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Kierkegaard's *Sickness Unto Death***

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Abstract

In *The Sickness Unto Death* Soren Kierkegaard opens his short psychological exposition with a description of the self as a relation of the self relating to itself. If the self is essentially a relation, then the malady of the self/spirit (psychological sickness) would occur when the relation is out of balance or one-sided. Kierkegaard describes this sickness of the self as despair. He further describes despair as a condition with which it appears everyone is stricken. Kierkegaard employs three paradoxes in order to explain the nature of despair. The key to understanding despair seems to be in making careful distinctions between possibility and necessity, the infinite and the finite, and the eternal and the temporal. When the appropriate synthesis or tension in these paradoxical relations is not maintained a person falls into despair. This paper will examine Kierkegaard's psychological category of despair with special attention to the tension between the temporal and eternal in a person. Kierkegaard's ontology will be explored especially with regard to the categories of the temporal and eternal as mental/spiritual faculties of the self. Since the famed 20th century psychologist Abraham Maslow admits an existential influence in his own work, in *Toward a Psychology of Being*, the connections between Kierkegaard's concept of despair and Maslow's ideas about being will be explored. Co-authored by a Kierkegaardian scholar and a teacher of Maslow, this study will attempt to explain how Kierkegaard's psychological instincts may be consistent with Abraham Maslow's understanding of psychological health.

Keywords:

Introduction

Soren Kierkegaard wrote two works that he refers to as “Christian Psychological Expositions:” *The Concept of Dread [Anxiety]* and *The Sickness Unto Death*. While Kierkegaard’s work predates the modern science of psychology it is fair to call these “psychological expositions” since he is working on diagnosing and treating types of psychological sickness: “anxiety” and “despair” respectively. While Kierkegaard’s psychology may seem more introspective (and religious) than scientific, it is a powerful proto-psychology—much like that of Freud—from which modern psychologists may learn. In fact, the 20th century American psychologist, Abraham Maslow, admits to being influenced by existentialist thinking in the development of his own psychological theories.¹ By Maslow’s reckoning, Kierkegaard’s approach appears to be a deficiency psychology (D-psychology) working toward onto-psychology (B-psychology).² Deficiency psychology begins by assuming that everybody has a felt psychological need for some potential that is not yet actualized. Individuals have ungratified needs, such as safety, a sense of belonging, love, respect, or prestige (i.e., the hierarchy of needs). We are motivated to meet these needs in a variety of ways, some of which may be destructive and some maybe constructive. Being psychology (onto-psychology), on the other hand, is the move in psychology that seeks to establish what psychological well-being is and reflects the belief that individuals are drawn to and motivated by psychological health. In his paradigm changing work, *Toward a Psychology of Being*, Maslow begins by defining the common approach in psychology as deficiency psychology and moves in this work toward developing a being-psychology (onto-psychology). Both men recognize that as human beings we are always under threat of psychological sickness, thus we must always be vigilant in pursuing wholeness of *being*. Maslow describes *being* as follows, “Self-actualization . . . tends to be seen as an ultimate final state of affairs, a far goal, rather than a dynamic process, active throughout life, Being, rather than Becoming.”³ The process of *becoming* is not the goal, rather the final state of *being* is the goal. Thus, the existential nature of the psychology of both Maslow and Kierkegaard is that human individuals are *becoming* towards *being*.

The purpose of this paper is to explore the concept of the eternal as an ontological concept in Kierkegaard’s *Sickness Unto Death* and seek to understand how that concept may be interpreted in modern psychology via Abraham Maslow in *Toward a Psychology of Being*. The authors will argue that the eternal (Danish: *das evig*) in Kierkegaard’s *The Sickness Unto Death* is an ontological capacity that enables one to orient psychologically toward *being* in its fullest sense. Balancing the temporal and eternal aspects of one’s existence is a key to opening one to fullness of *being*—psychological health.

¹Abraham Maslow, *Toward a Psychology of Being* (Blacksburg, VA: Wilder Publications, 2011), 19-24, “Why Psychology Can Learn from the Existentialists.”

²Ibid. See discussion of deficiency motivation and growth motivation on pages 26-31.

³Maslow, *Toward a Psychology of Being*, 30.

Kierkegaard, the Self, and the Eternal in *The Sickness Unto Death**The Meaning of the Self*

The key to understanding Kierkegaard's psychology is found at the beginning of *The Sickness Unto Death* (Part One, A. A), where Kierkegaard famously describes the self as "a relation which relates to itself . . . the self is not the relation but the relation's relating to itself. A human being is a synthesis of the infinite and the finite, of the temporal and the eternal, of freedom and necessity."¹ The self is not the synthesis (the relation) but the dynamic of dialectical tension between these disparate and paradoxical relations. Kierkegaard reminds us that the human *being* that resides in this relating is not yet a self since the relation is in flux—hence the existential nature of Kierkegaard's psychology. While Kierkegaard is borrowing language and ideas from the Hegelian dialectical philosophy, there are two major differences: 1) Kierkegaard is applying the dialectical approach to the self (the individual) in a psychological exposition rather than a grand metaphysical explanation of everything. 2) While Hegel seems to believe that the two terms in a dialectic dissolve or "give way" to the new term, Kierkegaard does not posit a new [third] term [reality/concept] in which the former two [thesis and antithesis] dissolve or are consumed. The thesis and antithesis remain in balance in the healthy self. However, for SK the occurrence of psychological health is inexpressibly miniscule. Nearly everyone who lives, or has lived, is in despair (psychologically ill), whether we know it or not. We cannot help ourselves. Most of us are so attached to the finite, temporal, and actual nature of our existence that we experience daily, that we often neglect or forget altogether the infinite, eternal, and free nature of our souls. On the other hand, some seek always to transcend this finite, temporal, and necessary existence by trying to become someone we are not. For Kierkegaard, this imbalance (on either side—toward the limit or the unlimited) in the relation of the self is despair.

The self may either have established itself or is established by another.² If the self has established itself, then SK believes we would need no other to bring us to psychological health. However, Kierkegaard argues that the self is established by another—"the power that established it" in Part One, which is referred to as "God" in Part Two.³ If another power has established the self, then it seems we ignore that power to our own detriment. Only placing oneself transparently before that power (i.e. relating to that power) can heal us and bring us to psychological health.⁴ So, how does this happen? For Kierkegaard, the self "cannot by itself arrive at or remain in equilibrium and rest, but only, in relating to itself, by relating to that which has established the whole relation."⁵ Hence, there must be something in us—an ontological capacity—that enables

¹Soren Kierkegaard, *The Sickness Unto Death*, translated by Alastair Hannay (London: Penguin Books, 1989), 43.

²Ibid.

³Ibid., 44, 79, 109, 165.

⁴Ibid., 44.

⁵Ibid.

the individual to relate to the “power that established it” (i.e. God). My read of Kierkegaard is that psychological health (i.e. freedom from despair) happens via the eternal, infinite, and possible nature of our existence. These three sides of the dialectic of *being* can place us before the power that established us, relate us to that power, and give us real potential for becoming true beings. For this reason, I believe that these three sides of the dialectic of *being*—the eternal, the infinite, and possibility—represent three aspects of the ontological capacity that enables us to relate appropriately to the power that established us (God, the Eternal One) and only in this proper relating can we achieve psychological health—“that state in which there is no despair at all.”¹

Being in Despair

So, what is despair—psychological illness—and how does the individual become sick [despairing]? As previously stated, Kierkegaard believes we are all sick with despair. We all need help becoming healthy. Kierkegaard suggests that “because despair is an aspect of spirit [self/soul] it has to do with the eternal in a person. But the eternal is something he cannot be rid of, not in all of eternity.”² In this case the eternal is both a capacity and an aspect of the soul/self.³ Of course in the second sentence “eternity” refers to endless existence. Every individual suffers from one of the three forms of despair: 1) “The despair which is ignorant of being despair, or the despairing ignorance of having a self and an eternal self” —ignorance,⁴ 2) “In despair not wanting to be oneself”—weakness,⁵ 3) “The despair of wanting in despair to be oneself—defiance.”⁶

Kierkegaard believes that most people suffer from the first form mentioned here—that of not being aware that one is a self/soul/spirit. Not being aware that one has a spirit is essentially only thinking of oneself as temporal, finite, and actuality. In Kierkegaard this is sometimes referred to as “the inauthentic self.” If the self/spirit is a relation, then only thinking of oneself in these three aspects of existence—temporal, finite, actuality—is to not recognize that one lives as a relation to oneself and to the power that established it—God.

The despair of not wanting to be oneself occurs when the individual recognizes that they are eternal—that they have both temporal and eternal capacities, or that they are *becoming* toward *being*. This form of despair comes when the individual does not want to live toward the future possibility that fullness of *being* holds for them. In this case the individual does not want to, or does not have the strength or resolve to live toward their potential future healthy self. They are either afraid they will not achieve that future state, are

¹Ibid., 44, 165.

²Ibid., 47.

³Self or soul is also translated “spirit” as well. This is defined as the relation and has the properties and function of the immaterial essence of the self.

⁴Ibid., 73.

⁵Ibid., 80.

⁶Ibid., 98.

afraid they do not have the power to become a complete healthy self, or they do not want to put forth the effort this may take.

The third form of despair is characterized by defiance. This form of despair occurs when one understands the eternal nature of the self and understands the future self that they are meant to become—the healthy self—but in defiance they want to be someone else. They want to be a self, but they want to be a self of their own making rather than aspiring toward the future self that they were meant to be by the power that established them—God.

For Kierkegaard the cure to despair and the state of *being* we should be living toward is a state of the self that is established by God—our creator. Only when we live into (or toward) the self that we are meant to be do we experience psychological health. Kierkegaard famously expresses this state of pure selfhood as follows: “This is the formula which describes the state of the self when despair is completely eradicated: in relating to oneself and wanting to be itself, the self is grounded transparently in the power that established it.”¹

In Part Two, chapter one of *The Sickness Unto Death* Kierkegaard outlines “The Successive Stages in the Consciousness of Self” as follows:

1. Unconsciousness of having an eternal self—the inauthentic self.
 - a. The despair of not knowing one is in despair.
2. Knowledge of having a self in which there is something eternal—the psychological self.
 - a. In despair, not wanting to be oneself.
 - b. In despair wanting to be oneself.
3. Knowledge of being the self that is directly before God—the theological self.²

Every individual begins in the first stage and is unconscious of having an eternal self. Most people do not progress past this stage. Some progress to the second stage of recognizing that they possess aspects of both the temporal and eternal, finite and infinite, necessity and possibility. Most individuals who understand that they have a self/soul/spirit do not orient themselves toward that power that established them. These individuals do not live toward actualizing the fullness of self. As shall be explained later, in Maslow’s terms they do not actualize their potential future self. While Kierkegaard believes this can only be done in relation to God, it is difficult at best to find this orientation toward God in Maslow’s psychology. This may be the biggest difference in their psychology—after all, Kierkegaard does refer to his work as a “*Christian Psychological Exposition*”

The Meaning of the Eternal in The Sickness Unto Death

When held in perfect balance, the three dialectical relations (syntheses) of the finite/infinite, temporal/eternal, and freedom/necessity represent

¹Ibid., 44.

²Ibid., 111-115.

psychological health. Thus, when any of these three dialectical relations are not in perfect balance (a perfect synthesis), the result is psychological illness—what Kierkegaard calls “despair.”¹ So, what are these relations or what do they represent? I believe that Kierkegaard views these as capacities of the soul that enable the individual to relate (open the individual) to the divine. Specifically, the eternal enables us to transcend the confining temporal existence of *becoming* and be the self before God—the perfect state of psychological health. The eternal opens us and orients us toward the authentic self before God, true *being*.

Maslow and Existential Thought

Maslow’s Psychological Project

Freudian notions of human motivation dominated the field of psychology for the first 60-70 years of scientific inquiry and development of psychological theory. According to Freud, the two primary human drives are 1) *Eros*, which Freud equated with sex and 2) *Thanatos*, which Freud equated with aggression. In many ways, Freud’s theory of human motivation can be seen as an extension and elaboration of the work of Thomas Hobbes (e.g., *Leviathan*). This framework for human motivation rests on the assumption that humans are born with an innately negative “inner core.” In contrast, the work of Abraham Maslow and other humanists (e.g., Carl Rogers) proposed a “third force” that could explain human motivation and activity. Rather than operating from the assumption that humans are innately negative at their inner core, Maslow proposed that humans are born with an inner nature that is “natural” and relatively constant throughout life, and that this inner nature “seems not to be intrinsically evil, but rather neutral or positively good.”² Maslow also referred to this inner core as the “voice of the real self.”³ Maslow argued that optimal human development required that this inner core be cultivated and expressed freely in order to experience healthy development and happiness. The inner core, according to Maslow, is subtle rather than overpowering. It can be shaped and even suppressed over time through “habit, cultural pressure, and wrong attitudes towards it.”⁴ While it may be weak compared to external pressures, this inner core is still present and continues to draw individuals towards the fullness of their potential and development. Although this marks a drastic shift in the way psychologists were approaching motivation and development, Maslow was not trying to throw out the study of the negative aspects of humanity. Instead, he was attempting to propose a new way of framing psychology to include both the positive and negative phenomena of human experience.

¹Ibid., p. 45.

²Maslow, *Toward a Psychology of Being*, 14.

³Ibid., 32.

⁴Ibid., 14.

Kierkegaard has a similar impulse in his pre-scientific psychology when in, *The Sickness Unto Death*, he suggests that the self (inner core) is a balanced relation of the self relating to itself.¹ For Kierkegaard, much like for Maslow, psychological health occurs when the inner core, which is this relation, is cultivated and placed in the proper relation to that power which established it.² For Kierkegaard, only when the self properly and freely expresses itself is happiness and well-being present—all other scenarios lead to despair—and for the self to freely express itself it must be relating properly to that power that established it.

'Being' and 'Becoming' in Maslow and Kierkegaard

For Maslow, a major overarching goal of *Toward a Psychology of Being* is to distinguish between processes that he identified as indicative of *being* and those that are more indicative of *becoming*. Qualities associated with *being* include spontaneity, curiosity, exploration, enjoyment, absorption, interest, end-states, objects *per se*, and states where no more is needed.³ By contrast, *becoming* is characterized by concepts such as means to an end, striving, trying, comparison, adaptation, routinization, deficiency, and goal directed behavior. *Being* is also associated with that which is timeless in the individual whereas *becoming* is associated with the temporal. Maslow explains, “I am convinced that psychologists must move in this direction of reconciling the B-psychology [Being psychology] with the D-psychology [Deficiency psychology], i.e. the perfect with the imperfect, the ideal with the actual, the eupsychian with the extant, the timeless with the eternal, end-psychology with means-psychology.”⁴ Maslow also proposes that humans are intimately aware of their potential self as a future state of *being* that can be achieved, and we are motivated by the inner core to grow towards that optimal state of being through the process of *becoming*. In this way, *being* can be seen as both an end-state that humans may reach, as well as a static state representing the deep/true experience of reality rather than experiencing it through the individual’s cognition of reality.

Of course, as an existential thinker, Kierkegaard has a similar understanding of *being* and *becoming*. *Being* is both the end-state and the self in its perpetual and proper relation to that which established it. The relation, characterized by the balance between states that are characteristic of *becoming*—e.g. the temporal, finite, and actuality—and states that are characteristic of *being*—the eternal, infinite, and possibility—is always balancing these two sides of existence. When they are out of balance on one side or the other—on the side of *becoming* or on the side of *being*—psychological sickness [despair] is present. The two major types of despair—1) in despair, not wanting to be oneself and 2) in despair, wanting to be oneself—

¹Kierkegaard, *The Sickness Unto Death*, 43.

²Kierkegaard, *The Sickness Unto Death*, 44.

³Abraham Maslow, *The Farther Reaches of Human Nature* (New York: Viking Press, 1981).

⁴Maslow, *Toward a Psychology of Being*, 6.

exemplify each of these two imbalances in the relation. The third type of despair for Kierkegaard is simply being ignorant that one is a self, or as Kierkegaard puts it, “the despair which is ignorant of being despair, or the despairing ignorance of having a self and an eternal self,”¹ in which case the individual is not even aware of any need—they have not thought deep enough to recognize their own psychological sickness. They are unaware of their own *being* (ends-motivation) and live purely in *becoming* (means-motivation).

Being in Despair

For Maslow, the psychology of *being* proposes that optimal human development proceeds from the free expression of the inner core that each individual is born with. When this inner core is suppressed or repressed over time the individual can develop sickness and/or despair. Kierkegaard also believes that despair stems from not wanting to be oneself, or wanting to be a self but a different self than the one that one is in their core relation to the power that established it. Both of these responses to the discovery of the self (self as a relation between the temporal/eternal, finite/infinite, actual/possible relation) hinder the free expression of the inner core that the individual is born with. For Kierkegaard, the healthy individual is also freely living with both the actuality of one’s existence and the possibility/freedom of one’s existence. The temporal nature of the individual’s existence means we are existing in time and within temporal confines, but the capacity for the eternal relates one to one’s self in a way that opens the individual to fullness of *being*. Thus, the eternal frees one to become a healthy *being*—*being* in relation to God.

Maslow argues that each person has an intrinsic conscience directing that person towards their optimal/whole self.² This internal process acts like a score keeper tallying the actions and behaviors that are consistent with the inner core and those that are contrary or overshadowing of that inner nature. When we behave in ways that run counter to our inner core this “registers” in the intrinsic conscience and over time can lead to sickness, illness, and/or pathology.³ I would propose that this is similar to how the eternal functions for Kierkegaard. It appears that, in Kierkegaard’s work, the eternal orients or directs us toward that power which established the self in order to lead us away from illness toward actualized fullness of being. For Maslow, psychological health was more about the fullness of human functioning and experience than it was about sickness or illness. He argued that the psychological community and people in general would benefit more from public discourse that focused on concepts of fullness, completeness, and wholeness than discussions of or references to concepts such as health or illness.⁴ The fact that Kierkegaard repeatedly refers to “the state of the self in which despair is completely eradicated” as the model

¹Kierkegaard, 73.

²Maslow, *Toward a Psychology of Being*.

³Ibid., 15.

⁴Maslow, *The Farther Reaches of Human Nature*.

for the authentic self indicates that he is trying to impress upon his readers the need to orient toward health, not despair.¹

One of the mechanisms that leads people to repress or suppress their inner core is societal pressure and expectation about social norms and behaviors. The Jonah Complex describes the process that leads people to suppress their talents and treasures in response to social pressure.² Maslow also referred to this as a “fear of one’s greatness” or an “evasion of one’s destiny.”³ In this way, Maslow was arguing that in addition to fearing our worst aspects, as argued by Freud, we are also afraid of our best aspects. Kierkegaard identifies this impulse when he speaks of one form of despair as the despair of not wanting to be a self and an eternal self. Whether this is driven by social comparison and expectation outside of the individual or by intrinsic conscience within the individual, the outcome is the same: opposition to the optimal self. When faced with an example or prototype of a fully functioning human, we are immediately aware of our own lack of fullness. In other words, you *being* at your best can be a threat to others’ self-perceptions through this process of comparison. Likewise, when we imagine ourselves at our best we are immediately faced with the current reality of who we are as a stark comparison.

Dialectical Elements of Maslow’s Psychology

Maslow’s *Psychology of Being* addresses the gap between the potential and the actual in several ways. He argues that psychology would benefit from the inclusion of existential philosophy as a counter to the prevailing Logical Positivism position dominating the field. Operating from a strictly empirical and data driven philosophical perspective naturally leads psychologists and researchers in general to overlook and ignore phenomena that are personal and unpredictable. By adopting, or at the very least being open to, more existential notions of reality, Maslow posits that Psychology can finally unify the study of what’s wrong with humans with the study of human potential and optimal achievement. This leads Maslow in the direction of viewing the self as a dialectic of existence.

To this end, Maslow argues that as humans we are simultaneously our actuality and our potentiality. He uses several juxtaposing terms to approach this concept such as “creatureliness and god-likeness” and “lower self and higher self”. According to Maslow the self is made in a transactional way, rather than an uncovering or discovering way. So, both potentiality and actuality operate at the same time with goal of integrating them in a holistic way. For example, one may find him/herself recognizing and acknowledging an aspect of their own character/nature that they can improve or grow in, thereby using their potentiality to motive change in their life. When they have achieved a new state of functioning that is consistent with that potential self,

¹Kierkegaard, *The Sickness Unto Death*, 44, 79, 146-147, 158, 165. Kierkegaard mentions the formula for in which despair is eradicated in these passages, but many others exemplify the wholeness of being that he is after throughout his work.

²Maslow, *The Farther Reaches of Human Nature*.

³Maslow, *Toward a Psychology of Being*, 35.

they have actualized that potentiality. In this way, people can be motivated to achieve new states of *being* through the process of *becoming*.

For example, Maslow in some way criticizes American existentialists for focusing too much on the self as something to be discovered or uncovered.¹ Rather than viewing human development as though we were simply finding the needle (self) in the haystack (every day changing experiences of life), Maslow argues that we exercise agency in our own life and in many ways can be thought of as co-creating the self. Kierkegaard has a similar impulse when he suggests that we must want to be a self and work with that power that established the self in becoming a self. Maslow believes we are undoubtedly influenced by our genetics pre-dispositions in ways that shape our biology and our expression of personal traits and characteristics, and he emphasizes that viewing the self strictly as a project ignores the “constitutional and genetic determinants of personality.”² Likewise, in order to fully understand the complete individual, there must be room for the study of all human experiences, including the phenomena that are unpredictable, uncontrollable, and outside of the laboratory research paradigm. Maslow poses this conceptual question to his colleagues and the broader scientific community: If we can’t study the individual scientifically, then what does that say about science? Maslow argues that a revision to scientific philosophy is necessary in order to move forward with an empirical investigation of the human experience. Until our science can include the study “of the psyche and of raw experiences in reality”, “then so much the worse for [our] conception of science.”³ Thus, Maslow may be sympathetic with Kierkegaard’s somewhat dialectical and theoretical approach to understanding the self.

Finally, Maslow calls for both a broader conceptualization of human functioning and a broader conceptualization of the areas of valid scientific inquiry, which can be unified in a very holistic way. As previously stated, we are both actuality and potentiality. The potential self is often viewed as something to be worked towards in the future, and by referencing this future self, people can motivate their behavior in ways that allow them to actualize that future potentiality. Theories like self-actualization or any other focused on optimal human development would not make sense without reference to an active future self that operates within the individual. In fact, Maslow states that the concepts of growth and becoming “necessarily point towards the future.”⁴ Only when this active, dynamic view of the self-to-be-discovered is present and attended to can man move confidently in the direction of his own future and “face novelty with confidence and without fear.”⁵

¹Maslow, *Toward a Psychology of Being*, 20.

²Ibid., 22.

³Ibid., 21-22.

⁴Ibid., 23.

⁵Ibid., 23.

Conclusion

Maslow and Kierkegaard on the Eternal

Maslow and Kierkegaard both have a dialectical understanding of the self. While Maslow uses language of actuality and potentiality he also describes *being* and *becoming* in other ways, including (and notably) the use of the terms “timeless” and “temporal.”¹ Regardless of the terms used to describe this dialectic of *being* Kierkegaard and Maslow seem to be pointing to the same impulse toward *being* as a relation of certain aspects of the self to other aspects of the self in a perfect balance—self-actualization. Kierkegaard shares the goal of self-actualization (authentic existence), but seems to identify the two sides of the dialectic of *being* with capacities that open us either toward the world around us and the current state of the self (temporal, finite, actuality) and those that open us to the power that established the self (the eternal, infinite, and possibility).

Thus, when Kierkegaard uses terms like eternal, infinite, and possibility he is emphasizing the need to orient the self beyond itself to the power that established it. Only in relation to that which is beyond the self can we achieve full psychological health (that state where despair is completely eradicated). What Kierkegaard refers to as the eternal, Maslow seems to understand in terms of the possibility of the future self. Both thinkers advocate orientation toward this future or authentic self, and both understand the importance of the inner capacity that orients us toward that authentic, future self.

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¹Maslow, *Toward a Psychology of Being*, 6.