

# SURPLUS SUFFERING AND HUMAN INTERCONNECTEDNESS: A PHILOSOPHICAL CRITIQUE OF THE MEDICALIZATION OF DEPRESSION AND SPIRITUAL TRANSFORMATION

Kim Jonggab\*

**Abstract:** Suffering is a universal experience that transcends individual lives, prompting existential questions such as "why me?" and "what is happening?" Far from being isolated, such suffering can lead to collective self-awakening, enabling the discovery of deeper truths that connect us all as part of a shared human condition. However, our medicalized culture often neutralizes these profound inquiries by focusing on the immediate alleviation of pain through medication. This paper, centered on depression, seeks to demedicalize and spiritualize suffering by exploring it as a vital part of our interconnected human experience. Freud's psychological model of depression is juxtaposed with Kierkegaard's spiritualized perspective, emphasizing the latter's capacity to foster spiritual growth not just individually, but as a shared human endeavor. This article argues that spirituality emerges not from divine intervention but through the collective human experience of suffering and existential questioning. Just as subjectivity is inherently relational, so too is the spirit, which finds its fullest expression through our shared human struggles.

---

\* Kim Jonggab is a professor of English at Konkuk University in Seoul, Korea, and serves as the director of the Institute of Body and Culture (IBC). His interdisciplinary research centers on embodiment, literary theory, rhetoric, feminism, ecology and posthumanism. He has written several books in Korean, including *Modern Body and the Symptoms of Postmodern Body* (2008) and *Disgust: The Politics of Emotion* (2017). He is the chief editor of the IBC's journal, *International Journal of Body, Nature, and Culture*.

**Keywords:** Depression, Surplus suffering, Global Family, Human Interconnectedness, Demedicalizing, Psyche, Spirit, Causality, Constitution.

## 1. Introduction

There are questions that appear perplexing and seem best left unasked, yet we ask them all the time. One of them concerns the meaning of suffering, "Why do we suffer?" and "Is there meaning in our suffering?" Freud, who loathed nonsense and self-indulgence more than anything else, assumed that posing such a question is courting danger, as it darkens minds with sadness and depression. Our otherwise healthy selves become 'sick.' Questioning is not only intellectual but also transformative. Why? Freud's answer was straightforward: "since objectively neither [of the meaning and value of life] has any existence" (Freud, "Letter" 436). Searching for meaning in the meaningless world is futile and enervating, sooner or later inducing sadness and depression. There is no God behind the world to provide meaning and justify our existence. Indeed, Freud was "the first completely irreligious" (Rieff, xi) and practically minded moralist at that; he, who defined the human psyche as a functional system of *id*, *ego*, and *superego*, banished spirit from the psychoanalytic consulting room. The most poignant case of such a despiritualizing psyche is melancholia, that Hippocrates and Aristotle attributed to men of thought and high imagination; he dethroned it from the pedestal of "holy madness" (Raden, 18) and secularized it as excessive grief and despair over the loss of loved objects. However, meaning is not an entity that exists objectively; it is hermeneutical, intersubjective, and social that is, produced in the process of exchanging questions and answers. Questioning, instead of or because of darkening the mind with sickness, can purify and spiritualize it as a mode of reflection. Similarly, we should not reject the being of spirit on the grounds that it does not exist objectively as Freud did. Kierkegaard argued that spirituality emerges from suffering and subsequent questioning, especially depressive suffering with no apparent cause, which I will refer to as surplus suffering. Spirit is the epiphenomenon of suffering,

flourishing in the fertile soil of shared human pain, connecting individuals through a transcendental experience. Kierkegaard, a melancholic par excellence, fashioned a philosophy of spirituality from his personal experience of melancholy. While sadness, according to Freud, leads to depression, for Kierkegaard, it occasions the growth of spirituality. If Freud's depression is psychical and individualistic, Kierkegaard's is inherently spiritual.

## **2. Therapeutic Culture and the Increase of Depression**

The pursuit of happiness has perennially been a human ideal, yet the reality of life is often characterized by suffering rather than pleasure. Aristotle, in *Nicomachean Ethics*, (I.10, 1100a10-1101b8) recognized the near impossibility of achieving perfect eudaimonia, as we are inherently vulnerable to misfortunes, diseases, and plagues that even the wisest cannot escape. Kant, cautioning against facile optimism in *Grounding for Metaphysics of Morals*, noted that happiness, though a natural inclination, “is not an ideal of reason but of imagination” (27). Exceeding what is reasonably entitled to us can lead to misery and humiliation. Historically, humanity often found itself helpless in the face of natural disasters, with life expectancy in Europe not more than mid-thirties until 19<sup>th</sup> century (Floud, 246). However, from the Enlightenment onwards, the relationship between humans and nature underwent a transformation as they gained control over it, taming and civilizing it. Life expectancy increased, reaching 80 years in Europe and even more in South Korea and Japan. Floods, droughts, famine, epidemics, childhood mortality, and diseases were brought under control with the help of penicillin, vaccines, and other medications, ushering in an era of life planning facilitated by cutting-edge technologies. In such an age of technological empowerment, we no longer need to rely on prayers for divine intervention. As we become masters of our fate, the pursuit of self-fulfillment becomes the spirit of the age. Cultural critic, Slavoj Zizek, in his film *The Pervert's Guide to Ideology*, deplores that enjoyment has become almost an obligation to such an extent that we even feel guilty if we do not fully enjoy.

However, despite living in an era of therapeutic culture

accompanied by numerous self-help manuals ready to assist us, there is a paradox; we observe a significant increase in patients suffering from mental illnesses, particularly a rapidly growing population experiencing depression.<sup>16</sup> Such a surge in depression is somewhat startling, given our material prosperity and unprecedented health and longevity. Why are there such discrepancies between the improved medical and material conditions of life and the rising prevalence of depression? Not a few theories endeavor to address this question; yet I suppose that one of the primary reasons lies in people's heightened expectations of happiness and flat rejection of suffering as meaningless negativity. They tend to regard suffering not as something to live with but as an unnecessary inconvenience, if not evil, to be promptly rectified or eradicated. They seek instant relief from suffering and immediate gratification of desires, traits that Kierkegaard characterizes as aesthetic and narcissistic, which ultimately disconnect them from the shared human experience and spiritual growth

Christopher Lasch, in *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*, portrayed contemporary society as narcissistic. Expanding upon Freud's concept of narcissism to explain the psyche of Baby Boomers, he defined it as self-centeredness and a preoccupation with instant gratification. Narcissism, according to Freud, has its origin in infantile omnipotence and the fantasy of wish-fulfillment. Infants seek

---

<sup>16</sup> The World Health Organization has identified depression as the second leading cause of global disability. David Karp observed in 1997 that "depressive illness is rising at an epidemic rate" (65). The validity of Karp's assertion becomes apparent when comparing the prevalence of depressive patients from 1950 to 2013. Darian Leader estimated that only 0.5 percent of the U.S. population suffered in 1950 (13). However, a 2023 survey indicates that "the percentage of U.S. adults diagnosed with depression during their lifetime has reached 29.0%, nearly 10 percentage points higher than in 2015" (Witters). This substantial increase in depression is further emphasized by the fact that the number of psychological practitioners has "increased a hundredfold in the past fifty years" (Aubry, 2).

immediate and limitless satisfaction of desires unconstrained by realities in their blissful symbiotic identification with the mother. However, as they grow up, this unity is shattered, and they strive to secure pleasure within the limit of moral norms and social demands. However, they cannot exert full control over their lives, as the unforeseen loss of cherished objects of love occurs. When such losses happen, they fall into grief and depression, if worse. Freud, in "Mourning and Melancholia," conceptualizes melancholy as the inability to mourn the loss of the love object. Mourning is the ritual of burying the dead so that the ego is liberated from the old bondage and finds a new one. The sooner it is finished, the better for the ego's psyche. However, the challenge lies in the fact that mourning doesn't naturally resolve with time. As Freud's phrase 'the work of mourning' suggests, it is a demanding process that requires intellectual effort, much like dreamwork.

The object has not perhaps actually died but has been lost as an object of love (e.g. in the case of a betrothed girl who has been jilted). In yet other cases one feels justified in maintaining the belief that a loss of this kind has occurred, but one cannot see clearly what it is that has been lost, and it is more reasonable to suppose that the patient cannot consciously perceive what he has lost either. This, indeed, might be so even if the patient is aware of the loss which has given rise to his melancholia, but only in the sense that he knows whom he has lost but not what he has lost in him (Freud, "Mourning and Melancholy" 245).

Freud highlights the intricacies of mourning, emphasizing the challenges posed by epistemological complexities. When we suffer the loss of loved objects, we wonder why it happens to us, making us miserable. Where there is suffering, there are questions (Kleinman, 195). However, "sickness does not travel in straight lines, and we who care for sick people have to be equipped for circuitous journeys if we want to be of help" (Charon, 67). While we may be certain about who or what we have lost, it often transpires that we remain largely ignorant of the true essence of that loss. Comprehending why we love someone in a particular manner proves elusive. The awareness of "what one has lost in oneself" doesn't spontaneously emerge following the loss. To

acquire genuine knowledge is complicated because the ego confronts not the transparent and tangible object but rather 'the shadow of the object fell upon the ego'" (Freud, "Mourning and Melancholy" 249). The object of the ego's affection did not remain intact and innocent but was altered by its interaction with the object, to the extent that its origin or identity is obscured. Love is intricate, marked by twists and turns. Freud had to acknowledge that extensive cases of melancholic disruptions take place without identifiable causes. The phrase "without causes" should be read with extreme caution against too facile interpretation. It is the reef that strikes our voyage of questioning and wrecks our passionate inquiry into the cause of the symptom. Alternatively, it may be that causality is not the right concept to account for the truth of love. Is the love between two individuals causal, implying that one directly causes the other to fall in love with them? If love is reciprocal and based on relationships, it is advisable to abandon the concept of causality and seek a more appropriate term for it. Simultaneously, queries may not inherently assume causal responses.

The absence of a cause is distinct from the absence of a reason. Alternative concepts, such as correlation, conjunction, and mutual constitution (which will be discussed later), provide different perspectives. However, there have been instances where it happened that the manifestation of depression without an evident cause led to somatization and subsequent pharmaceutical intervention. When patients cannot trace the origins of their depression to personal experiences, the condition is perceived purely as a biological ailment, devoid of the profound depth associated with uncovering hidden truths, rendering the question of 'why' irrelevant. The medicalization of depression reached its peak in the 1980s with the widespread availability of Prozac.<sup>17</sup> Its

---

<sup>17</sup> Medicalization, as Peter Conrad most succinctly put it, is "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorder" (209). Such medicalization "diminishes the person, thins out and homogenizes the deeply rich diversity of human experience, and puts us in danger of being made over into something new and frightening (Kleinman, 9).

acceptance was enthusiastic, earning it the nickname 'happy pill.' The notion was simple: no need to battle depression — just take the pill, and all its symptoms would vanish instantly. Moreover, even individuals without clinical depression turned to Prozac to enhance their optimism, self-confidence and sociability. Even when faced with the loss of an object of love, there is no need to undergo the arduous process of mourning. However, resistance to such a quick fix was not absent - a theme integral to the focus of this paper - for people desired happiness in their own terms, not through medication. This inevitably raises questions about subjectivity, which medicine tried but failed to lull into sleep by relieving pains. Surprisingly, even suffering can feel more authentic and meaningful than the pursuit of easy happiness, especially if achieving that happiness requires relinquishing one's sense of self. How can we truly experience happiness if the source of our joy is a drug rather than our own agency?

What we learn from Kierkegaard is the insight that depression is more a problem of subjectivity than of suffering itself. When one suffers from depression, it is true that one's capacity to even take care of oneself is severely curtailed. Patients do not take their illness for granted; instead, they condemn it as interfering with their right to well-being, questioning why they must suffer for no reason. Their personal feeling of happiness holds paramount importance over their social roles, political affiliations, or religious commitments—the type of people Kierkegaard criticized as aesthetic and narcissistic, much like children. Children are not yet reflective; their focus is on external stimuli, and they seek instant gratification of their desires, living solely for the fulfillment of those desires. However, quite contrary to their expectation, such a style of life soon falls into prey to depression since they cannot always do whatever they want and there are infinite external variables beyond their control. To use Freudian language, they become depressive at the loss of the object of their love, that is, pleasure, which they take as the default of life.

---

Kierkegaard not only anticipated psychoanalysis before Freud but also foresaw the emergence of a contemporary narcissistic culture and the surge in depression. However, despite sharing similar interests with Freud in delving into the dark abyss of the human psyche, Kierkegaard held an almost diametrically opposed attitude toward suffering. In contrast to Freud, who deemed suffering as evil, Kierkegaard sanctified it as the dialectic momentum for a transformative leap of the self. More crucial to Kierkegaard than the recovery of health was the fulfillment of spiritual possibilities. In this context, it is not an overstatement to say that he adhered more faithfully to the Freudian dictum that 'a man has to be ill before he can be accessible to a truth [of subjectivity]' (Freud, *Mourning and Melancholia* 246) than Freud himself, who, despite his explorations, warned against the danger of obsessively pursuing the origins of illness, fearing that one might be consumed by such a quest. The will to well-being prevailed over the will to truth in Freud's framework, as evidenced by his famous statement: "If the truth leads to misery, then the devil takes it" (qtd. In Marino 133). We should be practical and prudent even in our pursuit of truth. From a Kierkegaardian perspective, such a practical vision of life is only aesthetic, not different from that of children who try to avoid sufferings. For Kierkegaard, this avoidance represents lost opportunities to grow spiritually. Spirituality is not something given, nor is it caused by precedent events, but is rather created through the subject's painful endeavor to live up to their ideals and to endure the ordeal of sufferings for them.<sup>18</sup> To suffer is not mere passive endurance

---

<sup>18</sup> Here we can raise a question concerning suffering, whether it is teleological or not. If we take the orthodox Christian interpretation, suffering is seen as a test by which God assesses our love for Him, examining whether we are prepared to sacrifice even ourselves for Him. "God allows spiritual trials as a way of deepening a person's spiritual character" (Evans 79). In this paper, I do not adopt such a teleological perspective; instead, I am interested in spirituality without religion. What does it mean to have spirituality without God? "At the very least, it must necessarily involve adopting the ethical as a way of being. More specifically, spirituality requires cultivating a relationship to value through an ongoing inner dialogue of self-relation. Spirituality as embracing the ethical is a gravitational pull toward the good, namely, what is right, what is just, what is coveted and emulated for being worthy of valuing, what the ancients called the pursuit of excellence or virtue" (Taylor 169).



but an active struggle to make sense of it, and to grow with it.

### 3. Suffering and Spirituality

Kierkegaard believed that, “A human being is spirit” (*Sickness Unto Death*, 13), but only conditionally and relatively, unlike God. The spirit begins its life from unrealized potentiality and goes through stages for its perfection. The first stage, the aesthetic, corresponding with Freud’s infantile narcissism, is characterized by the pursuit of immediate pleasure. The aesthetic stage, embodied in the persons of Don Juan and Nero, teaches us ‘to enjoy life and live for our desire’ (Kierkegaard, *Either/Or* II 183). However, such a principle contains a seed of self-destruction within itself, because the self must acknowledge that one grows old and falls ill, and as Schopenhauer remarked, even in the luxury of Eden, one may encounter boredom. Soon, moments arrive when pleasure, being repeated, turns into its opposite, that is, into ennui or unpleasure. This movement from pleasure to displeasure is dialectic. At this point, one begins to reflect on the nature of pleasure and the reason why it is so momentary. Such an inner dialectic of reflection forces one to break away from the aesthetic way of life and to search for a more authentic life and more durable pleasure; one is forced to grow more mature and wiser.

Yet, this second ethical stage of life is not final, since it yields itself to the next stage of religious life for further dialectical movement. What propels this dialectical movement is our freedom and the courage to overcome obstacles in staying true to our spiritual potentialities. Kierkegaard believed that these potentialities are rooted in an individual’s relationship with the infinite, as the self must continually strive to transcend its finite existence. He argued that *spirituality is constituted by our relation to the infinite* and that true spiritual maturity is achieved by embracing the tension between the finite and the infinite, the temporal and the eternal. This ongoing relational struggle allows individuals to move beyond mere sensory gratification,

---

advancing toward a higher, more authentic existence grounded in love and faith. Unlike animals, which are bound to their natural instincts and environment, human beings, with their relative freedom, have the capacity to detach from their desires and summon the courage to embark on the journey toward the infinite.

Freud conceives depression as the individual's painful reaction to the event of loss that has already occurred. To achieve liberation from depression, one must launch a backward journey to hit upon the core of the lost object. The symptom is causally formed by the experience. However, in stark contrast to Freud, Kierkegaard's depression is not causal, but something constituted by the expectation of the future that has not yet arrived. Herein lies the philosophical significance of his breakup with fiancée, Regine Olsen, which tormented him throughout life, forcing him to blame himself as a villain. There were no convincing external reasons to account for his disengagement, aside from his self-denial and spiritual aspirations. We need to stress that there was nothing to prevent him from marriage: the opposite was true, since everybody expected them to happily marry. What is philosophically interesting is the process how he reached this final decision of jilting a betrothed girl whom he still loved passionately. What he did was to imagine his married life and compare it to an unmarried life devoted to God. In other words, he scrutinized conjugal happiness through the lens of eternity and infinity – *sub specie aeternitatis*. This vision of infinity is negatively dialectical, as all finite and temporal things that constitute our earthly life become nothing the moment they are juxtaposed with the ideal of infinity. This negation is disconcertingly depressive because nothing aesthetic remains after that spiritual exposure.

To exacerbate matters empirically, Freud referred to the objectivity of meaning; there is nothing to indicate the presence of God in the world one lives in. The only proof available to him is via negativity, that is, through suffering. The presence of undeserved suffering he endures is inexplicable, except through his unwavering belief, which transforms the absent God into an imaginative presence. Don't martyrs prove the presence of God through their enormous suffering, throwing themselves into fire,

smiling? How else could Kierkegaard prove his devotion to God if not by sacrificing his most cherished desire, Regine, just as Abraham was willing to sacrifice Isaac? He relinquished conjugal happiness to understand its value through absence; the more he suffered for her, the more intensely he loved her. In his farewell letter to Regine, he wrote: “You command, Regine, that I must renew unspeakable suffering.” His way of affirming his belief in God mirrored his complex relationship with her, reflecting a ‘perverse’ dynamic, as Freud might describe, where his love was deepened precisely because of the pain of deserting her. In other words, it is through his suffering that he demonstrates his love for her, despite or perhaps because he deserted her.<sup>19</sup> After terminating his engagement with Regine, he expressed that only at that moment, not before, did he realize that he had been engaged since infancy, namely, to God. He acknowledged that by entering an additional commitment with Regine, he had committed a form of bigamy, stating, “I paid dearly for I once misunderstood my life and forgot – that I was engaged” (Garff, 191). This implies that he engaged twice and consequently lost the object of love on both occasions, providing a twofold reason for experiencing melancholy. Just as he loved and lost Regine, suffering for her became his fate, mirroring his relationship with God. Then, there are two forms of love that, despite their differences, culminate in melancholy: one secular, the other divine.

It is quite common and natural for us to marry, seeking happiness with our lover, as love is manifested in our embodied relationship. However, when the object of love is an ideal like God, it cannot be tangibly present or embodied in any way. Eternal absence in the empirical world becomes the very condition of God’s existence. Here, God’s presence or absence holds meaning solely for those who believe in God, and their relationship with

---

<sup>19</sup> Regine is present almost everywhere in his writing, most noticeably in *Either/Or, Three Stages of Life*, even though her name is not mentioned. In *Repetition*, he narrates the story of a young man who broke off his engagement. Again, Kierkegaard stated that “To her and to my late father will all the books be dedicated” (Garff, 191).

God inevitably becomes dialectical, as they sense God's presence through its absence. If we were to consider Freud's perspective, he might comprehend that such a mode of experiencing God gives rise to melancholy. This is because, ironically, one has already lost God without ever having met Him. More ironically, however, there is a melancholic longing for God, lamenting His absence, even though he never lost Him. This double irony constitutes the love or experience of God.

There are two distinct forms of melancholic suffering: one, as described by Freud, rooted in the psyche, and the other, by Kierkegaard, rooted in the spirit. It is not difficult to see that Kierkegaard's three stages roughly correspond with Freud's tripartite topology of *Id*, *Ego* and *Superego*. However, with one significant difference: there is no place for spirit in Freud's formulation of *ego*. With his topology, he can explain the intricate dynamic mechanisms of the aesthetic and the ethical almost exhaustively but not the religious. Freud ostracize spirit from his psychoanalysis, regarding it the outdated remnants of a primitive society. To explore the human psyche, we don't need to go beyond the body, as he stated, "the ego is first and foremost a bodily ego" (*The Ego and the Id*, 26). Yet, for Kierkegaard, spirit is the goal to which we must aspire, elevating humans beyond mere animals and toward the divine. He defines the self as the "relation's relating itself to itself in the relation," contending that we live in "the tension between "the finite and the infinite," and "the possible and the necessary" (*Sickness Unto Death*, 13). Though vague and ambiguous his definition is, what is certain is the fact that we live in and experience things in the wide spectrum of two opposing tendencies. The pivotal factor in determining the intensity of our spirituality lies in the specific position we occupy within that spectrum. Aestheticists, being related solely on external matters and perpetually seeking instant gratification, are not yet fully human. If we live on moral principles, we become more human, located in the middle of the spectrum. While *id* and *ego* are predominant in the aesthetic stage, in the ethical stage, *ego* and *superego* are more active. However, to develop into a true self, one must be more intimately related to the realm of ideas,

such as the infinite and the absolute that transcend the narrow confines of the ego and of the material world. Most people in the current narcissistic society are too much enmeshed with finite and material things to relate themselves to the infinite and the absolute. Therefore, spirituality is not given but constituted by our relation to the infinite and the interconnectedness of the human spirit. Such role of suffering in our journey to spirituality cannot be overemphasized.

#### **4. Causality and Constitution**

For Kierkegaard, true subjectivity is a task to achieve, not something realized already upon our birth. It means that it is a potentiality that grows spiritually in accordance with our relation to ideals. The more we are related to them, the more we become spiritual. However, there is a problem that infringes such a spiritual transformation. We are preoccupied with external things and feel safe and confident only with them. Such an aesthetic tendency, if not restrained, will suffocate our burgeoning spirituality, not robust enough yet to grow if not properly taken care of. Here arises the necessity of illness as a kind of shock therapy to shake us off from our aesthetic indulgence. "Spirit is asleep; then comes hardship to awaken the dreamer, hardship, which like a storm tears off the blossoms" (qtd. In Olesen 180). If life had been like a luxurious garden in which all kinds of flowers bloom one after another, then the storm of illness puts an abrupt end to those sensual beauties. When this happens, we become anxious and begin to ask, "Why? What is happening to me? Could it be otherwise?" (Kierkegaard, *Either/Or I*, 151), feeling dejected and overwhelmed by the weight of our existential uncertainty.

When we are sick, the world is not the familiar world we know anymore: "ordinary reality is 'abolished' [and] something terrifyingly other shines through" (Taylor, 6). Everyday common world feels homelike only to those who are healthy but appears strange and 'unhomely' (*unheimlich*) to those who are not. The world rejects the disabled body, as the machine spits out a damaged coin. Therefore, the question "why me?" as it repeats, becomes more and more catastrophic and colossal. The cry of suffering begins to make its way into the universe. However, such

a cry of anxiety, penetrable into every nook and corner of the world, can be blocked prematurely before exhausting its full course. Take medicine, and the suffering halts as abruptly as it began. Certainly, it must be acknowledged that some pains do not provoke existential inquiry, as they are purely biological and can be explained causally. It is only sufferings like depression, which science cannot fully explain and which resist our attempts to make sense of them – sufferings without apparent cause – that give rise to profound existential questions.

Suffering without cause is surplus suffering, an excess of discernable cause – not because it is too much to bear physically, but because it is without an identifiable reason. Kierkegaard liked to cite Job and Abraham as examples of such surplus suffering, though he did not use this term. As we know there is notable absence of spirit in Freudian psychoanalysis. That is to say, Freud unambiguously rejected the exploration of spiritual or supernatural phenomena, deeming them too subjective for scientific scrutiny. Despite their somewhat indistinguishable nature from psychical occurrences, he considered them beyond the scope of his psychoanalytic framework. This rejection of spirituality underscores his commitment to a materialistic perspective. Even when addressing religious experiences in works like *Moses and Monotheism* and *Totem and Taboo*, Freud consistently interpreted them in psychological terms, attributing them to phenomena such as illusion, hallucinations, or overcompensation for sufferings. In *Civilization and its Discontents*, he confessed that he personally never experienced the transcendental sense of fullness, the oceanic feeling that his friend called “a sensation of ‘eternity,’ a feeling as of something limitless, and unbounded” (64). Charles Taylor defined ‘the sense of fullness’ as the essence of religion, which ‘unsettles and breaks through our ordinary sense of being in the world’ (*A Secular Age*, 5). However, for Freud, spirituality is the surplus of psychoanalysis that claims itself as science.

On the contrary, Kierkegaard depicts human being as fundamentally spiritual, transcending mere intellect or psyche. Our essence is spiritual potentiality, a synthesis of the finite and

infinite, temporality and eternity, necessity and freedom. Spirituality comes to life as we endure suffering inflicted upon us in the pursuit of the infinite. His decision to terminate the engagement reflects such a transcendental aspiration, a self-inflicted injury that caused him profound suffering. In *Either/Or I*, he passionately declared: “My depression is the most faithful mistress,” (20), not Regine. Instead of seeking a remedy for his depression, he willingly plunged into its depths, of course, not without purpose. This deliberate immersion into excess suffering shapes a spirituality that is not yet fully realized. What becomes clear is that spiritual growth is not bestowed but crafted through enduring suffering. While emphasizing the necessity of suffering, he went to the extreme of taking an almost sadistic stance, arguing that one who bears 'the wound of negativity' should refrain from allowing it to scab over and heal, as doing so risks transforming it into 'positive' (*Concluding Unscientific Postscript*, 85). Once the wound heals, the allure of aesthetic temptation may arise, making self-torture preferable to endangering one's spirit.

The dialectic between suffering and spirituality prompts us to question whether our love for God drives us to endure suffering, or if it is through our suffering that love for God is cultivated. Did Abraham sacrifice his son due to pre-existing profound faith, or was the sacrifice an act aimed at cultivating faith? Does spirituality emerge from God's grace or our experiences of suffering? These questions address the differentiation between causality and constitution, associating with Kierkegaard's notion of changes and becoming. He regarded changes as causal, while becoming involves a 'leap' (*Concluding Unscientific Postscript*, 340). Rather than dismissing causality outright, he recognizes its efficacy in elucidating physical, chemical, and biological phenomena where external causes govern outcomes. Even human actions are merely causal if not accompanied by the subject's spiritual transformation, i.e., becoming. For instance, Don Juan, an aesthete, enjoys sensual pleasures and grows old, but without 'becoming' mature; his moods, determined by external causes, change all the time. His experience lacks inner conflict; there are “no formative forces

collid[ing] with one another” (Small, 40). However, Elvira, though abandoned by him, becomes a completely different person, loyal and devoted to him, even embracing suffering and humiliation: she leaps into love. As seen in these examples, causality is valid solely for entities whose identity remains constant before and after interactions with others. However, within the realm of becoming, causality takes on a dynamic and unpredictable nature, involving transformations of identities. To articulate it more formally, A and B are in a causal relation if their interaction does not alter their subjectivities. Conversely, A and B are in a constitutive relation only if they undergo a metamorphosis, emerging as different individuals through their interactions (Shapiro, 199). If a patient experiences depression and, after medical treatment, returns to their previous state, it can be said that the antidepressant played a causal role in restoring their health. The events of becoming or spiritual growth did not happen to them.

### **5. Surplus Suffering and Human Spiritual Interconnectedness**

Suffering can serve as a catalyst that propels us into a deeper connection with the spiritual essence that binds humanity. The fact that we suffer means that we are not all-powerful, but weak and vulnerable. It is often noted that when people see others in pain and feel sympathy, they are reminded that they, too, can suffer. Recognizing the suffering of others highlights the universal human condition of vulnerability. This realization creates a shared emotional ground, building a sense of solidarity and mutual understanding within the community. However, this does not mean that Kierkegaard endorses sympathy or sympathetic suffering unconditionally; he distinguished human sympathy from divine empathy. While empathy entails both understanding and sharing another’s suffering, sympathy is limited to understanding the suffering and feeling pity or sorrow for it without fully experiencing it (Davies 127-33). This distinction is vital because human sympathy often lacks the experiential depth that true empathy, exemplified only by Christ, entails.



While suffering might help people realize their connection with both the divine and each other, human sympathy is often inadequate. For Kierkegaard, suffering, rather than leading solely to sympathy, should serve as a mode of radical questioning that relativizes the values and meanings of the social world. Recognizing our interconnected human spirit through suffering, whether sympathetic or personal, is considered a virtue in the ethical stage of life, but not in the religious stage. Suffering, only when combined with the pursuit of freedom and the passion for the absolute, contributes to the constitution of spirituality. If we seek to explain this in terms of causality, it involves retrogressive causation—a process wherein the desire for ideals projected into the future becomes the cause of spiritual growth in the present.

Critics may argue that Kierkegaard over-spiritualized and romanticized depression. They protest that blurring the distinction between depressive suffering, on the one hand, and existential anxiety without physical suffering, on the other, potentially leads to the neglect of psychosomatic afflictions that are extremely hard to endure. However, we should remember that Kierkegaard views suffering not only as a spiritual pathway but also as a challenge, wary of the danger of conflating sympathetic suffering with divine empathy. Additionally, it is unwise to separate a mental crisis from a psychophysical ailment, as this unintentionally encourages the dualism of mind and body and indirectly promotes medicalization. Such criticism appears premature and untimely, especially given the prevailing dominance of the medical model, which focuses on patients at the expense of recognizing them as whole persons (for the distinction between the two, see Frank 1-15). While excessive spiritualization poses a risk, an even greater peril lies in an overly pathologized perspective.

## **6. Conclusion**

We've observed that despite the rapid development of advanced medical technology for curing diseases and alleviating suffering, depression is on the rise. I attribute this trend to the lowered threshold for diagnosing depression and heightened expectations

about well-being. Minor illnesses, once taken for granted as natural aspects of life by older generations, are now subjected to medical scrutiny. I do not want to downplay the significant challenges that individuals with depression face, including the hardships they endure and the disadvantages they experience in their personal and professional lives. Many scientists and politicians lament that depression negatively impacts workforce productivity, suggesting that the country could generate more wealth if not for this issue. The impatience of depression patients to alleviate their symptoms and return to work is directly linked to a culture that values productivity and achievement, not the quality of life. However, is illness solely a problem of impeded productivity and diminished aesthetic pleasure? I propose that we must not overlook the fact that depression raises profound questions, such as "why?" and "why do we suffer?" Rather than rushing toward a quick fix aimed at restoring productivity, I advocate for remaining with these sufferings and questions – not for the sake of achievement, honour, or success, but for our own spiritual growth. As Kierkegaard contended, it is through suffering that we learn to relate ourselves, not to the ordinary and relative reality, but to truth, to what is more authentically true to our ethical and spiritual potentialities. However, to spiritualize depression is not easy. Only those experiencing surplus suffering – suffering without a clear cause – encounter such spiritual moments. In cases of causal illness, suffering is often addressed through neurobiology, brain science, and psychology, leaving no residual pain for spiritual reflection. Sufferings that fall beyond the scope of current scientific understanding are the ones that ignite existential questioning. Suffering, in this sense, is too valuable to be merely neutralized by medicine, too meaningful and useful to be rendered useless. If we reject suffering, life may lose its intrinsic value.

### **Declaration of Conflicting Interests**

The author declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding: This paper was supported by Konkuk University in 2018.

## References

- Arbaugh, G. B. and G. E. *Kierkegaard's Authorship: A Guide to the Writings of Kierkegaard*. Routledge, 1967.
- Aristotle. *Nicomachean Ethics: The Complete Works of Aristotle*, ed, Jonathan Barnes, vol. 2, Princeton University Press, 1984.
- Aubry, Timothy and Trysh Travis. eds. *Rethinking Therapeutic Culture*. University of Chicago, 2015.
- Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford University Press, 2008.
- Conrad, Peter. "Medicalization and Social Control." *Annual Review of Sociology* 18 (1992): 209-32.
- Davies, Victoria. "Sympathy/Empathy." *Kierkegaard's Concepts. Tome VI: Salvation to Writing*, ed. Steven Emmanuel, William McDonald, and Jon Stewart, Ashgate, 2014: 127-134.
- Evans, Stephen. *Kierkegaard and Spirituality: Accountability as the Meaning of Human Existence*. Eerdmans, 2019.
- Floud, Roderick, et al. *The Changing Body: Health, Nutrition, and Human Development in the Western World since 1700*. Cambridge University Press, 2011.
- Freud, Sigmund. "Mourning and melancholia," *The Standard Edition of the Complete Psychological Works*. tr. James Strachey. Hogarth Press, 1961: 243-260.
- . *The Ego and the Id. The Standard Edition of the Complete Psychological Works*. tr. James Strachey. Hogarth Press, 1961: 1-66.
- . Civilization and its Discontent. *The Standard Edition of the Complete Psychological Works*. tr. James Strachey. Hogarth Press, 1961: 57-145.
- . "Letter from Sigmund Freud to Marie Bonaparte, August 13, 1937." *Letters of Sigmund Freud 1873-1939*, Hogarth Press, 1970: 436-37.
- Garff, Joakim, *Søren Kierkegaard: A Biography*. tr. Bruce H. Kirmmse. Princeton University Press, 2007.
- Kant, Immanuel. *Grounding for the Metaphysics of Morals*, tr. James Wesley Ellington. Indianapolis: Hackett Pub. 1981.
- Karp, David. *Speaking of Sadness: Depression, Disconnection, and the Meanings of Illness*. Oxford University Press, 1997.

- Kierkegaard, Soren. *The Concept of Anxiety*. trans. Reidar Thomate and Albert Anderson. Princeton University Press, 1980.
- . *Concluding Unscientific Postscript to Philosophical Fragments*. trs. Howard Hong and Edna Hong. Princeton University Press, 1992.
- . *Either/Or I & II*. trs. Howard Hong and Edna Hong. Princeton University Press, 1987.
- . *The Sickness Unto Death*. trs. Howard Hong and Edna Hong. Princeton University Press, 1980.
- Kleinman, Arthur and Iain Wilkinson. *A Passion for Society: How We Think about Human Suffering*. University of California Press, 2016.
- Lasch, Christopher. *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*. W.W. Norton & Company, 1979.
- Leader, Darian. *The New Black: Mourning, Melancholia, and Depression*. Graywolf Press, 2009.
- Marino, Gordon. "Kierkegaard contra Freud: On the Proper Scope of Our Moral Aspirations." *Soundings*. 77.1/2 (1994): 129-144.
- McClintock, Shawn and Jimmy Choi. eds. *Neuropsychology of Depression*. The Guilford Press, 2022.
- Olesen, Michael. "The Role of Suffering in Kierkegaard's Gospel." *Kierkegaard Studies Yearbook*. 2007:177-192.
- Radden, Jannifer. *The Nature of Melancholy: From Aristotle to Kristeva*. Oxford University Press, 2002.
- Shapiro, Lawrence. *Embodied Cognition*. Routledge, 2019.
- Svenaesus, Fredrik. "The body uncanny: Further steps towards a phenomenology of illness." *Medicine, Health Care and Philosophy* 3(2000): 125-137.
- Swinton, John. *Spirituality and Mental Health Care*. London: Jessica Kingsley Publishers, 2003.
- Witters, Dan. "U.S. Depression Rates Reach New Highs." *Gallup*. May 17, 2023.  
<https://news.gallup.com/poll/505745/depression-rates-reach-new-highs.aspx>
- Žižek, Slavoj, and Sophie Fiennes, directors. *The Pervert's Guide to Ideology*. P Guide Productions, 2012.