

Phenomenology of Mental Health Evaluated through Thoughts of Merleau-Ponty and Heidegger

Fenomenologia da saúde mental avaliada por meio de pensamentos de Merleau-Ponty e Heidegger

Luka Janeš

University of Zagreb, Faculty of Philosophy and Religious Studies luka.janes@ffrz.unizg.hr

Toma Gruica

Karl-Francens-University of Graz toma.gruica@protonmail.com

Abstract:

This article endeavors to present a phenomenological portrayal of the concept of mental health, employing the philosophical insights of Maurice Merleau-Ponty and Martin Heidegger as guiding principles. The embodied nature of existence, intersubjectivity, and the existential-phenomenological proposition of being-in-the-world and being-towards-the-world, as conceptualized by Maurice Merleau-Ponty, will be juxtaposed with the contemporary psychopathological phenomenological notions put forth by Thomas Fuchs and Giovanni Stanghellini. Moreover, the argumentative discourse will be fortified in the subsequent section of the article, drawing analogies between the preceding analysis and the motivating factors outlined in the works of Martin Heidegger. This exploration will specifically delve into Heidegger's existential analysis of Dasein, emphasizing the postulate of being-in-the-world as an encompassing environmental existence that includes society. In this context, the societal conventions and norms will be examined as causal factors, giving rise to what Heidegger would characterize as inauthenticity.

Descriptors: Phenomenology, mental health, M. Merleau-Ponty, M. Heidegger, authenticity

Resumo

Este artigo procura apresentar um retrato fenomenológico do conceito de saúde mental, empregando as percepções filosóficas de Maurice Merleau-Ponty e Martin Heidegger como princípios orientadores. A natureza incorporada da existência, a intersubjetividade e a proposição existencial-fenomenológica de ser-no-mundo e ser-para-o-mundo, conforme conceituadas por Maurice Merleau-Ponty, serão justapostas às noções fenomenológicas psicopatológicas contemporâneas apresentadas por Thomas Fuchs e Giovanni Stanghellini. Além disso, o discurso argumentativo será fortalecido na seção subsequente do artigo, traçando analogias entre a análise anterior e os fatores motivadores delineados nas obras de Martin Heidegger. Essa exploração se aprofundará especificamente na análise existencial de Heidegger sobre o Dasein, enfatizando o postulado do ser-no-mundo como uma existência ambiental abrangente que inclui a sociedade. Nesse contexto, as convenções e normas sociais serão examinadas como fatores causais, dando origem ao que Heidegger caracterizaria como inautenticidade.

Descritores: fenomenologia, saúde mental, M. Merleau-Ponty, M. Heidegger, autenticidade

1. Introduction

The domain of the psyche, denoting the extensive and profound aspects of our mental being, finds its unifying essence in the social community. Serving as the common tangent that

integrates the multitude of constituent particles comprising the mental and psychic realms, the social community assumes a paramount role in shaping and contextualizing this intricate domain.. It encompasses the relationship of an individual being with its own subject, but also with the objective resonance in the social space interweaving from n-relationships, individuals, cultural structures and biomedical kinships and differences. In this article, we aim to present the hypothesis that without a phenomenological basis and evaluation, the issue of health and illness within the complexity of the social field is beyond the reach of an adequate, complete elaboration. At the same time, we do not approach phenomenology as some from-life-distant hypothetical theoretical and linguistic exercise without practical application, but as a transdisciplinary philosophical platform that enables the improvement and development of many disciplines and perspectives related to the mental health of individuals – and the society as well.

More precisely and clearly expressed – we hypothesize that the phenomenological niche purifies the ground of thought from the positivist-empirical reductive prejudices¹. Enabling the dialogical synthesis, but also strengthening of many operational segments related to the scope of services responsible for the prevention and treatment of mental disorders. Teleologically directed towards the concept of a healthy society and health as such. Following the set, Minkowski states:

“The phenomenology places itself, then, separated from the casual perspective and places us at the same time, protected from the excessive psychologism.” (Minkowski, 1970, 552)

At doing so, in the phenomenological evaluation horizon we place Merleau-Ponty's original concepts: *embodiment* (in the context of possessing the possibility to frame one's own being in the field of corporeality of the world), *intersubjectivity* (in the context of synthesis and analysis of society and others as an assumption of community intertwining), and the existential-phenomenological postulate *being-towards-the-world* (in the context of the assumption of health as the possibility of conscious movement through the phenomenological field of life intentionality). In the second part of the article, we expand and place them in a synthetic analogy with Heidegger's significant concepts.

The intention is not to assert that the existing psychological and psychiatric practices are entirely deficient. Instead, the objective is to articulate the proposition that the philosophical motivations expounded within this article have the potential to enhance the efficacy of the mental

¹ Among the wide range of literature units in which the positivism dominance within philosophy is critically approached, I single out Viktor Frankl and his book *The Doctor and the Soul. From Psychotherapy to Logotherapy*. (Frankl, 1986.)

health system. Establishing the transdisciplinary platform of phenomenology as a suitable framework for gathering, integrating, and interconnecting diverse auxiliary disciplines, including psychiatry, psychology, rehabilitation, pedagogy, sociology, and others, is emphasized.

2. Merleau-Ponty's Phenomenology of Mental Health

Before evaluating the scope of mental health, it would be appropriate to say a few words about the phenomenon of health as such, and inseparably – about illness. Traditionally, health has been conventionally linked to the flourishing and progressive vitality of both individuals and communities, while illness has been closely associated with a trajectory towards death. Consequently, illness is often accompanied by a state of disharmony and imbalance, encompassing diverse facets of organic and spiritual cognition. However, this tangled dialectics can hardly be evaluated using a black-white binary method. Namely, health and illness, just like life and death, complement each other and exchange at various intervals on the micro-level of individuals, the meso-level of society, and also on the macro-level of cosmic circulation and movement. It is precisely at the moment of motion, the possibility of conscious and chosen motion, where we observe the phenomenological axis of health as such. In Merleau-Ponty's existential phenomenology, we collect the recognizable concept of *being-towards the world*, using it for the purpose of analysing and synthesizing health as such. With a focus on consciousness as the basis of an individual's mental health, manifested in the context of society. Especially in the context of entwined intentionality – in Merleau-Ponty's vocabulary expressed as intersubjectivity, that is, entanglement. In the *Phenomenology of Perception*, his capital work from 1945, states:

“In the same way the patient who has broken with co-existence can still perceive the sensible integument of other people, and abstractly conceive the future by means, for instance, of a calendar. In this sense the sleeper is never completely isolated within himself, never totally a sleeper, and the patient is never totally cut off from the intersubjective world, never totally ill. But what, in the sleeper and the patient, makes possible a return to the real world, are still only impersonal functions, sense organs and language. We remain free in relation to sleep and sickness to the exact extent to which we remain always involved in the waking and healthy state, our freedom rests on our being in a situation, and is itself a situation.” (Merleau-Ponty, 2022, p. 190)

When we talk about the health of an individual in the medical frame, first of all we are talking about the health of the body (the basis of medical activity). And even when it comes to

mental or psychological health, we could say that it is a balancing dialectic between the body, mind and spirit of an individual. When we talk about the health of society, i. e. of a certain organized community on a certain land – we are talking about the health and harmony of the interweaving of bodies in the phenomenological space of life. Here we can use the concepts of embodiment, intersubjectivity and intercorporeality² as an argumentative note and landmark. First of all, they are directed to the horizon of spatiality, and in accordance with the indicated spatiality of psycho-phenomenology, the structuredness and content of the concept of society also aspires to unfathomable widths. For the purposes of this article, we will rely on Kerber's attempt to define society. In his study *Social Ethics*, he states that society is regularly defined as “any permanent and effective association of people for the realization of some common goal or value”. (Kerber, 2002, p. 42)

Purposeful connection in the direction of the effective realization of a common goal undoubtedly depends on the functionality, sublimation and satisfaction of the atoms that constitute a certain community of the persons, i.e. the individuals who relationally weave a particular society³. To that extent, we claim that the mental health of individuals is reflection of a healthy, harmoniously organized society. And retrospectively observed – a healthy prosperous society focused on progress is a reflection of the harmony of individuals, in this article with an emphasis on the health and harmony of their mental health.

Summarized – we claim that the health is a set of resonating subjects, a set of rules and general intentionality aimed at maintaining and extending the life of the community, above all – the possibility of spatial motion⁴ (both in physical and spiritual context) While the empathetic

² Csordas claims: “In her important work on body image, Gail Weiss writes that ‘To describe embodiment as intercorporeality is to emphasize that the experience of being embodied is never a private affair, but is always already mediated by our continual interactions with other human and nonhuman bodies’ (Weiss, 1999, p. 5). To describe intersubjectivity as intercorporeality, as I have here, has additional consequences beyond Weiss’s point. First, it helps us avoid the temptation to think of intersubjectivity as an abstract relation between two abstract mental entities. Second, because bodies are already situated in relation to one another, intersubjectivity becomes primary, so that we do not have to begin as did Husserl (1960) from the Cartesian position of the isolated cogito and later arrive at the possibility and necessity of others.” (Csordas, 2008, p. 119)

³ Ivan Macan writes: “Society as such, if we contrast it with individuals, does not represent a person in the full sense, it does not reach the value and dignity of a person, but its value comes precisely from individuals.” (Macan, 2002. p. 32.)

⁴ At this moment, the question should be asked to what extent the measures to prevent the spread of the corona virus were aimed at movement and maintaining life, and how much at the reduction, strengthening and passivation of the

framework of care and concern becomes the subject intentionality of that mosaic gathering aimed at healing, that is, the healing of society and the individuals that make it up. And considering the multiplicity of requirements and the number of atoms that must be taken into account in the broad horizon of health, it is a practical need and necessity to take into account a large number of experts, perspectives and disciplines in order to adequately saturate the intentionality of its efficiency. This multi-perspective requires integration bridges of transdisciplinarity kind, and it is exactly Merleau-Ponty in his *Phenomenology of Perception* who expresses the high value of such a methodological orientation, with a phenomenological mark. Reading this work, we cannot clearly determine whether it was written by a psychologist, philosopher, physician, or physicist, but what gives a meaningful synthesis and flows through the entire discourse is the fluid dynamic energy of movement and intertwining of bodies in space, aimed at understanding life and improving the person in question. Merleau-Ponty says:

“...with regard to our own body, what is true of all perceived things: that the perception of space and the perception of thing, the spatiality of the thing and its being as a thing are not two distinct problems...to be a body is to be tied to a certain world, as we have seen, our body is not primarily in space: it is of it” (Merleau-Ponty 2022. p. 148.).

Retrospectively speaking, related to mental health – the great issue in many psychopathological cases is the non-feeling of the body⁵, as well as dissatisfaction with one's own body and physicality. While in severe cases from the psychotic spectrum (DSM 5, 2013) there are symptoms of the non-existence of the body. Accordingly, as a welcome tool, he accepts the concept of embodiment, that is, the distinction between *Körper* and *Leib*⁶, physical and experiential body. As well, the issue of life and death is wrapped around this circular conceptuality. Italian psychiatrist and phenomenologist Giovanni Stanghellini notes:

“In the relations between the disorders of embodied self-awareness and intersubjectivity-intercorporeality, we can recognize a circular relationship. The defective structuring of selfhood, particularly through the phenomena of somato-psychic depersonalization (bodily perception disorders) and auto-psychic depersonalization (detachment from one's own emotions and

community? We can also place it in the horizon of ethical reflections, for which purpose the existential-phenomenological niche provides us with a shining evaluative foothold.

⁵ More on this topic see in article: Janeš Luka, “Improvement of Psychiatry with Hermeneutics and Phenomenology as Prerequisite for Treating Psychotic Disorders” (Janeš, 2020).

⁶ Distinction originally provided by Husserl, furtherly evaluated by Merleau-Ponty.

thoughts), can become an obstacle to the inter-corporeal attunement between the self and the other persons. Schizophrenic autism may derive from the incapacity to enter into emotional attunement with others and recognizes as *primum movens* a different quality of bodily performance.” (Stanghellini, 2009, p. 59)

3. Transdisciplinarity built on the foundations of phenomenology – the interweaving of the bodies and disciplines in the living space

The adherence for empathy and care (*Sorge* – Heidegger) should be observed as a connective tissue, or a platform for raising transdisciplinary phenomenological towers of health and disease as inherent to medicine, but also to philosophy. We notice the possible synthesis in question in the frame of the orientation discipline of bioethics. Namely, bioethical methodological horizons of transdisciplinarity and pluriperspectivity could be implemented as a platform for combining and developing new therapeutic attempts characterized by empathy, bioethical sensibility and responsible bioprotectionism (ultimately – phenomenology of life⁷). Within which are entangled phenomenological, psychological, sociological, anthropological, spiritual⁸ and many other perspectives necessary for the improvement of existing systems of mental health protection and treatment of mental disorders.

Moreover, by means of an analytical and synthetic examination of the notion of mental health (central to the discourse of this study), the bridge junction inherently warrants a constructive evaluation and consideration of its purpose of usage. And as the initial (fundamental) step for being a bridge between social and humanistic on the one hand, and natural and technical on the other side of the evaluation spectrum. The disciplinary horizon on which the scientific saturation of the concept of “mental health in the community” is spread.

Mentioned introduces the hypothesis that the implementation of social and humanistic disciplines in the mental health improvement strategy within national policies would essentially facilitate the work of psychiatric clinics and strengthen the mental health of citizens. With an emphasis on prevention, education, and destigmatization of psychiatric patients, psychiatrists and mental disorders per se. In relation to the above, we note in bold that the intentionality of the

⁷ On the phenomenological potential of the orientation discipline, see in the article: Janeš Luka, “Integrative Bioethics as the Phenomenology of Life”.

⁸ Phenomenology of spirituality of the given kind, argued through the psychotherapy and psychiatry practice, is present in the work of Austrian psychiatrist and philosophe Viktor Frankl.

proposed model is not an attempt to nihilate the existing system, but a contribution to expanding its practical and pragmatic reach.

Regarding the link between philosophy and psychotherapy, Sabine Herpertz notes:

“A further valuable predisposition is that a good psychotherapist has a philosophical outlook towards the other as someone “being in his world”, the notion of world being understood as an integration of a subject’s inner and outer world.” (Herpertz, 2014, p. 179)

We will deal with Heidegger's assumptions in the following paragraphs, and at this point we indicate an intentional and programmatic focus on the fact that mental health, as well as mental imbalances and difficulties of individual persons, is an issue of the entire society. To that extent – also of a whole series of disciplines and perspectives that within their own insights, specializations and contributions can contribute to strengthening the health of society *per se*. And the mental health of citizens has been severely damaged since the beginning of the epidemic, and it seems that there is still not enough will to be seen, and clear concrete, long-term political steps are not being taken to promote mental health, but also health in general as a public good in the world. A public good which breaks the boundaries of individual consciousness and cultural differentiation, setting the fundamental characteristic of man as the one that *strives-towards-the-world*, towards a healthy world in the horizon of the responsibility of one's own choices.

On this transdisciplinary level, we also observe the thought of Merleau-Ponty, whose psychotherapeutic and psychopathological use in today's age takes on its full and well-deserved significance. First of all, I am referring here to the whole stream of contemporary authors, phenomenologically oriented psychiatrists who use Merleau-Ponty's thoughts as a guide and incentive in their clinical and research practice. In addition to the previously quoted Stanghellini, it is worth mentioning the names of Thomas Fuchs, Dan Zahavi and others. For example, in the book *Ecology of the Brain*, Fuchs states:

“...consciousness cannot be envisaged as an invisible chamber that is literally contained in the head and concealed behind the sensory organs. Indeed, it is not contained at all “in the physical body”, but rather is *embodied*: conscious acts are particular, integral activities of a living, self-sustaining, sensory-receptive, and mobile organism. Therefore, the primary dimension of consciousness is the reciprocal, homeostatic, sensorimotor, and active-receptive relationship of the living organism and the environment.” (Fuchs, 2014, p. 69)

We propose that this kind of ecological approach to the consciousness could be observed as a highly propulsive treatment against the mechanisation of the human psyche, as well as for the prevention of the utilitarian approach to the health of people. And it is highly inspired by Merleau-Ponty's thought. It is worthy of mentioning that during his life, it may have been too ambitious to think about concrete practical psychiatric and psychotherapeutic applications of his thoughts, even though he represents a transdisciplinary philosopher of practice par excellence. Yet in the last fifteen years, an entire stream of phenomenological psychopathology has been developed, led by the aforementioned Fuchs, Stanghellini and others, expanded in the direction of the psychotherapeutic technique of the phenomenological interview, based primarily on the models of M. Merleau-Ponty and M. Heidegger. Models that point above all to the phenomenology of the unity of the body and soul in space:

“The union of soul and body is not an amalgamation between two mutually external terms, subject and object, brought about by arbitrary decree. It is enacted at every instant in the movement of existence.” (Merleau-Ponty, 2022, p. 102)

Related to the thesis about the unity of the body and soul in space, we introduce an analogy with the level of intertwining of scientific disciplinary bodies in space, whereby transdisciplinarity becomes an indispensable method for obtaining harmony, i.e. maximum functionality in the harmony of dialogue and complementing various disciplines, with a focus on the phenomenological field of mental health.

Also, when we talk about the distribution and movement of the body in the phenomenological movement of life, the dynamic motional method of peripatetic psychotherapy developed by phenomenology oriented psychologists from Brazil, with an emphasis on Demetrius Franca. Who in the work of the same name, showing the structure of research processes related to this original vision, is certainly valuable for synthesis therapy states:

“The transformation and development of the participants were noticed and registered under Minkowski's (1999) perspective in the second phase of his work, recognizing the importance of the transference as a primary and essential element, as well as the double aspect of the fundamental element to the phenomeno-structural method in the affective and temporal-spatial contact. Another relevant point in the registrations was the focus on the individual inserted in a group context, that I presented in the written registers. Such as Minkowski (1967, 1970, 1999) registered his impressions about the case of „schizophrenic melancholia“ through the perception

of the relation between two existential melodies, the expectation here, so to speak, is to capture and register the rehearsals to the formation of a band, the peripatetic group therapy, as well as the attempts in tune up our instruments in harmony when we share the same lived experiences.” (Franca, 2020, p. 107)

The use of this method further systematizes and harmonizes us with the existential-phenomenological development of the connection of the body in space, with a special focus on psychotherapy clinical work. And now let's peripatetically step towards the Heidegger's phenomenological, fundamental-ontological thought, in order to provide a few more convincing arguments for the thesis about the importance of enriching psychological and psychiatric practice with phenomenological propulsion. With an emphasis on the positioning of a person in the world, and as exit niches into the horizon of the intertwining of *being-in-and-towards-the-world*.

4. Phenomenology of mental health in the thought of Martin Heidegger

Martin Heidegger (1889.- 1976.)⁹ was a German philosopher who, during his creative life, was primarily occupied with the development and research of, as he called it, fundamental ontology; ontology that aims to return our thinking to the intelligibility of Being, to *das Sein*, as a meaningful disclosure of beings as beings, and how they are made meaningfully available to us. (Heidegger, 2014, p. 25-26) Heidegger's research into Being can be formulated as a question about and into the meaning of Being; in the sense that we can only have insight into the Being of beings, into entities, not Being itself, and only if beings are revealed to us as intelligible. Even though Heidegger originally didn't concern himself with the psychological concept of mental health, it was through the work with Swiss physicians Ludwig Binswanger (1881-1966) and Medard Boss (1903-1990) that his thought became the cornerstone of what will become Daseinanalysis and Existential Psychotherapy. (Guignon, 1993, p. 215; Spiegelber, 1972, p. 21)

In his work, Heidegger avoids the traditional naturalist usage of the terms mental, health, and illness, focusing instead on creating his own terminology to tackle the fundamental problems that arise from their traditional usage, namely the subject-object split between the mental the bodily and social. The problem with defining the mental subject separately from the bodily, was it in a manifestationist or dualistic-interactionist sense, is that bodily and social behaviours are seen as manifestations of an inner mental self – to the phenomenologist, the self thus remains “inchoate and ephemeral” until it is projected through bodily movement (Guignon 1993. p. 224.).

⁹ <https://plato.stanford.edu/en/aims/heidegger/> consulted 26.11.2022.

This problem can be explained as a confusion over the discoverability, and thus existence, of a mental self-separated from the body, resulting from the lack of a distinction between psychological realism in nature and the isomorphy of psychological concepts with the psychological structure of the mental self. Another problem that arises is that the mental self is defined in a certain “vacuum”; it exists separated from the outside world and other people, and thus the individual is seen as an atomized entity (Chan, 2020, p. 15; Heidegger, 1967, p. 62-63).

For Heidegger, if we want to talk about what the self is, then that talk should start from that we are, that we exist; taking this into account, Heidegger's phenomenological analysis, therefore, means an analysis that does not start from the definition of the self, or of a human being, but starts from the fact that we, as we are a self “are”. The fundamental difference between the self and any other entity is that we cannot just ask what the self is, as we would ask what a chair or rock is, but we need to ask “who” the self is. For Heidegger in the word for existence, the suffix *-istere* indicates the question of “who” a self is, the question that Heidegger calls the “unfolding” of the self (Heidegger, 1996, p. 233; Batavanja. 2007, p. 20-21). If my mental state, my feelings and beliefs, are shown through bodily behaviour and actions, we should look into that behaviour as the process of realization of the self (Guignon, 1993, p. 224-225). The dualistic self sees behaviour in the sense of *poiesis*, they are a finished good, while Heidegger places emphasis on the *praxis* of the self; the self is realized, or, not as a finished goal or product, but it is realized, better said “unfolded”, through the actions we take throughout our lifetime. *Praxis* here means looking at our being as a whole, where every life event, *Geschehen*, creates our “life story”, *Geschichte* (Guignon, 2015, p. 11-12). The self is thus constant in motion, it is active, and the self is at the same time this motion. Through that motion and we can, to varying degrees, come to know some kind of identity, that is, “who” we are, through the persistence of the attitude, or as Heidegger calls it “stand”, we take towards our life. The prefix *Ex-* in the word for existence expresses the orientation towards the future, in the sense of orientation towards what is outside and what is in front of the self. Every behaviour and action are with a goal; the desire to achieve a goal, which is in the future, is the cause of our action, and a self with the establishment of a goal of action finds itself already in the “future” (Heidegger, 1996, p. 175-179).

According to Heidegger's philosophy, any dualistic definition of the self is insufficient and unconvincing, precisely because it is defined in isolation from other individuals; to be able to understand ourselves as individuals inside our “life story” and thus to be capable of self-reflection, Heidegger argues that the self develops alongside other individuals, and we can

achieve an understanding of ourselves only through or with other individuals. All forms of self-identification and self-understanding arise precisely from these relationships with other individuals. Self-reflection, self-awareness, and thus self-identification plays a major role in Heidegger's philosophy of the world and the human self; for a self to feel like a part of the world and to feel a belonging to their world, and it really is “their” world as long as they exist in it, the self must recognize their reflection in the world and in other individuals within that world (Abbagnano, 1957, p. 106-107; Gretić, 1989, 235-236; Heidegger, 1996, 59-60; Krell, 2009, p. 16-17, 48; Watanade, 1990, p. 31-32). The self is, therefore, necessary to be seen as an *in-der-Welt-Sein*, in-the-world-being. Therefore, a phenomenology of the self must not be divided into individuals and must describe the self within the entirety of the human being, which then includes the intelligible world around them (Heidegger, 1996, p. 22, 48, 58, 59; Carlisle, 2015, p. 38; Batavanja, 2007, p. 23; Watanabe, 1990, p. 33).

5. What and Who is Dasein?

For Heidegger Being is the first and foremost question of philosophy, more so, Being is the affirmation of philosophy itself and the pre-theoretical necessity for every philosophical and scientific investigation. If we ever want to reach a meaningful investigation into Being, and thus a meaningful foundation for philosophy itself, Heidegger argues that we first need to deconstruct all theoretical layers that accumulated with the historical development onto the presocratic understanding of Being; what Heidegger calls the “forgetting of Being”. The goal of Heidegger's fundamental ontology is thus to reach an understanding into the meaning of Being, a goal that can only be achieved by, as Heidegger writes, a *Dasein* who is authentic (Guignon, 2015, p. 9; Heidegger, 1996, p. 2-3). The question is what, or who, is *Dasein*, and what it means to be authentic. Since the question of Being is the fundamental problem of *Being and Time*, the analysis of authenticity must be subordinate to this larger problem.

This order of questions also explains why Heidegger seems to change the subject of the investigation of *Being and Time* from the question of Being as such to the investigation of the experience of being a human-being, which he calls *Dasein*, “being-there”. According to Heidegger, every human being already has the predisposition to understand the question of Being. Heidegger's *Dasein* is mostly interpreted as an ontological elaboration of the human condition as a state of being able to examine and question one's *own* being. The ontological priority of *Dasein* can be explained by the fact that *Dasein* is the only entity for which being is

intelligible, meaningful, and comprehensible, and to ask how anything becomes intelligible, we must first understand the entity for which things, in general, can be intelligible, which is ourselves. Since any presentation of the meaning of Being must first investigate the conditions for the possibility of understanding in general, i.e. the frame of reference in which Being is intelligible, and since we already have an understanding of Being, Heidegger's research begins with a phenomenological analysis of *Dasein* (Gretić, 1989, p. 231-234; Guignon, 2015, 10; Heidegger 1996, p. 47-48).

While Husserl's transcendental phenomenology wanted to establish itself as a pure, rigorous science that comes to knowledge about substances through the so-called *epoché*, “bracketing”, Heidegger sees the role of phenomenology differently. For Heidegger, ontology is the foundation, and the goal is the understanding of Being itself, while phenomenology is only a method (Marx, 2005, p. 21, 24, 25.); an essential method nonetheless. As we have discussed, according to Heidegger's philosophy, our self, our experiences and consciousness, cannot be separated from the context in which they unfold, and it is not possible to give an objective representation of consciousness because consciousness is always entangled in the world, and those conditions of this entanglement differ from individual to individual based on their “life story”. The world of a man of the twenty-first century is significantly different from the world of a medieval peasant, and therefore their feelings, possibilities, motivations, worries, the way they find meaning, the way they create social relations, are also different. Nevertheless, the fundamental understanding of phenomenology remains the same: in our analysis, we allow entities to be presented to us as they are in themselves (Schmid, 2018, p. 3). Since the question of Being, and thus the question of authenticity and *Dasein*, is about the presentation of the self, this means that Heidegger's investigation starts with a concrete description of ourselves, and the way we *exist* in our everydayness, in our average or ordinary life, within the world that surrounds us and in which we actively participate (Heidegger, 1996, p. 7-9).

Heidegger describes the human being, and thus the self, as an aggregate of possibilities, of potentials; in the sense of characteristics, human relations, gender, ethnicity, titles, etc., but also in the sense of sensibility, feelings, which then Heidegger collectively calls the human *Seinkönnen*, from the German “to be” and “to be able, to be possible”, to-be-in-possibility. The way we connect, change and realize these potentials, as long as we maintain a continuous identity through these changes, constitutes our “stance” we take. Here we confirm that the mode of *Dasein's* existence, therefore, includes possibility as well as actuality, and for Heidegger the

former takes precedence over the latter; “in any case, *Dasein* is essentially its own possibility” (ibid, p. 42). We can say that the *Seinkönnen* denotes the ways we are and how we understand each other. We always somehow understand *Dasein*, it is impossible not to understand each other somehow; for example, that we are joyful, scared, and even when we cannot clearly express how we are, we are nevertheless in a certain way (Aster, 1960, p. 438; Heidegger, 1996, p. 176). That we are joyful or sad at the moment is our possibility; we can choose or not choose who we are right now; but also our property, *etwas eigenes*. Some possibilities we cannot choose for ourselves, but we can choose how ourstand “towards them is; those possibilities Heideggers calls *Geworfenheit*, which refers to the “there” aspect of the being-there of *Dasein* (Guignon, 1993, p. 225; Svenaeus, 2000, p. 83).

This “there” is determined by something incomprehensible and foreign to us, something that was predestined to us like our parents, our genetic predispositions, our ethnicity, culture, religious upbringing, economic condition, future education possibilities, limitations towards others, as well as the collectivity of the current *Zeitgeist*, the current historical-political existences. *Dasein*, before it knows it’s being, has to deal with, and know, the state of being thrown into the world. *Geworfenheit* is therefore an aspect of our being that throws us into a state of alienation, *Uneigentlichkeit*, inauthenticity, misunderstanding of our environment in its fragments and wholeness, be it from anthropological cultural issues to the issue of the very construction of matter and reality, but the embeddedness also refers to the fundamental form of how *Dasein* refers to the past and history. As human beings, we always find ourselves “thrown” into situations we did not create ourselves and cannot fully control. When we are unable to face a situation, we run away to do what everyone else would do. When we describe everyday life as “escape”, the suggestion of mental avoidance and self-deception is obvious, which will be explored in the further passages (Batavanja, 2007, p. 24; Heidegger, 1996, p. 176-180; Zovko, 1991, p. 45).

Heidegger thus avoids starting his phenomenological analysis of *Dasein* with a distant, reflective self, standing as an isolated observer at a distance from world events. *Dasein* is not the Cartesian *cogito*, who is separated from the world he observes and from his own body, but neither is *Dasein* a tragic hero from existentialist novels who stoically resist the pressure to conform to social norms to create his own meaning (Guignon, 1993, p. 216. 220). Instead, *Dasein* should be understood and investigated exactly from its immersion in everyday activities, which for Heidegger constitutes what he calls the “worldliness”, *Weltlichkeit*; the structure of the world as built by human understanding, thoughts, feelings and other mental states, instead of purely ontic

realities and material objects. After we have determined *Dasein* as being-in-the-world, as the openness of to one's own Being and the Being of others, we must determine what it means to be “opens”? This openness is precisely found in the suffix *Da-*, as an expression of the presence that makes it possible and which is, therefore “here and there” before everyone. In other words, *Da-* denotes the self who is “there” and placed “here” just by what they are. Therefore, existence, which is defined as an understanding of one's own *Dasein* and orientation towards one's being, can be understood as “being one's own, there”.

Heidegger describes the term “there” as *Wesenhafte Erschlossenheit*, the closedness of the totality of being, and then existence as “illumination” in that totality, that is, awareness of being in a certain time, within history and a space that determines that “there” (Aster, 1960, p. 438; Abbagnano, 1957, p. 114; Gretić, 1989, p. 237; Heidegger, 1996, p. 130-140; Schmid, 2018, p. 8; Zovko, 1991, p. 39, 40). Therefore, the concept of the world does not in itself denote the totality of being, that is, everything that is, but is ontologically existential, as a set of all relations between this being and other beings, and is therefore understood as the determination of the being of this being. When we talk about the world, we talk about *Sein-be*, that is, being-with, existing-with, which for Heidegger is the “average everyday life”, as a mode of unity, uniqueness, and inappropriateness in the world. Being-in-the-world is Heidegger's replacement for terms such as subject, object, consciousness, and the world; for Heidegger the division of things into subjects and objects, such as we find in the Western tradition and conversational language, must be overcome, as indicated by the root structure of Husserl's and Brentano's concept of intentionality; i.e. the self's consciousness of something, the idea that there is no consciousness, as such, separate from the object whether it is thought of or perceived (Heidegger, 1996, p. 134-139; Störig, 1963, p. 533; Watanabe, 1990, p. 34-35; Zovko, 1991, p. 45;). At the most fundamental level of being-in-the-world, Heidegger notes that there is always a presence of moodiness, of feeling, thinking, or experiencing, that “attacks” us in our relation to the world, which Heideggers calls *Sorge*, care. *Sorge*, as in moods, emotions, and mental states, comes neither from outside nor from inside us but arises from the relations that make up us as being-in-the-world. One can turn from one *Sorge*, from one mental and emotional state, but only to another state; they are a fundamental part of our Being, and we always encounter things in the world with a certain mental state. *Dasein* as such thus has an openness to the world that consists of an attunement, adjustment, or a change of mood, or mental state caused by that world (Batavanja, 2007, p. 24; Heidegger, 1996, p. 191-195; Steiner, 1979, p. 103-104; Störig, 1963, p. 532, 533).

6. Inauthenticity and mental illness

Heidegger's phenomenology represents a transition from the analysis of inner-experience to inter-experience and inner worldly and interpersonal interactions, and more importantly, the role of the individual *Dasein* inside their everyday interactions. The relation between us and our environment is crucial if we want to understand the phenomenology of mental health (Svenaeus, 2000, p. 92). Heidegger notes that in our everyday life we participate in what he calls the “They”, *Das Man*, that is, we act the same as everyone else depending on established social norms (Guignon, 1993, p. 226). The inauthentic self is forced to conform to the will of others, even when they are unconscious to what extent their actions are the embodiment of someone else. As such, we are aimless, scattered, lost, we wander, we live a conformist life; (Heidegger, 1996, p. 166-168, 177) by psychopathological cluster analysis here we can see a clear disorder of the self, even though it differs significantly from the “classical neurosis” (Guignon, 1993, p. 217. 228).

In this state of aimlessness we take part in, what Heidegger calls, pointless chattering, and we tend to be led by curiosity and an endless craving for sensations, all while losing ourselves to ambiguity and the inability to differentiate between what is genuine and what is superficial, which then conceals the potential fullness of our life (Heidegger, 1996, p. 168, 177). This concealment we call the inauthentic way of being. The term *das Man* can thus be defined as the inauthentic everyday being-in-the-world, that is, as a life determined by following established norms, where the self is lost in the many of “They” (Withy, 2015, p. 27-28). Another way to clarify and define the term *das Man* is to again establish that *Dasein* is not only something, but also someone, a self, *ein Jemand*, someone specified, an individual, *Jemand bestimmtes*, and not just a part of the impersonal unity of society. In other words, *das Man* is not a real entity, but an amorphous, impersonal part of social reality, which affects how we act and understand ourselves and the world around us in our everyday life (Guignon, 2015, p. 12-14; Heidegger, 1996, p. 126-129).

For Heidegger, chattering, curiosity, and ambiguity represent the stepping stones towards the “falling”, *Verfallung*, or decay of the self. The phenomenon of decay is the final phenomenon of the inauthenticity of everyday existence, it represents losing our unique *self*-ness, or better said “our” *own*-ness, *unser Eigenes*, and being completely absorbed in the public world and the public-self of the “They”. Here arises the question: according to what, or into what, does *Dasein* decay; what is the direction of this “falling”? *Dasein* decays “from itself into itself”; they remain

a *Dasein*, but a *Dasein* that realizes its possibilities of being only through the “nothingness of the inauthentic everydayness” (Heidegger, 1996, p. 175-180; Kouba, 2006, p. 100). Decay and inauthenticity are parallel phenomena to the forgetfulness of our worldliness and of the self as a potentially authentic being in our “life story”; it's parallel to the phenomena of anxiety, *Angst* (Heidegger, 1996, p. 299-305); which is expressed alongside by the mood of uncanniness, *Unheimlichkeit* (Heidegger, 1996, p. 188, 189; Heidegger, 1996, p. 61). of guilt and conscience; mental states that in themselves shouldn't be considered negative or mental afflictions, but as necessary preconditions for one's realization that he is inauthentic and that a possible authentic self is achievable. Heidegger describes our innerworldly phenomena we encounter, and the relations of the being-in-the-world similar to “tools”, *Zeuge*, since their meaning depends upon us, and how they are available to us, which Heidegger calls *Zuhandenheit*. *Zeuge* includes not only tools in the strict way of speaking, but all phenomena we encounter, which we categorised based on their usage and availability to us, as well as our way of talking, or discourse, *Rede*, the way we feel, *Befindlichkeit*, and the way we understand and think, *Verstehen*.

In our everydayness we do not pay explicit attention to the availableness of tools until the point they stop being functional, until they break or “decay”; the same goes for when a hammer breaks in our hand, to our body when we become ill, or when we find our-selves completely lost in *Das Man* (Svenaeus, 2000, p. 83-86). The loss of availability to the phenomenologist represents a change in the phenomenality of a thing, from which we can describe the phenomenality of the “illness” in mental illnesses (Schmid, 2018, p. 4). Illness thus represents a “breaking”, a loss of availability, and a disturbance of our way of existence; but also a shift from an implicit to an explicit understanding of our health and selfhood (Heidegger, 1996, p. 70).

Heidegger links the german word for uncanniness, *Unheimlichkeit*, to the german word for home, *Heim*, and being-at-home, *Heimlichkeit* or homeliness, *Heimisch*; uncanniness thus for Heidegger represents a mood of not-being-at-home-in-the-world (Heidegger, 1996, 188-189). The distinction between the uncanny and homely is directly related to forgetting or embracing of Being. For Heidegger, the homely mood of being-at-home, only provides comfort and security as long as it satisfies the human desire to “be-at-home” as in within the familiar, the everyday. Here we come to what Heidegger describes as *das eigentliche Unheimische*, one's own and authentic un-homeliness, which refers to the true search and orientation for the homely.

For Heidegger, when it comes to the authentic and true, the homely and uncanny belong together. Authentic un-homeliness is directed towards the homely; it is what defines the home

and makes it true, even if we do not perceive what is homely as present. Here the homely and uncanny we can put parallel to health and illness. Uncanniness, as well as decay and illness, which at first glance appear as something negative, is shown in this interpretation as what is actually more important for a phenomenological research of mental health, in the relationship between the homely and uncanny man, and the ill and healthy man. Here we come to Heidegger's understanding of the correct grounding of the term *Heim*; here the defining power shifts from an anthropocentric focus on the uncanny and ill human being, back towards the homely and healthy, which primarily defines the homely and the uncanny. In other words, it is not a self that owns or “makes” a home, and it is not a self that makes or owns its health, but home and health are that what owns, that is, what defines the self.

Just as with the relationship between the decay of *Dasein* and its rise to authenticity, here we encounter a paradoxical but necessary reversal, where to understand health we need to understand illness first (Heidegger, 1996, p. 74-76; Svenaeus, 2000, p. 93). An individual, which is healthy, does not notice their health, the same way a craftsman does not notice the hammer in his hand, until “the hammer breaks” and they become ill. The moment the familiarity of the homely is violated is the moment we become aware of our health; it is worth noting that as a mood, we do not feel “healthy” the same way we feel “ill”. The feeling of healthiness comes as an effort not to be in a state of illness, and health becomes the state of orientation one wants to reach when they are ill – to-not-be-ill is a goal achieved as *poiesis*, while health, just as the self is *praxis*.

Mental illness thus is an obtrusive mood that conceals and obstructs the everydayness. A person who has an Obsessive-compulsive disorder will have difficulties dealing with everyday activities a healthy person takes for granted, the same way the craftsman takes his working hammer for granted, and with those actions their world, which is again made partly by the actions one makes, becomes uncanny and un-homely. When we suffer from an illness, our existence in the sense of an aggregate of possibilities is disrupted; possibilities that one could choose and achieve in health, are now made impossible. Illness thus represents also a limitation of one's own freedom and existence as being oriented towards the future. (Schmid, 2018, p. 8) Following a subject-object distinction between the mental and the physical, psychosomatic disorders are seen as being “caused” by the mental, while when we follow Heidegger's understanding of the self as a holistic whole, psychosomatic disorders are “unfolded” as both bodily and mental afflictions. We can also argue for Heidegger's conception of the self by noting that, in some cases, somatic

illnesses also manifest themselves, or accompany, mental afflictions, which then also obstruct our mental being-at-home (Bracken, 1999, p. 83-84; Svenaeus, 2000, p. 95-97).

It is important to point out that inauthenticity, even though followed by mental states like anxiety and uncanniness, which one could psychopathologically understand as mental afflictions, isn't necessarily parallel to mental well-being or health. A person could be temporarily ill, but still have an authentic understanding of the self and the world around them (Svenaeus, 2000, p. 90). More so, inauthenticity and authenticity are not permanent states, just as health and illness aren't permanent states; they are, as Heidegger points out, just movements, possibilities between many. It is possible to grow from decay into an authentic way of understanding, but not in the sense that we "escape" or "heal" our decay, but that within, from, and against the daily ambiguity, the self dares to discover what really is, they dare to take responsibility for their actions and their life and existence; all with the aim and through the result of seeing life as a whole, as a "story". Authenticity, therefore, understood as resisting conformity and coming to one's own, could be seen through the concept of determination, *Entschlossenheit*; resistance in the sense that I take my personal decisions as irreducibly my own, even though they may be incommensurable or irreconcilable with the societal norms that apply to everyone, including me (Carman, 2006, p. 234; Heidegger, 1996, p. 180; Steiner, 1979, p. 102).

The other important point is that, even though Heidegger talks about emotions and care, he differentiates them from the usual psychological way we speak of mental states; for Heidegger Psychology is an *ontic* science, as in it is a science that studies the mental states of subjects once they are present, while Heidegger's phenomenology studies the *ontological* level of mental states, the primary *arche*, the ground that allows the development of such ontic states (Heidegger, 1996, p. 137; Svenaeus, 2000, p. 87). *Sorge* thus includes not only the way we understand the world around us, but also the way we understand ourselves; "we" as an individual come parallel, or possibly, before our *Sorge*. The way we care constitutes us as a being, care is a fundamental existential. Thus when we talk about the relation of Heidegger's thought to mental illness, we talk about the ground that allows the development of mental illnesses, and how we come to understand them. Any definition of disorder and illness, includes the disruption of what we consider normal, everyday physical or mental functions, and as we have seen in Heidegger's philosophy, the everyday is the ground where and through which those disorders and illnesses develop (Schmid, 2018, p. 2). In other words, terms that we use to describe mental illnesses, like anxiety, depression, uncanniness, schizophrenia or bipolar depression, are terms developed by

the average everyday person to understand the exceptional and inconstant, from within the everyday and conformist way of understanding, and therefore those terms carry with them the negative connotations the everyday person associates with these exceptionals.

In actuality, however, these connotations are contingent overtones of the everyday understanding which is a faulty understanding grounded on the lower empirical intuition of inauthentic understanding of the world, as opposed to the higher intellectual intuition of authentic understanding of the world as a whole, intuition that isn't concealed by phenomena like chattering or ambiguity, which are then given by direct knowledge of our own existence and being-in-the-world. But we must communicate to the everyday on everyday terms, if we are ever to communicate at all. This is the case of most psychopathology; all attempts at defining psychopathologies can only ever be defined as behaviour outside of societal norms and that's the farthest we can reach in justifying the “illness” part of mental illness (Filipović, 1990, p. 89; Heidegger, 1996, p. 218). This is why things like the historical hysteria, drapetomania, or homosexuality went from psychopathologies to normative, because everydayness decided to consider them normal. We could as well imagine a society that would diagnose our average conformist everyday existence with bipolar disorder, or a society where writing and reading, two societal creations, were never invented, and dyslexia does not represent a disorder. If one conceives of behaviour is unacceptable by our everyday understanding of what is acceptable, that simply cannot be the only reason to justify such an assertion as mental illness.

Furthermore, the inauthentic, who is becoming engrossed in imaginal intuition and thus becomes lost in his confusion of the imaginal and the sensible, cannot differentiate between what is true and what they hold as true. For them, the everyday chatter is truth, and in such a state of understanding, one might not be aware that their everydayness is an illness (Filipović, 1990, p. 84). Furthermore, it is easy to say that an individual who has Cotard's syndrome isn't “deceased” as they claim, or that someone who has Munchausen's syndrome is not suffering from any physical problem, but for them, this represents “the truth” (Filipović, 1990, p. 88). Even though the word *Eigentlichkeit* in its everyday usage also represents truthfulness, Heidegger does not define inauthenticity as a false truthfulness of the self. Being truthful does not only mean that we speak the truth, but also that we honestly present ourselves, and that presentation must be spontaneous, natural; it cannot be forced. As soon as we have to make an effort, truthfulness is lost. This seems to mean that truthfulness, therefore, requires subtlety, and every deliberate effort to be subtle is self-defeating (Heidegger, 1967, p. 43; McCarthy, 2014, p. 386.; Wrathall, 2015,

p. 194). When we talk about “truth”, we talk about it in a phenomenological sense of how something is being “represented to us in its openness” (Heidegger, 1996, p. 218). While a patient with Cotard's syndrome isn't “really” dead, the way how they understand and communicate their mood, indicates that there is a pathological suppression of the self, as if they were truly “dead”. Ontological insights of one's self and our moods are inextricably connected with the ontic insights of them (Filipović, 1990, p. 88; Spiegelberg, 1972, p. 21). When we talk about illness in terms of inauthenticity and uncanniness, we are talking about a mood that conceals and obstructs the homeliness of everyday activities; those activities to us “become” uncanny, they become difficult, tiresome, impossible. Uncanniness becomes our truth (Svenaeus, 2000, p. 97).

In conclusion, when we talk about authenticity and inauthenticity, we are talking about the level of self-understanding, the level of care for the self and our health, and the skillfulness of navigating our everyday social interactions without being lost in the social anonymous of *Das Man* (Kouba, 2006, p. 101). What the inauthentic *Dasein* seeks is authenticity, they seek “what is their own”, their “true self”; to rid themselves of the *Unheimlich* and to find themselves in the *Heimlich*, homely, the familiar. Authenticity is making one own familiar to themselves. For Heidegger, authenticity can be found through the “first-person” structure of existence, which he named *Jemeinigkeit*. Heidegger's concept of authenticity has no normative significance, but only indicates a formal difference between the relation that this being has to itself, and the relation that it has to everything else. Authenticity is *Dasein's* self-projection towards their fulfilment, which is implicit in self-care, and postulation of the future, and authenticity, therefore, refers to my unique relationship to myself in my existence, as opposed to my relationships to others, or to myself viewed from the “second” or “third-person” (Carlisle, 2015, p. 47; Heidegger, 1996, p. 12, 42, 240, 404-434; Steiner, 1979, p. 92, 108-109). Inauthenticity would be a dimension of life that is mediated through another, be it the *Unheimlichkeit* of an entity or *das Man*, while authenticity is a reflective dimension of life, where our concern is focused on ourselves, where we relate to our life and health by looking at it in its entirety (Carlisle, 2015, p. 47; Heidegger, 1996, p. 404-434; Steiner, 1979, p. 92, 108-109).

7. Conclusion

While both Heidegger and Merleau-Ponty understand mental health and illness as being rooted in the individual's relationship to their own existence, they differ in their understanding of what that relationship entails. In Merleau-Ponty's phenomenology of mental health, the idea of

embodiment, the relationship between the mind and body, is used to understand psychopathology. Merleau-Ponty considered the body to be both a material object and a personal experience. Mental illness is viewed as a breakdown in the body-mind link where the person has a skewed perception of their own body. In contrast, Heidegger's phenomenology understands mental health through the idea of authenticity, which is how a person views their own life. Mental illness, on the other hand, is possible to be understood as a form of inauthenticity, where an individual is not fully engaged with their own existence (and in extension, their own body) and is instead lost in the “they-self”. For Heidegger, being authentic is staying true to oneself and leading a life that is consistent with one's own Being, while, according to Merleau-Ponty, embodiment is the experience of inhabiting a physical body and the manner in which the body affects our perception and comprehension of the outside world. Authenticity and embodiment are both significant facets of human experience, but they are separate ideas that can be associated in a variety of ways. Merleau-Ponty's emphasis on embodiment emphasizes how our bodies impact our knowledge of ourselves and the world, whereas Heidegger's emphasis on authenticity emphasizes the value of self-awareness and living in line with one's own being.

We can draw the conclusion that, even though, Merleau-Ponty and Heidegger place a different emphasis on the aspects of the lived experience, both of them enable us to create a language for discussing the subjective truths of a person's experience of a mental disorder as well as a language for comprehending that person's subjective experiences. The phenomenological approach, which emphasizes the value of comprehending each person's particular place in the world and how their subjective experience is shaped by a variety of factors including social and cultural context, relationships, physical and environmental factors, and others, gives us a comprehensive understanding of mental health. And as well – the chance to improve our contemporary mental health policy with the transdisciplinary platform raised on the phenomenological foundation.

References

- Abbagnano, N. (1957). *Existentialisms: Philosophie des menschlichen Konflikts*, Rowohlt Verlag
- Aster, E. (1960). *Geschichte der Philosophie*, Alfred Kröner Verlag.
- Batavanja V. (2007). *Martin Heidegger: Mišljenje koje se više ne razumije kao metafizika*, Naklada Breza.

- Bracken P. (1999). "The importance of Heidegger for psychiatry", *Philosophy, Psychiatry, and Psychology*, 6(2), 83-85. <https://dx.doi.org/10.1353/ppp.1999.0015>
- Carlisle, C. (2015). A tale of two footnotes: Heidegger and the Question of Kierkegaard", in: *Heidegger, Authenticity and the Self*, Routledge.
- Carman T. (2006). The Concept of Authenticity", in: *Blackwell Companions to Philosophy: A Companion to Phenomenology and Existentialism*, Blackwell Publishing.
- Chan Cheuk L. (2020). *The Selfhood of Dasein*, Chinese University of Hong Kong.
- Csordas T. (2008). "Intersubjectivity and Intercorporeality", *Subjectivity*, 22, 10-121., <https://doi.org/10.1057/sub.2008.5>
- Filipović Lj. (1990). *Filozofija i antipsihijatrija Ronalda D. Lainga*, Hrvatsko filozofsko društvo
- Franka D. (2020). *Peripatetic Group Therapy. Phenomenology and Psychopathology*, Appris.
- Frankl V. (1986). *The Doctor and the Soul. From Psychotherapy to Logotherapy*, Vintage.
- Gretić G (1989). *Tradicija Metafizike*, Hrvatsko filozofsko društvo.
- Guignon C. (2015). "Authenticity and the question of Being", in: *Heidegger, Authenticity and the Self*, Routledge.
- Guignon C. (1993). *The Cambridge Companion to Heidegger*, Cambridge University Press.
- Heidegger M. (1996.). *Hölderlin's Hymn "The Ister"*, transl. McNeill William and Davis Julia, Indiana University Press.
- Heidegger M. (2014). *Introduction to Metaphysics*, transl. Fried Gregory and Polt Richard, Yale University Press.
- Herpertz S (2014). "Psychopathology and Psychotherapy in Jaspers' Work and Today's Perspectives on Psychotherapy in Psychiatry", in: Fuchs T., Breyer T., Mundt C. (eds.), *Karl Jasper's Philosophy and Psychopathology*. https://doi.org/10.1007/978-1-4614-8878-1_12
- Janeš L. (2020). "Improvement of Psychiatry with Hermeneutics and Phenomenology as Prerequisite for Treating Psychotic Disorders", *Phenomenology and Mind*, 18, 78-89. <https://doi.org/10.17454/pam-1806>
- Janeš L. (2021) "Integrative Bioethics as the Phenomenology of Life", in: Ferrarello Susi (ed.), *Phenomenology of Bioethics, Technoethics and Lived-Experience*, Springer. https://doi.org/10.1007/978-3-030-65613-3_4
- Kerber W. (2002). *Socijalna etika*, Scopus.
- Kouba P. (2015). *The Phenomenon of Mental Disorder: Perspectives of Heidegger's Thought in Psychopathology*, Springer.

- Krell D. F. (2009). The Question of Being“ in *Basic Writings: Martin Heidegger*, ed. Krell David Farrell and Taylor Carman, Harper Perennial.
- Macan I. (2002). *Socijalna etika*, FTI.
- Heidegger M. (1967). *Sein und Zeit*, (11th ed.), Max Niemeyer Verlag.
- Marx W. (2005). *Fenomenologija Edmunda Husserla*, Naklada Breza.
- McCarthy V. A. (2014). “The Ethics of Authenticity in Kierkegaard and Heidegger”, in: *Existenzphilosophie und Ethik*, De Gruyter. <https://doi.org/10.1515/9783110331103.385>
- Merleau-Ponty M. (2022). *Phenomenology of Perception*, Routledge.
- Minkowski E. (1970). *Lived time: phenomenological and psychopathological studies*, Northwestern University Press.
- Schmid J. (2018). “Disorder existentiality: Mental illness and Heidegger’s philosophy of Dasein”, *Phenomenology and the Cognitive Science*, 17, 485-502.
- Spiegelberg H. (1972). *Phenomenology in Psychology and Psychiatry: A Historical Introduction*, Northwestern University Press, Evanston.
- Stanghellini G. (2009). “Embodiment and schizophrenia”, *World Psychiatry* 8 (1) 56-59. <https://doi.org/10.1002/j.2051-5545.2009.tb00212.x>
- Steiner G. (1979). *Martin Heidegger*, Open Road Integrated Media.
- Störig H. J. (1963). *Kleine Weltgeschichte der Philosophie*, Theodor Knaur Verlag.
- Watanade J. (1990). Über das Dasein bei Heidegger in: *Große Themen Martin Heideggers – Eine Einführung in sein Denken*, ed. Spaude Edelgard, Verlag Rombach Freiburg.
- Withy K (2015). Owned emotions: affective excellence in: Heidegger on Aristotle“, in *Heidegger, Authenticity and the Self*, Routledge.
- Wrathall M. A. (2015). Autonomy, authenticity, and the self“, in: *Heidegger, Authenticity and the Self*, Routledge.
- Zovko M. (1991). *Heideggerovo i Plotinovo poimanje vremena*, ed. Pavo Barišić, Hrvatsko filozofsko društvo.