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Kierkegaard and Anxiety in the Present Age

Medical Model of Mental Illness

Our project critiques the current orthodox medical model of mental illness in the United States. By “orthodox medical model,” we mean an approach to mental illness that emphasizes neuropharmacology and Cognitive Behavioral Therapy. In this paradigm, ailments like anxiety and depression are regarded as “brain diseases” or “maladaptive thought patterns.” The pharmaceutical industry advances the narrative that anxiety and depression result from “chemical imbalances.” Despite a lack of scientific consensus on the biological bases of depression, recent studies have shown that around half of people believe that “depression is primarily caused by a chemical imbalance in the brain.” Neuropharmacology encourages individuals to regard their mental illnesses as out of their control, just as diabetics lack control of their diabetes. Understood this way, anxiety and depression are organic illnesses with organic solutions.

Despite American dependence on psychotropic drugs (one in six Americans take at least one, most commonly antidepressants, antipsychotics, and anti-anxiety drugs) (Miller, 2016), the orthodox medical model has not abandoned psychotherapy. Cognitive-behavioral therapy is popularly prescribed in conjunction with psychotropic medication. CBT is a form of therapy that works to change maladaptive thoughts and behaviors. The theory of CBT conceptualizes psychopathology as the “product of faulty information processing.” Therapy exists to change these forms of information processing, and thus eliminate the diseases.

Modern medicine’s ability to treat mental illness is frequently overrated. Americans are confident that ailments like depression are purely neurochemical, clearly understood, and easily altered by the right medication. This belief is misplaced. The biological basis of depression and similar mental illnesses are both murky and hotly debated. Additionally, our ability to treat mental illness is limited compared to the popular understanding. For example, antidepressants frequently struggle to outperform placebos in clinical trials.

Our modern view of mental illnesses as brain diseases has limits. Despite increasingly sophisticated approaches to psychopharmacology, and empirical approaches to therapy, more Americans per capita are mentally ill now than ever (Twenge 2014). While this epidemic of mental illness grows, Americans are increasingly confident in orthodox, medical approaches to mental illness.

We suggest that medicine should not be the ultimate solution to human suffering. Certainly some people find immense relief from psychotropic medications, but these drugs are wildly

over-prescribed. CBT is also an effective treatment modality, but lacks some of the advantages of more traditional, longer-term forms of therapy.

Even when medicine's explanations are empirically verified and causally effective, they don't fully capture the experience of mental illness. Medicine cannot speak to the "meaning" of experiences, only biological causes. For this reason, we believe that our understandings of mental illness can be enriched by philosophy. Soren Kierkegaard in particular provides us an alternative understanding of mental illness, and a rich vocabulary for examining it.

Kierkegaard's Anxiety and Depression

While the medical model attempts to eliminate anxiety, Kierkegaard argues that anxiety should be recognized as a teacher. Kierkegaard defines anxiety as, "...freedom's actuality as the possibility of possibility" (COA, 42). The human being's unique capacity to imagine its possibilities causes anxiety. It is not freedom in itself, but the mere idea of being able to choose that causes anxiety. Anxiety, for Kierkegaard, is an integral part of the human condition. In this way, anxiety is positive and instructive. Rather than meaningless suffering, Kierkegaard provides a way of perceiving anxiety as an occasion for acquiring wisdom. And while he recognizes the dangers of anxiety, he challenges the modern reader to stop turning away from anxiety, but instead to accept it and learn from it.

Although offensive to some, Kierkegaard insists that anxiety is only educative through faith. Kierkegaard notes, "Whoever has learned to be anxious in the right way has learned the ultimate" (Kierkegaard, 155). That is, only when anxiety leads us to recognize the "ultimate" has it taught us anything at all. The ultimate, for Kierkegaard, is faith, or what we ought to be concerned with like our relationship to God and our moral standing. He believes many people prioritize anxiety related to matters like work, school, or relationships. And while he recognizes this type of anxiety as legitimate, he suggests that when we are taught by anxiety, we gain perspective on what concerns should take priority.

For Kierkegaard, faith is a task that includes understanding and action. What the medical model considers afflictions, Kierkegaard views as the responsibility of the individual. First, a person must understand anxiety as a part of the self. Next, action must be taken to affect change. Faith, or the will to believe, is the duty through which understanding and change occur. In order to use anxiety constructively, a person must believe they have something eternal within themselves. To relate to anxiety is to relate to the eternal within ourselves, which is to relate to God.

As a part of the human condition, anxiety will never be extinguished. But, as a source of wisdom, we should not want to be rid of it. So, we ought to change how we think and relate to anxiety, instead of changing anxiety itself.

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