Kierkegaard's Romantic Legacy

Gupta, Anoop

Published by University of Ottawa Press

Gupta, Anoop.  
Kierkegaard's Romantic Legacy: Two Theories of the Self.  
Project MUSE.  

For additional information about this book
https://muse.jhu.edu/book/4457

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=293415
AT THE END OF CHAPTER 8, I pointed out that the theological and sociological accounts of the self have commonalities that allow me to categorize them as being generically Kierkegaardian when considering their recent consequences for practice. Though, of course, both approaches would have diverse consequences if held that we can only be fulfilled by a relationship to God. Now turning to the work of Adler, Binswanger, May, and Laing, I contend that their attention to subjectivity, to a social context, together with their conception of human nature, point to the fact that they are practising in a Kierkegaardian tradition.

Attention to subjectivity means taking the patient’s point of view under serious and careful consideration, and not unnecessarily reinterpreting the patient’s words to fit within a particular terminology or pathology, especially when that would entail reductionism. Attention to social context indicates the belief that all socio-political and historical forces influence an individual’s mental state. Finally, adopting an account of human nature means having some notion of what one is meant to be.

I have suggested that it is both possible and desirable to apply a generically Kierkegaardian theory of the self to practice. Since a Kierkegaardian theory has already been employed, in various guises, we need to review the results. We shall consider several key existential psychiatrists who rely on Kierkegaard’s theory of self in practice.

I shall first offer brief descriptions of Adler’s, Binswanger’s, May’s, and Laing’s respective programs before demonstrating, upon the points under consideration, how they exemplify the Kierkegaardian approach. I shall, finally, attempt to demonstrate the historical relevance of a key Kierkegaardian theme, that of belonging, by considering some remarks by Sartre, who was influential in popularizing existentialism.

**Alfred Adler and Ludwig Binswanger**

According to Adler, “The best knower of the human soul will be the one who has lived through passions himself.”1 Presumably observing himself, he infers, “No human being ever appeared except in a community of human beings.”2 Adler goes on:
This social feeling remains throughout life, changed, coloured, circumscribed in some cases, enlarged and broadened in others until it touches not only the members of his own family but also his clan, his nation, and finally the whole of humanity. It is possible that it may exist beyond these boundaries and express itself towards animals, plants, lifeless objects, or finally toward the whole cosmos.²

He says, “In order to know how a man thinks, we have to examine his relationship to his fellow man.”⁴ He points out, for example, that if we have a bodily deformity, we will be treated differently (and this may affect how we see ourselves, as well as how others see us).⁵ Adler writes:

We can understand the personality of the individual only when we see him in context, and judge him in his particular situation in the world. By situation we mean place in the cosmos, and his attitude toward his environment and the problems of life, such as the challenges of occupation, contact, and union with his fellow men, which are inherent in his being.⁶

According to Adler, the psyche is teleological (goal-directed).⁷ On the one hand, he contends, there is a drive to conformity. On the other hand, there is a drive for superiority, where we want to raise ourselves above others (and to this extent become anti-social).⁸ Yet, for Adler, mental health lies in being well integrated with one’s fellows.⁹ As he says, “Only that individual can go through life without anxiety who is conscious of belonging to the fellowship of man.”¹⁰ Adler’s idea of what constitutes psychological health is to feel that we belong in a community.

Freud is the point of departure for dynamic psychiatry like Adler’s. Binswanger, however, remains critical of Freud and his reductive tendencies. Binswanger’s probably greatest dissatisfaction with Freud has to do with Freud’s view of religion as an infantile craving to be overcome. Binswanger, conversely, is apt to see religion as an integrated part of what it means to be a human being. He does not try to explain away religion.

Binswanger worries that scientific psychiatry will turn man into an object. (In fact, he claims that a good psychiatrist knows he can never grasp the whole of man with the methods of science.)¹¹ If we approached one another subjectively, we would have a greater chance, through empathy, he contends, of understanding what it is “like” to be in that person’s shoes.

**Rollo May**

May is, like Binswanger, phenomenological, in the sense of attempting to confront what is given on the surface. His approach begins by seeing a person as something other than merely a “set of diagnostic categories.”¹² He writes, “If we are to study and understand man, we need a human model. That sounds like a truism, and it ought to be one; the amazing thing is that it is not a truism at all.”¹³ Here is an example of how May thinks we should view the mentally ill:
I propose, rather, that the source of this illness was that man had lost his world. The great change that had occurred was the loss of communication with this world, with others, and with him. That is to say, the myths, and symbols had broken down. And the human being, as Epictetus was later to phrase it, “does not know where in the world he is.”

According to May anxiety serves a function in a given situation. However, if experienced in a non-specific way, it can lead to a shrinking of our world, dissolution of the self, a blurring of reality, and an inability to properly interpret stimuli. The loss of world entails a loss of self. The goal of psychotherapy, says May, is not to wipe out guilt and anxiety, for example, but to enable us to deal with it constructively.

His emphasis, however, is not on understanding the immediate situation of an individual, but on the situation in which we find ourselves as a society. As May puts it, “The schizoid man is the natural product of technological man.” He is apt to speak of an “age of anxiety,” and a sense of the homelessness of modern persons. He says, “It seems more logical to regard rising divorce, suicide, and mental disease rates as symptoms and products of the traumatic transitions of our culture, and to regard anxiety also as a symptom and product of that transitional state.” He writes, “There propose that the quality of anxiety prevalent in the present period arises from the fact that the values and standards underlying modern culture are themselves threatened.”

The experience of emptiness, for example, he traces back to a feeling of powerlessness. He writes, “The experience of emptiness, rather, generally comes from people’s feeling that they are powerless to do anything effective about their lives or the world they live in.” May says, “The experience of emptiness comes when people feel powerless to effect change.” The effect of emptiness is not a state in which we can persist for long:

The human being cannot live in a condition of emptiness for very long; if he is not growing toward something, he does not merely stagnate; the pent-up potentialities turn into morbidity and despair, and eventually into destructive activities.

May remarks, “The chief problem of people in the middle of the twentieth century is emptiness.” Although May admits that the feeling of emptiness is not specific to the modern age, he does think the problem has been amplified in modernity. May adds, “Another characteristic of modern people is loneliness. They [modern people] describe this feeling as one of being ‘on the outside’, isolated, or, if they are sophisticated, they say that they feel alienated.” May contends that we must find a cure for our ailments by forging a new way (rather than by looking to a “past that does not exist”). He advocates a socio-political program (or at least finding such a program).

R. D. Laing

R. D. Laing contends that mental illness “cannot be grasped through the methods of clinical psychiatry and psycho-pathology as they stand today.
but, on the contrary, require the existential-phenomenological method to
demonstrate their true human relevance and significance.”

According to Laing, if we look upon ourselves as objects, we have already
strayed into the abstraction where individuals live in isolation; we have
already denied our experience of being-in-the-world, our relatedness and
interdependence. Laing, therefore, says, “To look and to listen to a patient and
to see signs of schizophrenia (as a disease) and to look and to listen to him
simply as a human being are to see and to hear in radically different ways.”
We must realize that “the ground of the being of all beings is the relation
between them.”

It is subjectivity that allows us to empathize with others.

Laing writes, “The main agent in uniting the patient, in allowing the pieces to
come together and cohere, is the physician’s love, a love that recognizes the
patient’s total being, and accepts it, with no strings attached.”

The existential psychologist does not “regard persons as only separate objects in space, who
can be studied as any other natural objects can be studied...One will never find
persons by studying persons as though they were objects...”

The schizophrenic may claim, for example, to be dead, or Napoleon. Laing
explains:

An exile from the scene of being as we know it, he is an alien, a stranger,
signalling to us from the void in which he is foundering, a void which
may be peopled by presences that we do not even dream of. They used to
be called demons and spirits, and they used to be known and named. He
has lost his sense of self, his feelings, his place in the world as we know
it. He tells us he is dead.

We should try, Laing implores, to understand the experience world of the
schizophrenic. The schizophrenic is what Laing calls ontologically insecure
and does not feel a sense of belonging in the world. As Laing points out, “Our
behaviour is the function of our experience. We act according to the way we
see things.”

According to Laing, people generally tend to react to ontological insecurity
in two ways. There is a movement toward social acting or isolation. Laing, in
fact, discusses four ways in which we try to “save ourselves” from ontological
insecurity. The first two cases involve social acting. We may react to our situation
through engulfment, by attempting to lose ourselves in a relationship with a
person or group. Alternatively, we may react to ontological insecurity through
petrification and/or depersonalization, by attempting to confirm our own value
by degrading others. The other two ways of dealing with ontological insecurity
involve varying degrees of withdrawal. We may react by isolating ourselves;
since each glance of the other “threatens one with non-being, with annihilation,”
others are avoided. Or we may end up suffering the loss of self.

According to Laing, in the process of trying to flee from ourselves (and our
situation), we can become unembodied. The schizoid is so self-conscious that
all mental processes are observed and spontaneity is lost. He remarks, “The
individual has now a persecuting observer in the very core of his being.”
techniques of social acting and isolation are, of course, all normal ways we react to various situations in daily life.

That which functioned as a defence from an adverse state of affairs can, in some cases, became a substitution for reality. We go, in common parlance, mad. We take flight into fantasy, where we are omnipotent. Yet, the more we live in fantasy alone, the weaker we become in reality. For instance, sometimes a false self is constructed as a shield against perceived threats. This false self-system can adapt to new environments, and can therefore give the impression of living a normal life till it "cracks." Often those close to those who go mad are surprised when the breakdown into madness occurs.

We can take an example of the process leading to mental illness from Laing's _Sanity, Madness and the Family_. A girl is admitted to a mental hospital in a catatonic state, claiming to be dead and that her mother is trying to kill her. She is diagnosed as being psychotic and suffering from delusions. Yet, according to Laing, these delusions could be intelligible if we reconstruct her world. Existentially, she is dead: she feels that she has no self; she is nobody. In her imaginary world, her negative feelings toward her mother are translated into the delusion that her mother is trying to poison her.

In Laing's research, psychosis is made intelligible "in light of praxis and process of the family nexus." He says:

In over 100 cases where we have studied the actual circumstances around the social event when one person comes to be regarded as schizophrenic, it seems to us that without exception the experience and behaviour that gets labelled as schizophrenic is a special strategy that a person invents in order to live in an unliveable situation. In his life situation the person has come to feel he is in an untenable position. He cannot make a move, or make no move; pressures and demands, pushes and pulls, both internally, from himself, and externally, from those around him. He is, as it were, in a position of checkmate.

According to Laing, when threatened by ontological insecurity, we try to flee from ourselves into engulfment, isolation, and implosion. The extreme way to be free from oneself (and one's situation), of course, is suicide. In Psalms, we find the following:

For my days have become consumed in smoke, And my bones have been scorched like a hearth. My heart has been smitten like grass and withered away, Indeed, I forget to eat my bread, Because of the loudness of my groaning. My bones cling to my flesh. I resemble a pelican in the wilderness; I have become like an owl of the waste places. I lie awake. I have become like a lonely bird on a house-top...My days are like a lengthened shadow; And I wither away like grass.

Also, Nietzsche's words, aimed at modernity, express a disintegration of the self-world nexus:
Whither are we moving now? Away from all suns? Are we not plunging continually? Backward, sideward, forward, in all directions? Is there any up or down left? Are we not straying as through an infinite nothing? Do we not feel the breath of empty space? Has it not become colder? Is not night and more night coming all the while?  

**Comparisons**

Henri F. Ellenberger, who wrote a comprehensive history of dynamic psychiatry, notes its relation to older ways of approaching disruptions of the mind. Ellenberger mentions the “soul cures” of tribal societies:

> When a human being has “lost his soul”, the shaman works himself into ecstasy by means of a special technique; while he remains in that state, his soul travels to the world of the spirits. Shamans contend to be able, for instance, to track down the lost souls, propitiate them and bring them gifts. Sometimes they have to fight the spirits, preferably with the help of other spirits who are on their side. Even if they are successful, they must anticipate the vengeance of the evil spirits. Once they have recaptured the lost soul, they bring it back and restore it to the deprived body, thus achieving the cure.

Anachronistically, we can call the approach Kierkegaardian. The ritual deals with subjectivity, the social context, and is teleological.

The psychologists I have considered also exemplify the Kierkegaardian approach, which I shall hence explore in more detail. First, existential psychology acknowledges that we have selves, and employs subjective techniques such as empathy. Mendelson optimistically illustrates the orientation:

> If the doctor has enthusiasm and hope, and can communicate this to the patient, then the patient is going to feel better. A healer is a healer no matter what techniques he uses...As the failure of psychiatric chemotherapy, psycho-surgery, electroshock therapy, analysis and most counselling is exposed—in favour of strong familial, friendship, self-esteem support networks—most of psychiatry will disappear.

We are advised to temper our enthusiasm for reductive approaches to mental illness since they often contain, for instance, an epistemological ambiguity. Suffice it to say that it is reasonable to think that both physiology and the social context—the patient’s private, family, and societal situation—need to be taken into account (and decisions for therapy undertaken on a strict case-by-case basis).

Second, the notion that some forms of social organization are illegitimate—because they are at odds with human nature—is implicit in the social critique of, for example, Durkheim, Illich, Hillman, Szasz, Adler, Binswanger, May, and Laing. As Illich puts it:
For more than a century, analysis of disease trends has shown that the environment is the primary determinant of the state of general health of any population. An advanced industrial society is sick-making because it disables people from coping with their environment and, when they break down, it substitutes a clinical prosthesis for the broken relationships.  

Adler, Binswanger, May, and Laing emphasize the social context, which is consistent with the limiting factors for human flourishing discussed in chapters 6 and 8. They also emphasize choice, which was an important variable in Kierkegaard's thought (chapter 4).  

Finally, existential psychiatrists have configured the psychiatric situation—with an eye to the soul's telos—in ethical terms. A Kierkegaardian theory of the self, which finds its exegetical culmination in chapter 8, with Winnicott, is assumed in the practice of existential psychiatrists.  

Also, the historical relevance of a key Kierkegaardian theme is extended by considering some remarks by Sartre. Generally, many modern people suffer from feelings of not belonging, uprootedness, and homelessness, which are expressed as existential truths by writers of post–Second World War Europe. Sartre writes, for instance, "I want to leave, to go some place where I will be really in my own niche, where I will fit in...But my place is nowhere; I am unwanted, de trop." Sartre turns an interpretation of modern science into existential truth: "Every existing thing is born without reason, prolongs itself out of weakness and dies by chance." For Sartre, human actions consequently often express a desire to be God. What Sartre means is that we desire to be complete and not lacking in any respect (God stands for the idea of this most perfect being, as that which is complete unto itself).  

We may, for example, attempt to achieve fulfilment by belonging to something beyond ourselves. Consider the words of A. Maslow, in discussing the mystic as attaining a feeling of belonging:

It is quite characteristic that the whole universe is perceived as an integrated and unified whole...that the universe is all of a piece and that one has one's place in it—one is part of it, one belongs to it.

As Carl Jung noted in his practice:

Among all my patients in the second half of life—that is to say over thirty-five—there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he had lost that which the living religions of every age have given their followers, and none of them has been really healed who did not regain this religious outlook. This of course has nothing to do with a particular creed or membership of a church.

I have, in this study, considered two ways in which the desire to belong can be expressed: theologically, where we seek a relationship to God, and socially, where we attempt to be well integrated in a human community.
Since Kierkegaard's theory has had wide influence, even if not always acknowledged, it was desirable to review the results. In this chapter, we considered several key existential psychiatrists who relied upon Kierkegaard's theory of self in practice, as well as Sartre. In the next chapter, I present my conclusions.