

## 'Medical Daseinsanalysis'

Anthony Stadlen

### I

In a number of lectures<sup>1</sup> and publications<sup>2</sup>, as well as in the Inner Circle Seminars<sup>3</sup>, I have drawn attention to two aspects, or more precisely, two aspirations, quite explicit, of the 'Daseinsanalysis' that the psychiatrist Medard Boss developed with the assistance of the philosopher Martin Heidegger. On the one hand, Boss and Heidegger wanted Daseinsanalysis to be a 'purified' psychoanalysis<sup>4</sup>: 'purified', that is, of what they saw as the reductive natural-scientism of Freud's so-called 'metapsychology', the better to bring out the existential-phenomenological aspects of Freud's practice<sup>5</sup>. On the other hand, both Boss and Heidegger always spoke and wrote of Daseinsanalysis as 'medical'<sup>6</sup>.

Decades after Freud defended so-called 'lay' psychoanalysis in his book *The Question of Lay Analysis*<sup>7</sup>, writing that 'doctors form a preponderating contingent of quacks in analysis'<sup>8</sup>, while Jung encouraged non-medical practitioners such as John Layard to undertake Jungian analytical psychotherapy<sup>9</sup>, Medard Boss was actually refusing to allow non-medical professionals, with the exception of a few philosophers who did not aspire to be therapists, even to attend the Zollikon seminars which Heidegger conducted for a decade in Boss's home<sup>10</sup>.

The first edition of Boss's *magnum opus* bore the simple title, *Grundriss der Medizin*<sup>11</sup> (*Foundations of Medicine*). In the second edition, Boss explains that he had wrongly 'presupposed' that his readers would have had the 'insight' that 'a loadbearing foundation for medicine must also be a foundation for psychology and sociology'<sup>12</sup>. He has therefore now changed the title to *Grundriss der Medizin und der Psychologie*<sup>13</sup>, and this is reflected in the title of the English translation, *Existential Foundations of Medicine and Psychology*<sup>14</sup>. However, he makes it clear that, in his view, the word 'medicine' ought to have been enough by itself. He implies, here and elsewhere, that medicine, in the 'daseinsanalytic' sense, always already includes all of psychology and Daseinsanalysis.

In this short paper, I do not argue for or against either of these two aspirations of Daseinsanalysis. As it happens, in common with Thomas Szasz and Aaron Esterson (but, it seems, with few others), I approve of the first aspiration (to purify Daseinsanalysis of natural-scientism) and disapprove of the second aspiration (to preserve Daseinsanalysis as part of medicine), because in my view the second contradicts the first. However, in this paper I have limited myself to the task of *demonstrating* the simple *fact* of Heidegger's and Boss's second, medical, aspiration.

### II

I am fortunate to be able to refer to the address by Professor Friedrich-Wilhelm von Herrmann, 'Medard Boss und die Zollikoner Seminare Martin Heideggers'<sup>15</sup>, to participants in the 5<sup>th</sup> Forum of the International Federation of Daseinsanalysis at a gala dinner in the Vienna Rathaus on 3 October 2003, the eve of the centenary of Medard

Boss's birth. I am also fortunate that Frau Salomé Hangartner has made a translation of Professor von Herrmann's address, and that they have given permission to publish her translation in this issue of this Journal<sup>16</sup>.

Professor von Herrmann, a colleague of Heidegger's in Freiburg, was entrusted by him decades ago with the task of editing the vast, today still appearing, Heidegger *Gesamtausgabe*<sup>17</sup> (*Collected Edition*). Professor von Herrmann's address is a particularly faithful, succinct, and pellucid summary of the book *Zollikoner Seminare*<sup>18</sup>. It will surely be of great value as a map or guide to students of that work.

Frau Hangartner is a most sensitive and intelligent translator.

In part III of this paper, I shall simply quote, from Frau Hangartner's translation of Professor von Herrmann's address, the thirty-one sentences, and the one title of a section, that contain the words 'medicine', 'physician', 'psychiatry', 'mentally ill', and so on. I have printed these words in boldface (in one instance, underlining) in these quotations.

There are one hundred and twenty sentences, and two titles of other sections, that do *not* contain such words.

Thus, about twenty per cent of the sentences in the address contain such words.

The reader may easily compare my quotations with Professor von Herrmann's address, to see whether my quotations are accurate, as the address is printed in this issue of this Journal.

The reader may also compare Professor von Herrmann's address with the 'American' translation, *Zollikon Seminars*<sup>19</sup>, of *Zollikoner Seminare*, to see whether the address is a fair summary of the book. Although I have criticised<sup>20</sup> the failings of the 'American' translation, it is good enough for this purpose.

Hence, the reader may, without too much difficulty, judge whether or not it is a *fact* that Heidegger's and Boss's view was that 'Daseinsanalysis' is, and should be, *medical*.

If, as I hope, we are in this way able to reach agreement that this *is* a fact, then we shall be in a position to begin, elsewhere, to try to *evaluate* it.

### III

The sentences and title from Professor von Herrmann's address that use the terms 'medicine', 'physician', 'psychiatry', 'mentally ill', and so on are as follows:

1. *The 100<sup>th</sup> birthday of Medard Boss, on 4 October 2003, provides a welcome opportunity for all of us to remember a great human being and thinking **physician** with gratitude and admiration.*

2. *(1) **The thinking physician***

3. *'There is a dire need for thinking **physicians** who are not willing to leave the field to scientific technicians' (8 July 1965: S. 134, p. 103)<sup>21</sup>.*

4. *Medard Boss proved to be such a thinking **physician** in 1947 when he first sought to make contact with Martin Heidegger by writing to him.*

5. What made him create this bridge between **psychiatric medicine** and philosophy was the insight that had matured in him, namely that the predominantly natural-scientific orientation of scientific **psychiatry**, psychotherapy, and psychology cannot do justice to the human being in his/her Being-human, that therefore this science of human beings required a changed, new foundation oriented on the question as to the Being-human of human beings.

6. Medard Boss knew that such a foundation would not be laid by **medical** science itself, but only by philosophical thinking; still, the scientist would have to cooperate personally with the thinker in creating the foundation.

7. As a scientific **physician**, Medard Boss had the mental freedom to question his own science with regard to its fundamentals and to ask for the required help from philosophy.

8. Medard Boss sensed that the terms of his **medical** science that are based on physical thinking were not derived from the Being-human of human beings.

9. Thus, it was probably also the ability of Medard Boss to gain a certain distance from his own science and his reckless preparedness to learn from the thoughts of philosophy which induced Martin Heidegger – after more than ten years of a friendly relationship with Medard Boss – to get involved, with unparalleled intensity, in the seminars with 50 to 70 **medical doctors** of natural-scientific orientation.

10. The minutes kept in shorthand by Medard Boss, corrected by Heidegger, and in part supplemented by additions, are a top-ranking source for the **daseinsanalytical foundation of psychiatry**, psychotherapy, and psychology.

11. If there had been no Zollikon Seminars and if we did not have the minutes of those seminars, the transmission of the philosophical Daseinsanalytics to the **medical Daseinsanalysis** would be missing.

12. In the Zollikon Seminars, Heidegger effected this transmission primarily by opening the view channel for the thinking of **medical Daseinsanalysis** and directing the seminar participants as well as the readers of the seminar texts towards the specific view of a daseinsanalytically oriented science of the human being.

13. Without the Zollikon Seminars, Medard Boss could not have written his Grundriss der **Medizin** either.

14. The Zollikon Seminars were guided by the intention to point out to **psychiatrists**, psychotherapists, and psychologists that their natural-scientific fundamentals were insufficient, and to direct them towards the view on Being-human which was concealed by said fundamentals.

15. *The topics chosen are of particular importance for **psychiatry**, psychotherapy, and psychology, so that they may serve as examples in showing to what extent the common natural-scientific view of these topics misses out on the Being-human of human beings.*

16. *The range of topics of the Zollikon Seminars can be stated as follows: Da-sein of the human being as the area of being able to discern significances; assumption as supposition and acceptance of What-shows-itself; the Being of human beings in space as opposed to the animal and the object of use; causality and motivation; man's Having-time as opposed to the idea of physical time; the phenomenon of envisaging as a way of Owning-the-world; the difference between the inanimate body (Körper) and animate body (Leib); being embodied (leiben) of humans as a way in which he/she is in the world with things within-the-world; philosophical Daseinsanalytics and **medical Daseinsanalysis**.*

17. *Within **psychiatry**, psychotherapy, and psychology – if they want to see themselves from the unadulterated view of Being-human – causality thinking will have to disappear in favour of motivational thinking which alone can do justice to the freedom of existence of the human being in the worlds of significances in case of significance-determined things with others.*

18. *Heidegger points out that the **medical** participants in the seminar were particularly interested in the question 'what the human being's relationship is to time and how he/she lives it' (S. 75, p. 58), in particular in view of the disturbed time relation of the **mentally ill** person.*

19. *In view of the fact that scientifically trained **physicians** are 'largely determined by the thinking mode of natural sciences,' the question arises 'whether the idea of time governing natural sciences is at all suitable to discuss the relationship of existing human beings to time, or whether the idea of time determining natural science does not block the way to discussing the relationship of human beings to time and thus hinders the meaningful asking for the particularity of time' (S. 75 f., p. 58 f.).*

20. *According to Heidegger, there are two aspects that determine the question regarding time: firstly, the aspect of the '**medical** profession and its scope: the existing person in his/her distress', and, secondly, the aspect of '**medical-scientific** training – modern natural science and its technical structure' (S. 76, p. 58).*

21. *In view of this understanding of time derived from natural existence, Heidegger says that 'the disturbed reference to time of the **mentally ailing** person can only be understood from the original, naturally perceived, always interpretable and dated reference to the time of human beings, but not with a view to calculated time which originates from the idea of time as a sequence of intrinsically empty, "nondescript" Nows' (S. 55, p. 43).*

22. *It is World-time that is moved into the focus of **psychiatry**, psychotherapy, and psychology, delimiting it from the natural-scientific concept of time.*
23. *The disturbance of the reference to time of the **mentally ill** is a disturbance of World-time reference.*
24. *The phenomenological insight into the ecstatic openness of all ways of the existing Being with the bodily or non-bodily presence (of things present) enables the **psychiatrist** to pertinently understand the lack of contact found in **schizophrenia** from the point of view of Being-human as a privation of openness of the human being (S. 95, p. 73).*
25. *This question is of great importance to **psychiatry**, psychotherapy, and psychology in view of psychosomatics.*
26. *In the November seminars of the year 1965, ontologic Daseinsanalytics and **medical Daseinsanalysis** are finally taken on as a topic (S. 147–173, pp. 112–132).*
27. *The comments given by Heidegger are of the utmost importance for the self-understanding of **daseinsanalytically-oriented psychiatry**, psychotherapy, and psychology.*
28. *Against this ontological Daseinsanalysis, Heidegger differentiates the **medical Daseinsanalysis** ‘for the purpose of showing and describing factually the phenomena each showing in a specific, existing Dasein’ (ibid.).*
29. ***Medical Daseinsanalysis** in its extended meaning of **Dasein-oriented psychiatry**, psychotherapy, and psychology is itself an ontic-existential analysis, but based on existential-ontological Daseinsanalytics.*
30. *Whereas **medical Daseinsanalysis** is primarily the name for the **daseinsanalytically oriented medical practice**, ontic Daseinsanalysis in the second meaning refers to the scientific topic of **medical Daseinsanalysis**.*
31. *Simultaneously, it is the method for practice and the science of **medical Daseinsanalysis** and its disciplines.*
32. *The phenomenological attitude thus characterized, in which Medard Boss performed his **medical science** and his **medical profession**, was also the keynote of his attitude as a human being in which he was always open to the fellow human beings he encountered with warm benevolence.*

## IV

I hope that the above quotations from Professor von Herrmann's superb summary of *Zollikoner Seminare* make it clear that Heidegger and Boss assumed that Daseinsanalysis was medical, and intended that it should remain so.

'Medical Daseinsanalysis' was not just a concept. It was Boss's *practice*, endorsed by Heidegger. It entailed, for example, Boss's permitting, as Professor von Herrmann says, '50 to 70 medical doctors'<sup>22</sup> to attend Heidegger's Zollikon seminars, and not permitting non-doctors to do so. This was a *political act*, just as much as Boss's forbidding these '50 to 70 medical doctors' to question Heidegger about his Nazism<sup>23</sup>, and just as much as Heidegger's Nazism itself<sup>24</sup>.

These seem to me inescapable facts. There will surely be disagreement about how to evaluate them, and I shall not try to do so here.

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## Notes

<sup>1</sup> Stadlen 1996, 1999, 2003d.

<sup>2</sup> Stadlen 2003a,b,c; Stadlen & Stadlen 2005.

<sup>3</sup> Stadlen 2002b,c; 2003e,f,g.

<sup>4</sup> Boss and Holzhey-Kunz 1982 [1981]: 111; Stadlen 2003c: 364.

<sup>5</sup> Boss 1957, 1963 [1957].

<sup>6</sup> Stadlen 2003b: 166–167, 173–175; Stadlen and Stadlen 2005.

<sup>7</sup> Freud *GW* 14, *SE* 20.

<sup>8</sup> Freud *GW* 14: 262; *SE* 20: 230.

<sup>9</sup> Layard 1944.

<sup>10</sup> Condrau 2002; Stadlen 2003b: 174.

<sup>11</sup> Boss 1971.

<sup>12</sup> Boss 1975[1971].

<sup>13</sup> Boss 1975[1971]: 10.

<sup>14</sup> Boss 1983 [1979].

<sup>15</sup> von Herrmann 2003.

<sup>16</sup> von Herrmann 2005 [2003].

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- <sup>17</sup> Heidegger 1975– .  
<sup>18</sup> Heidegger 1994 [1987].  
<sup>19</sup> Heidegger 2001 [1994].  
<sup>20</sup> Stadlen 2002a, 2003c.  
<sup>21</sup> S. = page in *Zollikoner Seminare*, p. = page in *Zollikon Seminars*.  
<sup>22</sup> See sentence no. 9 from Professor von Herrmann's address (in part III of this paper).  
<sup>23</sup> Condrau 2000: 31; Stadlen 2003b: 167; also confirmed by Gion Condrau at the 3<sup>rd</sup> Forum of the International Federation of Daseinsanalysis, 28–29 September 1996, London.  
<sup>24</sup> Ott 1993, Safranski 1998 [1994].

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