanding and addressing self-illness ambiguity. However, reducing self-focus should not be simplistically equated, for example, with a shift toward collectivism as a treatment for conditions like depression. After all, the appropriate concept of self cannot be determined outside of specific circumstances, as indicated earlier. Instead, the points I will make encourage us to rethink the emphasis that many therapeutic models place on clarifying and delineating the self.

3. Self-ambiguity and a tale of two narrative interventions

This section begins with a brief review of what self-illness ambiguity theorists have said about narrativity in clinical contexts and its role in disambiguating psychiatric conditions from patients’ personal identities. Without denying the viability and theoretical warrant of the suggested strategies, I defend an additional possibility: alleviating self-illness ambiguity by eroding the boundary between the individual and the world. Here, I draw on Dewey’s notion of aesthetic experience, which can be framed in terms of narrative without implying explicit storytelling. His concept of aesthetics also implies self-forgetfulness, in turn associated with psychological wellbeing. Later, Dewey’s aesthetics will be combined with the psychological notion of flow, which is usually described as involving a kind of egolessness.

We saw earlier that some have criticized classificatory schemes, such as those in the *Diagnostic and Statistical Manual of Mental Disorders*, on the following grounds: that the categories tend to detach psychiatric problems from a patient's autobiographical details (Sadler 2005, 2007; Tekin 2020). Suppose, for example, somebody works the equivalent of two fulltime jobs for years without respite, becomes suicidal, and gets diagnosed with depression. Almost any clinician would of course take into account the brutal schedule, but there are still a few additional things to notice. First, it is unclear whether an underlying psychiatric condition is necessary to explain the suicidal ideation – the intolerable work demands may well suffice. Second and relatedly, attributing a suicide attempt to depression in some ways downplays other causes in the patient's life narrative. These details might include the economic and social pressures driving one to take on too much, as well as cultural or ethnic factors that can reinforce overworking.

Accordingly, diagnostic criteria may fail to 'guide the clinician to engage with the personal details of the individual's particular [struggles]' (Tekin and Mosko 2015, 117). This, in turn, can make patients or those evaluating them believe that the difficulties that sufferers experience mostly inhere *in themselves*. Along these lines, a Japanese court lowered the compensation awarded to the family of an overworked suicide victim on the presumption that the self-harm resulted from the employee having an in-built defect – in other words, a disorder. This was even though the employee had consistently worked weeks of more than 87 h without vacation or extra compensation after being hired during a recession; he had also been publicly humiliated and physically assaulted by one of his seniors (Watters 2010, Chap. 4). Independently of any internal mental illness, the extreme circumstances in this personal narrative seem sufficient to explain the self-harm.

Now, when people believe that problems are located inside them, it is easy to see how self-illness ambiguity can follow: a person may think that depression is motivating suicidal ideation, when the direct cause is overwork. To resolve this self-illness ambiguity – and not incidentally to aid recovery from mental ailments – we might therefore look to narrativity-oriented approaches to self. Self-illness ambiguity theorists plausibly assert that the strategy may help sufferers see elements of their struggles as following from life circumstances – that is, from personal stories (Dings and Glas 2020; Tekin 2011). But at least some of the time, these commentators perhaps underplay the extent to which the approach can make illness designations gratuitous.

As indicated at the outset, I want to make a similar point about the self: that the clinical stress on it can be gratuitous. A first step is to consider varying conceptualizations of narrativity, personal identity, and the relation between the two. One uncontroversial definition of narrative takes it as 'an organizing structure that explains actions and events by integrating them into meaningful and coherent temporal patterns or sequences' (Mackenzie 2014, 158). In autobiographical cases, the resulting story about one's actions and self, set in the context of a particular environment with particular problems to solve, helps build a narrative sense of personal identity. So, while not equating self to personal narrative – since experiences of self vary across cultures, historical periods, and individuals – the two usually overlap to some extent. This suggests that narrative strategies in clinical settings can sometimes help construct or clarify a sense of self, which may help separate it from illness.

Dewey's (1925, [1926] 1931] 1926] 1931, 1934) aesthetic philosophy supports a somewhat different picture of narrativity, which I will later connect to self and illness. According

to Dewey, any *experience* worthy of that name entails agent-world integration, but aesthetic engagement amplifies this. To grasp his aesthetics, let us first consider some ordinary experiences, say, about cross-country skiing on mild versus frigid days. The skier pushes into icy or slushy portions of the trail, consequently moving forward easily or with difficulty. The rhythmic bond between what Dewey calls ‘doing and undergoing’ or ‘means and consequences’ bring out experienceable properties of the wet versus icy snow, delineating what each is (means) for the skier at a given time. And for Dewey (e.g. 1896), consequences logically antecede means – active responses determine the ‘stimuli’ registered. Thus, slushy or icy qualities are here consequences of how the snow impedes, facilitates, or complicates the skier’s motions. We will soon see that this inversion of the usual ordering of things has implications for self and is also important in Dewey’s understanding of narrative and aesthetics.

As an example of aesthetic experience – with its dramatic and thus narrative-like qualities – imagine now a skier on a trail with engaging twists and turns, some parts tunnelling beneath snow-laden trees, others barrelling across sunlit meadows. Many sections demand the woman’s full attention and skill, though certain parts are easier, creating rhythms of tension and repose. Dewey (1926) 1931 notes that artistic compositions typically balance predictable, coherence-building elements with unexpected, interest-generating twists that both solidify and expand existing habits. The same applies here to the ski trail, which forms what Dewey (1925, 358) describes as ‘a union of the precarious, novel, irregular with the settled, assured, and uniform’ that ‘also defines the artistic and esthetic.’ A gruelling climb leads to a breathtaking overlook with a face-chilling breeze. A treacherous descent climaxes by winding alongside a murmuring creek where birds sing. Together, these elements fuse into a dramatic or narrative whole, even if the skier never formulates an explicit story. And just as elements in a painting are partly defined by the focal point they lead to (and vice versa) in a dramatically extended process (Dewey 1934, 174), or like the resolution of a play that redefines the meaning of what came before, something similar happens with the ski trail. What would otherwise be a wearisome incline is recast in a rewarding light because of how it culminates. This consolidates experiential episodes, allowing the woman to integrate with her setting in a temporally extended way. On an immediate level as well, the skier’s movements, heartbeat, respiration, senses, and cognitive awareness – almost her entire being – become one with the surroundings (see Dewey [1926) 1931] 1926) 1931). Her mind does not wander to troubles in her life. She instead loses herself in the world.⁴

It is not my purpose to adjudicate narrative notions of self. Still, a Deweyan interpretation would suggest, without taint of scepticism or ‘untruth,’ that past autobiographical events can be different in light of current ones – a position Harrelson (2016) has defended. Dewey’s aesthetics also connect to strategies for remediating self-illness ambiguity. Most obviously, this is because aesthetic experience here embodies a form of narrativity, albeit without necessarily involving explicit storytelling. However, unlike most other narrative strategies, a Deweyan approach – by absorbing individuals into their encounters with the world – would diminish divisions between ‘me’ and ‘not me.’

To some extent, appropriating Dewey’s aesthetics into interventions for self-illness ambiguity addresses concerns that de Haan (2020) has raised. She worries that existing narrative approaches entail overly deliberative reflections about life stories and self-concepts. She further states that ‘a helpful self-narrative is the outcome of rather than the

means to achieving authenticity' (350), which she defines as a partly external process that discloses aspects of oneself. As stated, Dewey's version of aesthetics need not involve explicit storytelling. Dewey (e.g. 1934, 197) adds that authentic means integrate integrally with ends, which determine the status of the former, as when a focal point in a painting allows us to see various elements leading to it. Speaking loosely, then, a Deweyan approach seems to resonate with de Haan's thinking – not to mention Csikszentmihalyi's (1975) concept of flow, which will be addressed shortly. Nonetheless, a difference separates de Haan's position from the account of aesthetic flow to be developed in the next section. This is that aesthetic flow minimizes awareness of the self rather than disclosing it. Aesthetic flow may thereby alleviate ambiguity by temporarily taking the self out of the equation. This would make it difficult to suffer confusions between self and illness.

4. Aesthetic flow

Csikszentmihalyi (1975), who introduced the concept of flow, describes it as a 'merging of action and awareness' (45). Partly through engagement that requires an agent to use their skills at near-full capacity, there is a reduction in 'the self-construct, the intermediary which one learns to interpose between stimulus and response' (49). Those in flow remain in control of their actions. But the 'feeling of control is modified by the 'ego-less' state of the actor' (50). In other words, the atomistic, individualized self falls away, to be taken over by a sense of oceanic embeddedness as one becomes immersed in tasks. Flow and Deweyan aesthetic experiences resemble one another for this reason and because both involve the deployment of entrained skills. In this section, I elaborate on Csikszentmihalyi's claims, their connections to Dewey's thinking, and the implications for self-illness ambiguity.

Csikszentmihalyi (1975) does not explicitly identify flow with narrativity, but some scholars do (e.g. Sherrick 2021; Sicilia, Fernández-Balboa, and Orta 2017). In game-based experiments, flow correlated almost perfectly with narrative engagement, defined as 'the psychological process of becoming immersed in a narrative world' (Sherrick 2021, 231). Furthermore, many of Csikszentmihalyi's cases involve games or sports. His examples accordingly align well with the earlier account of the woman's aesthetic experience of skiing, which has a narrative structure and typifies flow. For current purposes, however, it is not necessary to show that flow and narrative engagement are identical; it is sufficient to demonstrate that they overlap.

Let us examine Csikszentmihalyi's (1975) classic flow study. In one instance, he reports a basketball player recounting: 'Kids my age, they think a lot ... but when you are playing basketball, that's all there is on your mind—just basketball ... everything seems to follow right along' (47). A dancer speaks of becoming 'one with the atmosphere' (51). A rock climber similarly says:

The task at hand is so demanding and rich in its complexity and pull that the conscious subject is really diminished in intensity. Corollary of that is that all [...] hang-ups [...] are momentarily obliterated ... it's one of the few ways I have found to ... live outside my head ... One tends to get immersed in what is going on around him, in the rock, in the moves that are involved ... search for hand holds ... proper position of the body—so involved he might lose the consciousness of his own identity and melt into the rock ... It's

... almost like an egoless thing [...]. There is a feeling of total involvement (50; bracketed ellipses added).

The climber adds:

You are moving in harmony with something else, the piece of rock as well as the weather and scenery. You're part of it and thus lose some of the feeling of individual separation (53).

Note the specifics of these descriptions: 'the conscious subject is really diminished in intensity,' getting 'immersed in what is going on around him' or becoming 'one with the atmosphere.' Flow appears to imply an unfolding of aesthetic experience in which the self, considered as an object of focus – and a potential source of ambiguity – vanishes, becoming 'almost like an egoless thing.'

Here, neurobiological findings coincide with what might be called *aesthetic flow*, in a merger of Dewey's and Csikszentmihalyi's terminology. For example, the basal ganglia are involved in aesthetic experience, along with habit incorporation, temporal processing, and the regulation of sequences or syntactic patterns; this brain area also facilitates behavioural adaptations to both repetitiously predictable and unexpected events (Graybiel and Grafton 2015; Jones et al. 2008; Kotz, Schwartz, and Schmidt-Kassow 2009; Sebastian et al. 2021; Spee et al. 2022; Ullman et al. 1997). The basal ganglia innervate with the amygdala bulbs, which are responsive to unexpected aesthetic progressions and are understood to play a role in coherence-producing affective functions, such as selective attention (Fried et al. 2001; Koelsch, Fritz, and Schlaug 2008; Pessoa 2013). These findings align with Dewey's view of the aesthetic as a quasi-narrative drama held together by a blend of unexpected twists and a degree of conventional predictability, which jointly maintain coherence for the experience as a whole. Moreover, engaging in jazz improvisations – an archetypical example of aesthetic flow – correlates with decreased activity in the right temporoparietal junction (Berkowitz and Ansari 2010), a brain region associated with the ability to distinguish between self and others (Quesque and Brass 2019). Interestingly, similar decreases are obtained from various forms of Buddhist 'no-self' meditation, which sometimes involves focusing on external objects (Newberg and Iversen 2003).

As it happens, higher doses of antidepressants can suppress right temporoparietal activity (see Takamiya et al. 2017), which should, according to earlier cited sources, reduce self-attention and therewith elevate wellbeing. Now, if jazz improvisation has similar temporoparietal effects and generates aesthetic flow, then one can extrapolate to suggest that art therapy could help improve psychological health and to reduce self-awareness in the process. This should alleviate self-illness ambiguity by chipping at both sides of the compound. Ironically, however, art therapy is sometimes conducted with the expressed goal of heightening sense of self (see Jones 2005, Chaps. 3–4), though one can question how frequently and to what extent this is achieved. Of course, stressing self in therapeutic interventions may be almost inevitable in Western, egocentric contexts. This may particularly be the case given the previously cited, widely held belief among Western theorists that mental illnesses are disorders of the self. At the same time, self-illness ambiguity may owe its existence, at least in part, to this very focus on the self.

Could it be, then, that certain Western approaches contribute to the ambiguity that they are subsequently employed to resolve? Just after criticizing the aims of standard art therapy, one review of this approach suggests that much of its value lies in cultivating flow, which means *diminishing* self-consciousness (Chilton 2013). Sports therapy similarly promotes flow, allowing a respite from debilitating autobiographical memories in people suffering trauma as a result of war or torture (Ley et al. 2017). Hence, interventions that nominally aim to heighten attention on self instead produce the immersive, egoless state of the rock climber, where questions of self-illness ambiguity are lost in a coherent, evolving narrative of skilful action upon skilful action.

Considering these points, it is no wonder that aesthetic flow correlates negatively with anxiety (Mao et al. 2020); for a time, at least, there is no self to be anxious about, and no illness to confuse it with. Csikszentmihalyi's (1975) account has one person remarking: 'Dance is like therapy. If I am troubled about something I leave it out the door as I go in [the dance studio]' (47). When dancing, 'your mind isn't wandering, you are not thinking of something else; you are totally involved in what you are doing' (46).

Flow emerges when one develops and applies fluid competency in a domain demanding nearly full use of skills and attention (Csikszentmihalyi 2005). So, while few report flow as a daily occurrence (Csikszentmihalyi and Nakamura 1989), it need not be exceptional. Dewey (1934, 25) similarly maintains that aesthetic experience ought to be common. That it is not he regards as 'a pathetic, even a tragic, commentary on life,' which is too often 'stunted, aborted, slack, or heavy laden.' Dewey (1925, 366) clarifies the point by way of example, writing that 'it is often said that a laborer's toil is the means of his livelihood, although except in the most tenuous and arbitrary way it bears no relationship to his real living.' It is just when people are stuck in the drudgery of an unfulfilling world that they become alienated from it and focused inwardly on the self. Alienation is a process of individuation – of separation of oneself from one's surroundings.

Why, then, does so much psychotherapeutic theorizing chase an individuated self as a normative or diagnostic ideal? Why should this be the case, when depression and anxiety correlate with a heightened self-focus, with evidence suggesting that less individualistic orientations reduce the severity of the aforesaid conditions (e.g. Brockmeyer et al. 2015; Chiao and Blizinsky 2009)? There may be no good reason. The more important point, though, is that aesthetic flow can ameliorate these conditions – not by resolving self-illness ambiguity, but rather by *dissolving* the conditions that allow it to arise in the first place.

In other words, self-illness ambiguity perhaps stems less from people confusing their identities with diagnoses than from therapeutic and life contexts that emphasize atomistic individuality. Within such contexts, it may sometimes be beneficial to reinforce the primacy of the self through conscious narrative processes. But the alternative that I have indicated here, via flow and the kind of egoless experience it gives rise to, is to get patients to move away from self-focused stances. Art and sports are two ways (and there are others) to strengthen the organic narrative structure that emerges from a body immersed in an environment, coping skilfully to solve problems and reach goals. Without overt storytelling, these actions cultivate narrativity in senses conducive to Dewey's notion of aesthetics and Csikszentmihalyi's concept of flow, where events unfold in dramatic succession such that self and world meld into one.

5. The emergence, loss, and reemergence of self

We have discussed how illness heightens self-focused attention and how aesthetic flow may counter this by fostering a world-directed orientation – shifting focus away from both self and illness and reducing the chance of conflating the two. But as indicated at the outset, aesthetic and hence dramatic interactions that dissolve the self can almost paradoxically delineate an individual. This, in turn, can lead to the reemergence of self, albeit hopefully in a more outwardly immersive form.

Now, while Dewey's aesthetics imply drama or narrative, the reverse is not necessarily so. Consider a professor who realizes that a failed research project followed from depression, not laziness. The adjusted narrative may be liberating without being aesthetic. Alternatively, clarifying a personal narrative may highlight external circumstances – the professor could come to see that an onerous work schedule, rather than a psychiatric disorder, led to depletion and the failure. Once again, this does not automatically entail an aesthetic experience. Other changes in a life narrative may arise not from reflective storytelling but from adaptively adjusting behaviours to overcome obstacles. Suppose the professor adopts an exercise regimen – like skiing – to ameliorate depression. We have seen that sports can cultivate aesthetic flow and narrativity, remediate ambiguity between self and illness by reducing the salience of both. This raises an additional question: Can the course of one's life itself be aesthetic – and if so, how might that shape self-illness ambiguity?

To explore this last idea, let us look at the example of Terry Fox, a young Canadian man who received a cancer diagnosis in the 1970s. After losing a leg to the disease, Fox attempted to run across the entirety of Canada to raise money and awareness for cancer research. Fox's narrative arc, on the one hand, seemed to push him away from an egocentric orientation, with him remarking (c. [1980] 2020, 53) that 'I had been very self-oriented' and 'it took cancer to realize that being self-centered is not the way to live.' On the other hand, though, Fox's whole identity was reshaped by the illness that eventually took his life. Schematically expressed, the overall situation here is such that, for reasons discussed earlier, illness can engender a focus on the atomistic, isolated self. But obstacles – in the absence of which 'there would be a fluid rush to a straightway mark,' in Dewey's (1934, 138) words – introduce possibilities of 'development and fulfillment.' By making the path more difficult, these obstacles can help cultivate the exact aesthetic and flow experiences that we have been discussing – which, although they may lead to a certain loss of self, also paradoxically produce heightened self-worth, a greater sense of personal identity, and a more certain grasp of one's place in the world (see Larrain and Haye 2019). Terry Fox, by his own reckoning, had a shallow grasp of who he was until his illness forced his attention *away* from inward egocentric concerns to give him a greater sense of his place and purpose *in the world*.

Though I wish to avoid debates about 'authenticity,' one can here re-quote de Haan (2020, 350) and say that the narrative that Fox reconstructed about himself after dealing with cancer was, in his eyes at least, an 'outcome of rather than the means to achieving authenticity.' Moreover, the narrative has features that Dewey associates with the aesthetic, such as recasting things in light of how they culminate. Additionally, Fox's account suggests that he lost his self to regain it in altered form, and this is the

point on which I would like to wrap up, starting with a few more observations from Csikszentmihalyi's work on flow.

Csikszentmihalyi and Nakamura (1999) suggest that a dialectic between troubling and uplifting events – which they characterize as approach in the service of avoidance – can foster something close to an aesthetic experience of the kind we have been discussing. They add that this experience involves alterations between anxiety and relaxation but assert that these changes help patients deploy their skills to meet oncoming challenges. As a result, patients are better equipped to make fine-tuned adjustments that allow entry or, depending on the circumstances, re-entry into flow experience. Csikszentmihalyi and Nakamura elaborate:

Consider ... a social activist who was interviewed for one of our projects and whose life exemplifies [... the] formation of goals intended to continue an affectively positive experience; then, against the backdrop of negative experience, discovery of a satisfying activity and formation of new goals around it. First, ... as a child, she was caught up in her parents' intense caring about conditions in the wider society and strenuous efforts to help improve them. As a college student during the Vietnam War, however, events led her to conclude that the nation's social problems were much more fundamental than her parents, and she, had believed. This was deeply distressing; indeed "very, very, very traumatic." Against such a backdrop, she found new satisfaction in grassroots work toward radical change and committed herself to this. In response to new conditions, her goals thus changed; but in both cases, the goals were emergent, rooted in immediate experience. (1999, 111; also see Carel 2011)

Just as a skier encounters the resistance of a challenging hill and coordinates her movements to navigate it, the social activist in the above passage directs her efforts against oppressive barriers. These behaviours set the course of her life, delineating her personal narrative and giving her pursuits purpose. Hence, by challenging problematic cultural practices, this woman develops her own habits; she nurtures a personal disposition or a new sense of self, as habits are character-molding dispositions that also shape how she enacts her world. The settled cultural habits of others, which the woman finds herself fighting, supply a regulative friction against which she pushes and thereby defines herself. Attention to the external obstacles induces a clarity of being that allows for the emergence of her more authentic self, just as in the case of Terry Fox. With this woman's habits pushing against those engrained in her culture, she develops individuality of mind. Her world-integration, in other words, implies her differentiation from the world. The dramatic focal points in her struggles – her victories and losses – draw her experience into a fairly unified whole; however, in pivotal moments, she loses herself in the same cause that generates her sense of self.

In this way, obstacles and tensions that motivate self-awareness also supply the resistance that can funnel life into aesthetic form, understood as a generally healthy phase during which self and world melt into one another. But the foregoing analysis also suggests that movement toward wellbeing involves a reemergence of self. In this sense I agree with Dings and Glas (2020, 336–337), in that 'reducing self-ambiguity, and potentially resolving it, is more likely to be a diachronic process, consisting of a constant back and forth between narrative self-understanding and unreflective engagement with the world.'

In the model I propose, there is thus an emergence, a loss, and then a potential reemergence of self. The traumatized activist described earlier initially undergoes dis-ease. This

early stage is comparable to the lack of attunement with the world that sufferers of conditions such as depression also undergo. The accompanying alienation individuates the woman, and a sharply defined sense of self increases the likelihood of self-illness ambiguity – for instance, if the woman experiences depression. But this process also provokes her into action, which can lead to aesthetic flow, during which self recedes. In losing herself, though, the woman regains herself – but with a difference. This is because, on the one hand, aesthetic practices have been shown to increase self-worth and individual empowerment; on the other, they have been observed to erode hard borders for the self by strengthening one's relations to the world and to other people, or to the overall environment in which one is immersed (Samaritтер 2018). Flow is similar: it entails a temporary egolessness when people are in it, and yet those experiencing it report higher self-worth, along with elevated mood and expanded capacities to meet and adjust to challenges, which makes sense since flow typically requires fluid competency (Csikszentmihalyi 1975; Mao et al. 2020).

As we have seen, Dewey's pragmatic philosophy buttresses the view, in Csikszentmihalyi and Nakamura's (1999, 117) words, that 'when we are immersed in an activity, the me, the self as an object of awareness, disappears.' This suggests that explicit attention to self impedes flow. Indeed, such attention can be symptomatic of the illness involved in self-illness ambiguity. While granting there has been only limited research on the therapeutic impacts of flow, my account suggests that we can promote better patient outcomes in the context of ambiguity without reflecting on or even clarifying concepts of the self; and we can do so while aesthetic and flow experiences generate elevated self-worth and a greater general ability to enjoy life. Such an approach – and this is the take-home point – would largely circumvent the problem of self-illness ambiguity, while still achieving the core aims of most psychotherapeutic treatments.

6. Conclusion

Clinically speaking, self-illness ambiguity is common, at least in Western contexts. As with most psychotherapies, the goal of narrative interventions is to alleviate suffering and to help patients grasp their illness as part of their overall experience rather than as a defining element of themselves. Here, I have discussed self-illness ambiguity and treatments in the context of some egocentric suppositions of Western philosophical and psychiatric views. I have argued that undue emphasis on the self is symptomatic of and arguably even a source of psychological suffering; I have also given empirical and philosophical support for this claim. I further differentiated the narrativity of aesthetic flow from that found in explicit storytelling and proposed the former as a strategy for promoting health and mitigating self-illness ambiguity.

It is not that people ought to experience crippling mental health problems or other obstacles in order to 'find themselves.' It is that a certain level of dis-ease, either in the form of actual disease or the unease provoked by obstacles standing in the way of a goal, appear to be a prerequisite for aesthetic flow. Experiences of this kind are overwhelmingly positive and entail the loss of self, but also its reemergence in more organic, immersive, and relational forms.

To some extent, this account meshes with classic psychoanalytic views emphasizing subject-world integration, sometimes through artistic processes (Case and Dalley 2014,

233; Winnicott 1971). Psychoanalysis generally attends to early parent-baby relationships, and thus deals with stages where the self is not individuated. Freud ([1930] 1962), moreover, asserts that, in response to trauma, ‘the ego detaches itself from the external world’ (15), and that recovery therefore involves reintegration with that world. But these views depart from Freud as well, who defines pathology as ‘states in which the boundary lines between the ego and the external world become uncertain’ (13). Freud’s concept of *illness* nears the framing of *health* argued for here, at least insofar as aesthetic or flow experiences bring about situations in which the self disappears into work or performances. This produces what many call ‘natural highs,’ during which we find ourselves merging with our surroundings and events. We have seen some examples here.

In advancing this critical analysis, I do not deny that self-illness ambiguity exists nor undercut interventions advanced in recent literature. On the contrary, in a sociohistorical context preoccupied with the individuated self, it is hard to dismiss the reality of the problem and the importance of remedial measures that key commentators have already proposed. My account indeed shows that their work must be onto something, because we can so easily integrate it into a framework that draws from other areas of empirical psychology. I have highlighted the broad roots of the problem and offered alternatives to avoid them, which are present in various stages of development in psychoanalysis, art therapy, sports therapy, and developmental psychology, to mention just a few fields. These ideas have also been more explicitly developed in pragmatic philosophical traditions and research on flow.

By proposing aesthetic flow as an alternative for dealing with self-illness ambiguity, in a sense I am merely articulating what many of us have undergone in our own lives. But that process does not always fit well with modern Western concepts of the self. It may be that dissolving those concepts is a way to not only dissipate the ambiguity but also allow for richer and more resilient experiences self.

Notes

1. For accessible examples of metaphysical unity with the divine or the universe (which are sometimes equated to one another), see *The Bhagavad Gita* (trans. Miller 1986), along with DeMallie’s (1984, 80–82) cataloguing of Black Elk’s sayings and Rumi’s ‘Spitting at Imam Ali’ and ‘The Chickpeas’ in *The Book of Rumi* (trans. Mafi 2018).
2. For Buddhist examples, see Chaps. 18–32 in *The Sutra of Forty-Two Chapters* (trans. Kuan 2011) and ‘On emptiness’ in *A Treasury of Mahayana Sutras* (trans. Buddhist Association of the United States, 1983). For Confucian and Daoist examples, see Chaps. 1 and 3–6 of *Readings in Classical Chinese Philosophy* (eds. Ivanhoe and Van Norden 2001).
3. The literature on this topic is vast, but for summaries, see Blume (2022), de Oliveira and Nisbett (2017a, 2017b), Nwoye (2006), and Ren and Kuai (2023).
4. Example drawn from Crippen (2017, 2021b, 2025).

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