

**EXISTENTIALISM & PSYCHOLOGY: A BRIEF LOOK AT THE
KIERKEGAARDIAN CONCEPT OF ANXIETY AND THE MODERN
CLINICAL APPROACH**

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*Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;*

-Robert Frost

Stage fright. OCD. Panic attacks. Hypochondriasis. Attention Deficit Hyperactive Disorder. Existential crises. Insomnia. Interviews. Dyslexia. Benzodiazepines. Phobias. Exams. Acceptance. Abandonment. Relationships. The psychological state that is shared between the above listed and the cited stanza from “*The Road Not Taken*,” is the infamous anxiety. Although the two seem to be more antonymous than synonymous, they do share in common what the Danish existential philosopher and theologian, Søren Kierkegaard, called “*freedom’s actuality as the possibility of possibility*.” (Kierkegaard 51) Robert Frost depicts an anxiety-inducing situation for he had the complete liberty to choose one path or the other. He expressed being “*sorry*” for his physical incapability of taking both roads. He stood there “*long*,” and whilst he indecisively “*looked down one*” path, he hoped to find a sign as to what the potential future may hold. Similar to Frost’s state of trepidation, the ramifications one might face if completely abandoned in life due to certain decisions, and the inconspicuous possibility of being able, or unable, to prevent such a tragedy, for instance, is the very curse

of freedom. This mental plague - this possibility of “being able” - is exactly Kierkegaardian anxiety. Although Kierkegaard, who in many respects was a profound psychologist himself, would disagree with the modern psychological perception of anxiety. Can a clinical approach to human angst benefit from this renowned thinker’s insight without compromising scientific objectivity?

In order to even begin to investigate the posed question, it is indispensable to have a thorough understanding of each party’s perception of the field of psychology and, of course, anxiety. The etymology of the word “psychology” can be traced back to the Ancient Greek language. It literally means “*the study of the soul/spirit.*” This classical definition seems to be the one that is adopted by Kierkegaard more so than by current specialists. In accordance with the original meaning of the word, Kierkegaard viewed psychology as the field dealing with the study, description, and explanation of the human being. (Beabout 36) Clinical psychology, which is the field of modern psychology that is addressed in this paper as it mainly concerns itself with mental and behavioral states such as anxiety, bears another meaning. This ever-evolving scientific field, instead, focuses on the recording of empirical data through behavioural observation and treats patients using various methods of therapy and psychiatry. (Clinical Psychologists) The two concepts deviate significantly when looking at their definitions of anxiety and their interpretations of the concept.

Simply put, the two do not treat anxiety similarly. Psychology professionals view this mental state of turmoil as a disorder. As a result of years of examining patients, anxiety has been deemed to assume many shapes and forms. General Anxiety Disorder, PTSD, OCD, Acute Stress Disorder, and insomnia are but to name a few subcategories of anxiety. (NIMH) By observing human behavior, recording their past experiences, and analyzing their

neurochemical activity, clinicians have classified anxiety as the most common mental illness, afflicting approximately 40 million adult individuals in the United States alone. (ADAA) In complete contrast, Kierkegaard explicitly wrote in his book, *The Concept of Anxiety*, that, “*Only a prosaic stupidity will think of it as a disorder.*” (52) The philosopher did not agree that anxiety could be seen as a mental condition of abnormality but rather something innate to the human being. This epithet, “*prosaic stupidity,*” points at the fact that reducing such a profound and significant part of the human experience to a mental illness is a thoughtless conclusion.

The goal of *The Concept of Anxiety* was to find a way of “treating ‘anxiety’ psychologically in such a way as to have in mind and view the dogma of hereditary sin.” (Kierkegaard 19) In order to understand anxiety, one must look at the notion of hereditary sin. Anxiety is closely related to sin in the sense that angst, while not sin itself, is a precursor to sin. What, then, is anxiety, and how is it a precursor to sin? As previously stated, Kierkegaard beautifully boils this down into one sentence: “*anxiety is freedom’s actuality as the possibility of possibility.*” (51) The definition is outstandingly simple yet thorough. The situation of being in the state of “being able” - being able to choose between one of two paths in a diverged wood, for instance - is the angst that we humans experience. As a consequence, it is also the state in which one finds oneself before committing an evil act, hence it precedes sin.

In the introduction of his book, however, Kierkegaard points out that it is vitally important to be able to distinguish where psychology ends and where dogmatics take off. Psychology is fully capable of investigating *how* sin comes to be by observing the human state prior to its occurrence. As to *why* it comes to be is far beyond science’s reach if it

wishes to remain scientific. When concerning oneself with the notion of sin, “*psychology can intrude only through a misunderstanding*” and that “*once psychology has finished with anxiety, it is to be handed over to dogmatics.*” (Kierkegaard 196) This is alluding to a concept that shall be elaborated upon shortly, stating that certain tools cannot be utilized unless within their proper domain. Since psychology is supposed to be scientific, it must be careful not to delve into the transcendental aspect of anxiety. And because anxiety makes possibility possible, and thus freedom actual, sin, a transcendental concept, plays an important role in anxiety. Although it is not necessary to elaborate here upon the notion of sin any further, as it is not the topic of this paper, it is important to note that the *Concept of Anxiety* views sin as the sickness of the self as opposed to anxiety. Anxiety, in contrast, is a double edged sword that can lead to self-betterment or sinfulness. These topics of sin and freedom are areas in which scientific psychology, as long as it wishes to remain so, cannot venture. This is a vital distinction that must be made.

In order to comprehend the profundity of being anxious, the element of the potential freedom it provides must be expounded upon. The relationship between Kierkegaard’s existential view of angst, and thereby “free choice,” and modern psychology, must be examined. This freedom is characterized by a simultaneous attraction and repulsion. The Danish philosopher gives the example of someone who, looking off a cliff, experiences a repulsion to the thought of falling off, also experiences the seeming urge to jump. (61) The Genesis story of Adam and Eve is yet another prime example. After God had prohibited Adam from eating from the tree of life, he experienced repulsion and attraction. He felt repelled for he was told that he would certainly taste death if he were to eat from the tree, but was, nevertheless, tempted. (Kierkegaard 44) Furthermore, it is necessary to note that the

repulsion-attraction dichotomy is always experienced simultaneously and not separately. If one's relation to future events was only that of attraction, then behaviour would be determined. Similarly, if one's relation to possible possibilities was only that of repulsion, then that behaviour would, too, be determined. There is no potential free will, for instance, when one brings two magnets together or when a rock is dropped off a cliff. Their fates are determined and thus they cannot exercise free will. The human being relates to the future in anxiety, however, thus making this a mark of being able. (Beabout 139)

In light of the Kierkegaardian idea of anxiety and its constituents, the difference between the opposing clinical approaches used by modern psychologists becomes evident. The above account of free choice and possibility might seem to present itself as a problem for psychology. Psychologists can only perform the following scientific duties without interfering with the dogmatic: (1) they can describe human states via observation before a free act is committed, and (2) they can understand conditioning factors in an environment. The above-listed remains within the realms of the natural and do not interrupt the transcendental. This demonstrates how psychology, as Kierkegaard would have liked it, examines the intricate concept of anxiety while not overstepping its boundaries. Psychology is not a field that is lacking, but simply it cannot concern itself with subjects outside of its domain. To further expand on the notion of retaining constituents to their appropriate domains, it seems fitting to introduce Kierkegaard's ideas of method-subject and mood-concept relationships. Method-subject relationships convey that a proper method should be applied to a subject if proper results are to be expected. As addressed previously, for instance, one cannot use scientific methods to attempt to explain religious subjects. The result will end up being flawed. Thus, psychology must locate the subject of its study in its

proper domain if it wishes to avoid flawed conclusions. (Beabout 36) The subject of the study in question is anxiety. The method needed is psychology and not hard science. This is where Kierkegaard and the modern psychologist differ. Even though psychology can easily examine anxiety as “freedom’s actuality as the possibility of possibilities” without entering into the realm of dogmatics, today’s psychology tends to overstep its boundaries. It seeks the causes of mental plagues by means of empirical methods. As previously stated, psychology studies human states of mind and surrounding environments. While this helps predict certain consequences, it does not guarantee constancy. Simply because one observes a person and accurately predicts their actions does not indicate that their actions can be determined for certain. Similarly, if a psychotic patient’s actions are entirely unpredictable this is not evidence of free will. The moment one confuses conditioning factors with determining factors, one begins to falsify psychology. Depending on one’s environment and mental state, certain possibilities may be more repellent or attractive, which could lead to a more accurate prediction. However, this falsification of psychology is a confusion between an empirical method of observation (external) and an introspective method of observation (internal). The two must be clearly distinguished. (Beabout, 141) An example of this can be seen in how specialists categorize anxiety. While Kierkegaard refers to this dread as a human condition that can assume many shapes and forms, specialists categorize each anxiety disorder based on a set of characteristic considering these to be determining factors and thus denying anxiety’s relation to possible possibilities.

Kierkegaard’s idea of mood versus concept presents itself as a stumbling block for the wrongdoings of modern psychology. The concept of anxiety is, namely, a concept. The mood that one can attach to it can make an immense difference for if one were to assign an

inappropriate mood to such a concept, one runs the high risk of misconstruing the concept altogether. Another way of looking at it is through the lens of form-versus-content. If one is supposed to publish serious, academic content, but does so by writing it in a comedic and childish form, the paper will be discarded as rubbish. In this same way, one cannot approach the house of anxiety with a silly grin or an air of arrogance.

I, personally, believe that psychology today struggles with corrupting the concept of anxiety via its cold, distanced, and scientific approach. If dread is as personal and intricate of a subject as Kierkegaard says it is, then psychology is assuming an erroneous approach. I myself have suffered from the torments of anxiety and my first-hand experience attests to psychology's dysfunctionality. If the following testimony is deemed unworthy or unreasonable, I rest assured that the medical statistics that I shall later present will supersede it.

“Flee from anxiety he cannot,

for he loves it;

really love it he cannot,

for he flees from it.”

(Kierkegaard 53).

My confession: at night I sleep a dreamless sleep. Dread fills my mind as I slowly drift into the yawning black abyss of unconsciousness. Holy silence ensues for a seeming eternity. As though only to mock me, the serenity is abruptly shattered by the shrieking of the alarm clock, a glaring sunlight, a multitude of whispering voices, my chaotic thoughts, life.

“I love sleep and I just cannot get enough of it,” seems to be the most parroted phrase amongst my peers. I, unlike others, tremble every time I face slumber. In that very moment, I am reunited with my one true love - anxiety. She grips my arms and tells me that sleep is not for me by reminding me of the horrors of waking up - waking up yet again - to the mechanical acts of life clawing at my bedstead. She promises to protect me. She reminds me of all the people that will give me their how-are-you smiles, and how they will then ask me that very question only to then pass me by without even bothering for a response. I shudder as every single such “greeting” resurrects the cancerous, existential truth that I am truly and utterly forlorn. I cannot help but imagine how, like predators, they only show true curiosity when they smell the blood seeping out of my fresh wounds. Horrid thought after horrid thought, my lover then tells me that she shall never leave my side; despite my own grotesque insignificance, she comforts me by saying that she will always be there to feed me my daily prescription of charnel thoughts. She prescribes me whatever it takes to be successful - anger, hatred, guilt, agony, fear.

But in an act of adultery, I visited a psychologist a few times in order to rid myself of her. She warned me about cheating on her. I could hear her laughter as I realized that she was right - I victimized myself. It dawned on me that in the very moment that I am to admit any one dark struggle, I immediately label myself as a sick patient. Self-expression became a form of self-incrimination. The psychologist responded to all of my concerns with meticulously prepared graduate-school answers. I felt as though I was being observed and assessed, not listened to or helped. If I were to even bring up any morbid subjects - especially ones as grisly as suicide - I was bound to land myself an express ticket to the insane asylum.

After a few such fruitless shrink visits, I could not help but feel that I had to bear this scarlet letter for eternity. "Pills and powders" was the answer I was given.

Although there is truly no easy solution or cure to these anxious mental plagues, the modern psychological approach unfortunately resorts to administering drugs. The psychoactive narcotics known as benzodiazepines are used to treat patients experiencing insomnia, seizures, agitation, muscle spasms, and many other forms of anxiety. Regardless of the fact that they have been proven to be beneficial in short-term use, there is much controversy concerning the adverse effects after prolonged use. When taken long-term, it is not uncommon for patients to experience detrimental psychological and physical effects. Despite the immediate relief that it provides, the National Institute for Clinical Health and Excellence (NICE) does not recommend consumption for more than 2-4 weeks due to dependency and lack of long-term mental health improvement. After researching twenty of the most popular recreational drugs, addict specialists listed benzodiazepine as number seven in dependence, physical harm, and social harm. (Nutt, 1047-1053) From 2002 to 2015 there has been a 4.3-fold increase in benzodiazepine overdoses resulting in a climax of 27 individuals overdosing per day throughout all of 2015. (NIDA) Other prescription drugs used, such as SSRIs and SNRIs, may be used instead as they tend to have lower dependency levels and lower life-threatening effects. Shifts in sexual drive, urinary retention, suicidal thoughts, and potential increased anxiety could occur, however, in some patients. (Pfizer) Therapeutic alternatives also seem to have little to no efficacy as research showed that benzodiazepine treatment is significantly more effective than talk therapy. As for cognitive therapy, there is tentative evidence supporting that it helps alleviate and/or prevent anxiety disorders. (Bienvenu, 647-654) In addition, as of 2013 there are no proven preventative

measures that can be taken against the most common of the disorders, General Anxiety Disorder. (Patel) Psychology is treating anxiety as an abnormality and not as an inherent part of humankind. In attempts to fix this common “problem” by the use of medication and therapy, could it be that the anxiety is still present and impossible to sever from the human psyche? From a Kierkegaardian standpoint, anxiety cannot be cured or ridded of. Perhaps some of its effects on the mind can be mollified with drugs, but as sweeping the dust under the rug does not rid one’s house of soot, the fundamental problem of a disturbed mind still exists.

In contrast to a field of psychology that makes no promises of betterment for many of its endeavours are futile, Kierkegaard does make a promise. He tells his readers that “*whoever has learned to be anxious in the right way has learned the ultimate.*” (187) He tries to explain that although this state of being could be one’s greatest vice, it could also be one’s greatest virtue. It is a dangerous matter and could be the cause of one’s demise or for their success. Learning to face it and make peace with it is what psychology refuses to learn to teach. Drugs will simply suppress and sedate, while taming the wild, dangerous beast that is forever latched to the wrinkles of your brain to your very own advantage entails liberation.

After having been exposed to Kierkegaard’s *Concept of Anxiety*, I began to think and contemplate upon my very own state of perpetual, psychological torment. A moment of revelation dawned upon me as to why I hated slumber. No. I hated the idea of waking up - of being conscious again. While sitting on my bedsheets, half dazed, I face an infinity of possibilities. With each possibility that presents itself within the crevasses of my mind, I shrink. I shrink in anxiety as despair consumes me. Sleep has been a form of escape just as every other substance, pointless activity, and Netflix TV show has been. We all want to

escape and we all want the easy way out. We are a society that cherishes the back door because we love nihilism. The unfortunate reality - my unfortunate reality - is that psychology will give us what we want regardless of what we need. Psychology is fully capable, I believe, of dissecting anxiety and using its scientific methods to shed light upon natural and potentially dogmatic matters. Hence, we shall keep on running from the truth of possibility. We will deny that in anxiety is there possibility, because when we say possibility, the sun smiles, the daffodils laugh, and there is possibility only for "*happiness*" and "*good fortune*." But this "*is a lying invention that human depravity*" has created. Kierkegaard, in a bittersweet tone of existential realism, reminds his readers: "*No, in possibility all things are equally possible and anyone truly brought up by possibility has grasped the terrifying just as well as the smiling.*" (189) The human psyche and the struggle of the human spirit will always remain a mystery no matter how many careful examinations are conducted. However, if we wish to get close to mastering our anxiety, we must do at least two things: (1) use anxiety to be "formed by faith," and (2) not overestimate psychology's abilities to step outside its own domain. (Kierkegaard 193) In doing so, "*anxiety will then eradicate what it itself produces*" and we will be able to come to a closer cognitive understanding of our own freedom (Kierkegaard 193). Psychology can thrive and so can we, but only if we can admit to being sick souls, look anxiety in the face, shirk not, and conquer it despite the danger of our own personal "*downfall, that is suicide.*" (Kierkegaard 192)

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