

Anxiety and Depression: The Twin Maladies of Modern Life

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The tower of *Babel* never yielded such confusion of tongues, as this Chaos of melancholy doth variety of symptoms.¹

Robert Burton

With each passing day, the infirmities of the contemporary mind become more varied, extreme, and complex. The index of diagnostic categories used to identify and label explanations for the inner workings of consciousness and behavior is never-ending. Even so, the deeper causes of the modern world's spiritual crisis remain largely unaddressed. Fear and sadness are embedded in the human condition, yet our epoch is consumed and tormented by interminable anxiety and depression. What conditions have brought this about remain an enigma to psychotherapists and mental health experts.

Anxiety and depression were originally considered twin facets of a single disorder, but are now largely thought of as separate conditions. Attempts to classify such ailments based upon their symptoms disconnected from metaphysical and cosmological considerations only serve to confirm how inscrutable the mind continues to be, not only for the common person, but equally for mental health providers.² Even so, these two afflictions remain 'the two classic "symptoms" of modern societies.'³

While psychology today does its best to diagnose and treat mental illness, it fails to acknowledge the contribution of secularism to this crisis. Without understanding the historical developments that led to the rise of modernity—the humanism of the Renaissance, along with the Scientific Revolution spawned by the Age of Enlightenment—it is difficult to understand how this profane trajectory radically undermined the collective psyche and its notions of self. Present-day mental health treatments

1. *The Anatomy of Melancholy* (Oxford: Printed for Henry Cripps, 1638^r), p. 190; this passage does not appear in earlier editions.

2. See Samuel Bendeck Sotillos, 'Madness and its Enigmatic Origins', *Sacred Web: A Journal of Tradition and Modernity* 44 (Winter 2019) 65–94.

3. Marty Glass, *Yuga: An Anatomy of our Fate* (Hillsdale NY: Sophia Perennis, 2004), p. 319.

are still based on the fragmented and scientific foundations of this movement.

The myopic outlook of the post-Enlightenment period is still confined to the notion that only what can be perceived by the five senses is ultimately real. This reductionism is akin to the allegory of the cave, taught by Plato (429–347 BC), in which people mistake shadows for the real world. They confuse levels of being, and the means by which to know them, so that what is partial is taken to be the whole, thus mixing truth with error and subverting veracity altogether. This confusion extends into our notions of mental illness and the delivery of mental health remedies. To face the real world beyond the shadows requires entering a spiritual path that leads one outside the cave. From the point of view of ultimate reality, we need to discern what lies beyond the phenomenal world of fleeting appearances.

The profane orientation of modern psychology denies the transpersonal center of our being, and thus ignores everything that flows from this reality. Deprived of the vertical dimension, we live in a secularized and de-centered cosmos—the result of a flattened and disfigured self-absorption, cut off from enduring sources of emotional and spiritual sustenance. An inner emptiness makes us feel that our lives are null and void, as there is always something lacking in our fragmented condition that keeps us solely focused on what is external.

The Austrian psychiatrist Viktor Frankl (1905–1997) has called this emptiness at the root of present-day psychopathology an ‘existential vacuum’:⁴ ‘The feeling of meaninglessness . . . underlies the mass neurotic triad of today—depression, addiction, aggression.’⁵ The loss of a sacred center within ourselves (and on a collective human scale) has had devastating consequences. The French sociologist Émile Durkheim (1858–1917) explains:

If this [binding social order] dissolves, if we no longer feel it in existence and action about and above us, whatever is social in us is deprived of all objective foundation. All that remains is an artificial combination of illusory images, a phantasmagoria vanishing at the least reflection; that is, nothing which can be a goal for our action.⁶

4. Viktor E. Frankl, *Man’s Search for Meaning*, trans. I. Lasch (New York: Touchstone Books, 1984), p. 111.

5. *Idem*, ‘Psychotherapy on its Way to Rehumanization,’ *International Forum for Logotherapy* 3:2 (Fall 1980) 3–9 (p. 7).

6. Émile Durkheim, *Suicide: A Study in Sociology*, trans. J. A. Spaulding and G. Simpson (New York: Free Press, 1979), p. 213.

This has progressively occurred since the dissolution of the Middle Ages. Frithjof Schuon (1907–1998) summarizes this vital point: ‘To be a human being means to be connected with God. Life has no meaning without this.’⁷ The trauma of secularism cannot be minimized, and without understanding what has been lost, we cannot fully understand ourselves or our predicament. Lewis Mumford (1895–1999) explains: ‘People whose course of life has reached a crisis must confront their collective past as fully as a neurotic patient must unbury his personal life: long-forgotten traumas in history may have a disastrous effect upon millions who remain unaware of them.’⁸

THE ENLIGHTENMENT PROJECT AND ITS PSYCHOLOGICAL RUPTURES

The rise of mind–body fragmentation in the Enlightenment likely has a symmetrical relationship to the increase of psychopathology in the modern world, which is inseparable from the rise of anxiety and depression.⁹ The trajectory of how mental illness and psychopathology have been regarded over time is worth noting:

At the end of the seventeenth century, insanity was of little significance and was little discussed. At the end of the eighteenth century, it was perceived as probably increasing and was of some concern. At the end of the nineteenth century, it was perceived as an epidemic and was a major concern. And at the end of the twentieth century, insanity was simply accepted as part of the fabric of life.¹⁰

The Swiss psychiatrist Ludwig Binswanger (1881–1966) offered an astute criticism of the fragmented mentality that undergirds modern Western psychology: ‘The cancer of all [modern] psychology up to now

7. Quoted in Deborah Casey, ‘The Basis of Religion and Metaphysics: An Interview with Frithjof Schuon’, *The Quest: Philosophy, Science, Religion, the Arts* 9:2 (Summer 1996) 74–8 (p. 78).

8. Lewis Mumford, *The Condition of Man* (London: Martin Secker & Warburg, 1944), p. 14.

9. See Katharine B. Parodi, Melissa K. Holt, Jennifer Greif Green, Michelle V. Porche, Brian Koenig, and Ziming Xuan, ‘Time Trends and Disparities in Anxiety among Adolescents, 2012–2018’, *Social Psychiatry and Psychiatric Epidemiology* 57:1 (January 2022) 127–37; Jonathan Haidt, *The Anxious Generation: How the Great Rewiring of Childhood is Causing an Epidemic of Mental Illness* (New York: Penguin Press, 2024).

10. E. Fuller Torrey and Judy Miller, *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present* (New Brunswick NJ: Rutgers University Press, 2007), p. 5.

[is] . . . [the] subject-object cleavage of the world.¹¹ A central figure responsible for this pervasive dichotomy in modern science is René Descartes (1596–1650), who put forward his own brand of mind-body dualism, one which continues to have an enduring influence on the development of modernity's *Weltanschauung*. The French metaphysician René Guénon (1886–1951) speaks to how extensively this fundamental scission has permeated today's intellectual climate: 'The Cartesian duality . . . has imposed itself on all modern Western thought.'¹² Descartes compared the human body to a machine:

I might consider the body of a man as a kind of machine equipped with and made up of bones, nerves, muscles, veins, blood and skin in such a way that, even if there were no mind in it, it would still perform all the same movements as it now does in those cases where movement is not under the control of the will or, consequently, of the mind.¹³

The comparison of the human body to a machine, which modern science has adopted, is assuredly not a neutral position. In fact, we need to remain constantly vigilant in the face of these Promethean forces. The American psychologist Rollo May (1909–1994) took very seriously 'the dehumanizing dangers in our tendency in modern science to make man over into the image of the machine.'¹⁴ Thus, Descartes hoped to devise 'a system of medicine which is founded on infallible demonstrations.'¹⁵ He appeared to predict the future of science, including modern psychology, inasmuch as current mental health practices largely push exclusively for treatments

11. Quoted in *Existence: A New Dimension in Psychiatry and Psychology*, ed. Rollo May, Ernest Angel, and Henri F. Ellenberger (New York: Basic Books, 1958), p. 11.

12. René Guénon, *The Great Triad*, trans. H. D. Fohr, ed. S. D. Fohr (Hillsdale NY: Sophia Perennis, 2004), p. 68. Cf. Seyyed Hossein Nasr: 'Cartesian bifurcation created a dualism between mind and matter which has dominated Western thought since the seventeenth century, a dualism which has led many to choose the primacy of matter over mind and to establish the view that in the beginning was matter and not consciousness' ('In the Beginning was Consciousness', in *The Essential Seyyed Hossein Nasr*, ed. W. C. Chittick [Bloomington IN: World Wisdom, 2007], pp. 223–30 [p. 224]).

13. René Descartes, 'Sixth Meditation', in *Descartes: Meditations on First Philosophy, with Selections from the Objections and Replies*, trans. J. Cottingham (Cambridge University Press, 2003), p. 58.

14. Rollo May, 'Existential Bases of Psychotherapy', *American Journal of Orthopsychiatry* 30:4 (October 1960) 685–95 (p. 686).

15. Descartes, 'Letter to Marin Mersenne—January 1630', in *The Philosophical Writings of Descartes*, vol. 3: *The Correspondence*, trans. J. Cottingham, R. Stoothoff, D. Murdoch and A. Kenny (Cambridge University Press, 1997), p. 17.

that are confined to empirically validated techniques. The Cartesian divide between *res extensa* (an extended entity) and *res cogitans* (a thinking entity) makes no allowance for overcoming this bifurcation, thus reducing all human experience to the private, subjective realm by rejecting any notion of objective reality. This legacy, that continues to the present day, undoubtedly fuels the mental health epidemic we are facing.

MELANCHOLIA AND THE HUMORS

To better understand the interrelationship between anxiety and depression prior to the emergence of modern psychiatry and psychology, it is helpful to consider the notion of ‘melancholia.’ It needs to be made clear that there are shared symptoms between ancient melancholia and contemporary depression—for example, sadness and low mood—yet key differences exist. In the pre-modern world, melancholia was a broader concept encompassing a host of mental and physical symptoms beyond our present-day understanding of depression. Depression, as it is perceived today, is narrower in its scope and focuses largely on mood disorders.

Depression used to be called ‘melancholia,’ also known as the ‘ancient affliction.’¹⁶ The Greek physician and philosopher Hippocrates of Kos (460–377 BC), considered the ‘father of medicine,’ diagnosed this affliction as follows: ‘If a fright or despondency lasts for a long time, it is a melancholic affection.’¹⁷ Robert Burton (1577–1640) describes it in this way: ‘*Melancholy* . . . goes and comes upon every smal occasion of sorrow, need, sicknesse, trouble, fear, grieffe, passion, or perturbation of the Minde, any manner of care, discontent, or thought, which causeth anguish, dulnesse, heavinesse, and vexation of the spirits’—adding, ‘from these Melancholy Dispositions, no man living is free.’¹⁸ From the time of Hippocrates until the Age of the Enlightenment, the understanding of anxiety and depression was dominated by the theory of bodily fluids known as *humors* (Latin: *hūmōres*).¹⁹ Each person’s temperament was thought to be determined by one of the four fluids of the body—blood, phlegm,

16. William Styron, *Darkness Visible: A Memoir of Madness* (New York: Vintage Books, 1992), p. 17.

17. Hippocrates, *Aphorisms* 6.23 in *The Genuine Works of Hippocrates*, trans. F. Adams, 2 vols (New York: William Wood and Company, 1886), ii.253.

18. Burton, *Anatomy of Melancholy*, p. 11.

19. See Noga Arikha, *Passions and Tempers: A History of the Humours* (New York: Harper-Collins Publishers, 2007).

choler, and black bile (Greek: *melaina cholē*; hence the word ‘melancholy’). Humoral theory explained most things about a person’s character. Health pertained to an ideally proportioned mixture of the four; a predominance of one produced disequilibrium in the human being. Each humor was connected to one of the four seasons, and associated with characteristic qualities of hotness, coldness, dryness, and wetness. As each person’s humoral balance was connected to climate, diet, occupation, geographic location, planetary alignment, sex, age, and social status, what was healthy for one human being might not be so for another. Disease was considered to be a state of imbalance, or an unfavorable mixture of the humors.

There does not appear to have been a need to make a clear distinction between anxiety and depression prior to the modern era. Both were contained by the broad notion of melancholia. The pioneering French psychologist Pierre Janet (1859–1947) provides an early definition of anxiety in his work *From Anguish to Ecstasy* (1926), which connects it to depression: ‘Chronic anxiety is a characteristic feeling of melancholic states.’ He offers the following description:

It is experienced as vague pain, or rather a vague fear, a feeling that used to be called ‘moral fear’, to indicate that it is a fear without an object. In reality it is something precise: the subject is afraid of his own action and suffers at the idea of it. This fear stops the possibility of acting, not in a momentary way, as when stopping to take a respite, but in a permanent way. This blockage of action can show up as a phobia, or as anxiety. When it spreads to many areas of activity, the person begins to look like a concerned animal that tries all possibilities of evading and finds itself trapped. The person freezes; no form of action seems adequate. There is no wish, not even a dream of any kind of action. Living is impossible; life is unbearable. Acute anxiety leads to suicidal thoughts and tendencies. The basic feeling is always the same: the urgency of action, combined with the sense of the inadequacy or atrocity of any form of action.²⁰

The term ‘depression’, derived from the Latin verb *dēprimere* (‘to press down’) gradually replaced the use of ‘melancholia’ during the 18th century.²¹ The French psychiatrist Jean-Étienne Esquirol (1772–1840)

20. Pierre Janet, quoted in Ginette Paris, *Wisdom of the Psyche: Beyond Neuroscience* (London: Routledge, 2016), pp. 103–104.

21. See G. E. Berrios, ‘Melancholia and Depression During the 19th Century: A Conceptual History’, *British Journal of Psychiatry* 153:3 (September 1988) 298–304.

criticized the use of ‘melancholia’ for mental health diagnosis as it lacks the precision required for making such determinations: ‘The word melancholy, employed in the language of common life to express that habitual state of sadness from which some people suffer, should be left exclusively to moralists and poets, who, in their expressions, are not obliged to employ so much precision as physicians.’²² It is worth noting that melancholia was also associated with acedia (Greek: *akēdia*; Latin: *acēdia*), recognized as a state of apathy, boredom, or listlessness.²³ It is important to note this concept here due to its profound spiritual implications for understanding our fallen humanity and restoring wholeness. Both the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Statistical Classification of Diseases and Related Health Problems* (ICD) continue to use the terms ‘melancholia’ and ‘melancholic’ in their mental health diagnostic classification to specify certain features that may be present in major forms of depression.

THE AGE OF ANXIETY AND DEPRESSION

When seen through the lens of traditional metaphysics, both anxiety and depression are associated with being severed from our transcendent source. As early as 1947, there were references to the ‘age of anxiety.’²⁴ The American psychologist Raymond Royce Willoughby (1896–1944) asserted: ‘Anxiety is the most prominent mental characteristic of Occidental civilization.’²⁵ The founder of the ‘talking cure,’ Sigmund Freud (1856–1939), argues that it is core to all psychopathology: ‘[T]he problem of anxiety is a nodal point at which the most various and important questions converge, a riddle whose solution would be bound to throw a flood of light on our whole mental existence’²⁶ and ‘[A]nxiety [is] the fundamental phenomenon and [the] main problem of neurosis.’²⁷ The German

22. Jean-Étienne Esquirol, *Mental Maladies: A Treatise on Insanity*, trans. E. K. Hunt (Philadelphia: Lea and Blanchard, 1845), p. 200.

23. See R. J. Snell, *Acedia and Its Discontents: Metaphysical Boredom in an Empire of Desire* (Kettering OH: Angelico Press, 2015).

24. W. H. Auden, *The Age of Anxiety: A Baroque Eclogue* (New York: Random House, 1947).

25. Raymond Royce Willoughby, ‘Magic and Cognate Phenomena: An Hypothesis,’ in *A Handbook of Social Psychology*, ed. C. Murchison (New York: Russell & Russell, 1967), pp. 461–519 (p. 498).

26. Sigmund Freud, *Introductory Lectures on Psychoanalysis*, trans. and ed. J. Strachey (New York: W. W. Norton & Company, 1977), p. 488.

27. *Idem*, ‘Inhibitions, Symptoms and Anxiety’ (1926 [1925]), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 20, trans. and ed. J. Strachey (London: Hogarth Press and the Institute of Psycho-Analysis, 1959), pp. 87–156 (p. 144).

psychoanalyst Karen Horney (1885–1952) also maintained that: '[A]nxiety is the dynamic center of neuroses and thus we shall have to deal with it all the time.'²⁸

May offers the following observation:

*Anxiety is the apprehension cued off by a threat to some value that the individual holds essential to his existence as a personality. The threat may be to physical life (the threat of death), or to psychological existence (the loss of freedom, meaninglessness). Or the threat may be to some other value which one identifies with one's existence (patriotism, the love of another person, 'success', etc.).*²⁹

The Austrian psychoanalyst Otto Rank (1884–1939) presents life and death as dual anxieties: 'The fear in birth [is] fear of life . . . having to live as an isolated individual, and not the reverse, the fear of loss of individuality (death fear). . . . Between these two fear possibilities . . . the individual is thrown back and forth all his life.'³⁰

Fear and anxiety are often conflated with one another. Frequently fear pertains to a reaction to a specific danger, whereas anxiety is a diffused apprehension that elicits uncertainty and hopelessness. The *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5), distinguishes fear from anxiety in this way: 'Fear is the emotional response to real or perceived imminent threat, whereas *anxiety* is anticipation of future threat.'³¹ Similarly, the *International Statistical Classification of Diseases and Related Health Problems* (ICD-11) observes that: 'Fear represents a reaction to perceived imminent threat in the present, whereas anxiety is more future-oriented, referring to perceived anticipated threat.'³² Both are healthy responses to the human condition but, when excessive, they can become disorders.

28. Karen Horney, *The Neurotic Personality of Our Time* (New York: W. W. Norton & Company, 1964), p. 41.

29. Rollo May, *The Meaning of Anxiety* (New York: W. W. Norton & Company, 1977), pp. 205–206.

30. Otto Rank, *Will Therapy and Truth and Reality* (New York: Alfred A. Knopf, 1945), p. 124.

31. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (Arlington VA: American Psychiatric Association, 2013⁵), p. 215.

32. World Health Organization, *Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural and Neurodevelopmental Disorders* (Geneva: World Health Organization, 2024), p. 265.

Likewise, the present time has been identified as the ‘age of melancholy’,³³ melancholy being described as a ‘disease of disconnection.’³⁴ According to the American clinical psychologist John Welwood (1943–2019): ‘Depression is one of the most common psychological problems in modern society.’³⁵ Again, May writes: ‘[D]epression [is] the inability to . . . construct a future.’³⁶ The German-American social psychologist Erich Fromm (1900–1980) explains: ‘It is the inability to feel, it is the sense of being dead, while our body is alive. It is the inability to experience joy, as well as the inability to experience sadness.’³⁷ William Styron (1925–2006) writes: ‘Loss in all of its manifestations is the touchstone of depression—in the progress of the disease and, most likely, in its origin.’³⁸ Although these citations bring attention to the imbalance in the human psyche that is now prominent in the modern era, many of their authors have not indicated when these maladies started to emerge. For us, what is important is that so many authorities—from different perspectives and disciplines—have noted the encroaching dominance of anxiety and depression in our societies. The precise timeframe is less important than general observations pertaining to these phenomena.

IDENTITY AND PSYCHOPATHOLOGY

We need to situate the current mental health epidemic within the historical anomaly of individualism, for it is distinctive to the modern West. To see the two faces of the present-day maladies of anxiety and depression is to discern the nature of individualism and its cultural impacts (which have dominated our age and have affected the psyche of its people). This phenomenon is the source of our alienation from ourselves, each other, and the natural world. The American social scientist Lawrence K. Frank (1890–1968) discusses how the understanding of the human being—that began with the Renaissance and culminated in the Enlightenment—vastly

33. See Gerald L. Klerman, ‘The Age of Melancholy?’, *Psychology Today* (April 1979) 37–8, 42, 88.

34. David A. Karp, *Speaking of Sadness: Depression, Disconnection, and the Meanings of Illness* (New York: Oxford University Press, 2017), p. 73.

35. John Welwood, ‘Depression as a Loss of Heart’, *Journal of Contemplative Psychotherapy* 4 (January 1987) 123–33 (p. 123).

36. Rollo May, *Love and Will* (New York: W. W. Norton & Company, 1969), p. 243.

37. Erich Fromm, *The Sane Society* (Greenwich CT: Fawcett, 1955), p. 179.

38. Styron, *Darkness Visible*, p. 56.

differs from that of the premodern world: ‘There is a growing realization among thoughtful persons that our culture is sick . . . [t]he . . . individual striving . . . ushered in by the Renaissance has been the very process of this cultural disintegration.’³⁹

It is essential here to acknowledge the rise of individualism and its false notions of a separate self, extending to the notion that there is no higher reality, which goes to the heart of our existential infirmities. Descartes’s dictum ‘I think, therefore I am’ (*Cogito ergo sum*)⁴⁰ situates human awareness in a fully enclosed sense of self, outside of culture and its established ways of knowing, and sets this up as the *sole* criterion for genuine knowledge—thus creating an impasse because our basic intellectual concepts can never emerge from a vacuum. This is totally opposed to the nature of true human identity as understood by the diverse cultures of the world and their sacred epistemologies. Transpersonal modes of knowing recognize a plurality of levels in our human nature that are rooted in a universal and timeless wisdom that can be found around the world. Absent such a vertical dimension, we will inevitably succumb to false notions of individuality.

When we come up against barriers to fulfilling what we ought to be, anxiety and depression will naturally arise. Therefore, a question that is key to sacred psychology is: What is preventing us from consummating our true nature? Without becoming fully human, there is no respite from the ills of the world, and no prospect of avoiding serious mental health disorders. As Schuon astutely observed: ‘The world is miserable because men live beneath themselves.’⁴¹ Some exponents of modern psychology also saw that this would lead to mental aberrations, as the influential Abraham Maslow (1908–1970) pointed out: ‘If you deliberately plan to be less than you are capable of being, then I warn you that you’ll be deeply unhappy for the rest of your life.’⁴²

At the core of both anxiety and depression—if not of most forms of mental illness—is our identification with a false self. The empirical ego itself is the problem, as Freud noted: ‘The ego is the real locus of anxiety.’⁴³

39. Lawrence K. Frank, ‘Society as the Patient,’ *American Journal of Sociology* 42:3 (November 1936) 335–44 (pp. 335, 342).

40. René Descartes, ‘On Meditation Two,’ in *Descartes: Meditations on First Philosophy*, p. 68.

41. Frithjof Schuon, *Understanding Islam* (Bloomington IN: World Wisdom, 1998), p. 26.

42. Abraham H. Maslow, *The Farther Reaches of Human Nature* (New York: Viking Press, 1972), p. 36.

43. Sigmund Freud, *The Problem of Anxiety*, trans. H. A. Bunker (New York: W. W. Norton & Company, 1963), p. 19.

Elsewhere, Freud wrote that ‘the ego alone can produce and feel anxiety.’⁴⁴ Furthermore, he believed that human beings are disturbed from the very moment they are born into this world: ‘The act of birth is the first experience of anxiety, and thus the source and prototype of the affect of anxiety.’⁴⁵ He even went on to claim, albeit hyperbolically, that ‘In the beginning was the Word, and that Word may well have been “Anxiety.”’⁴⁶

Metaphysically speaking, anxiety could be said to comprise a split between our perceived sense of identity and the identity of our True Self. Likewise, depression can be viewed as the loss of this transpersonal identity. Becoming who we truly are can thus be seen as the most effective means not only for decreasing anxiety and depression, but for healing ourselves from our fragmented identity altogether. These trials do not, of course, completely disappear—as they are inseparable from the infirmities that beset our human condition—but they can be assuaged by grounding ourselves in that which is True and Real. While we might not all resolve the timeless question of ‘Who Am I?’ in this life, it is sufficient to know that our empirical ego, which we often take to be ourselves, is illusory. By doing so, we can practice continual remembrance of the Divine, which is also to contemplate our True Self.

COGNITION AND WELL-BEING

Our cognition is instrumental in traversing the varied states of consciousness, and can act as a support to the spiritual path when rooted in a sacred ambience. This is attested to in the *Aṣṭāvakra Gītā* of the Hindu tradition: ‘You are what you think’;⁴⁷ and in a Buddhist text, the *Dhammapada*, we read: ‘All that we are is the result of what we have thought.’⁴⁸ In the Semitic traditions, we find: ‘As he thinketh in his heart, so is he’ (Proverbs 23:7); ‘[W]ith open face beholding as in a glass the glory of the Lord, are changed

44. *Idem*, *New Introductory Lectures on Psycho-Analysis*, trans. and ed. J. Strachey (New York: W. W. Norton & Company, 1989), p. 106.

45. *Idem*, *The Interpretation of Dreams*, trans. and ed. J. Strachey (New York: Science Editions, 1963), pp. 400–401.

46. Jules H. Masserman, ‘Sexuality Re-evaluated’, *Canadian Journal of Psychiatry* 11:5 (October 1966) 379–88 (p. 379).

47. *Aṣṭāvakra Gītā* 1:11, in the translation of Thomas Byrom, *The Heart of Awareness: A Translation of the Ashtavakra Gita* (Boston: Shambhala Publications, 1990), p. 3.

48. *Dhammapada* 1:1, in the translation of Irving Babbitt, *The Dhammapada* (New York: New Directions, 1965), p. 3.

into the same image' (2 Corinthians 3:18);⁴⁹ and: 'You are your thought' (Rūmī; 1207-1273).⁵⁰ By contrast, William James (1842–1910), the 'father of American psychology', held that, devoid of transcendence, 'belief creates its verification'.⁵¹ In other words, strongly believing in something often leads to seeking experiences or perceiving reality in such a way as to confirm our beliefs without, of course, making them true. The point of view of modern psychology, as shown above, does not differentiate the function of knowledge from its connection to who we truly are, and to how this supports our cognition. Both a horizontal and vertical understanding of existence are needed to fully grasp the nuances of the human psyche yet, for the most part, mainstream psychology confines itself to a purely secular outlook.

The discriminating mind, when left to its own devices without sufficient order and guidance, will inevitably find the pursuit of truth more difficult. The following observation by Seng-ts'an (d. 606), the Third Patriarch of Zen, is also useful here: 'To set up what you like against what you dislike—That is the disease of the mind.'⁵² Emotional well-being is not attained by eliminating all 'triggers' from human existence; rather, it can be fostered by denying the outer world its power to provoke negative thoughts within us. When experiencing heightened fear or sadness, our feelings can be used either to anchor us in the 'here and now', or to keep us in the bondage of futile regrets over the past or vain fears about the future.

SPIRITUAL VOID

The loss of the sacred has brought about significant disequilibrium to the human psyche. This is why the transpersonal order is required for healing and restoring wholeness. The Swiss physician Paul Tournier (1898–1986) writes: 'The true problems of men are metaphysical.'⁵³ The attempt to become whole while rejecting the Divine can lead to mental

49. Here and below, quotations from the Bible cite the King James Version.

50. Quoted in William C. Chittick, *The Sufi Path of Love: The Spiritual Teachings of Rumi* (Albany NY: State University of New York Press, 1983), p. 96.

51. William James, *The Will to Believe, and Other Essays in Popular Philosophy* (New York: Longmans, Green, and Company, 1907), p. 103.

52. Seng-ts'an, 'On Believing in Mind', in the translation of Edward Conze, *Buddhist Scriptures* (Harmondsworth: Penguin Books, 1959), pp. 171–5 (p. 171).

53. Paul Tournier, *The Whole Person in a Broken World*, trans. J. and H. Doberstein (New York: Harper & Row, 1964), p. 93.

illness and prevents the flourishing of psychological health. In the words of the American bishop Fulton Sheen (1895–1979): ‘The anxiety underlying all modern anxieties arises from someone’s trying to be himself without God or from his trying to get beyond himself without God.’⁵⁴

What is ultimately real needs to be understood at its own level and not reduced to ours; as Guénon says: ‘Modern man, instead of attempting to raise himself to truth, seeks to drag truth down to his own level.’⁵⁵ It is through a spiritual path that we can, as Sri Ramana Maharshi (1879–1950) instructs, ‘Trace the source of thoughts, [and] they will disappear’;⁵⁶ and, likewise, ‘trace the ego to its source and [you] will reach that undifferentiated happy state’⁵⁷ for the ‘mind is only a bundle of thoughts.’⁵⁸ We need to realize that clear thinking is essential, but there is no way to think our way out of our psychological maladies. Thus we are instructed by Rūmī to ‘Let go of thought and bring it not into your heart. . . . You think in order to escape from torment and suffering, but your thinking is torment’s fountainhead.’⁵⁹

DESCENT INTO THE PSYCHIC WORLD

In the next section, we will discuss the useful aspects of anxiety and depression. Rather than being symptoms of psychopathology, they can be envisioned as a gateway to bring us closer to Ultimate Reality or the Absolute. Saying this, we are in no way minimizing human suffering, substance abuse, homelessness, or even suicide (which may intersect with these afflictions), but simply want to demonstrate that they can be, and in many cases are, part and parcel of the deepening of the spiritual journey.⁶⁰ One must work closely with a spiritual advisor, as such extreme states can be very confusing, and when needed, consult with a mental health practitioner.

54. Fulton J. Sheen, *Peace of Soul* (Liguori MO: Liguori/Triumph, 1996), p. 17.

55. René Guénon, *The Crisis of the Modern World*, trans. A. Osborne, M. Pallis, and R. C. Nicholson (Hillsdale NY: Sophia Perennis, 2004), p. 66.

56. Sri Ramana Maharshi, *Talks with Sri Ramana Maharshi* (Tiruvannamalai: Sri Ramanasramam, 1996), p. 138.

57. *Ibid.*, p. 70. 58. *Ibid.*, p. 463.

59. Quoted in Chittick, *Sufi Path of Love*, p. 255.

60. See Samuel Bendeck Sotillos, ‘The Metaphysics of Trauma,’ *Transcendent Philosophy: An International Journal for Comparative Philosophy and Mysticism* 23 (December 2022) 23–53; *idem*, ‘Addiction and the Quest for Wholeness,’ *Spirituality Studies* 8:1 (Spring 2022) 28–41; *idem*, ‘Suicide: A Spiritual Perspective,’ *Transcendent Philosophy: An International Journal for Comparative Philosophy and Mysticism* 24 (December 2023) 71–103; *idem*, ‘Homelessness: A Rupture of Belonging,’ *Sacred Web: A Journal of Tradition and Modernity* 52 (2025).

Spiritual traditions talk about what is known as ‘the descent into Hell’,⁶¹ or as falling ‘into abysmal darkness’ (*Śrīmad Bhāgavatam* 11:3),⁶² for it is only by fully fathoming our desperate plight that ‘the lower possibilities of the soul are revealed.’⁶³ The German mystic Johannes Tauler (c. 1300–1361) describes a spiritual abyss that depends on ‘a fathomless sinking in a fathomless nothingness’,⁶⁴ which is necessary because ‘the Godhead has really no place to work in, but ground where all has been annihilated.’⁶⁵ The transformative process requires ‘entering ever further in, ever nearer, so as to sink the deeper in an unknown and unnamed abyss; and, above all ways, images and forms, and above all powers, to lose thyself, deny thyself and even unform thyself’.⁶⁶ In the face of so much suffering and perplexity, we are all in a sense—like Job—crying out ‘Where is God my maker, who giveth songs in the night?’ (35:10). Some have compared this process with entering a ‘dark night of the soul’ as taught by the Spanish mystic St John of the Cross (1542–1591):

This dark night is an inflowing of God into the soul, which purges it from its ignorances and imperfections, habitual, natural and spiritual, and which is called by contemplatives infused contemplation, or mystical theology. Herein God secretly teaches the soul and instructs it in perfection of love, without its doing anything, or understanding of what manner is this infused contemplation.⁶⁷

An essential facet of the world’s religions is principally affirmed in the injunction of *dying before dying*, illustrating the importance of attaining a ‘spiritual death’ in this life. As Meister Eckhart (1260–1328) made clear,

61. For a collection of examples, see the section ‘The Descent into Hell’ in *A Treasury of Traditional Wisdom*, ed. W. N. Perry (New York: Simon and Schuster, 1971), pp. 366–78.

62. In the translation by Swāmi Prabhavānanda, *Srimad Bhagavatam: The Wisdom of God* (Mylapore: Sri Ramakrishna Math, 2015), p. 215.

63. Martin Lings, *Shakespeare’s Window into the Soul: The Mystical Wisdom in Shakespeare’s Characters* (Rochester VT: Inner Traditions, 2006), p. 80.

64. John Tauler, ‘Sermon XXIII: On the Feast of St. Matthew, Apostle and Evangelist’, in the translation of Arthur Wollaston Hutton, *The Inner Way, Being Thirty-six Sermons for Festivals by John Tauler, Friar-Preacher of Strasburg* (New York: Edwin S. Gorham, 1901), pp. 199–207 (p. 204).

65. *Ibid.* 66. *Ibid.*, p. 205.

67. St John of the Cross, *Dark Night of the Soul* 11.v.1, in the translation of E. Allison Peers, *The Complete Works of Saint John of the Cross, Doctor of the Church*, 3 vols (Westminster MD: The Newman Press, 1946), 1.405–6.

‘a truly perfect man should be accustomed to regard himself as dead’;⁶⁸ or, as found in the Jewish tradition, one should aspire to the ‘cessation or annihilation of existence’ (*bittul ha-yesh*)—by implication in the Absolute.⁶⁹ This teaching was made explicit in the renowned words of the Prophet of Islam: ‘Die before ye die’ (*mūtū qabla an tamūtū*). Joseph Epes Brown (1920–2000), the renowned scholar of the Native American traditions and world religions, outlined the three stages of this *metanoia* or integral transformative process, which appear throughout all sapiential traditions:

All true spiritual progress involves three stages, which are not success-fully experienced and left behind, but rather each in turn is realized and then integrated within the next stage, so that ultimately they become one in the individual who attains the ultimate goal. Different terms may be used for these stages, but essentially they constitute purification, perfection or expansion, and union.⁷⁰

Across the diverse religious and spiritual traditions of the world, these transformative stages are present in distinct forms; thus Seyyed Hossein Nasr too states: ‘Despite the many differences of technique and approach in various paths of spiritual realization, there is in every process of realization the three grand stages of purification, expansion, and union. Something in man must die, something must expand, and only then the essence of man is able to achieve that union.’⁷¹ If transpersonal union with Ultimate Reality, or the Absolute, is the final goal of all spiritual disciplines, then it is necessary that the impure not be rejoined with what is pure. For this reason, a process of purification is needed.

METAPHYSICAL POINTERS

Reducing the human being to brain functioning or physiology prevents the discipline of psychology and its mental health treatments from

68. Meister Eckhart, *The Essential Sermons, Commentaries, Treatises, and Defense*, trans. E. Colledge and B. McGinn (Mahwah NJ: Paulist Press, 1981), p. 216.

69. Quoted in Leo Schaya, *Universal Aspects of the Kabbalah and Judaism*, ed. R. Gaetani (Bloomington IN: World Wisdom, 2014), p. 134.

70. Joseph Epes Brown, *The Spiritual Legacy of the American Indian: Commemorative Edition with Letters While Living with Black Elk*, ed. M. B. Weatherly, E. Brown, and M. O. Fitzgerald (Bloomington IN: World Wisdom, 2007), p. 34.

71. Seyyed Hossein Nasr, *Knowledge and the Sacred* (Albany NY: State University of New York Press, 1989), p. 330.

understanding the intermediary realm of the psyche. William James describes the underlying relativism of modern psychology's view of the human psyche: 'We believe the brain to be an organ whose internal equilibrium is always in a state of change,—the change affecting every part.'⁷² In contrast, Elder Thaddeus (1914–2003), a Serbian spiritual father, teaches that: 'We cannot achieve salvation unless we change our thoughts. . . . This is achieved by the work of Divine power in us. Our minds thus become deified. . . . Only a mind which has God within it and a constant remembrance of the Lord can be deified.'⁷³ It is through the noetic faculty of the Intellect or 'eye of the heart' that we need to situate the higher and lower orders of knowledge and our understanding of consciousness.

The Platonic doctrine of *anamnēsis* or 'recollection' is arguably the clearest example of this notion in the pre-modern West, and corresponds to similar epistemologies in many other religious traditions. *Anamnēsis* is thus the faculty of 'intellection,' 'spiritual intuition' or *gnōsis* (in its non-sectarian sense) as the means by which we may apprehend transcendent truths directly. Through *anamnēsis*, we have access to pure intellection, thereby establishing an indivisible unity between knower, knowing, and known. This is because metaphysically, all things knowable are not outside of ourselves as is often assumed, but are inseparable from our very being.

The mystic and physician Paracelsus (1493–1541) outlines the significance of the human microcosm and its connection to the cosmic and metacosmic orders of reality: 'No brain can fully encompass the structure of man's body and the extent of his virtues; he can be understood only as an image of the macrocosm, of the Great Creature. Only then does it become manifest what is in him.'⁷⁴ In the same way that the human microcosm is tripartite—consisting of Spirit, soul, and body—so too the cosmos at large, according to traditional cosmologies, is tripartite in its ontological structure, consisting of the celestial or spiritual realm, the intermediary realm, and the terrestrial or corporeal world. The human brain corresponds to the intermediary realm of the soul, situated between the body and the Spirit.

What is often not stressed enough, in mental health conversations, is that fear and sadness (or other symptoms that may trigger us) are signs

72. William James, *The Principles of Psychology*, 2 vols (New York: Henry Holt & Company, 1918), 1.246.

73. *Our Thoughts Determine Our Lives: The Life and Teachings of Elder Thaddeus of Vitovnica*, trans. Ana Smiljanic (Platina CA: Saint Herman of Alaska Brotherhood, 2023), p. 60.

74. *Das Buch Paragranum*, 2nd tractate; as cited in *Paracelsus: Selected Writings*, ed. J. Jacobi, trans. N. Guterman, Bollingen Series 28 (Princeton University Press, 1988), p. 21.

that we have more inner work to do. From this perspective, this is useful information for our growth, rather than something to be completely avoided. At the same time, life in this temporal world will never be without its vicissitudes, but we always have the freedom to choose how we respond; indeed, how we do so is an indicator of our spiritual well-being. May writes: '[I]t is well to remind ourselves that anxiety signifies a conflict, and so long as a conflict is going on, a constructive solution is possible.'⁷⁵ Horney expands upon the meaning of anxiety: 'by its very irrationality anxiety presents an implicit admonition that something within us is out of gear, and therefore it is a challenge to overhaul something within ourselves.'⁷⁶

When our psychological problems are brought to light in a spiritual context, they no longer have the power to completely ensnare us.⁷⁷ The ability to bear them is paramount for a person to become who they truly are. Both anxiety and depression appear to be a gap between expectations and actuality. An understanding of ourselves that is grounded in metaphysics allows us to be reconciled by that which both transcends and embraces these fissures in our psyche. For those struggling with severe forms of mental illness, this position may sound unsettling or absurd, as their suffering is immense, yet what present-day mental health treatment fails to include in its vision of the human being is the profound impact of modernism; what we have termed the 'trauma of secularism'. The human psyche is an enigma, and how it responds to the outer world is unique for each person. With that said, we need spiritually informed approaches to mental health treatment so that we can discern the harm caused by the collective loss of the sacred and fill the vacuum that it has created in the world today.

Modern psychology, consistent with its reductionist worldview, considers psychological equilibrium as an end in itself. However, there can be no true well-being without spiritual health, although this does not imply a liberation from mental health symptoms as a matter of course.

If God also wants our earthly well-being it is not because He regards it as an end in itself but because a certain happiness is the normal

75. Rollo May, *Man's Search for Himself* (New York: Delta, 1973), p. 38.

76. Horney, *Neurotic Personality*, p. 47.

77. For a collection of writings on this theme see John E. Nelson and Andrea Nelson (eds), *Sacred Sorrows: Embracing and Transforming Depression* (New York: Jeremy P. Tarcher/Putnam, 1996).

condition of man who . . . is essentially created with a view to eternal values. . . . Well-being is there to serve our ultimate ends.⁷⁸

We need to continually recall the positive (and necessary) dimensions of anxiety, as Roshi Philip Kapleau (1912–2004) explains: ‘Zen Master Dogen has pointed out that anxiety, when accepted, is the driving force to enlightenment in that it lays bare the human dilemma, at the same time that it ignites our desire to break out of it.’⁷⁹ Rabbi Simcha Bunam of Peshischa (1765–1827) discerns the difference between grief and depression: they either bring us closer to the Divine, or push us further away from it: ‘A broken heart [grief] prepares man for the service of God, but dejection [depression] corrodes service.’⁸⁰ Likewise, Swami Ramdas (1884–1963) affirms their transformative power in the lives of humanity: ‘When sorrow and suffering become intense and acute, you may be sure that a new era bringing about a momentous change for good is about to dawn.’⁸¹

Sri Nisargadatta Maharaj (1897–1981) urges us: ‘You need not worry about your worries’⁸² because when ‘[y]ou are completely here and now, you need absolutely nothing.’⁸³ Michel de Montaigne (1533–1592) explains that worrying about our problems already causes the suffering we wanted to avoid: ‘He who fears he shall suffer, already suffers what he fears.’⁸⁴ The Christian theologian Thomas à Kempis (c. 1380–1471), writes: ‘What does your anxiety about future events—events which may never happen—bring you but sorrow upon sorrow?’⁸⁵

The theory that anxiety and depression can be explained by loss or separation lacks depth if only understood at the horizontal level, based upon the contingencies of our life in this world. For example, loss and separation are not antecedent to all forms of anxiety and depression.

78. Frithjof Schuon, *The Transfiguration of Man* (Bloomington IN: World Wisdom Books, 1995), p. 20.

79. *Awakening to Zen: The Teachings of Roshi Philip Kapleau*, ed. P. Young-Eisendrath and R. Martin (New York: Scribner, 1997), p. 130.

80. Quoted in Perle Besserman, *The Way of the Jewish Mystics* (Boston: Shambhala Publications, 1994), p. 115.

81. *The Sayings of Ramdas* (Kanhagad: Anandashram, 1939), p. 29.

82. Sri Nisargadatta Maharaj, *I Am That: Talks with Sri Nisargadatta Maharaj*, trans. M. Frydman, ed. S. S. Dikshit (Durham NC: Acorn Press, 1999), p. 508.

83. *Ibid.*, p. 316.

84. *Essays of Montaigne*, trans. C. Cotton, ed. W. C. Hazlitt, 4 vols (London: Reeves & Turner, 1902), IV.255.

85. Thomas à Kempis, *Of the Imitation of Christ* (London: Rivington, 1876), p. 144.

Likewise, not everyone exposed to loss and separation becomes anxious or depressed.

Although the accelerated pace of the present day does not alone explain the surge of mental health problems, it provides a space for them to proliferate. When we take into account the vertical dimension of transcendence—both manifest and unmanifest causes—the spiritual crisis of the modern world becomes intelligible.

In doing so, we may learn to offer up our infirmities—be they anxiety, depression, or trauma—to the Divine Reality, and trust that we will be guided in our efforts to overcome them. Saint Paul reminds us that ‘God is faithful, [and] will not [allow] . . . you to [suffer] . . . above that ye are able’ (1 Corinthians 10:13); likewise, ‘God burdens a soul only to its capacity’ (Qur’ān 2:286).

Just as there are healthy dimensions of anxiety, so too are there salutary aspects to depression. In dying to our false sense of self, the normative facets of anxiety and depression come to pass, yet when this does not take place, they can become aberrant. Sometimes these symptoms can even become heightened to unbearable degrees in a person. Through the lens of metaphysics, mental health problems assume a new significance for they can either be the consequence of living beneath our capacity or, in some cases, can be instrumental to becoming who we need to be. The American psychiatrist M. Scott Peck (1936–2005) observes how this psycho-spiritual transformation informs human growth or illness:

Since mentally healthy human beings must grow, and since giving up or loss of the old self is an integral part of the process of mental and spiritual growth, depression is a normal and basically healthy phenomenon. It becomes abnormal or unhealthy only when something interferes with the giving-up process, with the result that the depression is prolonged and cannot be resolved by completion of the process.⁸⁶

No matter how many advances are made within modern psychology, given the loss of transcendence and the spiritual crisis of the modern world, we cannot accurately grasp and address the root causes afflicting the contemporary psyche. For this reason, the following citation from Freud is still accurate for present-day mental health treatment: ‘You will not be surprised to hear that I have a number of novelties to report to

86. M. Scott Peck, *The Road Less Travelled: A New Psychology of Love, Traditional Values and Spiritual Growth* (New York: Touchstone, 1979), pp. 69–70.

you about our conception . . . of anxiety and . . . to learn that none of these novelties can claim to offer a final solution of these still unsettled problems.’⁸⁷ And William Styron states: ‘Never let it be doubted that depression, in its extreme form, is madness . . . the disease of depression remains a great mystery.’⁸⁸

Although our knowledge of psychopathology has increased considerably, we have still not discerned the real genesis of our disorders. Because of this, the underlying meaning of anxiety and depression remains opaque. While the acquisition of coping skills can be very important, these cannot replace our reliance on spiritual reality as the center of our lives. The trauma of secularism—and the rupture it has caused in the modern psyche—stems from the eclipse of metaphysical thinking and our severance from a higher order of reality. This is the hidden source of our maladies. From this perspective, then, anxiety and depression may be seen as deeply embedded responses to the nostalgia provoked by a lost paradise. If each person conceives of human nature only through the lens of individualism, as proposed by the spiritually bankrupt Enlightenment, there can be no basis for a stable and healthy life.

While anxiety and depression are viewed today as separate disorders, they are ultimately inseparable. We need to remind readers that matters of the human psyche are largely a mystery, but this does not mean that we cannot discern their deeper significance through metaphysics. In restoring a true ‘science of the soul’, we can envisage diagnostic categories in a broader context, including a determination of how many mental health problems—not limited to anxiety and depression—are due to the spiritual crisis of the modern world. Such ailments, in fact, are concomitant with a deepening of the spiritual journey and are, thus, a normal feature of everyday life. This is not to reduce all mental health challenges to spiritual problems; yet there is arguably a spiritual dimension to our quest for psychological equilibrium. From this perspective, we can see how anxiety and depression are, indeed, indistinguishable maladies of modern life. To be human is to pray and to constantly remember the ‘one thing . . . needful’ (Luke 10:42). There are no substitutes for Divine recollection that will ensure our happiness and well-being. This is precisely the key affliction wrought by modernity: an overly cerebral hyper-activity that is immersed in the profane and bereft of a contemplative appreciation of the True and the Real.

87. Freud, *New Introductory Lectures on Psycho-Analysis*, p. 101.

88. Styron, *Darkness Visible*, pp. 46–7, 11.