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## The Pathology and Etiology of Philosophy

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# The Pathology and Etiology of Philosophy

Lydia Tucke

## Abstract

While much time is spent theorizing about philosophical concepts and theories, little thought has been given to the philosophy and psychology of philosophy itself. I argue that philosophy (or the act of philosophizing) should be considered a form of anxiety. I will examine whether or not philosophy should be evaluated as a mental disorder as well. Finally, I will explore the ways in which one can cope with the anxiety seen in philosophizing.

*People pray to each other. The way I say "you" to someone else,  
respectfully, intimately, desperately. The way someone says  
"you" to me, hopefully, expectantly, intensely ...*

—Huub Oosterhuis

You    who I don't know    I don't know how to talk to you

—What is it like for you there?

Here ... well, wanting solitude; and talk; friendship—

The uses of solitude. To imagine; to hear.

Learning braille. To imagine other solitudes.

But they will not be mine;

to wait, in the quiet; not to scatter the voices—

What are you afraid of?

What will happen. All this leaving. And meetings, yes. But death.

What happens when you die?

“... not scatter the voices,”

Drown out. Not make a house, out of my own words. To be quiet in

another throat; other eyes; listen for what it is like there. What  
word. What silence. Allowing. Uncertain: to drift, in the  
restlessness ... Repose. To run like water—

What is it like there, right now?

Listen: the crowding of the street; the room. Everyone hunches in  
against the crowding; holding their breath: against dread.

What do you dread?

What happens when you die?

What do you dread, in this room, now?

Not listening. Now. Not watching. Safe inside my own skin.  
To die, not having listened. Not having asked ... To have scattered  
life.

Yes I know: the thread you have to keep finding, over again, to  
follow it back to life; I know. Impossible, sometimes.

*Jean Valentine, 'Sanctuary'*

Through exploring her hesitancy towards multiple unknowns—other people, existence—Jean Valentine captures what it means to feel anxious in multiple dimensions. “To be quiet in another throat . . . to drift, in the restlessness . . . Everyone hunches against the crowding: holding their breath . . .” These statements are characteristic of anxiety in its corporeality. It is a condition that indeed occurs physiologically, evoked as a response—in this case, “against dread”. But anxiety is at the same time a *philosophical* experience.<sup>1</sup> Why dread? What do you dread? What happens when you die? Bodily manifestations of anxiety are so concurrent with metaphysical concerns that it is hard to tell what is causal and what is caused. Perhaps blocking out the questions provides some relief: “Not listening . . . Safe inside my own skin.” But many of the questions born of anxiety about incurable curiosities (those of the nature that cannot possibly be known or answered) are not so easily quelled.

The ultimate goal of this essay is to critically examine philosophy from varying perspectives in an attempt to identify and address this anxiety. In order to accomplish this goal, I would like to begin with a framework that can be summarized through four different theses:<sup>2</sup>

1. There are several different types of anxiety. Philosophical anxiety is its own type that cannot be better explained by biological, cognitive, or evolutionary anxiety, but may fall under the clinical scope of the DSM.
2. Metaphysical questions are those that cannot be answered with certainty, yet are framed in a way that suggests that we can or should. Anxiety is born out of a realization of this uncertainty and a sense of being “out of one’s depth.”

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<sup>1</sup> The ways in which anxiety is both physical and cognitive are further explored in this essay through a look at the various psychological conceptions (see the *Anxiety* section).

<sup>2</sup> These ideas may align with those found in other philosophical works, but are largely what I arrived at through independently evaluating my thoughts on the relation of metaphysics to anxiety. Inspirations come from Wittgenstein, Avner Cohen, and other existentialist philosophers.

3. Metaphysical questions may also not be “real” questions and instead are confusions in language (which I will evaluate more when discussing Wittgenstein). This contributes to their uncertainty.
4. *Too much* certainty is a bad thing as well. It is a strict denial of philosophical possibilities and therefore a coping mechanism for ontological insecurity (the anxiousness from existential questions). This point is inspired by work from Avner Cohen (1981).

I also aim to provide a measure of comfort to the anxious philosopher by suggesting several coping mechanisms, some of which arise naturally from a sense of awareness about the subject.

## **Anxiety**

Anxiety is most often spoken of through a psychological lens. There are several popular conceptions I aim to explore in this essay. The first is anxiety as it is defined in the DSM-V, the gold standard for diagnosing mental illness in Western psychology. Defining anxiety in this way presupposes its status as a disorder; however, not all conceptions would label it as such. It also fails to provide a broad generalization of anxiety, instead drawing distinctions between different types of anxiety disorders (or anxiety as it occurs at different intensities and specificities). Since we are attempting to define anxiety, we can look at Generalized Anxiety Disorder (GAD). This is the most umbrella diagnosis in the DSM-V (at least compared to much more specific ones like Agoraphobia which is marked by an extreme fear of crowds, leaving home, and being in inescapable places). The criteria for GAD are as follows:

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months): Note: Only one item required in children. 1. Restlessness, feeling keyed up or on edge. 2. Being easily fatigued. 3. Difficulty concentrating or mind going blank. 4. Irritability. 5. Muscle tension. 6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another medical disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder) (5th ed.; DSM-V; American Psychiatric Association, 2013).

Anxiety is thus considered a long-term, chronic state that is difficult to control. It may be useful to consider a character that illustrates our case. Sandra is an opera singer. She was diagnosed with GAD as a young child, after she severely struggled to make friends in primary school. She is apprehensive about many things, but it becomes particularly apparent in her social and work life. Some days she cannot convince herself to leave the house for fear of acting silly in front of others. She has lost several friends because she does not follow through on plans

to hang out. Sandra is also deeply concerned about her abilities, and will occasionally refuse to sing to mitigate the risk of failure. She has been given a written warning at work due to missed performances.

GAD is also marked by certain physical symptoms—Sandra finds herself shaking and sweating when she is on stage. She has even temporarily lost her pitch control due to nervousness, getting her in trouble with her boss. Accordingly, the DSM-V defines a mental disorder such as GAD as, “A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or development processes underlying mental functioning” (5th ed.; DSM-V; American Psychiatric Association, 2013). Sandra’s behavior and cognition are significantly impaired to the degree of interfering with normal life.

Though the DSM-V falls short of a fundamental understanding of what anxiety is, other classifications try their hand at the task. The cognitive theory of anxiety developed by Clark and Wells (1995) focuses on cognitions involved in an anxious experience. Prior interactions shape how one feels about situations in the future, so if one has had a negative experience in the past, they are more likely to have an onset of distorted beliefs and assumptions about what is to come when approaching something familiar. Perhaps, for instance, Sandra was a performer as a child. During a concert, she accidentally tripped on stage and everyone in the crowd laughed. Even though she loves performing, every time she is on stage she is fearful that she will experience intense embarrassment again.



The subsequent worry in an anxious situation can be understood as having multiple components.<sup>3</sup> The first is the nature of the cognitive process: anxious thoughts are induced in order to heighten awareness of a threatening situation, such that one may become more vigilant and focused (Sandra is hyper-focused on potential tripping hazards on stage). This is in tandem with a change in the contents of cognition. People begin to think about the threat more, analyzing it thoroughly. Sandra continuously repeats “I will not fall” to herself, unable to not fixate on the possibility. She also devises a plan in the event that she does fall again, mapping out the way she will retreat and the reactions she will get. Lastly, anxious cognitions tend to involve concerns about oneself: worry is often centered not on the task itself, but on one’s fear of failure or ability to successfully cope with the impending situation. Thus, Sandra’s fear of falling again stems from her worry about the implications of what will happen if she does so (will everyone think she is an embarrassment? Will she be able to laugh it off, or will she lose all the confidence she has built?)

The biological theory of anxiety defines it as a psychological, physiological, and behavioral response to actual or potential threats to well-being and survival (Steimer, 2002). This reaction most commonly evokes a fear response that induces arousal, autonomic and neuroendocrine activation, and specific behavior patterns that are useful for helping an organism cope with a high-stress situation (i.e. increased adrenaline is useful for outrunning a predator). Fear is a symptom, however, and can occur independently of anxiety. The main

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<sup>3</sup> I take the stance that anxiety is a type of worry. The DSM-V notes a distinction between anxiety “and” worry; however, I use them to mean roughly the same thing.

distinction is the specificity: fear in anxiety is not always aimed at any single threat, even if triggered by one. Sandra may experience a panic attack when walking on stage, for instance, but it persists for hours after she has left the concert hall. Freud best described this distinction when he said, “Anxiety is related to a state with no direct allusion to an object, while in fear the person's attention is precisely focused on the object,” (1920). I reject the notion that anxiety is always ambiguous; rather, it can *become* non-specific following a specific threat, whereas stand-alone fear always goes away once the threat is removed. It is plausible that anxiety and fear are somewhat causal towards each other, as someone experiencing fear is likely to then experience anxiety, while someone experiencing anxiety is more likely to have a subsequent fear response evoked.

Fear has been used in an attempt to understand the origin of anxiety. Ethologists look at fear as a motivational state that occurs in order to heighten the capability of a successful escape or defense (Steimer, 2002). Fear can be learned from previous experiences of a threat, thus evoking the response when somewhere familiar. It can also be an evolutionary response to loud noises, disturbances, large animals, or a fear of change when one has grown accustomed to an environment. As documented by Steimer (2002), ethologists have noted that fear is often confused with other motivational responses, and thus behaviors such as self-soothing can present when one feels threatened. These characteristics that do not seem appropriate for fear are what ethologists believe are being understood as anxious behaviors; however, anxiety is not a popular concept among them.

One final attempt to define anxiety is by understanding its connection to uncertainty. This is my own conception and the one that I believe pertains most specifically to philosophy. It is uncomfortable to be faced with problems that do not have solutions. It instills a sense of uncontrollability and an inability to prepare for any potential threats. When we put ourselves in uncertain situations, we feel anxious as a result. We have multiple ways of coping with this: in this essay, I will explore how philosophers dedicate themselves to finding answers to unsolvable questions.

A unique type of thinking occurs when philosophy is in motion: a certain excitement about topics that is both dizzying and beguiling. What we seek to describe is an experience of anxiety, though the exact mechanics of it are not immediately obvious. It is important to examine the features of philosophy and how those features may be relevant to existing psychological theories. Clark and Wells' conception of anxiety centers on learned anticipation from prior threats. Philosophical questions pose no physical danger to gain a sense of unease from. They are mentally uncomfortable, but not in a way that creates an increased sense that a bad situation will occur when confronted with them. Clark and Wells' theory may be applicable to more clearly defined environmental reactions but lacks depth when considering less tangible concepts. For the same reason, it is safe also to reject the biological theory of anxiety when considering its connection to philosophy. The biological theory's hallmark characteristic is fear that is either real and temporary, or misplaced and not clearly defined, whereas philosophy is

targeted at ideas. It is such that the anxiousness experienced when doing philosophy is indicative of a *new* type of anxiety.<sup>4</sup>

What is of utmost importance to note about the various views of anxiety is that these are not rival theories. Anxiety is complex and multi-faceted. Different situations call for different reactions—being hunted by a predator will primarily engage a physical reaction that is useful for escaping, while a familiar situation will result in a cognitive response that is intended for navigating the experience. Different anxious reactions can have considerable overlap. All of these theories, rather than being mutually exclusive attempts at encapsulating anxiety, are what I considered different *types* of anxiety.

## **Philosophy as Anxiety**

One must also consider what it means to “do philosophy” in the first place.<sup>5</sup> There is no clear-cut answer. Outside of academia, it is popular to use this terminology as a descriptor—“a” philosophy is merely a theory or belief *about* something. A “philosophy for cooking” or a “weight loss philosophy” describes a methodology or a prescription for a way of life. In reality, philosophy is, in itself, a process of thinking and pursuing wisdom. Philosophy is not *about* something. It is an action. One does not have philosophy; rather, they do philosophy.

I argue that uncertainty is integral to philosophy. This is evident in two ways: 1) How philosophy begins, and 2) Questions that cannot be answered.

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<sup>4</sup> It may even be that anxiety is both a symptom of philosophy and a disposition towards it—the anxious nature is prone to developing philosophical positions that may in themselves be anxiety-inducing.

<sup>5</sup> This is an important distinction because the way philosophy is done is central to how it relates to anxiety.

Throughout most of this essay, I am addressing anxious philosophers like myself: those of us who believe that the truth cannot be found in philosophy. But there are, of course, dogmatists who may argue that they *do* have the truth, and thus there is no uncertainty. To that I raise a question: What led them to search for the “truth”? At one point or another, the answer was not immediately obvious. It felt necessary to inquire about an issue, and thus the philosophical pursuit at least *began* with a moment of uncertainty.

Furthermore, philosophical problems are endlessly debatable. Later on I address attempts to dissolve the mind/body problem. Despite great effort, this issue has not yet been solved. Hundreds of years and hundreds of attempts, but no one can say for sure what is right. We must logically wonder why anyone would continue to try to answer something so elusive. Is it not mad to do so?

And, in fact, this uncertainty is what keeps the topic tethered to philosophy. Once an answer has been found, the issue becomes a matter of a different discipline—the history of mathematics is rooted in philosophy, as well as the science of psychology which began as a philosophy of mind. Or, as I will explain later, a philosopher takes an irrefutable stance as a defense against uncertainty.

There is value in uncertainty.<sup>6</sup> A philosopher who is too certain, such as the previously noted dogmatist, may settle on a truth that they believe to be self-evident. Or, all philosophy is quickly assigned to a hard science (which is distinct from being conceded to one over time), merely rejecting uncertainty. The

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<sup>6</sup> Bertrand Russell (1974) also explored this in his writings on *The Problems of Philosophy*: “Philosophy, though unable to tell us with certainty what is the true answer to the doubt which it raises, is able to suggest many possibilities which enlarge our thoughts and free them from the tyranny of custom” (p. 89).

philosopher consequently disregards all other possibilities that are left to explore. In doing so, one is therefore not facing the issue, but avoiding it. This is briefly discussed by Wittgenstein (1958) when discussing the realist position in solipsism: “The trouble with the realist is always that he does not solve but skip the difficulties which his adversaries see, though they too don’t succeed in solving them” (p. 48, 309;81).

Though a degree of uncertainty can be a good thing, a surplus of it can lead to unruly thoughts. Wittgenstein’s problem with realists is that they do not deal with what he believes to be the *real* problem of philosophy—language—any more than someone who takes a metaphysical stance. He believed that metaphysical questions in particular are *pseudo*-questions: they are not real problems because they are rooted in grammatical misunderstanding.

Take the mind/body problem for instance. We can observe two apparent types of facts about oneself: physical ones, such as those about appearance (I have brown hair and I am sitting on a couch), and mental ones, such as cognitions about certain behaviors (I believe I have brown hair and I want to sit on the couch). Though these sentences are more or less about the same features, they express very different notions about them. The facts regarding physical observations are true no matter who is observing them. They aren’t determined by feelings or other states of mind. The mental facts, on the other hand, are only due to feelings and states of mind. In fact, they *depend* on them and exist because of them. Thus there is a distinction between mind-dependent facts (mental), and

mind-independent facts (physical). How is it that we experience both? How is it possible for the two states to interact? This is the issue of mind and body.

The way this question is framed is faulty. By even calling it the mind/body problem, we are led to believe that the solution must be a choice between either the mind or the body or both or neither. If we reject dualism, we are left with, say, physicalism or behaviorism. The issue with settling on these conceptions is the fact that cognitive science has yet to produce a wholly satisfactory theory of the mind as a process of brain functions. We are faced with the same case that we saw with the realist earlier: by merely rejecting the problem in favor of science, the problem is not solved, but avoided.

As it turns out, the mind/body problem is even more complex when attempting to look at the language used to describe it. We, for instance, talk about the mind like it is a “thing” in the same way that a hand is a thing that writes. Thus when we consider mental objects or processes we are compelled to look for the locality of the mind, whether that exists in the brain (physicalism) or as a separate substance (dualism). It could be instead that the mind is not a thing, but a process (perhaps similar to digestion, as Searle would suggest). The mind/body problem therefore is not actually about the mind and body, but rather about the language used to frame it. When the language is corrected, the problem no longer exists, and neither does the uncertainty that was posed by it.<sup>7</sup>

Avner Cohen explored the relationship between certainty and metaphysical questions in depth, but I will provide a brief overview of his

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<sup>7</sup> Wittgenstein’s stance is arguably yet another attempt to cope with the anxiety posed by philosophical questions. We will see later how he recognizes the ability to use philosophy as a therapeutic tool.

position.<sup>8</sup> He posits that anxiety is indeed relevant, but more-so as a causal factor. To Cohen, the issue of metaphysics begins with “certain difficulties” about existence: these include doubts and fears of meaning, knowledge, reality, and so forth. Existentialists call this “Being-in-the-World” or ontological insecurity. The result of ontological insecurity is anxiousness that is dealt with through a fixation of beliefs. The fixation is on a dogmatic certainty in metaphysical systems, or in the ability of metaphysical questions to at least one day arrive at certainty. Cohen deems this fixation illusory, however. This is evidenced in part by the irrefutability of metaphysical claims, as they have *too much* explanatory power and cannot be affected by anything in the world. Cohen (1981) referenced Popper to elaborate on this point:

. . . Popper observes that the study of such systems see "the effect of an intellectual conversion of revelation" on its believers. Once you accept the premises of the system, the world is full of verifications of the theory. Whatever happens always confirms it. The more one uses the theory the more one becomes convinced of its truth. It becomes harder and harder for the believer to see the world otherwise (p. 121).

A fixation of beliefs is a mere coping mechanism for the anxieties born of a lack of ontological security. This, to Cohen, also sets the foundation for the pathological nature of metaphysical questioning. A refusal to acknowledge the delusion of certainty, especially to quell otherwise negative emotions, is similar to concepts of paranoia and madness seen in Pinel, Freud, and Kraepelin.

Though we both see the relevance of certainty to anxiety, Cohen and I differ in where anxiety belongs in the metaphysical process. My view posits that it

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<sup>8</sup> Cohen, Avner. (1981). *Certainty, doubt, and anxiety: Towards a theory of the psychology of metaphysics*. Wiley. <https://www.jstor.org/stable/24435512>



is a *result* of philosophical questions, whereas Cohen believes philosophical questions are *rooted* in anxiety. We happen to agree that there is the potential for a psychological pathology, however. While Cohen focuses on psychoanalytic similarities (i.e. madness), I take a much more clinical stance that I will explore in brief in the following section.

### **Philosophy as a Disorder**

Not all anxiety is disordered or a byproduct of a disorder. Yet, most of the attention we give it is geared towards understanding anxiety as it occurs severely and disruptively—the pathological nature that results in a significant decline in the quality of living. Normal anxiety can be differentiated from disordered anxiety by utilizing either a continuity perspective or a qualitative one. In the continuity conception, anxiety operates on a spectrum. The low end describes lesser levels of anxiety (comparative to low levels of trait and state anxiety), whereas the high end encompasses the maladaptive characteristic of anxiety disorders such as Obsessive-Compulsive, Generalized Anxiety Disorder, and agoraphobia. The qualitative conception, on the other hand, asserts that what can be interpreted as normal anxiety is qualitatively different from disordered anxiety. This may be especially true when considering behavior, or how one handles and reacts to their anxiety. In a less general outlook, each anxiety disorder is also qualitatively distinct (characterized by specific sets of symptoms that occur in unique variations), and thus it may be possible to create criteria that clearly distinguish normal versus abnormal anxiety.

The DSM-V is qualitatively based. To conceive of philosophy as a disorder that could fit diagnostic criteria, it would need to have its own set of symptoms that overlap with other forms of anxiety, and at least some degree of maladaptive behavior. Anxiety is centered on worrying. Much time spent doing philosophy is time spent worrying about the nuances of various aspects of a problem. It is a very nitpicking discipline: should one reject the complexities of an issue as it is presented, it is on the basis of an even more particular analysis (such as Wittgenstein's deconstruction of language). Philosophy is often excessive. Many philosophers, including Wittgenstein who died before some of his works were completed, struggle to fully articulate their arguments to a high enough level of satisfaction. Thus, it is not outrageous to suggest that engaging in philosophy can lead to a neglect of needs (mental care, hygiene, sleep, and so on).

The DSM-V fails to provide a broad outline for anxiety, and it does not provide diagnostic criteria specific to philosophy. Other disorders are close to being sufficient in capturing philosophical anxiety but fall short of the task. As such, there is no clear place for philosophy, despite philosophizing behaviors being suggestive of a potential disorder of mind. I think it would be useful to give a rough outline of what the diagnostic criteria may be, should philosophical anxiety be added to the DSM. However, a task of that magnitude can not be properly addressed in a paper of this length.

Though realizing philosophy as a potential disorder of mind seems harrowing in consequence, anecdotal accounts of success with various other disorders shed light on the potential positive outcome of such affliction. One

notable disorder is Attention- Deficit/Hyperactivity Disorder (ADHD). ADHD is a neurodivergent disorder that typically presents as difficulty concentrating and/or a lack of impulse control and excess energy. Many adults with ADHD have found, however, that their inability to concentrate is primarily towards objects of no interest. Contrastingly, they are able to hyper-focus on activities that intrigue them. This hyper-fixation is often far more intense than one would experience without ADHD but has proved beneficial when geared towards career interests or valuable hobbies. Another example, this time one that draws from the spectrum of anxiety disorders, is the silver lining in Obsessive-Compulsive Disorder (OCD). OCD is characterized by obsessions that are relieved by engaging in compulsive behaviors. If the compulsion involves a useful task such as triple-checking all math or cleaning door knobs, it can be beneficial compared to an individual who does not think to do those things regularly. Of course, OCD compulsions can become excessive and thus no longer more beneficial than harmful, but an argument could be made for the value of such symptoms.

This is not to say that disorders are all good, but to show that they are not all bad. One might be quick to point out that philosophers make careers out of doing philosophy, and thus it seems unlikely that it could be classified as a disorder. A disorder can exist even if the person managing it has considerable ability to function. It can exist even if the person sometimes *benefits* from it. These positive outcomes do not negate the suffering caused in other aspects. It is such that the successful inventor with ADHD could not get good grades in college to earn a degree. Or that the prominent artist with OCD is consequently suffering

from extremely dry hands due to excessively cleaning paint brushes. In the case of a philosopher, behaviors that are congruent with disordered states of mind are common and even encouraged. Obsessiveness about an issue, for instance, is not unlike the cognition exhibited in cases of Obsessive-Compulsive Disorder. There may be an extreme need to nit-pick the nuances of every argument or theory to discover some “problem” or “answer” even where neither may exist. This can not only not be fruitful, but can even do harm: first to the philosopher in the form of distress, and secondly to the philosopher’s work in the form of an intellectual blockage that inhibits the ability to continue writing quality content.

### **Philosophy as the Solution (*Conclusion*)**

If one decides to appeal to the metaphysical rather than reject it, existentialism can be a useful framework for individuals who struggle with anxiety. This is a branch of philosophical inquiry that deals with the problem of human existence. At the center, the human is believed to be an agent of free will. We are responsible for all of our own decisions, and ostensibly in charge of finding meaning in life. To declare that life has no inherent meaning can be especially freeing. One can decide that though meaning is not inherent, it can be assigned, and thus the weight of situations is fully in control of the subjective entity. Much of anxiety is centered on a lack of control and a fear of the outcome. This perspective gives individuals some semblance of power over their own life *and* labels a situation as less threatening than initially perceived. On the flip side, one can decide that life has no meaning at all and cannot be given any. This can be an optimistic

perspective on the grounds that there is no need to worry since there is nothing to truly be anxious about.

But to those who accept the problem with the metaphysical, Wittgenstein provides relief in the form of therapeutic philosophy. Therapy is aimed not at the individual's feelings of anxiety, but rather at the treatment of the language that is responsible for it. We engage in philosophy to address the grammatical and syntactical errors in complex, worry-inducing questions—metaphysical ones, namely—in order to realize that these questions have no meaning. Wittgenstein captures this sentiment well:

The real discovery is the one that enables me to break off philosophizing when I want to. The one that gives philosophy peace, so that it is no longer tormented by questions which bring *itself* in question.<sup>9</sup>

By realizing the confused nature of metaphysical philosophy, a philosopher should be free to dismiss the issues raised by it. To put it more succinctly, if anxiety is in the uncertainty of the question, and the question is not a *real* one and can therefore be disregarded, there should be no uncertainty and thus no anxiousness.

In any case, Western academia has yet to committedly traverse the psychology or philosophy of philosophy itself. Wittgenstein took note of the peculiarities of metaphysics: he acknowledged the anxiety within them and developed a method for therapeutically coping. Cohen, too, sought to understand the madness of metaphysics and how it is rooted in the psychological concept of fixation. Cohen's goal was different from Wittgenstein's—rather than removing the problem of metaphysics, he aimed to “humanize” it in a way that placed

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<sup>9</sup> Wittgenstein, Ludwig. (1953). *Philosophical investigations*. Wiley Blackwell.

anxiety as a fundamental component (1981). But I hardly need to point out that this is not a popular discussion in philosophy. It is such that many academics either do not consider this issue, or choose to ignore it. In any case, I do not pose that we should dissolve, reduce, or devalue metaphysics; rather, we should be weary of the depth of philosophical trenches, should we feel overwhelmed by questions of existence.

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