

Can my Mind be Mad?

A Daseinsanalytic Interpretation of Mental Illness

Introduction: What is Madness?

The special feature of *TIME* in 2003 was on mental health. It stated that “an estimate of 450 million people—200 million in Asia alone—suffer from a mental or behavioral illness.”¹ Among all Asian countries, China has an extremely high rate of suicides. Psychiatric disorders like schizophrenia and depression cause tremendous problems to the mental health of the Chinese people. However, according to this report, there is very little medical care and governmental concern. “90% of China’s schizophrenics remain hidden at home without access to medication or therapy.”² The fear of being stigmatized as crazy or mad is still prevalent in the homes of most mentally ill patients. General ignorance of mental illness in society makes the situation even worse. “Such ignorance isn’t surprising given that many nursing schools in China don’t even offer courses on psychiatry—it only became a formal discipline in mainland universities in 1995. There are only 2,000 fully qualified psychiatrists for a country of 1.3 billion people, compared with 10.5 psychiatrists per 100,000 in the US. The majority of China’s psychiatrists never chose their field: they were assigned to it by their medical school.”³ The answer to this crisis seems obvious: to call for more mental hospitals, more education, more psychiatrists and more government funding.

There are indeed too many “mad” and “crazy” people in the world. But is madness comparable to other diseases of epidemics? Can suicide, schizophrenia, obsessive compulsive disorder or depression be treated

¹ *TIME*, November 10, 2003, p. 37. Unfortunately there is no updated data at present. However, it would be assumed the present situation is worse than eight years ago.

² “In China, for instance, suicide is the No.1 cause of death among those aged 18-34 [...] At least 250,000 Chinese have killed themselves each year since the mid-1990s.” *Ibid.*, p. 33.

³ *TIME*, *ibid.*

like heart disease or SARS? We call these crazy and mad people patients suffering from mental illness. We just hope that one day there will be drugs that can cure these diseases. Indeed, the biomedical sciences have been undergoing great advancement in the past century. Many diseases that were deadly in the past are no longer incurable today. It is of course logical to expect the same from the biomedical science to treat the “mentally ill.” The question remains: Is madness really an illness of the mind? We know that our physical body can be sick due to viruses, bacteria or cancerous cells. Is it true that when the mind is diagnosed as sick because it is affected by the same physical cause, that the mind has been attacked by some virus? Is it the case that a suicidal thought is the result of this virus-afflicted mind? Or, if the reason why a certain person has committed suicide is that he has found life meaningless, is the “meaninglessness of life” the cause of this mental illness named suicide?

In the 19th century, the German neurologist Wilhelm Griesinger (1817-1868) coined mental disease or illness, or simply insanity and madness were as “brain disease” and thereby set the medical model for mental illness. He founded the discipline of psychiatry as a special branch of medicine. He raised the question, “What organ must necessarily and invariably be diseased when there is madness?” and answered: “Physiological and pathological facts show us that this organ can only be the brain. We therefore in every case of mental disease recognize a morbid action of that organ.”⁴ Up until now this medical model still serves as one of the major criteria for madness, though with a lot of neurological and genetic research. Madness, if it is a disease at all, must be a result of organic and biological disorder. Contemporary neuroscience still upholds this assertion: “Neuroscience has now made it clear that the ‘mind’ is rooted in the brain” and: “[...] we can now safely predict that we shall succeed in understanding how the brain functions and it dysfunctions.”⁵ There is a vain hope that madness will be cured or even eliminated like any other physical illness if proper drugs and treatment are found. However, psychiatrist Thomas Fuchs quickly points out that the paradox involved in neuroscience is

⁴ Quoted in Erwin W. Straus et al., *Psychiatry and Philosophy*, Berlin: Springer-Verlag, 1969, p. vi-v.

⁵ *Biological Psychiatry* 41 (1997) editorial, quoted in Thomas Fuchs, “The Challenge of Neuroscience: Psychiatry and Phenomenology Today,” in *Psychopathology* 35 (2002), p. 320.

unresolved in the very nature of this reductionist science. “Subjectivity” and “consciousness” cannot simply be reduced to mechanistic and objectivistic concepts. “Reducing personal consciousness to sub-personal mechanisms results in personalizing these mechanisms.” Quoting Erwin Straus’s simple but true statement: “It is man who thinks, not the brain,” Fuchs continues: “The person is the proper subject of experience; and meaning is not somewhere in the brain but only in the interaction between the living human being and his natural and social environment.”⁶ This leads to a further criticism on neuroscience, namely that the world in which human beings live is not an objective and passive mirroring world but “an active, self-organizing process of relating and directing itself to the world. This dynamic and intentional character of consciousness, however, is not covered by the concept of single ‘mental events’ that could be translated into corresponding brain states.”⁷ In short, mind with all its meaningful conscious activities cannot be identified as simply physical brain waves of states. Fuchs, a psychiatrist in training, in fact points to phenomenology as a philosophical foundation of psychiatry rather than neuroscience. He concludes: “If consciousness is not conceivable separately, then mental illness cannot be understood in terms of single, circumscribed dysfunctions, but only as a disturbance of the patient’s *relation to the world and to others* [...] Unlike neurologic disease, psychiatric disorders cannot be related to discrete, localized brain dysfunctions, but rather to malfunctioning interconnections between neuronal modules and their interaction with the environment.”⁸

Furthermore, the medical historian Roy Porter, in his study of the history of madness, concludes with a pessimistic tone: “Meanwhile, partly because of the proliferation of psychiatrists, more people are said to be suffering—indeed *claiming* to be suffering—from a proliferation of psychiatric syndromes, in a ‘victim culture’ in which benefits may appear to lie in buying into psychiatric paradigms. More people than ever swallow the medications, and perhaps even the theories, which psychiatry prescribes, and attend various sorts of therapists, as the idioms of the psychological and the psychiatric replace Christianity and humanism as the ways of making sense of self—to oneself, one’s peers, and the authorities. Yet public confidence in the psychiatric profession

⁶ *Ibid.*

⁷ *Ibid.*

⁸ *Ibid.*

is low, as is evident from the ubiquitously distrustful images in the arts and reports in the popular press. Is Folly jingling its bells once again?"⁹ Porter refers to the ever-increasing number of new disorders and symptoms listed in the revisions of the *DSM* (The Diagnostic and Statistical Manual of the American Psychiatric Association) editions.¹⁰ Thank to this Manual, more people than ever have been diagnosed as suffering from mental disorder. This fact shows the results of serious scientific research on madness. Yet unlike other physical illness, no matter how much work has been done on mental illness, there is at present no conclusive scientific explanation for the etiology of mental illness. Take schizophrenia as an example. There is no evidence for attributing any neurophysiological and neuropathological factors directly to schizophrenia. It is still open to endless debates whether schizophrenia is held to be functional or organic, social or psychological, or to have any link to the brain or the central nervous system. However, recent studies in the field of formal psychiatry tend to go back to a more neurological explanation. In spite of a lack of conclusive scientific research, "schizophrenia is increasingly believed to be a group of organic disorders primarily affecting the CNS."¹¹ It is in this vein of thought that mental illness will one day be proven to be a bodily disease like pneumonia or tuberculosis. In the final analysis, madness should be a physical phenomenon.

The assumption of mainstream medical science that madness is an illness of the mind has been challenged by psychiatric professionals since the middle of the last century. Thomas Szasz from the United States and R. D. Laing from England both attacked this notion. Szasz argued that "mental illness" is a myth because the manifested symptoms of the so-called "mentally ill" patients are in fact not medical or biological disorders but "problems in living."¹² According to Szasz,

⁹ Roy Porter, *Madness: A Brief History*, Oxford: Oxford University Press, 2002, pp. 217-218.

¹⁰ *DSM* as first published in 1952. "Most telling of all has been the sheer explosion in the enterprise's scale: the first edition was some hundred pages; *DSM-II* ran to 134 pages, *DSM-III* to almost 500; the latest revision, *DSM-IV-TR* (2000) is a staggering 943 pages!" *Ibid.*, p. 214. *DSM-V*, 2013.

¹¹ Harold I. Kaplan and Benjamin J. Sadock ed., *Comprehensive Textbook of Psychiatry V*, Baltimore: Williams & Wilkins, 1989, p. 705.

¹² See Thomas S. Szasz, *The Myth of Mental Illness*, New York: Harper & Row, 1961; also Tommy Svensson, *On the Notion of Mental Illness*, Aldershot: Avebury, 1995.

madness is “manufactured” by society. “Szasz sees that doctors who purport to be specialists in ‘mental illness’ are authoritarian rather than authoritative in their relationship with their patients. Psychiatrists have no real expertise, *qua* medical doctors, in what are really ‘problems of living’. Treatment is then only a method of social control, however carefully disguised.”¹³ On the other hand, Laing, with the help of psychoanalysis and existential philosophy, regards schizophrenia and the schizoid states not as “myths” but as human responses to serious pathological human conditions. Using the terminology of Sartre, Laing interprets schizophrenia as a false self, as a result of covering up a person’s ontological insecurity.¹⁴

Both Szasz and Laing are challenging the psychiatric dogma within the medical profession. They have realized that madness does not merely mean crazy behaviors but unusual experiences involving particular meaning constitution available only to the “mad” person himself. Hallucination or delusion are perhaps labels for a misunderstood experience for this particular person. Madness cannot be understood in terms of organic or psychological disorder, because it is not an abstract entity attached to a person. When a person *is* mad he is *mad* in his existence. Michel Foucault has pointed out in one of his early works, *Mental Illness and Psychology*: “So, placing our credit in man himself and not in the abstractions of illness, we must analyze the specificity of mental illness, seek the concrete forms that psychology has managed to attribute to it, then determine the conditions that have made possible this strange status of madness, a mental illness that cannot be reduced to any illness.”¹⁵ Though Foucault’s radical and thorough interpretation of madness is only worked out in *History of Madness*, this small book already places emphasis on human existence as the first key to understanding madness before locating the social-historical dimension for this bizarre phenomenon. By quoting Eugene Minkowski and Ludwig Binswanger, Foucault found the *Eingang* to madness through phenomenology. Foucault explains further: “It is a question of restoring, through this understanding, both the experience that the patient has of his illness (the way in which he experiences himself as a sick or abnormal

¹³ Bennett Simon., *Mind and Madness in Ancient Greece*, Ithaca: Cornell University Press, 1978, p. 37.

¹⁴ See R. D. Liang, *The Divided Self*, Harmondsworth, Penguin Books, 1960.

¹⁵ Michel Foucault, *Mental Illness and Psychology* (1954), trans. Alan Sheridan, New York: Harper Colophon Books, 1976, p. 13.

individual) and the morbid world on which this consciousness of illness opens, the world at which this consciousness is directed and which it constitutes. The understanding of the sick consciousness and the reconstitution of its pathological world, these are the two tasks of a phenomenology of mental illness.”¹⁶ Mental illness must be first elucidated by a phenomenological description of the “sick consciousness” and the “pathological” world, which Foucault refers as “existence.” “Mental illness” is not an “illness” in the usual sense. It is a phenomenon between self and other, self and the world; i.e., madness is a problem of human existence. Illness of the brain and the neurological system certainly exist, but there is no disease of the mind, simply because mind is not a physical entity.

Madness and the *Lebenswelt*

Hence madness is not a physical property but a human being’s “abnormal” or “morbid” experience of his own world. It seems to us that the so-called mentally ill patients are behaving abnormally and strangely in our common everyday *Lebenswelt*. But what normalcy and strangeness are is subject to interpretation from the observer’s standpoint. Cultural relativism, as informed by contemporary anthropological research, declares that what normalcy is will be determined by “a particular ethnic group living at a particular historico-cultural period and has no necessary status, no ontological grounding, no bond to natural law of any order. The norm is relative to the time, place and cultural matrix.”¹⁷ What is taken as normal in one society can be seen as totally absurd and strange in another. Most religious rituals belong to this kind of cultural relativism. Christians would regard the praying rituals of the Tibetan Buddhists as completely incomprehensible and may be demonic. This analogy may apply to the encounter between “normal” and “abnormal” people. As Foucault pointed out in *History of Madness*, strange or mad people were not considered as mentally ill until the 18th century when asylums were built to separate the “unreasonable” people from society so as to protect family and society from the disturbance of the mad. Medical diagnosis had become

¹⁶ *Ibid.*, p. 46.

¹⁷ Maurice Natanson, “Philosophy and Psychiatry” in *Psychiatry and Philosophy*, Berlin: Springer-Verlag, 1969, p. 95.

political and social labeling. Hence before “strange” human beings are formally diagnosed and announced by the medical authority to be mentally ill, they may have already tacitly been seen to be “mad” or “abnormal” by others in the everyday common *Lebenswelt*. To be sure, the *Lebenswelt* is *our* common world, where familiarity and normal behavior and experience are defined as matter of fact.

Maurice Natanson has given a clear phenomenological analysis of *Lebenswelt* with respect to psychiatry. He asserts that without a clear understanding of the constitution of everyday life behavior, be it “normal” or “abnormal” within the parameter of the *Lebenswelt*, the psychiatrist would never encounter his “mentally ill” patient as a person paradoxically living in our common world as well as in his own disturbed and isolated private world. He proposed that there are at least five important philosophical questions which psychiatry must answer in order to have a solid ground for treating the mentally ill as a person and not as a thing. The questions are:

1. What is the essential structure of the world of every-day life, understood as the origin and locus of the problems with which psychiatrists must deal?
2. What is the epistemic root for the concept of “normalcy”, which psychiatry utilizes and builds upon?
3. How is it possible that human reality has as one of its major expressions the “abnormal,” or broadly, the “morbid”?
4. How is communication possible in the mundane world, in the “morbid” world, and between these worlds?
5. In what sense are the concepts of etiology and therapy rooted in naturalistic-empiricistic categories, and what would it mean to re-approach them phenomenologically?¹⁸

I can obviously not go through all of Natanson’s elaborations of these questions here. Instead I will focus on the discussion of the morbid. The idea of morbidity can only be seen within the structure of the *Lebenswelt*. The difference between a physically ill and a mental patient lies in the sharing of the *Lebenswelt*. Most physically sick patients, whether suffering from cancer or heart disease, share our world, i.e., we participate and communicate with each other in our familiar and taken-for-granted reality, a reality which is coined by

¹⁸ Maurice Natanson, *Ibid.*, p. 91.

Alfred Schutz as the paramount reality.¹⁹ Upon this paramount reality, there are multiple realities into which normal people can enter and from which they can exit consciously and unconsciously; e.g., seeing a science-fiction movie in a cinema means leaving the paramount reality and entering into a fantastic world of aliens. However, when the film is over we go back to our common reality of the everyday *Lebenswelt*. Despite the fact that the meaningful structures of these realities sometimes contradict each other, there is no problem in identifying the empirical difference between them. However, Natanson points out the fundamental difference of the mentally ill:

The mental patient suffers his disease in a qualitatively different way: the entire province of his being is affected; there may be nothing which does not or cannot bear the stamp of his disorder. It is the ordering principle of world as such that is affected in a radical way [...] It is not being suggested that the psychotic's world lacks order; it is claimed instead that the informing principle for an ordered world has basically changed.²⁰

The mad person has entered into his own realm of reality, in which the meaningful structure is only known to him alone. His own special world shares no common logic or semantic with our paramount reality. Natanson continues: "I do encounter the paradigmatic psychotic as strange, but it is not he who is strange. More strictly speaking, what is strange about him is that he is 'not himself,' he is another, a demonic possibility of his being. The ordering principle of his individuality has metamorphosed or vanished altogether. It becomes almost automatic to speak of a psychotic patient in the past tense; he was once a well-known lawyer, etc."²¹ Hence the problem at issue is the change of the ontological dimension of his existence. "The demonically strange is a central possibility of Being."²² The phenomenological analysis of the "normal" and the "abnormal" with respect to the *Lebenswelt* points to an even deeper problem of madness: it is an ontological possibility of human being, i.e., Dasein.

¹⁹ See Alfred Schutz, *The Phenomenology of the Social World*, trans. G. Walsh and F. Lehnert, Evanston: Northwestern University Press, 1967.

²⁰ Maurice Natanson, *op cit.*, p. 98.

²¹ *Ibid.*, p. 99.

²² *Ibid.*

Daseinsanalytik and Daseinsanalyse

In *Sein und Zeit*, Heidegger's *Seinsfrage* begins with the analysis of Dasein, because Dasein has an ontico-ontological priority over other beings as the *Befragte* to the question of Being. Dasein is a being among other beings but it is ontically distinguished by the phenomenon that "in its very Being, that Being is an *issue* for it."²³ The analytic of Dasein begins from this simple formulation. Because Dasein has a pre-theoretical and pre-thematic understanding of its own Being (*Seinsverständnis*), it has a relation to Being (*Seinsverhältnis*) as its own constitution (*Seinsverfassung*). No matter how vague and insignificant it may be, Dasein expresses its own Being in a certain way (*Ausdrücklichkeit*). At the same time, Dasein discloses itself with and through its Being (*Erschlossenheit*). Hence Heidegger concludes this first characterization of Dasein: "*Understanding of Being is itself a definite characteristic of Dasein's Being. Dasein is ontically distinctive in that it is ontological.*"²⁴ The "*is*" does not mean a simple copula but it signifies the special way of Being of Dasein. Dasein *is*, i.e., *is existing pre-ontologically*. As long as Dasein is *existing (seiend)*, it is always open to Being by understanding its own Being, the Being of other Dasein-like beings and Being of all other beings. Only because Dasein in its constitution of Being has understanding of Being is it possible to develop a fundamental ontology. "*Only as phenomenology is ontology possible.*"²⁵ Therefore the search for the meaning of Being lies in the phenomenology of Dasein. And as such is phenomenology of Dasein possible because of the interpreting-understanding activities of Dasein. Hence "The *logos* of the phenomenology of Dasein has the character of a *hermeneuein*, through which the proper meaning of Being, and also those basic structures of Being which Dasein itself possesses, are made known to Dasein's understanding of Being. The phenomenology of Dasein is a hermeneutic in the primordial signification of this word,

²³ Martin Heidegger, *Being and Time*, trans. John Macquarrie & Edward Robinson, New York: Harper and Row, 1962 (hereafter BT), p. 32. "[...] dass es diesem Seienden in seinem Sein *um* dieses Sein selbst geht." *Sein und Zeit* (hereafter SZ), p.12. In fact, both Macquarrie and Stambaugh did not completely translate the meaning of "*umgehen*" in this sentence. Stambaugh: "[...] in its being this being is concerned *about* its very being."

²⁴ See BT, p. 32.

²⁵ See BT, p. 60.

where it designates this business of interpreting.”²⁶ In this sense, fundamental ontology, phenomenology and hermeneutic are closely related to one another.

One of the most important philosophical meanings of Heidegger’s Dasein is its distinction from all earlier philosophical anthropology. Heidegger is careful not to employ the concept of man, or human reality,²⁷ for Dasein, precisely because all traditional theories of man are metaphysical in nature. Whether man is defined as *zoon logon echon*, *animal rationale*, *imago dei*, *res cogitans*, person or man with conscience, the Being of man is interpreted beforehand as *existentia* and *essentia*. Man is primarily a substance. When Heidegger ascribes “*Existenz*” and “*Jemeinigkeit*” as the two primordial characteristics of Dasein, he has radically changed the philosophy of man. He said: “the priority of ‘*existentia*’ over *essentia*, and the fact that Dasein is in each case mine [...] have already indicated that in the analytic of this entity we are facing a peculiar phenomenal domain. Dasein does not have the kind of Being which belongs to something merely present-at-hand (*vorhanden*) within the world, nor does it ever have it.”²⁸ Heidegger’s phenomenology of Dasein does not pertain to a philosophical anthropology. He has no interest in the *essence* of man, but in the Ek-sistence of Dasein, which is ontologically more primordial than man. The transcendence of Dasein in the openness of Being from the horizon of time to the World is the ontological fundament for all *existentiell* activities of Dasein as man. Hence man, thanks to the existential constitution of his Being, can never be reduced to a mere spiritual-ensouled-bodily being. He is more than a subject or person that can be determined by its essential qualities. Dasein is not characterized by its whatness, i.e., the traditional concept of category does not apply to the understanding of Dasein. This is why Heidegger in *Letter on Humanism* criticized traditional humanism, especially Sartre’s notion of existentialism, which stresses the priority of man’s existence over his essence. Heidegger responded: “To that extent the thinking in *Being and Time* is

²⁶ BT, p. 62, with slight alteration of the translation. For a discussion of the ontological meaning of hermeneutic and Dasein, please refer to my article: 〈詮釋與此在〉，《中國現象學與哲學評論》第二輯，上海：上海譯文，1988年，頁 212-214。

²⁷ In Henry Corbin’s French translation of Heidegger’s *Sein und Zeit*, Dasein is rendered as *réalité humaine*. Cf. Martin Heidegger, *L’Être et le Temps*, Paris: Gallimard, 1938.

²⁸ See BT, p. 68.

against humanism. But this opposition does not mean that such thinking aligns itself against the humane and advocates the inhuman, that it promotes the inhumane and deprecates the dignity of the human being. Humanism is opposed because it does not set the *humanitas* of the human being high enough.”²⁹ The *humanitas* refers to the disclosedness of Dasein in the truth of Being. This is also the freedom of Dasein. Furthermore, *Dasein* is its possibility. “And because Dasein is in each case essentially its own possibility, it can, in its very Being, ‘choose’ itself and win itself; it can also lose itself and never win itself; or only ‘seem’ to do so. But only in so far as it is essentially something which can be authentic (*eigentlich*)—that is, something of its own—can it have lost itself and not yet won itself. As modes of Being, authenticity (*Eigentlichkeit*) and inauthenticity (*Uneigentlichkeit*) are both grounded in the fact that any Dasein whatsoever is characterized by mineness.”³⁰ In order to avoid any ethical misunderstanding of authenticity and inauthenticity, Heidegger immediately points out these are only two possible modes of Dasein. “But the inauthenticity of Dasein does not signify any ‘less’ Being or any ‘lower’ degree of Being.”³¹ This emphasis is important as time and again the idea of authenticity is interpreted as the “true” goal of human existence. One must strive to become “authentic” and avoid being “inauthentic.” However, it is the everyday life, in which every average Dasein dwells in the mode of the “they” (*das Man*). Nowhere in *Sein und Zeit* has Heidegger tried to develop an ethical theory of a good life. The existential structure of care as the Being of Dasein is phenomenologically laid bare. It is the ways of Being that is meaningful, not the *telos* or value of life.

As such only Dasein can have a meaningful or meaningless world. This existential constitution of Dasein is perhaps one of the most relevant ideas for the understanding of human *being* as contrasted to the biological conception of man in psychiatry. Heidegger further elaborates: “Meaning is an *existentiale* of Dasein, not a property attaching to entities, lying ‘behind’ them, or floating somewhere as an ‘intermediate domain’. Dasein only ‘has’ meaning, so far as the disclosedness of Being-in-the-world can be ‘filled in’ by the entities discoverable in that disclosedness. Hence only Dasein can be meaningful (*sinnvoll*) or

²⁹ Martin Heidegger, *Pathmarks*, ed. William McNeill, Cambridge: Cambridge University Press, 1998, p. 251.

³⁰ See BT, p. 68.

³¹ *Ibid.*

meaningless (sinnlos). That is to say, its own Being and the entities disclosed with its Being can be appropriated in understanding, or can remain relegated to non-understanding.”³² Because of this disclosedness of Dasein, a suicidal person may find his world meaningless or absurd. Things other than Dasein are neither meaningful nor meaningless, they are rather “unmeaning” (*unsinnig*).³³ “*And only that which is unmeaning can be absurd (widersinnig)*. The present-at-hand, as Dasein encounters it, can, as it were, assault Dasein’s Being; natural events, for instance, can break in upon us and destroy us.”³⁴ This is why natural disasters like earthquakes or tsunamis can bring tremendous suffering to us, and the death of a loved one can shatter the whole meaningful nexus of our everyday world. But there is no natural or logical connection between a natural event, a human relationship and any person’s perception of its meaning. The death of a beloved wife does not necessarily turn the widower into a miserable state. He might be sad or depressed, happy or even enlightened, as in the famous story of Zhuangzi’s reaction to his wife’s death.

The relevance of *Daseinsanalyse* to the human sciences in general and to psychiatry in particular is obvious. The existential structure of Dasein revealed by the hermeneutic-phenomenological description has offered a radical new beginning for the study of human beings. The emergence of Ludwig Binswanger and Medard Boss’s *Daseinsanalyse* in psychiatry is clearly owed to the important influence of Heidegger on the thinking of mental illness.

Three years after *Sein und Zeit*, Binswanger published the essay “Dream and Existence,” which shows a strong Heideggerian influence on his psychopathological thinking. Concepts in *Sein und Zeit*, like Dasein, existence and world are the central ideas of this essay. However, the quotation from Kierkegaard at the beginning of the essay stressing the meaning of human being has indicated the “existential” tendency of Binswanger’s interpretation of Heidegger, which is not the true intent of the latter.³⁵ It is important to remind ourselves that Binswanger was at first very much influenced by Freud, whose theory

³² See BT, p. 193.

³³ *Ibid.*

³⁴ *Ibid.*

³⁵ “Above all, we must keep firmly in mind what it means to be a human being.” Ludwig Binswanger, *Dream and Existence* (Studies in Existential Psychology & Psychiatry), Washington: Humanities Press, 1993, p. 81.

of the unconscious had provided a theory of the mental life and subsequently a theory of neurosis. But Binswanger was not satisfied with Freud's insistence of the biological and a complete disregard of any philosophical explanation of the mind. With due respect for the genius of Freud, Binswanger outlined his critique of the master of psychoanalysis in his essay "Freud's Conception of Man in the Light of Anthropology". Here Binswanger identifies the idea of man as a natural man. "For Freud, rather, what is involved is the scientific concept of *homo natura*, man as nature."³⁶ And as such, the natural man remains only at the level of biology and no meaning can be revealed for man in terms of his historicity and existence. Heidegger's *Daseinsanalytik* has clearly provided a philosophical fundament for an existential understanding of man. Yet Binswanger's *opus magnum*, *Grundformen und Erkenntnis menschlichen Daseins* (1942), is a clear demonstration of a Heideggerian terminological construction, which Heidegger has not endorsed. The apparent "improvement" Binswanger made for Heidegger is the introduction of the idea of "love" as a more primordial mode of Dasein than the "*Mitsein*." Binswanger tries to formulate a phenomenological anthropology to improve the "inadequacy" of Heidegger's *Daseinsanalytik*.

However, Binswanger's effort did not impress Heidegger, who bluntly claimed that Binswanger had completely misunderstood his thinking. The most important mistake for Binswanger is to confuse *existentiell* with *existentiell*. Care (*Sorge*) as the Being of Dasein cannot be interpreted as "an ontic [psychological] way of behaving in the sense of a particular human being's melancholy or concerned-solicitous behaviour."³⁷ Love, though a very important human phenomenon, is not ontologically primordial enough. Heidegger further comments: "Therefore, all the ontic ways of comportment of those who love, of those who hate, and of the objectively oriented natural scientist as well are grounded equiprimordially in *Being-in-the-world* as care. If one does not confuse ontological insights with ontic matters as Binswanger did, then there is likewise no need to speak of a 'being-beyond-the-world'."³⁸ Such are Heidegger's hard words on Binswanger, who later admitted

³⁶ Ludwig Binswanger, *Being-in-the-world*, trans. & ed. Jacob Needleman, New York: Basic Books, 1963, p. 150.

³⁷ Martin Heidegger, *Zollikon Seminars*, trans. Franz Mayr and Richard Askay, Evanston: Northwestern University Press, 2001, p. 227.

³⁸ *Ibid.*, pp. 228-229.

that he had indeed misunderstood Heidegger, though in a “productive” way. Surely Heidegger could not tolerate the interpretation of Dasein back into a theoretical construction of the human sciences like psychology or anthropology. Such distinction has already been clearly demarcated in section 10 of *Sein und Zeit*.

It is in this connection that Heidegger encountered Medard Boss at the Zollikon Seminars, which lasted for a decade (1959-1969). Boss, like Binswanger, was also influenced by Freud in his early years. But, unlike Binswanger, Boss had understood Heidegger’s ontological project from the very beginning and had incorporated *Daseinsanalytik* with psychoanalysis. His long friendship with Heidegger and subsequently the seminars for his medical colleagues and students with Heidegger as the main discussant were proof of Heidegger’s tacit endorsement of Boss, who applied Heidegger’s phenomenological ontology as the fundament of his *Daseinsanalysis* for medicine and psychiatry. “Following Heidegger, Boss acknowledges that humans exist only insofar as they relate to (i.e., disclose and perceive) others, self and the world. People are world-disclosing in their very being; humans and world require each other for their very being. Hence each individual’s ‘world-relations’ are one’s own ways of being human, of openness to the world as such which includes an immediate and direct understanding of others.”³⁹

Boss regarded this as the most important insight Heidegger has offered to psychoanalysis. In a sense, Boss was not as “optimistic” as Binswanger to postulate “love” as an answer to psychopathological disorder. He did not think that there is an ultimate answer to human suffering. He understood the apparent negative consequence of Heidegger’s *Daseinsanalytik*. It is precisely the concept of Dasein which has undercut all the traditional ideas of human nature. Humans cannot be seen as rational, divine, or moral simply because all these are ontic categories applied to present-at-hand. Indeed, humans can be rational, divine and moral, but these are not their *necessary essential* characteristics. There is no *essence* in human. Comparing Heidegger to Freud’s revolution in outcasting rational consciousness from the human ego, Boss said: “Heidegger went even further and recognized that even the human subject could be of little value as a measure and as the starting point for [the knowledge] of all things. Human consciousness is

³⁹ Richard Askay, “Heidegger’s Philosophy and Its Implications for Psychology, Freud and Existential Psychoanalysis,” in Martin Heidegger, *op. cit.*, pp. 307-308.

‘merely’ something which *is*. It is a being among thousands of other beings. In its being-ness as such, it depends on and is sustained by the disclosing appropriating Event [*Ereignis*] of Being, unconcealment. Nonetheless, the human being has the great honor and distinction of being able to exist as this openness and ‘clearing’ [*Lichtung*], which, as such, must serve as the unconditional place for the appearance and emergence of everything that is.”⁴⁰ This ontological insight is the *credo* for Boss to develop his own thought of *Daseinsanalysis* in medicine and psychiatry. Hence the goal of Boss’s *Daseinsanalysis* “was to make the individual human beings transparent in his/her own structure, to adhere to the immediately given objects and phenomena of the world of human beings.”⁴¹

***Daseinsanalysis* and Madness**

What can we learn from *Daseinsanalysis* for the problem of madness? It seems to me that *Daseinsanalysis* cannot and will not offer any solution to cure the mentally ill. It does not have to agree with Szasz or Laing that mental illness is a myth. On the other hand, *Daseinsanalysis* may agree with Foucault that mental illness is manufactured in history and through culture. However, as psychiatrists, both Binswanger and Boss employed psychoanalytic terminology to refer to their patients. Schizophrenia and obsessional neurosis were still their diagnostic vocabulary. Both Binswanger and Boss, and even Heidegger believed that mental illnesses are only deficient modes of human Being-in-the-world, that “the neurotic and psychotic patients suffered from a constriction, or ‘blockage’, of their world openness.”⁴² They would therefore agree neither with biomedical nor psycho-social explanations of madness. The “cure” of mental illness does not only lie in medications and sophisticated therapy but in letting the suffering person out of his/her world closure. Yet there is no guarantee of treatment. *Dasein* must choose for itself, for having itself or losing itself. To be “mentally ill” or “mentally healthy” are, once again, two modes of *Dasein*.

⁴⁰ Medard Boss, “Preface to the First German Edition of Martin Heidegger’s *Zollikon* Seminars,” *Ibid.*, p. xx-xxi.

⁴¹ Richard Askay, *op. cit.*, p. 308.

⁴² *Ibid.*

So, can my mind be mad? I don't think so. My brain can be sick because of some neurological disorder. But my mind cannot be sick as compared to my brain. Instead, I can be mad because "madness" is a possibility of my Dasein. Perhaps the most intricate problem lies in the very possibility of madness. Why has this Dasein chosen madness as its particular mode of Being-in-the-world? Following Freud, all neurotic and psychotic symptoms are modes of defense mechanisms. But against what is this defense directed? Against the even madder and more absurd world of contemporary life? If madness is a kind of defense against the unbearable pain of life in our common *Lebenswelt*, then it is a self-defeating strategy because this idiosyncratic world can only provide an apparent haven from the suffering in the common world. The lonely and the "ontological insecure," as Laing put it for the schizophrenic, cannot escape from their own bondage of suffering. There is no peace and tranquility for the mad.