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## **“Martin Heidegger”**

**Anthony Vincent Fernandez**

### **Abstract**

Martin Heidegger (1889–1976) is one of the most influential philosophers of the twentieth century. His influence, however, extends beyond philosophy. His account of Dasein, or human existence, permeates the human and social sciences, including nursing, psychiatry, psychology, sociology, anthropology, and artificial intelligence. In this chapter, I outline Heidegger’s influence on psychiatry and psychology, focusing especially on his relationships with the Swiss psychiatrists Ludwig Binswanger and Medard Boss. The first section outlines Heidegger’s early life and work, up to and including the publication of *Being and Time*, in which he develops his famous concept of being-in-the-world. The second section focuses on Heidegger’s initial influence on psychiatry via Binswanger’s founding of Daseinsanalysis, a Heideggerian approach to psychopathology and psychotherapy. The third section turns to Heidegger’s relationship with Boss, including Heidegger’s rejection of Binswanger’s Daseinsanalysis and his lectures at Boss’s home in Zollikon, Switzerland.

**Keywords:** Heidegger; Binswanger; Boss; Dasein; Daseinsanalysis; Psychology; Psychiatry; Zollikon

## “Martin Heidegger”

Anthony Vincent Fernandez

### Introduction

Martin Heidegger (1889–1976) is one of the most influential philosophers of the twentieth century. His magnum opus, *Being and Time*, was a catalyst for French existentialism, philosophical hermeneutics, and even deconstruction and post-structuralism. Many of the central works of 20<sup>th</sup>-century continental philosophy—including Jean-Paul Sartre’s *Being and Nothingness*, Maurice Merleau-Ponty’s *Phenomenology of Perception*, Simone de Beauvoir’s *The Second Sex*, and Hans-Georg Gadamer’s *Truth and Method*—are deeply indebted to Heidegger’s philosophical project.

Today, Heidegger’s influence extends beyond philosophy. His account of *Dasein*,<sup>1</sup> or human existence, permeates the human and social sciences, including nursing, psychiatry, psychology, sociology, anthropology, and artificial intelligence. This broad influence owes much to his rich account of everyday life. Rather than start from a detached intellectual or scientific perspective, Heidegger starts from our “average everydayness.” He explores what it means to be human, which requires that he address everything from the nature of tool use to the challenges of maintaining a social identity to our inevitable confrontation with death.

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<sup>1</sup> The German *Dasein* is often left untranslated in the English editions of Heidegger’s texts. The term translates simply to “being-there.” It serves as what Heidegger calls a “formal indication,” a way of pointing at the phenomenon one wants to study without our presuppositions leading us astray. In this case, Heidegger wants to avoid problematically framing his study with concepts like “human,” “person,” “subjectivity,” “mind,” or “consciousness,” all of which come with extensive historical and conceptual baggage. *Dasein* allows him to point to what he wants to study—what it’s like for us to be-there—without determining the direction of his study in advance (Heidegger 2008 pp. 61–2; see also Burch 2013; O’Rourke 2018).

In this chapter, I outline Heidegger's influence on psychology and psychiatry, focusing especially on his relationships with the Swiss psychiatrists Ludwig Binswanger and Medard Boss. The first section outlines Heidegger's early life and work, up to and including the publication of *Being and Time*, in which he develops his famous concept of being-in-the-world. The second section focuses on Heidegger's initial influence on psychiatry via Binswanger's founding of Daseinsanalysis, a Heideggerian approach to psychopathology and psychotherapy. The third section turns to Heidegger's relationship with Boss, including Heidegger's rejection of Binswanger's Daseinsanalysis and his lectures at Boss's home in Zollikon, Switzerland.

### **Heidegger's Early Life and Work: 1889–1927**

Martin Heidegger was born in Messkirch, Germany, to Friedrich and Johanna Heidegger, and grew up with his younger brother, Fritz. Friedrich was a master cooper and sexton of the local Catholic church. Martin was therefore brought up in the Catholic tradition and his education, beginning from the age of 14, was supported by the church. This support was, however, both a blessing and a curse. The church financed educational opportunities far beyond his family's means. But it provided these opportunities on the condition that he enter the priesthood. Therefore, when his faith waned, he found himself in a difficult position: Leave the church and forfeit the opportunity to continue his studies or remain faithful and limit himself to topics that the church will support? (Safranski 1999: Ch. 1)

Heidegger struggled with this dilemma for years. In 1909, he entered the novitiate with the intention of becoming a priest but was discharged two weeks later when he complained of heart trouble (Safranski 1999: 15). In 1911, while studying at seminary, he was again dismissed for heart trouble. At this time, it was determined that he did not have the physical constitution to

serve the church. After a period at home in Messkirch, Heidegger decided to end his studies of theology. He enrolled at the University of Freiburg in the winter semester 1911–12 to study mathematics, science, and philosophy. In the absence of the Catholic church's financial support, he managed to raise enough funds with a loan, a small grant from the university, and private tutoring. In 1913, he received his doctorate under the supervision of Professor Arthur Schneider, Chair of Catholic Philosophy (Safranski 1999: 43).

Shortly after completing his doctorate, Heidegger began his habilitation. Despite no longer pursuing the priesthood, he was able to secure a grant from a Catholic institution to support three years of study. The following year, 1914, saw the outbreak of the First World War. Owing to his heart condition, Heidegger was able to defer military service and continue working on his habilitation, which he submitted in 1915. Later that year he was once again recruited for military service but he was hospitalized a few weeks later, then transferred to a postal supervision center where he censored letters sent to non-allied countries (Safranski 1999: 67).

In 1916, Heidegger met Edmund Husserl, the founder of phenomenology. Husserl, who had just moved from Göttingen to take up a chair at Freiburg, immediately acquired a close circle of acolytes and assistants, including Edith Stein and Heidegger himself. His phenomenology shared much in common with strands of neo-Kantianism active at the time, but it promised a radical new method for understanding human experience. The phenomenologist was said to be a perpetual beginner, bracketing out her previous beliefs and prejudices in order to attend not to the objects of experience but to way we experience, or to the experiencing itself. Heidegger, enamored with this new approach, quickly caught Husserl's attention. Soon, Husserl treated Heidegger not only as an acolyte and assistant, but as a near equal. Even when Heidegger

was sent off for active military duty in 1918—joining the frontline meteorological service—the two remained in close correspondence (Safranski 1999: Ch. 5).

However, as Heidegger’s thinking developed, he merged his own scholastic and Aristotelian training with Husserl’s new method, developing a radically new approach to ontology. To appreciate the radical nature of Heidegger’s ontological project, we first need a general understanding of what ontology is, according to Heidegger. Most of our inquiries, including most of our scientific investigations, philosophical studies, and everyday questions, are *ontic*—they ask about concrete beings or entities. However, some of our philosophical questions are *ontological*, rather than *ontic*—they ask about what it means to be, rather than about concrete beings. We can clarify this distinction with a classic phenomenological example: a coffee mug. If I investigate a coffee mug ontically, there are a variety of questions that I might ask: What is it made of? How much liquid does it hold? Who made it? What is its monetary value? These are all questions about the coffee mug itself—questions about its concrete characteristics, history, value, and so on. But I can also study a coffee mug ontologically, in which case I would ask a different set of questions: What does it mean to *be* a coffee mug? What are the features that something must have in order to count as a coffee mug? What makes a coffee mug different from a teacup? This distinction between the *ontic* and the *ontological* is what Heidegger calls the “ontological difference” (see, e.g., Heidegger 1962: 83; 1988: 227–229; 2001: 116). This difference is key to his philosophical program and its proper interpretation was a major point of contention in psychological and psychiatric applications of his work.

How, then, did Heidegger transform the field of ontology? One of Heidegger’s key insights is that ontology isn’t just a philosophical program. Ontology permeates everyday life. Every time I engage with an *ontic* being—such as a coffee mug, a writing desk, or my

colleague—I operate with a tacit sense of what it means to *be* this being. This doesn't mean that I can list off necessary and sufficient criteria. Rather, I demonstrate my understanding through my successful engagement. I demonstrate that I understand what it means to be a coffee mug by pulling one out of the cabinet, filling it with coffee, and taking a sip as I sit down at my desk. This is what Heidegger calls a “pre-ontological” understanding. We may not operate with a well-formulated ontological theory. But we always have a sense of what it means to be.

This insight into the everydayness of ontology grounds Heidegger's approach in his 1927 magnum opus, *Being and Time*.<sup>2</sup> Here, he argues that ontology must begin with an investigation of the being for whom “Being is an *issue*,” the being who asks the question of being in the first place: the human being (Heidegger 1962: 32). Who we take ourselves to be is always a project, a challenge, a process of becoming. Whether I consider myself to be a friend, a carpenter, an American, or a tourist, there are certain norms and obligations that I must fulfill. If I don't conform to these norms, then I risk losing this possibility for being. In some cases, this loss is trivial. Today I'm a tourist; tomorrow I'm a professor. But, in many cases, the loss of who we take ourselves to be is traumatic. Whether the source of loss is a divorce, a layoff, a fight with a friend, or a political collapse, we lose the possibility for being who we were. In such cases, we realize that our being or identity is fundamentally tied to our social and environmental relations. We become who we are through our interactions with others and the way we take up what our environment offers us. This is why Heidegger says that Dasein, or human existence, is not an isolated subject or a Cartesian mental substance: Dasein is “being-in-the-world.” Human

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<sup>2</sup> For an accessible introduction to Heidegger's philosophy, see Richard Polt (1999). For a detailed account of the development of *Being and Time*, see Theodore Kisiel (1995).

existence is always embedded in a world, in a concrete history and community, and can only understand itself as such.

Our being-in-the-world is a complex and multifaceted phenomenon but, as Heidegger argues, its essence is “care” (*Sorge*)—or what he sometimes refers to as “disclosedness” (Heidegger 1962: 235–41). Dasein is the being that discloses, or opens up, a world of sense and meaning. The coffee mug, for instance, never shows up to me as a brute object. It shows up as the gift that my mother gave me when I moved away for college or as the thing that I need to wash in the kitchen sink so that I can use it again in the morning. Everything that I experience has its sense and meaning within a web of relations, which are ultimately tied to both my cultural context and my particular aims and projects.

Heidegger argues that a world is opened up, or disclosed, through “thrown projection.” We find ourselves already thrown into a world—we are constrained by our culture, language, class, religious upbringing, and even our previous life choices. But we also project possibilities—we might become a friend, a father, a carpenter, or a professor, or perhaps we’ll continue to be who we already are. The world we find ourselves thrown into both opens and constrains our potentialities-for-being, the range of possibilities that we can project. According to Heidegger, this tension of thrownness and projection discloses a meaningful world.

The particular meaning that something has for me emerges from the tension between my concrete thrownness and the particular possibilities that I project for myself. In a classroom, for example, the whiteboard has a substantially different meaning for the students, the professor, and the custodian. How we engage with the whiteboard depends on who we take ourselves to be. For the students it is the thing to look at when taking notes. For the professor it is a way to supplement her lecture and illustrate her point. For the custodian it is an object to clean in

preparation for the next day of classes. But, of course, none of us are fixed in these roles or possibilities. The custodian might also be a student in that very classroom. And one of the students—perhaps working toward his PhD—might lecture to undergraduates in this classroom before attending his evening graduate seminar. Our identities are neither stable nor uniform. They are always in flux, and each possibility that we take up shifts how we experience and make sense of our world.

But this interchangeability of our possibilities—the simple fact that you might take my place and I might take yours—suggests that they are not really our own. The possibilities we take up are simply given to us by our society and circumstances, and we fulfill them in the way anyone would fulfill them. If I take myself to be a professor, then this means that I teach, mentor students, attend conferences, and publish papers. If I fail to do some or all of these things, then I risk losing my possibility for being a professor—not only in the sense that I might lose my job, but in the sense that no one will recognize me *as* a professor. However, in my day-to-day life, who I take myself to be isn't something that I reflect upon. I simply fulfill the social norms required for maintaining my possibilities without much thought. Heidegger calls this mode of existence “inauthentic” (*uneigentlich*) and he contrasts it with an “authentic” (*eigentlich*) mode of existence. By employing these terms, Heidegger isn't necessarily disapproving of our everyday way of life. Rather, his primary aim is to distinguish two different modes of comportment. In an inauthentic comportment, we take up our possibilities without explicit reflection. But, in an authentic comportment, we actively choose our possibility for being—even if we simply choose the possibility that we find ourselves already thrown into.

These features of human life make up the core of Heidegger's ontology of human existence. With the publication of *Being and Time*, Heidegger established himself as one of the



foremost philosophers of the twentieth century. But he probably hadn't expected that it would inspire generations of psychiatrists, providing a foundation for a new approach to psychopathology and psychotherapy.

### **Heidegger's First Contact with Psychiatry: 1928–1947**

While Heidegger had a longstanding relationship with the philosopher and psychiatrist, Karl Jaspers, it was Ludwig Binswanger who first saw the importance of Heidegger's work for psychopathology and psychotherapy. Heidegger and Binswanger met in 1929 following a brief correspondence regarding the celebration of Husserl's seventieth birthday (Frie 1999: 246). Binswanger—a student of Eugen Bleuler and Carl Jung, and a close friend of Sigmund Freud—was steeped in the psychoanalytic tradition. However, unsatisfied with the philosophical foundations of psychoanalysis, he found in Heidegger's *Being and Time* a promising new way of thinking about human existence.

Binswanger established a psychiatric approach that he called “Daseinsanalysis” (*Daseinsanalyse*)<sup>3</sup>. On this approach, mental illness is not the product of innate drives or an inherent tension between id, ego, and superego, but a pathological way of projecting one's possibilities for being. Binswanger found that many of his patients operated with a profoundly limited capacity for self- and world-interpretation, often as the result of traumatic life events. When confronted with especially distressing events, they resorted to a narrow repertoire of interpretive concepts to make sense of themselves and their situations, resulting in a pathological

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<sup>3</sup> The German *Daseinsanalyse* is translated either as “Daseinsanalysis”—maintaining the tradition of not translating “Dasein”—or as “existential analysis.” While the latter translation is less awkward, it risks confusing Binswanger's approach with other existential approaches to psychology and psychiatry, such as Sartre's existential psychoanalysis (Sartre 1993).

rather than a healthy response. To restore the mental health of his patients, Binswanger helped them broaden their scope of possibilities for being (see, e.g., Binswanger 1958).

Initially, Binswanger clearly distinguished his own aims from those of Heidegger. He characterized his project as an ontic application of Heidegger's ontology of Dasein. In other words, Heidegger's ontological account of human existence provided a framework for Binswanger's ontic studies of particular human pathologies. Over time, however, Binswanger became more critical of Heidegger's approach. He argued that Heidegger mischaracterized the social dimension of human existence and, therefore, failed to understand the nature of the face-to-face, I-Thou relationship, which is key to effective psychotherapy (Binswanger 1993; see also Frie 1999: 249).

Binswanger's goal was to help his patients achieve an authentic existence. But, on Heidegger's account, authenticity seems to be something one achieves alone. As Roger Frie says, "Binswanger argues that for Heidegger, authentic existence is a private world, structured by Dasein's concern for its own Being; Dasein as care achieves its authenticity in essential isolation from others" (Frie 1999: 249). In light of Heidegger's allegedly solipsistic characterization, Binswanger sought to revise both our understanding of what authenticity is and how it's achieved. He argues that genuine authenticity emerges from a relationship of dialogue, openness, and mutual engagement—and, moreover, this relationship must be founded on love, not care. Only through a fundamental attunement of love can the therapist help her patient achieve authenticity (Frie 1999: 248).

Throughout the 1930s and into the 1940s, Binswanger established his new approach to psychotherapy, helping patients overcome their limited possibilities for being and achieve genuine authenticity. During this time, Heidegger underwent a crisis of possibilities in his own

life. Because he had joined the Nazi party and served, briefly, as rector of the University of Freiburg in the early 1930s, he faced denazification proceedings after the Second World War.<sup>4</sup> Based largely on Jaspers' expert opinion, he was barred from teaching for four years (Safranski 1999: 339). Heidegger, suddenly stripped of his possibility for being a professor, experienced a mental breakdown. He entered a sanatorium in Badenweiler where he was treated by Victor Baron von Gebattel, a psychiatrist working in Binswanger's now influential school of Daseinsanalysis (Safranski 1999: 351). The following year, 1947, Heidegger read Binswanger's *Grundformen und Erkenntnis menschlichen Daseins* (Basic Forms and Knowledge of Human Existence), which he had received from Binswanger in 1944 (Frie 1999: 250). Upon reading the book, he wrote a supportive and encouraging letter to Binswanger, who had been anxiously awaiting Heidegger's assessment.

### **Heidegger, Boss, and the Zollikon Seminars: 1947–1976**

That same year, Heidegger received a letter from another psychiatrist, Medard Boss, who read *Being and Time* while serving as a battalion doctor in the Swiss army during the war. The two met shortly after and, over the next three decades, developed a close friendship. But Heidegger's relationship with Boss cast a dark shadow over Binswanger and his Daseinsanalytic project. Despite his initial enthusiasm for Binswanger's work, he found in Boss a more

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<sup>4</sup> For a time, there was considerable debate over the nature of Heidegger's anti-Semitic views and his service to the Nazi party. It was well known that he referred to the "inner truth and greatness" of National Socialism, but later criticized the movement for its attempt to mobilize the German people into an organized machine, a mere resource for military domination—what Heidegger refers to as "standing reserves" (Heidegger 1993). However, in light of the publication of Heidegger's *Black Notebooks*, his anti-Semitic sentiments are undeniable (see Cesare 2018).

formidable representative of his project, eventually rescinding his approval of Binswanger's work altogether.

The friendship between Heidegger and Boss culminated in a series of seminars held at the University of Zurich Psychiatric Clinic and at Boss's home in Zollikon, Switzerland, from 1959 to 1969 (K. Aho 2018a). Heidegger lectured to a group of psychiatrists on ontology, hermeneutics, the nature of embodiment, time and temporality, and—of course—a Heideggerian approach to psychiatric research and practice. In light of the wide-ranging nature of Heidegger's lectures, I focus here on two of his contributions to psychology and psychiatry: his characterization of the relationship between Daseinsanalysis and ontology, as clarified through his critique of Binswanger, and his general theory of health and illness, developed in collaboration with Boss.

While Heidegger was enthusiastic about the application of his work in psychology and psychiatry, he did have some reservations about the way in which his insights were being applied. In particular, he was concerned that some of these applications involved a misunderstanding of the ontological difference—and he attributed the source of this misunderstanding to Binswanger. To illustrate the misunderstanding, Heidegger returned to Binswanger's critique, in which he argued that Heidegger's ontology—which established care as the being, or essence, of Dasein—left no space for love, which is essential to the therapeutic relationship that leads one out of illness and into an authenticity. Heidegger claimed that this critique is not only unwarranted, but is grounded in a fundamental misunderstanding of the ontological difference:

Binswanger's misunderstanding consists not so much of the fact that he wants to supplement "care" with love, but that he does not see that care has an existential, that is, *ontological* sense. Therefore, the analytic of Da-sein asks for Dasein's basic *ontological*

(*existential*) constitution [*Verfassung*] and does not wish to give a mere description of the ontic phenomena of Dasein. (Heidegger 2001: 116)

As Heidegger characterizes it, care refers to our basic openness to the world, our basic capacity to find the world meaningfully articulated. It is therefore an ontological structure of Dasein, an essential structure that grounds all particular modes of existence. Love, on the other hand, is one of these particular, ontic modes—like joy, boredom, anxiety, and so on. Love is just one of the many ways in which we might relate to others. Properly understood, Heidegger’s notion of care leaves ample room for love, even if Heidegger never produced a study of love himself.

Despite Binswanger admitting his “productive misunderstanding” in the wake of this critique, Heidegger suggested that Binswanger’s misunderstanding permeated his entire project and, therefore, undermined its legitimacy. He claimed that if Daseinsanalysis is to be successfully employed, it must respect the ontological difference: Daseinsanalysis is merely an ontic application of the ontological analysis of human existence—the insights of Daseinsanalysis cannot, therefore, challenge the insights of Heidegger’s own ontology.<sup>5</sup>

This brings us to the second element of Heidegger’s contribution to psychology and psychiatry: his theory of health and illness. If pathology does not touch the ontological constitution of Dasein, but only its ontic ways of being, then how should we understand the nature of health and illness? Heidegger argues that illness should be understood as a specific kind of negation, which he calls “privation.” To say that the ill person is “deprived of health”

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<sup>5</sup> I’ve argued elsewhere that Binswanger’s confused understanding of the ontological difference actually provides a more accurate depiction of both human existence and mental illness. Heidegger denied that mental illness could involve alterations of the ontological structure of human existence. However, in some cases, appealing to alterations in the ontological structure itself provides a more illuminating, and accurate, account of the condition in question (Fernandez 2018).

implies that health is his proper mode of being—that it, in some sense, belongs to him. As

Heidegger says,

It is a remarkable fact that your whole medical profession moves within a negation in the sense of a privation. You deal with illness. The doctor asks someone who comes to him, “What is wrong with you?” The sick person is *not healthy*. This being-healthy, this being-well, this finding oneself well is not simply absent but is disturbed. Illness is a phenomenon of privation. Each privation implies the essential belonging to something that is lacking, which is in need of something. (Heidegger 2001: 46)

According to Heidegger, illness is not simply the privation of some natural biological function. It is the privation of possibilities: “Each illness is a loss of freedom, a constriction of the possibility for living” (Heidegger 2001: 175). In this respect, illness is what Heidegger calls a “deficient mode” of existence. This concept, employed throughout *Being and Time*, refers to any instance in which one is not open to the full or genuine range of possibilities. It is a particular, ontic way of being open to the world—a way of being open that, nevertheless, constrains the possibilities that one is open to.

This is the foundation upon which Boss constructed his new Daseinsanalytic approach.<sup>6</sup> While he investigated the nuances of various mental illnesses, he construed each illness as a reduction of one’s freedom for possibilities. The therapist’s goal is, therefore, to help her patient maximize his openness toward possibilities for being (Kouba 2015: 104). Boss went so far as to argue—in *Existential Foundations of Medicine and Psychology*—that this characterization of illness applies not only to mental illness, but to somatic illness as well. Building upon his earlier work on psychosomatic conditions, he characterized all forms of illness as an impairment of our potentialities and freedom for possibilities (Boss 1979: 199–200). Therefore, while Heidegger’s

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<sup>6</sup> To distinguish Binswanger’s and Boss’s approaches, they are sometimes referred to as “psychiatric Daseinsanalysis” and “therapeutic Daseinsanalysis,” respectively (see, e.g., Kouba 2015).

influence on conceptions of health and illness began with psychiatric conditions, it eventually extended to the full range of illness.

### **Conclusion: Heidegger's Influence Today**

Today, Heidegger's work influences not only the philosophical and theoretical literature on health and illness, but medical research and practice itself—especially approaches to psychiatry and nursing. One of the most direct applications is found in the phenomenology of depressive disorders, in which Heidegger's theory of mood and attunement is used to articulate the affective disturbance characteristic of depressive episodes (K. Aho 2013; Fernandez 2014a, 2014b; Ratcliffe 2015; Svenaeus, 2007). But his account of human existence provides a foundation for understanding a broad range of conditions—from acute, life-threatening illness to chronic disabilities (Abrams 2016; J. Aho & K. Aho 2009; K. Aho 2018b; Carel 2016; Svenaeus 2000).

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