



## **Medicine and Dasein-therapy. Medard Boss and the Beginnings of a Human Therapeutics**

Miles Groth

“Medicine is a science of human being.”—Medard Boss (1971)<sup>1</sup>

Barely noticed in the States when he was alive and for the most part unknown today, Médard Boß (1903-1990) was a Swiss psychiatrist and psychoanalyst who, it may be argued, is perhaps the key figure in any attempt to understand the meaning and future of psychotherapy.<sup>2</sup> All illness-care providers, including internists and psychiatrists but also clinical psychologists, counselors and psychotherapists of every sort must become fully familiar with his work, especially just now at a time when the practice of medicine and the practice of psychotherapy, respectively, are at a turning point—a crisis, as medical doctors say about the course of a disease process. All of us must consider what Boss said, especially in the second half of his life, roughly from 1945 on. As the dual crisis occurs, we will see whether the “patient” survives or not and in what form the practice will continue in the form in which it was envisioned by its founders at the turn of the 20<sup>th</sup> century.

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<sup>1</sup> The English translation (1979) of *Grundriß der Medizin und der Psychologie* (1971) is based on the second edition of Boss’s work, published in 1975. One passage in *Existential Foundations of Medicine and Psychology* includes the phrase “medicine being *the* [my emphasis] science of human being.” This would be a strong claim in representing an essential insight on Boss’s part. But he does not say this; rather, as part of a qualifying clause, the locution only suggests that medicine is one of several possible sciences of human being. Following Heidegger, the word ‘being’ is meant to be understood as a gerund based on the verb ‘to be’ used transitively. There are human walking and human speaking, both of which are unique among living things. So is human being. The translation is acceptable in making a claim about medicine, not as a science of the body (veterinary medicine, human medicine) but better understood as a science unique to existing. The distinction between human medicine and veterinary medicine is not unimportant. During the 18<sup>th</sup> century an ancient practice was adapted for application to farm animals and then extended to “pets.” Veterinary medicine made animal husbandry “scientific.” The usage led to our understanding of medicine as a uniquely human area of practice and expertise like philosophy or jurisprudence. Boss’s point in the passage quoted in part is that medicine is the fundamental science of the only entity that exists, the human being. This is a claim that should have been surprising and provocative to readers.

<sup>2</sup> One should not ignore the original but it is the practice here to use the now standard orthography of his name, as Boss did, replacing the so-called German “hard ‘s’” (ß) with the double consonants ‘ss’ and eliminating the accent aigu over the ‘e’ of his first name. In any case, the German pronunciation is equivalent to what the French diacritical mark dictates. There was something very typical about the man, but at the same time something unconventional about him, like the look of the name: Médard Boß.

Boss was a medical doctor and hospital psychiatrist who first published on ECT (1941) and the effects of Scopolamine (1951) in treating psychiatric disorders including depression, but he was also a psychotherapist, a student of philosophy, and a follower of certain Eastern religious practices for a period of time who wrote about the relevance of Continental philosophy for medical practice. He was multilingual, collected paintings, loved to ski, and was the father of several children. Eventually in private practice for the most part, he spent much of his time in the grand tradition of the early psychoanalysts and saw his patients in a consulting room at his home in the Zollikon district of Zürich where the author met him in 1976. At 73, he bounded down two flights of stairs to greet me at his front door and led the way up just as vigorously to the famous room where from 1959-1969 he and his friend and mentor, Martin Heidegger, met with Boss and his psychiatry residents (and others) for seminars on hermeneutic phenomenology, phenomenological psychology, and what came to be known as *Daseinsanalyse*.

Boss's life bridged two histories marked by profound change: the origins of psychoanalysis and phenomenology in pre-World War I Europe, and the post-World War II period. His mind spanned the worlds of medicine and philosophy. Like all European medical doctors of his time, he had what we in the States term a "liberal arts" college background and as a result was thoroughly educated in languages, literature, history and the arts as well as mathematics and the natural sciences. He was equally at home administering the Rorschach inkblot test, working in the wards of a general hospital or private psychiatric sanatorium, and meeting others in the private world of the consulting room. Boss evidently prescribed medications when indicated but one has the impression that he was not eager to do so.<sup>3</sup>

Boss's work is perhaps the best guide to understanding the relation between the two strongly contrasting historical periods mentioned and what their ongoing deep-running relation means for the practice of psychotherapy and for psychology as a discipline as it reinvents itself as a human practice. Unfortunately, his books are hard to come by and all of those that were translated into English are currently out of print with the exception of the *Zollikon Seminars* (2001), originally published in 1987.<sup>4</sup>

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<sup>3</sup> See my translation of his charming self-portrait (1973), in *Existential Analysis* 30(1), 2019, pp. 270-276, for other details of his early life and career that he wished to share with the world.

<sup>4</sup> His private papers are held under seal in the library of the city of Zürich. It is not clear what arrangements have been made between Boss's literary executrix and the library for their eventual release for examination by scholars. Undoubtedly, they contain important elaborations of his approach to psychotherapy and documents germane to his relationship with Martin Heidegger and other earlier mentors. Obviously, in consideration of their families and friends, notes on his patients must be protected for an indeterminate period of time. The author has completed a comprehensive bibliography (1929-2003) of Boss's publications highlighting what has been translated into English which will soon be published. You will see that his books have been published in Croatian, Czech, Dutch, French, German, Italian, Japanese, Korean, Portuguese, Russian, Slovak, Spanish and Swedish as well as English. With some effort, nearly everything listed in my bibliography can be found online or by way of an interlibrary loan.

Why did Boss receive such scant attention in the States when he was alive, in spite of the fact that in the early 1960s he was a guest professor at Harvard University for several summer courses on phenomenological psychology and merited an interview in *Psychology Today* in 1968?<sup>5</sup> Why has he been forgotten?

It is the author's conviction that we must remember him, especially now, and ponder what he said, since the direction psychotherapy was beginning to take under his guidance, had it been followed, would have prevented the impasse and *rigor mortis* from which it is now suffering as the "talking cure" is replaced by medicating people or giving them "homework" to do redesign their lives.<sup>6</sup> Instead of attending to what Boss said as an alternative to biopsychology and the "cognitive revolution" in their fields, psychologists and psychiatrists preferred in the United States preferred the so-called humanistic and existential modalities of psychotherapy during their brief period of popularity in the States that began in the mid-1950s. It can be argued that these modalities came into prominence there chiefly because of their association with the popular culture of the time or *Zeitgeist*. Consider especially the "existential" approach of Rollo May (1909-1994) and the "person-centered" approach of Carl Rogers (1902-1987), who were exact contemporaries of Boss. These approaches have diminished in popularity and most psychotherapy is of the cognitive-behavioral stripe.

While he failed to realize it, what Boss was working toward may yet come to be taken seriously, however, and if it is a genuine, that is, human therapeutics, it might hold promise for restoring what psychotherapy initially set out to do when it was first described as a treatment modality by Freud as psycho-analysis.

Completed when he was 68, Boss's intended guidebook for physicians and other illness-care providers was his *Grundriß der Medizin und der Psychologie*. The product of a lifetime of clinical experience, it is his basic book and summarizes his legacy. It is the result of a unique series of personal and professional contacts with major figures in European psychiatry and philosophy, from Eugen Bleuler, Sigmund Freud and Carl Gustav Jung, to Martin Heidegger. This book will be the focus of our examination of Boss, but the reader should not neglect his earlier work. He published his first paper when he was 26. His edition of the *Zollikon Seminars* was published sixty years later when he was 86.

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<sup>5</sup> "Conversation with Mary Harrington Hall," in *Psychology Today* 2(7), December 1968, pp. 58-65.

<sup>6</sup> As we will see—and it is important not to forget this—Boss always thought of himself first and foremost as a medical doctor even when practicing as a psychotherapist. There are, however, important inconsistencies in attempting to maintain both roles in the consulting room where the "talking cure" is provided. It is worth reminding the reader early on that *Kur* (cure) refers to a course of therapy, not to the elimination of a pathological condition or undesirable habit, as when we say a person's body has healed itself whether beset by infection or plagued by trichotillomania. With the first psychosomaticist, Georg Groddeck, Boss understood that *natura sanat, medicus curat* (nature heals, the doctor cures). To avoid confusion the term 'treat' is preferable when referring to a practitioner's *Kur*.

In 1981, reviewing a translation of *Grundriß* for the journal *Psychosomatics*, Richard Chessick wrote: “This is an extremely important book.”<sup>7</sup> He was right. Chessick warned that psychiatrists and other physicians would fail to consider Boss’s “novel approach at our peril.” Right again. Some of Chessick’s comments in his review may have put off some potential readers in the early 1980s.<sup>8</sup> It was not a “badly written” book, as Chessick suggests. Nor was *Existential Foundations* a “competent translation” of the *Grundriß*. The translation was badly written. Framed by an extended case study, this outline (*Grundriß*) reads very well in the original, as do all of Boss’s books and papers. It is worth adding that parts of the book were written by Martin Heidegger, who edited the entire German version.

The book may be seen as the fruit of the Zollikon seminars (1959-1969). The failure of the book to transmit its message to readers was due for the most part to a confusion of tongues brought on by inconsistent translations of key terms and the omission of sections of the book as Boss originally published it. Even considering differences in layout and leading, at about 230 pages *Existential Foundations* is a significant abridgement of the 600-page original.

Boss was very much alive when the translation was being prepared. He was fluent in English and likely approved the cuts. At the very least, he read the translation. Why then sanction the abridgements and often careless and inconsistent renderings of fundamental terms?<sup>9</sup> Perhaps Boss wanted to attract readers who were non-medical psychotherapists. This would mean deleting sections that would interest or make sense only to physicians. Perhaps the title was chosen to appeal to individuals in the American humanistic psychology movement mentioned earlier or those who were attracted to the fascinating spell French Existentialism exerted in academe and in popular culture at the same time. Like Heidegger’s work, however, Boss’s outline has nothing to do with Existentialism.

Nor was the book “overly ambitious,” as Chessick claimed. As the title indicates, it was intended to be only a sketch for fellow physicians (and other non-medical practitioners) who had no familiarity with how a phenomenological and

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<sup>7</sup> Review of *Existential Foundations of Medicine and Psychology*, in *Psychosomatics* **22**(7), July 1981, 639, 642.

<sup>8</sup> That said, Richard Chessick is perhaps the most important, and for me the most admired, supporter and expositor of the phenomenological approach in psychiatry founded by Martin Heidegger and brought to life for clinicians by Boss’s books, beginning with his study of the paraphilias (1947). Chessick’s *What Constitutes the Patient in Psycho-Therapy* (1992) is itself a book that, sad to say, has also been neglected in the States. His memoir *Apologia Pro Vita Mea: An Intellectual Odyssey* (2018) includes an account of the response of psychiatry to the promise of the existential-phenomenological approach in psychiatry and clinical psychology that came to be known variously as existential analysis and Daseinsanalysis. It can profitably be read along with everything published by Thomas Szasz (1920-2012) to help us understand why a phenomenological therapeutics failed to find a place in anglophone psychiatry.

<sup>9</sup> The Slovak translation (1985) of *Grundriß* may have been abridged. Oddly enough, the book has not yet been translated into other major European languages.

existential approach (*Ansatz*) could be applied to medicine.<sup>10</sup> With constant reference to a “test case” (Regula Zürcher), *Grundriß* is a far-ranging blueprint for a new perspective on medicine as a whole, which to Boss’s way of thinking embraced psychology and, as the subtitle indicates, included physiology, pathology, therapeutics, and preventative medicine.

Nor would distaste for the book among psychiatrists have been due to unfamiliarity with philosophy or a lack of “tolerance” for metaphysics, as Chessick also suggested, but instead to Boss’s relentless critique of natural science as the only means of understanding human beings, who are often well and sometimes ill, whether we are suffering from an irritable colon, asthma, a torn rotator cuff, depression, or a repugnance for eating. It is worth recalling that during Boss’s lifetime, medicine was only beginning to discipline itself to the demands of the natural sciences, especially the “scientific method” modeled on physics. Biochemistry and related fields, not only bedside manner, were just beginning to guide its practice. But, as Boss insisted, this development in medical practice was a constricting limitation to effective therapeutics in the consulting room where psychotherapy was practiced.

The book was also reviewed in *Self and Society, An International Journal for Humanistic Psychology, Contemporary Psychology*, and *the Journal of Analytical Psychology*. Oddly enough, it was not reviewed in *Phenomenological Psychology, The Humanistic Psychologist, The Journal of Humanistic Psychology*, or *The Review of Existential Psychology and Psychiatry*.<sup>11</sup>

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<sup>10</sup> The complete title is *Grundriß der Medizin und Psychologie. Ansätze zu einer phänomenologischen Physiologie, Psychologie, Pathologie, Therapie und zu einer daseinsgemäßen Präventiv-Medizin in der modernen Industrie-Gesellschaft* [Outline of Medicine and Psychology. Approaches to a Phenomenological Physiology, Psychology, Pathology, Therapy and to an Existential Preventative Medicine]. The book was first published, in 1971, as *Grundriß der Medizin*. Beginning with the second edition (1975), Boss added “and psychology” to the main title. In his preface to the second edition, he explains why he made the change.

<sup>11</sup> Richenda Power reviewed for *Self and Society. An International Journal for Humanistic Psychology* 7(12), 1979, 184-185; Gerald Epstein reviewed for *Contemporary Psychology. APA Review of Books* 25(6), 1980 477-478 (now PsychCRITIQUES); and Barbara Hosegood reviewed for the *Journal of Analytical Psychology* 26(3), July 1981, 281-283, the major Jungian journal. By 1979, when *Existential Foundations* was published, *The Review of Existential Psychology and Psychiatry* (REPP) was already beginning its sad, slow decline. Ironically, almost as its epitaph, it brought out a special issue on Boss, dated 2002-2003, and reprinted in 2008, the last year the journal was active in publishing new issues. This year (2019) should mark volume 58 of the REPP, but the great journal was suspended after volume 27 and has gone silent, apart from reprinting earlier special issues as monographs. In its heyday, REPP published, among others, Gordon Allport, William Barrett, Ludwig Binswanger, Leslie Farber, Michel Foucault, Viktor Frankl, Edgar Friedenberg, Jacques Lacan, R.D. Laing, Abraham Maslow, Rollo May, Maurice Merleau-Ponty, William J. Richardson, Carl Rogers, Ernest Schachtel, Erwin Straus, Thomas Szasz, Paul Tillich, Jan van den Berg—and Medard Boss. Its passing mirrors that of the disappearance of the promise of

Richenda Power, the reviewer for *Self and Society*, gets the title of the book wrong in the opening bibliographic information (*Existential Foundation* [sic] . . .), but soon refers to the book as about “the Foundations” of medicine. A few sentences later, however, she goes on to ask what Boss might have in mind about “foundation” of medicine and psychology. Perhaps these are mere typos missed by the editor. More important, the reviewer misunderstands that the book is not a foundation but rather an outline. She locates Boss’s contribution in the tradition of “educationalists, philosophers, psychologists of the late 19<sup>th</sup> and present centuries (Steiner; Laing etc.)” It is not clear which Steiner she has in mind. The mention of R. D. Laing is apt, however, since he is closest in *Bildung* to Boss. In fact, these two psychiatrists best represent what has been called the genuine therapist or, better, *Therapeut*.<sup>12</sup> Finally, referring to the book’s opening essay by “Stem” [sic] (Daniel J. Stern), the reviewer pronounces Boss’s work “[a] truly scientific, empirical and honest approach.” Good for him! we want to say. But “honest” in what sense? Its radical nature is missed. The review falls flat.

Sadly, reviewing for the American Psychological Association, Gerald Epstein was correct in predicting that *Existential Foundations* would have the same short life in print that Boss’s *Psychoanalysis and Daseinsanalysis* (1963) had. On the other hand, he was mistaken in suggesting that everything then (in 1980) was pointing away from the recent “direction of American psychiatry and psychology.” Had it only been so! An unswerving positivist, behaviorist, and biochemical trajectory in psychology was well-established and has not been modified in the last forty years.

Epstein tells the reader a bit about Boss’s mentor, Martin Heidegger, oddly claiming that the philosopher’s “work is predicated on that of the medieval philosopher Dun [sic] Scotus.” His characterization of Heidegger’s relevance for Boss is correct. Epstein is helpful by avoiding mention of Heidegger’s technical terminology. The philosopher’s influence on Boss the psychotherapist, says Epstein, was in his view of the human being as a creature for whom “there is *no blame* [my emphasis] implied for acting as one does. Neither is there condoning of action.” Echoing the opening caution of every response of the *I Ching*—“no blame”—as he does, Epstein correctly reflects Boss’s fundamental outlook that leapfrogs deference to causality (which asks Why?) and instead expresses the rhetorical question, Why not? Epstein thus speaks out against the “labeling tendencies” and “subtle paternalism and authoritarianism that pervades so much of current psychotherapeutic treatment.”

Unfortunately, Epstein is again off-track in saying that before the publication of his book, Boss’s ideas had “begun to find their way into American thinking, especially with regard to the process of psychotherapy and the therapeutic relationship,” that “[n]ew directions in science and psychology are in the wind for

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phenomenological-existential practice and Daseinsanalysis. Just why this happened is in part related to our having ignored Boss.

<sup>12</sup> There is more to say about this term, but, briefly, what distinguishes the therapeutic from the professional psychotherapist is his “function” as attending to the other in a unique situation where the only desired outcome is to enable the other to recover her present [*Gegenwart*].

America in the 1980s,” and that “the psychiatric and psychological fraternities will catch up with him, perhaps toward the end of the decade.” That didn’t happen. Overall, Epstein’s optimism is certainly refreshing, but his assessment of the response in the States to the phenomenological and existential approach in psychology as represented by Boss is utterly mistaken. He is spot on, however, in saying that “Boss has always been ahead of his time.” Indeed, his time has not yet come.

Finally, Epstein characterizes Boss’s rhetorical style as “in a polemical vein” and rightly says that “this tendency has cost him, in part, serious consideration and a wider audience in this country.” But ‘polemical’ is the wrong word. The book was written to be “challenging and provocative,” yes, but not to raise hell or be combative.<sup>13</sup>

The Jungian reviewer, Barbara Hosegood, mistakes Boss’s book as a work in the tradition of French Existentialism and sees *Grundriß* as merely an argument for “the total superiority of the existential approach.” She seems to have judged the content of the book by its mistranslated title. A Jungian, Hosegood seems not to be aware of Boss’s disappointment with Jung but understands the central importance of Heidegger for Boss’s thought. She suggests that Boss is mistaken in his alleged “complete reduction of the complexity of life to the simple, indeed simplistic, insistence that things are just what they seem, no more and no less . . .” Of course, applying the phenomenological approach, which lets things appear as they are without our preconceptions limiting what we can see, is exactly not about seeing things as “just what they seem [to be], no more and no less.” Exactly the opposite. It is about letting things appear as they are, not as they might seem to be at first glance, which is usually colored by our expectations and presuppositions about what they must be. Finally, Boss’s text (in translation) is condemned as “diffuse and wordy.” In fact, even in its unexpurgated form, as an outline it is as brief as it could be.

The phenomenological method, first described by Edmund Husserl, was liberated from the metaphysics of consciousness by Husserl’s brilliant student, Martin Heidegger, and on the basis of Heidegger’s analysis of human existence developed in his fundamental ontology, phenomenology made applicable to the practice of medicine and psychology by Boss. In the early 1940s during World War II, when Boss first became acquainted with Heidegger he was radicalized. He rethought what he had learned first-hand about institutional psychiatry from Eugen Bleuler. He seriously questioned Sigmund Freud’s metapsychology and method of doing psychotherapy. Finally, he became doubtful about the explorations of the self undertaken by Carl Gustav Jung, with whom he worked for a decade.

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<sup>13</sup> Epstein’s closing comments are worth quoting in full: “For now, most colleagues will approach this book with predispositions, preconceptions, and prior prejudices, thus giving the book short shrift. To do so will prove a point Boss makes repeatedly in the book: one’s preconceptions (world view, prior philosophical picture of the world, or theoretical predisposition) guide one to recognize as valid only that which falls within or supports the preconceptions.”

Fifteen years after his encounter with Heidegger as an initially perplexing author and then after a long period of time as the philosopher's colleague and friend, Boss was among only a few psychiatrists to make the quantum leap away from natural science and the Western tradition in medicine by searching for an understanding of existence in ancient Indian philosophy and its spiritual practices.<sup>14</sup> He brought observations about what had happened to him in India and Sri Lanka to Heidegger in letters and in person. To Boss's great surprise, Heidegger seemed to have developed views that were remarkably similar to Hindu and Taoist insights, and (as Boss understood matters) with little or no direct exposure to the sources. He makes this observation about Heidegger and "the East" in an addition to the English translation of *Grundriß*.<sup>15</sup>

### *Will the Real Medard Boss Please Stand Up?*

Boss's fundamental critique of Freud's metapsychology should be contrasted with his lifelong support of psychoanalysis as a therapeutic modality, including the use of free association and the famous *chaise longue*. Given his first-hand experience with Freud the therapist, with whom he was for a time in analysis, and with many first-generation psychoanalysts, Boss was in the unique position of having been able to form an opinion of the relation of at least two major modalities of psychotherapy to their founders' theories of personality and approaches to working with individuals, since as mentioned, Boss also participated in seminars with Freud's protégé and his fellow Swiss psychiatrist, Carl Gustav Jung. He had formal training at the Berlin Psychoanalytic Institute, and his other mentors in psychoanalysis included Eugen Bleuler, Karen Horney, Otto Fenichel, Wilhelm Reich, and Siegfried Bernfeld, in addition to his own training analyst Hans Behn-Eschenburg. Finally, Boss's early and ongoing experience as a hospital psychiatrist would explain his adherence to the

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<sup>14</sup> Boss recounts these experiences in his wonderful (and self-proclaimed favorite) book *A Psychiatrist Discovers India* (1965), originally published in 1959, the year of the first Zollikon seminars. Another psychiatrist to have in a sense found himself in the East was R.D. Laing (1927-1989), who spent a year (1971-72) in India and returned to the United Kingdom transformed. Boss first went there (and to Sri Lanka) when he was 53. Laing went there when he was 44.

<sup>15</sup> As it turns out, Heidegger had Japanese students from early on after the publication of *Sein und Zeit* (1927) and was introduced to Taoist and Zen Buddhist literature thanks to literary and then personal acquaintance with Martin Buber (early Chinese texts), Daisetz Suzuki, and Shin'ichi Hisamatsu (Ch'an or Zen Buddhist texts). How much Boss brought of the East to Heidegger that was new to him is not yet clear. Nor is priority important here. What does matter is that Boss's experience of Hindu philosophy and religion resonated with the mystical element in Heidegger's personality and thought. He recognized the fundamental importance of the spiritual dimension of human life (*Existenz*) in existence (*Da-sein*) and saw it as the unifying atmosphere that disallows any separation in human beings of physical *materia* and psychic *materia*, a split Descartes had introduced into Western thinking. Heidegger did not read Sanskrit and remarked that he was reluctant to study texts he could not read in the language of their origin. On the other hand, even though he did not read Chinese, in 1946 he undertook a translation of the *Tao te Ching* with Paul Shih-yi Hsiao.



principle of psychopathology and, with his psychiatric and psychoanalytic mentors, the inevitable use of diagnostic labels in discussions of his patients. And yet . . . none of this is meaningful in daseinsanalytic therapy. This is the essence of Boss's disarming Why not?

Given his initial and ongoing commitment to the psychotherapeutic stance of the psychodynamic *Weltanschauung* Medard Boss's move *From Psychoanalysis to Daseinsanalysis* (the title of his 1979 collection of papers) must be understood as incomplete. It is therefore not surprising that he settled on the term daseinsanalysis (*Daseinanalyse*) and not, say, dasein-therapy (*Daseinstherapie*) for this approach. The resonance with psychoanalysis is obvious enough, but it is often forgotten that his debt to Heidegger lies in having adopted the philosopher's *Analytik* of *Dasein* as his starting point. But the *Analytik* (analytics) of Heidegger's *Daseinsanalyse* in *Sein und Zeit* should not be confused with the *Analyse* (analysis) of Freud's *Psychoanalyse*. Boss's shift from Freud's analysis of the human being's soul (*Seele*) to an analysis of existence (*Dasein*) is not explicitly reflected in his publications. One problem is the presence of the word 'psyche' in 'psychoanalysis'.

As Bruno Bettelheim made clear, Freud was interested in man's soul. On the other hand, the psyche as understood by psychiatry (and that means medical doctors) is, no matter how one might try to finesse it, a thing. It is therefore fully understandable that the psyche has been understood as equivalent to the brain, which as a structure of tissue is certainly a thing. By contrast, existence (*Dasein*) as Boss learned from Heidegger is precisely not a thing, mental (psyche) or physical (the brain). Here Descartes' fateful division of what is there into *materia* physical and *materia* mental or psychical is fatefully challenged. As for the soul, it, too, has no place in *Daseinsanalyse*, even though one might argue that the ancient notion of the ensouled body as a unity may have some elective affinity with *Dasein*.<sup>16</sup>

Ambiguities hover around the term 'daseinsanalysis' in Boss's work because of his simultaneous commitment to medical practice and ongoing identity as a medical doctor and physician, on the one hand, and his radicalization by Heidegger's thought, on the other. While not trained as a psychiatrist, Freud was a doctor. After his disappointment with neurology as a discipline that could explain the life of the mind as attempted in the *Project for a Scientific Psychology* he became a very different sort of doctor, one whose focus was man's soul. It was likely this that attracted Boss to psychoanalysis and allowed Boss to identify with Freud the physician, a physician not of the body or of psyche but a doctor of man's soul.<sup>17</sup> That Freud retained the term psychoanalysis was, after a time, more a matter of branding than precision in usage.

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<sup>16</sup> See the Appendix for an attempt at clarification of translation and usage mishaps.

<sup>17</sup> Bruno Bettelheim, *Freud and Man's Soul* (New York: Vintage, 1983) and Viktor Frankl, *The Doctor and the Soul. From Psychotherapy to Logotherapy* (New York: Knopf, 1955) originally published as *Ärztliche Seelsorge* [Medical Care of the Soul] (1946).

Heidegger's interest in medicine was elicited by Boss, but it was limited to his hope that the calling—one of what Freud had termed the three impossible callings<sup>18</sup>—might benefit from its practitioners gaining insights into his analytics (*Analytik*) of existence (*Dasein*), in which he elucidated an separate set of categories applicable only to the human being that were different from the categories applicable to everything else that is there, the categories originally worked out by Aristotle. On the other hand, Heidegger's references to the *alleged* insanity of Hölderlin and Nietzsche are too frequent to be ignored. He was not at all convinced that “mental illness” was the cause of Hölderlin's brief treatment at a clinic in Tübingen and his “institutionalization” in his friend Ernst Zimmer's *Turm* for almost forty years or Nietzsche's “treatment” in various clinics in Basel and Jena where he was treated by psychiatrists, including Otto Binswanger,<sup>19</sup> for more than a decade before his death in 1900. We cannot ignore Heidegger's suspiciousness about the very idea of mental illness in considering his influence on Boss and Boss's understanding of Heidegger. It has been said that after the publication of *Grudriß* their relationship weakened,

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<sup>18</sup> In Freud's famous 1925 preface to *Verwahrloste Jugend* (Neglected Youth) by the Austrian educator and (lay) psychoanalyst August Aichhorn (1878-1949), he speaks of (the) three impossible callings (*Berufe*): teaching (*Erziehen*), healing (*Kurieren*) and leading (*Regieren*). Psychoanalysis was an example of the second. The term in this context has been mistakenly translated as ‘profession’, which later became one of its usages, and was enshrined in our discourse by the journalist Janet Malcolm in a series of magazine articles in 1980. It is the basic sense of the word *Beruf*, but not the one Freud intended. There is no curriculum and training course for any of these “vocations.” Teaching (which in German may include raising children), as every parent knows, is always done (even if well done) in a flawed way and each parent learns how to do it as he or she goes along. Similarly, when done well teaching is motivated by motives that are difficult to discover. It is frustrating and infinitely nuanced work, since each student is different. Why would anyone want to do this kind of work? That is the same question one must ask about someone who runs for public office—or practices psychotherapy. We say these are noble callings, perhaps best comparable to being drawn to the ministry or priesthood. Finally, on the word *Kurieren*. It is based on the verb *kurieren*, which means to conduct a course of therapy. It is derived from the Latin *cura* which has the sense of caring about. As we know, *cura* is central to Heidegger's exegesis of *Sorge* in *Sein und Zeit* (“The Fable ‘Cura’” recorded by the Latin librarian Hyginus). One may relate such “caring about” or “giving a damn about” in general or “worrying over,” which is unique to existence (*Dasein*), to attending (to) (*therapein*) a fellow human being. Aichhorn's book was subtitled “Die Psychoanalyse in der Fürsorgeerziehung [Psychoanalysis in Remedial Education].” In fact, the formal field of “welfare education” misses the sense of *Fürsorge* (looking after) that figures prominently in Heidegger's discussion of the two sorts of uniquely human caring for things and others in *Sein und Zeit* (1927). Published as *Wayward Youth*, a more appropriate rendering is Neglected Youth.

<sup>19</sup> Otto Binswanger's father was founder of the Kreuzlingen sanitarium where his nephew, Ludwig Binswanger (1881-1966), also practiced. The latter, an enduring and close friend of Freud, is known for having been the first to adopt the term *Daseinsanalyse* based on Heidegger's philosophy. He also introduced Boss to Heidegger's book. During the Zollikon seminars and elsewhere, however, Heidegger repudiated Binswanger's misunderstanding of his ideas, something that Binswanger eventually acknowledged.

whether on both sides is not clear. Heidegger suffered several strokes in the last years of his life after 1971.

With respect to psychotherapy, Heidegger experienced a few emotional crises in his life and benefitted from the ministrations of Viktor von Gebattel at one point late in life. It is doubtful that he considered these episodes to be instances of “mental illness” as Boss was trained to understand them, but instead spiritual crises. The last episode was related to the pressures of the “denazification” proceedings brought against him. He regularly participated in “retreats” at the Benedictine Beuron Archabbey (Ertzabtel St. Martin) in Baden-Württemberg, about 120 kilometers from his Todtnauberg cabin, for periods of renewal. His “treatment” by von Gebattel (with whom Boss had important theoretical differences) was described by Heidegger as consisting simply in acts of human kindness: “And what did [von Gebattel] do? He just started walking randomly with me through the snow-covered winter forest. He did not do anything else. But as a human being he helped me, so that three weeks later I was again healthy and returned home.”<sup>20</sup> There was also very likely a therapeutic dimension of Heidegger’s friendship with Boss for at least part of their relationship. The “regional ontology” psychology was of little interest to Heidegger and yet the application to medicine of the fruits of the *Daseinsanalytik* were considered to be of importance; hence Heidegger’s initial willingness to meet with Boss’s medical assistants. Finally, it is worth recalling that although Boss was reluctant to adopt the designation “daseinsanalytic” as a modality of psychotherapy (and not only the inevitable confusion that would arise if it was taken as a terminological echo of Binswanger’s *Daseinsanalyse*), after Heidegger’s death in 1976, Boss nonetheless supported the formation of an institute for *Daseinsanalyse* in Zürich.

The point is that Boss never stopped being a psychoanalyst, by institutional affiliation and in practice. He never ceased seeing himself as a physician. In *Grundriß* Boss always wrote about the doctor-patient relationship, albeit against the backdrop of his understanding of the patient as, first, a human being and not an organism studied by the biological (and social) sciences. He continued to use free association and the couch, proposed regular series of sessions and, of course, charged a fee as one would expect from a licensed professional healthcare provider subject to governmental oversight offering a medical service. Were Boss alive today and practicing in the States, there is no doubt in my mind that he would participate in the third-party insurance payment system, whether he was working with inpatients at a general hospital or with outpatients in private practice as a psychoanalyst or psychotherapist and very likely affiliated with a training institute teaching and supervising younger practitioners. But how do we reconcile this professional profile with “doing” a therapy of existence as a calling?

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<sup>20</sup> See my “Medard Boss’s Daseinsanalysis of Martin Heidegger. Reflections and a Conjecture on an Unexplored Aspect of the Zollikon Seminars,” in *Existential Analysis* 26(2), 2015, p. 271. Heidegger expressed his thanks to von Gebattel in 1958 by publishing a lecture he had given the previous year, “Principles of Thinking,” in the *Jahrbuch für Psychologie und Psychotherapie* (Freiburg) 6, 1958, pp. 33-41.

In changing the title from *Grundriß der Medizin* in the first edition (1971) to *Grundriß der Medizin und der Psychologie* (1975), Boss did more than rename an expanded version of his outline of medicine to include psychology. He had, as he noted in the preface to the second edition, realized he had erred in assuming readers would not assume that psychology was part of medicine. Heidegger, who had been ill since 1970, likely had little to do with the expansion of the text, and we wonder what he might have thought about the need for changing the title to make clear to prospective readers that in a certain sense medicine included psychology (especially as applied in psychiatry) within its province. By the time of the appearance of the English translation (1979), which was several years in the making, Heidegger was dead. Boss had trimmed away sections that he evidently thought were beyond the scope of comprehension and/or interest of non-medical clinical psychologists. Yet the book was not intended for anyone who could not think in terms of the doctor-patient relationship, no matter how differently the practice of Boss's version of psychoanalysis was.

### *Doctor Boss and Professor Boss*

Critical to understanding Boss's daseinsanalysis is his relation to the medical profession, in particular, psychosomatic medicine.<sup>21</sup> He was, first and foremost, a medical doctor, and in medical practice a power differential based on greater knowledge of the structure and functioning of the human body is implied. We consult a doctor because we cannot make sense of a pattern of physical sensations or changes in the way our body is functioning. We count on the doctor to sort out the complaints for us. For example, a troublesome ache in my lower leg turns out to have nothing to do with my leg but rather is the result of referred pain caused by impingement on an extensive nerve that originates in at the base of my spine. Medicine was the career Boss aspired to from early on after his father disabused him of an idea planted in him by a local artist that Boss could be a great painter.

Practicing daseinsanalysis, however, contradicts the classic doctor-patient power differential. There is a contradiction here and, in part, it is the source of the ambivalent response to daseinsanalysis of the medical profession, in particular

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<sup>21</sup> Stedman's defines psychosomatic medicine as "the study and treatment of diseases, disorders, or abnormal states in which psychologic processes resulting in physiologic reactions are believed to play a prominent role." This is not the view Boss held. It implies a causal relationship between "psychologic processes" and "physiologic reactions" which remain worlds unto themselves even while the psychological world has an effect on the physiological. Such a relationship is possible only when the Cartesian metaphysics of duality is in play that assumes two such sorts of *materia* can be coherently distinguished. The duality is very much alive in medicine and yet, ironically, it has led to the dismissal of psychosomatics among doctors. Boss's major contribution to medicine is perhaps to have led doctors to take the psychosomatic hypothesis more seriously, but while at the same time dismissing the acceptance of separation of the mental from the physical. While Boss continues to refer to these two mythic worlds in his case study of Regula Zürcher, he does not really believe in their separateness *in existence*.

psychiatrists, but also the vast group of “mental health professionals,” including lay analysts, and other representatives of that vast smorgasbord of psychotherapists including counselors, social workers and even some educators (school psychologists and guidance counselors), all of whom model their identity as illness-care providers on the doctor-patient relationship. Yet Boss’s way-making approach to looking after the human being sitting across from him precludes taking a position above or superior to the other. While this is unavoidable in the hospital setting where a strict hierarchy prevails, the way of relating of the daseinsanalyst can and must be overridden in the privacy of the consulting room. One is inclined to believe Boss when he says that he took precisely such an approach. And yet.

Boss’s persona was elegant and patrician, authoritative without being authoritarian. The reader may reach conclusions about his “therapeutic style” by reading the extended sections on his patient, Regula Zürcher, in *Grundriß*. Or he may read the case study (written with Gaetano Benedetti) of the “Psychoanalysis of a Sadist” (1953) and vignettes on his work with patients diagnosed with paraphilias (perversions) and the numerous case examples found in his books on dreaming (1953, 1975). The other point to be made here is that in addition to the implied (if disavowed) underlying classic doctor-patient relationship he enjoyed throughout his career of working with patients, Boss continued to use the language of diagnostic categories (psychopathology) as doctors do. The diagnostic names come into and go out of fashion in the States as a result of periodic votes by committees of psychiatrists busy in the workshop that creates periodic iterations of the *Diagnostic and Statistical Manual of Psychological Disorders (DSM)*.

How did Boss see the other sitting across from him? He seems to have seen her as both his patient, with all the professional responsibilities attendant to that role, and just another human being like himself. Just how did he see Regula Zürcher, for example? But is it possible to maintain both positions at the same time? That is the question for Boss’s daseinsanalysis.

For the moment, one may leave to one side the fact that Boss “made his living” as a doctor, scheduling appointments and keeping to their time limits, selecting his patients, charging fees for his time, and writing clinical notes. It is not known to what extent he prescribed medications for his private patients. This is important, however, because non-medical illness-care providers do not have access to the prescription pad and the authority to legally prescribe psychotropic or other substances. In the States, the privilege has been extended to practitioners such as the Physician’s Assistant, but not to psychologists. In the States, a lay psychoanalyst, school psychologist, CBT therapist or behavior modifier does not (yet) have this authority. Only a psychiatrist can admit a patient to the hospital or recommend hospitalization that may also require legal intervention by a judge. The mere possibility of such interventions, even if never exercised, would surely have been known to Dr. Boss’s patients. In the States, an daseinsanalyst without a license to practice medicine or advertise himself as a psychologist would not be required by law to report to the police or other appropriate authority talk of planned dangerous actions by a client he is seeing. On the other hand, the requirement of reporting threats by a individual to harm others has been mandated

for a variety of licensed illness-care practitioners and even teachers. Failure to do so may have legal repercussions for the pedagogue, social worker or industrial-organizational psychologist. The intentions of a suicidal patient must now also be made known to responsible authorities in the everyday practice of most illness-care and educational professions, since it is considered to be “in the best interests” of the client or student to prevent suicidal ideation and threats from graduating to suicidal gestures and attempts.

These considerations and others are essential to putting into perspective the paradoxical stance of the medical *daseinsanalyst*, even if this is given only secondary importance to the thoroughgoing way-making stance expressed in Boss’s well-known outlook with regard to the freedom of the patient person: Why not?

These considerations lead to my underlying question: Can there be such a thing as a medical *daseinsanalyst*? We must recall that the Zollikon seminars were open only to psychiatrists and other medical doctors.<sup>22</sup> Would Carl Rogers or Rollo May, for example, have been admitted? Neither were MD’s. How fully could a non-medical therapist have participated as a member of the Zürich Institute for Psychotherapy and Psychosomatics? The parallel with the struggle of so-called lay analysts and “properly trained” psychoanalysts who are first psychiatrists is evident. And the struggle goes on, especially as medical care has become more and more entangled in third-party insurance programs.

As noted, the problematic nature of Boss’s *daseinsanalysis* in practice may be related to his lifelong interest in psychosomatic medicine. A brief look back at the history of this “field” may be helpful at this point.<sup>23</sup>

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<sup>22</sup> On the other hand, it has been reported that there were some theologians among participants in at least some of the seminars.

<sup>23</sup> In the century since Boss first became interested in psychosomatic medicine it has become a sub-discipline within psychiatry: consultation-liaison psychiatry. Founded in 1960, *Psychosomatics. The Journal of the Academy of Psychosomatic Medicine* has since 1987 been known as *The Journal of Consultation-Liaison Psychiatry*. In its opening editorial, the journal’s founders wrote that “the goals of Psychosomatics are the identical with those of the Academy [of Psychosomatic Medicine]—to aid the physician in his treatment of the “total” patient. . . . Psychiatry and medicine, too long separated because of language difficulties and other communication problems, will seek a compatible integration within these pages.” In October 2017, however, the American Board of Psychiatry and Neurology voted to eliminate the subspecialty psychosomatic medicine, to be replaced by consultation-liaison psychiatry (effective April 2018). At least in the States, then, psychosomatics is a term without a future. See the letter to the editor of the journal from Drs. Christina Montalvo and Diana M. Robinson in 58(2), 2017, pp. 215-216. Unaware of this history of the change of names of their subspecialty, these residents in psychiatry write that the term is “a misnomer.” “‘Psychosomatic Medicine,’ often referred to as ‘Consultation-Liaison Psychiatry’ has been a recognized subspecialty fellowship since 2003.” Their concern is with training options for others like themselves. Having begun with a citation of part of the definition of ‘psychosomatic’ from “the Oxford [Living online] dictionary” (1 (of a physical illness or other condition) caused or aggravated by a mental factor such as internal conflict or stress. 2 Relating to the interaction of mind and body) which they represented in this way—

Boss's predecessors in the field of psychosomatic medicine include its founder, Georg Groddeck (1866-1934). Other important contributors to the area are Franz Alexander (1891-1964), Felix Deutsch (1884-1964), Melitta Sperling (1899-1973), Helen Flanders Dunbar (1902-1959), Alberto Seguí (1907-1996), Pedro Laín Entralgo (1908-2001), among others.<sup>24</sup> Groddeck's essay "Der Sinn der Krankheit. Der Leuchter" (1925) especially warrants study, not only for its ideas about

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"Psychosomatic" is defined by the Oxford dictionary as a 'physical illness or condition caused by or aggravated by a mental factor such as internal conflict or stress' with synonyms listed as 'irrational' and 'stress-related'—they might have gone on to the full citations in the OED for 'psychosomatic' and 'psychosomatics. (In fact, the full list of synonyms provided by the "Living Dictionary" is "in the mind, all in the mind, psychological, irrational, stress-related, stress-induced, subjective, subconscious, unconscious." They steer clear of any references to the mind and the unconscious. The remainder of the letter (written in the first person but signed by two individuals) deserves being quoted in full. What stands out as especially thought-provoking parts of the letter that led to the official renaming of the "field" has been underlined. Very likely, Georg Groddeck, Felix Deutsch, Flanders Dunbar and Boss would shudder reading this:

The term "Psychosomatics" makes an effort to combine the 2 essential components of the field [of psychiatry] including the mind and body; however, the name creates confusion. As I seek to further promote Consultation-Liaison psychiatry to medical students and colleagues, I spend more time explaining the term "Psychosomatics" than talking about the exciting aspects of the field that developed out of the need for psychiatrists to manage psychiatric presentations in the context of complex medical issues.

The term "Psychosomatics" does not reflect the care we deliver. We deliberate on some of the most complex and challenging medical cases ranging from life-threatening substance intoxication and withdrawal, [to] delirium, evaluation for ability to make serious medical decisions, and assessment for surgical interventions including transplant, women's health, and management of some of the most difficult patients. As a resident, I consider the implications of the lack of clarity of my chosen subspecialty's name. How will my prospects be affected when the name does not describe the scope of this field? With the expanding trend of collaborative care, Consultation-Liaison psychiatrists should be at the forefront for unique job opportunities as we were the original integrated care physicians in the hospital setting.

A strong foundation has been created on the word "Psychosomatics"; however, this history alone should not be a reason to remain hidden behind an ambiguity that puts the future of our field at risk. By creating a new and clear name and updated mission statement, we as a specialty can rebrand ourselves as psychiatrists of the future. The doctors also quote from a March 1984 article in *Psychosomatic Medicine* (founded in 1939) and, oddly, an article from Spring 2004 in *Academic Psychiatry* 28(1) which announced psychosomatic medicine as a "new psychiatric subspecialty" just approved by the American Board of Medical Specialties the previous year. There it is said to be "also known as consultative-liaison psychiatry" (Abstract). It is remarkable that until that time, it had not been recognized in the States as such.

<sup>24</sup> See, for example, Pedro Laín Entralgo, *Doctor and Patient* (London: Weidenfeld and Nicolson, 1969) and Carlos Alberto Seguí, *Love and Psychotherapy* (New York: Libra, 1964), for which Boss wrote the introduction. Meanwhile, the psychoanalytic literature still dominates the discussion.

psychosomatics but for Groddeck's observations about therapeutics and the status of the physician.<sup>25</sup>

Briefly, in "The Meaning of Illness. The Torchbearer" Groddeck asserts that health [*Gesundheit*] and illness [*Krankheit*] are not opposites.<sup>26</sup> He uses as an example a fall leading to a fractured femur, but explains that his view applies to any illness or infirmity at any age. He is writing about the phenomenon of illness, which he understands as a reaction of the organism against its tendency to die, whether the illness follows an accident, is a systemic reaction to pathogens (bacteria, viruses, poisons), or is a seemingly entirely endogenous processes (hypertension, cancer, organ failure). Broken bones, allergic reactions, paradoxical autoimmune system attacks, and the rest of the standard medical conditions, that is, any event or influence that leads to illness is meaningful. It is something "positive": "Illness does not come from the outside; it is not an enemy, but a creation of the organism, of the It," which "tries to express something by illness; to be ill has to mean something." Groddeck equates the organism [*Organismus*] and the It [*Es*] which, he says, may just as well be called the life force [*Lebenskraft*] or self [*Selbst*].

An illness is in the service of health. Illness is meaningful in a given situation of a person's life, and the meaning of illness is "the warning [*Mahnung*] 'do not continue living as you intend to'." It is "a warning of danger [*Gefahr*]." The It itself is the creator of every illness as It "intervenes in the many conflicting drives of the organism . . . and thus the struggle [*Kampf*] of illness and recovery." For Groddeck, the It (also known as "man's unconscious") is wiser than the physician. The organism is wiser than the doctor treating it.

Groddeck's use of massage (or baths) should not be considered to be an intervention, but merely an aid to the body (that is, the organism and its It) as it "reconvalesces." Groddeck did advise his patients about diet and exercise. In those cases, he intervened. In that role, he was no different than the ubiquitous recommendations found on television, the internet and magazines devoted to improving one's health. Each of us has a recommendation a day from a friend about

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<sup>25</sup> Groddeck's *The Book of the It* [*Das Buch vom Es*](1923) was the source for Freud's term "the it" in his structural theory of the It (*Es* or "it"), the I (*Ich* or "ego"), and the Over-Me (*Überich* or "superego"). *Das Ich und das Es* was published in 1923. The familiar terms 'ego', 'id' and 'superego' are confections of James Strachey, the general editor and principal translator of Freud's Standard Edition in English (1955 ff.). In his own translation of the German original, *The Book of the It. Psychoanalytic Letters to a Friend*, Groddeck describes the personified It in a series of 33 letters from one "Patrick Troll" to his girlfriend. For the cover of the 1961 edition, Mr. It was portrayed by the American cartoonist Abner Dean as a sort of imp peering out through a tear in the torso of naked, balding, striding man.

<sup>26</sup> "Der Sinn der Krankheit" first appeared in Hermann Graf Keyserling's *Jahrbuch der Schule der Weisheit* [*Yearbook of the School of Wisdom*] (Volume 6, 1925: Der Leuchter [The Torchbearer], hence the subtitle of Groddeck's essay) and was reprinted in his *Psychoanalytische Schriften zur Psychosomatik* (Wiesbaden: Limes, 1966), pp. 130-137, edited by Günter Clauser.



what to eat and how much exercise to “take” and what kind. None of this is medical treatment but, unlike it, no license is required to offer help.

And who is a physician? Here we cut to the chase with respect to Boss’s identity as physician and *daseinsanalyst*. Indeed, says Groddeck, “everybody is a physician who treats [*behandelt*], whether he be attorney or country doctor, shepherd, faith healer, mesmerist, wise woman or just a mother, for the medical license [*Approbationszettel*] has to do only with the title physician, not with the concept.” This is a remarkable statement coming from a physician!

Treating illness is, then, the province of anyone who appreciates the ultimate authority and power of the organism and understands illness as something positive. This did not prevent Groddeck from ordering massage, exercise and medications at his sanitarium or providing it himself. He talked to his patients and he massaged their bodies. For Boss, too, treating is precisely about not intervening in the other’s existence, or to put it more casually, without meddling in his or her life.

“All things considered,” wrote Groddeck, “massage and psychotherapy belong to each other.” We will come to the talking part in a moment. The reader is surely asking: But isn’t touching the body of the other the most blatant, egregious intervention imaginable? Massage is also a world apart from a physical examination, which in most cases is gentle. Only his license permits the laying on of hands that abdominal palpation, for example, requires.

For Groddeck, massage meant full body massage, which Groddeck often left to his assistants to perform but which he himself administered, perhaps while talking to his patient. The word that he used in the passage quoted is *behandlen* (treat) and refers to general medical practice. The root of the word makes it clear that handling the other may be taken in both literal and figurative senses. But stop! Imagine a psychotherapist today who, having explained his intentions, stopped listening or talking to the client and led her to an adjacent room for massage. Having allowed her the privacy of undressing (as patients do for a general “physical”) and climbing under the massage table sheet, he returns, uncovers the parts of the body to be manipulated and goes about deep tissue massage—arms, legs, chest and belly, hands and feet. He might then ask his analysand to roll over and massage the person’s shoulders, back, hips, thighs and calves. A session of talking might precede or follow massage. Perhaps an entire session was given over to massage while another would consist only of listening and talking.<sup>27</sup>

Anyone clinical psychologist licensed by any state in the Union reading this will blush and recoil, recalling admonitions against touching a “client.” The

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<sup>27</sup> Pedro Laín Entralgo, in his *Doctor and Patient* (New York: McGraw-Hill, 1969), writes about the therapeutic effect of the physician’s physical examination of the patient. “Taction,” palpation and auscultation are staples of the doctor’s “‘cheirotechnique’—or art of using the hands” (pp. 187-188)—in gathering clinical data but, to Laín’s point, for the patient being touched is in itself is profoundly affecting. In other words, it has psychotherapeutic value. The nonmedical psychotherapist, of course, may not touch the client, except for firm handshake or a light pat on the shoulder, for example, when the client is grieving.

advisability of even a handshake or a pat on the shoulder has been debated. Entire essays have been written about whether a handshake is appropriate when greeting a patient who has arrived for psychoanalysis. Any psychiatrist will send his patient to an internist for “a physical” if organic illness is suspected. For example, if a patient is especially hyperactive, the psychiatrist will want to rule out thyrotoxicosis or a neurological disorder. He might have the patient’s urine tested for the presence of amphetamines in the blood.

In all, touching a client is without hesitation assumed to be sexually motivated. Everyone has heard about clinical psychologists, psychiatrists and other mental healthcare providers “taking advantage of” the other who has come to them for psychotherapy. A code of ethics for the practice of psychotherapy is in place in every state. Its contents are part every examination for state licensure. And so what are we to make of Groddeck’s statement that “massage and psychotherapy belong to each other”?<sup>28</sup> The formulation itself suggests an unseemly intimacy. A person may easily find himself a licensed masseur or masseuse and, on Monday morning, for a fee “have a massage”—which will not be “covered” by medical insurance as physical therapy, which must be prescribed by a physician, is.<sup>29</sup> Later that afternoon, he might head on over to his “therapist’s” office where the therapist and the client talk to each other at a safe distance from one another. Groddeck, however, saw every reason to do both as required. Both were the province of the treater. Most important, he saw massage as not the least bit interventional in the way even some forms of psychotherapy are, including those that advise the client about life choices, direct him to carry out certain “homework,” or tell her to think straight and get her act together. Let us not forget that the one providing *Behandlung* might be an “attorney or country doctor, shepherd, faith healer, mesmerist, wise woman or just a mother.”

Groddeck’s approach to treatment may sound extraordinary but it is difficult to comprehend only if a decisive difference is hypothesized between the physical and the psychical. It is precisely here that we are in the realm of psychosomatics which interested Boss throughout his career. Above all, we are concerned with psychosomatics and its relation to Boss’s *daseinsanalysis*.

We may consider a few more words from Groddeck, who writes: “The role of the one treating is limited to that of . . . concealing his own being as little as possible.”<sup>30</sup> Here, as plainly as possible, he characterizes what defines the role of the

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<sup>28</sup> See, for example, “The Relation of Massage to Psychotherapy,” in *Psychology and Psychotherapy* 11(3), 1931, pp. 228-233. A different translation appeared as “Massage and Psychotherapy,” in Groddeck’s anthology *Exploring the Unconscious* (New York: Funk and Wagnalls, 1950), pp. 46-53. The paper is based on lecture given, in 1931, at a conference on psychotherapy in Dresden.

<sup>29</sup> A specialty within medicine, physiatry, is devoted to the medical evaluation of the results of incapacitating physical conditions (injury, stroke). Actual interventions (physical therapy) are in the hands of the physical therapist.

<sup>30</sup> “Die Rolle des Behandelnden beschränkt sich darauf . . . sein eigenes Wesen so wenig wie möglich zu verstecken.” *Psychoanalytische Schriften zur Psychosomatik*, p. 136.

treater (*Therapeut*) as the author has argued elsewhere.<sup>31</sup> The *Therapeut* is not to do things such as devise a “treatment plan,” provide a corrective emotional experience, make interpretations of hidden meanings, advise, admonish, educate, or re-parent. These are tasks for counselors of all sorts, social workers, teachers, inspirational healers, and the rest. Those who hide behind the role of psychiatrist or psychotherapist while in fact proffering such services cannot be who they are, and that is all that Groddeck asks of someone treating another human being therapeutically. They must play a role, which entails distancing themselves from the other.

Groddeck earnestly pursued the kind of relationship with his patients characterized by being open, that is, not hiding who one is. Boss’s descriptions of his encounter [*Begegnung*] with a patient suggest he also aspired to this. Whether he did must remain unknown to us, once again because of the requirement that all such encounters must remain private. As with Groddeck, we have only his published anecdotes and case reports on which to base our assessment.

In conclusion, a few comments on what Groddeck means when he speaks of “concealing his own being as much as possible” are in order since I believe this was of importance to Boss. The key terms are ‘being’ (*Wesen*) and ‘hides’ (*verstecken*). The German noun *Wesen* can mean being, but also essence and nature. It can be glossed by the German nouns *Dasein* (existence), *Leben* (life) and *Existenz* (way of life or existing). Other, more abstract referents include notions such as person, entity, being—and human being.

Just what does Groddeck have in mind when he speaks about not hiding his *Wesen* as that way of comporting oneself that defines and circumscribes the way of relating to his patient that is intended to be therapeutic? Just what does one not hide? Being—as in “to hide one’s own being as little as possible”—is far too abstract. We must consider instead personality as being more apt. Groddeck implies that while he may have worn a three-piece suit or the clinician’s white coat, these are costumes that disguise, much as titles do, the unique personality of the human being Georg Groddeck (or Medard Boss). When Groddeck speaks of his *Wesen* he is referring to his essence as a that unique, one-and-only individual with a singular autobiography and character. All the nuances of comportment and self-expression (verbal and nonverbal) are included, as well as the all-important It (the unconscious or, better, not consciously known) of the person, which as Groddeck believes is “wiser” than the treater. This is what for Groddeck is the essence of the treater and it is this that he must to the greatest extent possible conceal as a *Therapeut*

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<sup>31</sup> See “What’s to Become of Psychotherapy? Medard Boss, R. D. Laing, and Dasein-therapy,” presented at the Tenth International Forum on Daseinsanalysis, Sao Paulo, Brazil, November 3, 2018; “The Return of the Therapeut: R.D. Laing and the Genuine Psychotherapist,” in *International Journal of Psychotherapy*, Part I, 18(1), March 2014, pp. 5-18, Part II, 18(2), July 2014, pp. 5-20; and *After Psychotherapy* (New York: ENI Press, 2016).

It was much the same for Boss. At this point we turn to his “Encounter in Psychotherapy” (1964), in which he describes the way of being of the *Therapeut*.<sup>32</sup> Similarities and differences with Groddeck will be obvious. Most important among them reflects the influence of Heidegger on Boss’s thinking. He frames the *Therapeut’s* encounter with the other, as no different than any other human encounter, in terms of the existence [*Dasein*] of each, which as Heidegger explained includes as an ontological element always having to be understood in terms of our being with others:

All [human] encounter is grounded in this wholly original, essential being-with-others—likewise all encounter in psychotherapy. In their being-with-one-another with the same things in a shared world appearing in the open of their existing, this essential being-with-others of all human beings, founding and enabling all encounter, sets human encountering apart from every the mere running into each other of merely extant things. In comparison with the momentary world-openness of the patient what is therapeutically effective in the therapeutic situation is the greater openness and freedom of the therapist to all spheres of the shared world showing itself. This essential being-with-others in the world makes it possible from the outset for the one who is ill to participate in the greater expansive openness and freedom of the therapist.<sup>33</sup>

Both the *Theraeput* and his or her other can meet only because of the “open [*Offene*] of their existing.” There is an important difference, however, and that lies in the “greater openness [*Offenheit*] and freedom of the therapist to all spheres of the shared world showing itself.” By contrast, the world-openness [*Weltoffenheit*] of the one who is ill is restricted or “momentary.”<sup>34</sup> Boss’s word translated with ‘momentary’ (*augenblicklich*) is important here. It suggests a single snapshot rather than a montage of angles on what is there before both of them. The *Therapeut* is able to shift perspectives, while the ill other cannot do that. The latter can participate in (*eine Teilhabe an*) or have a part in the more extensive openness and freedom the *Therapeut* enjoys. “Encounter in psychotherapy and its therapeutic effectiveness is just that simple,” says Boss.

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<sup>32</sup> See my translation of the complete text in *International Journal of Psychotherapy* (forthcoming).

<sup>33</sup> “Begegnung in der Psychotherapie,” pp. 293-294. Written in the midst of his work with Heidegger later published as the Zollikon Seminars (1959-1969), “Begegnung in der Psychotherapie” was first published in *Psychotherapy and Psychosomatics* 13(5), 1965, pp. 332-341. It was reprinted in his selection of twenty-five texts that Boss evidently considered to be some of his most important contributions (1937-1978) entitled *Von der Psychoanalyse zur Daseinsanalyse. Wege zu einem Selbstverständnis* (Vienna: Europaverlag, 1979), pp. 287-294. Page references are to this version, which includes some changes to the journal version.

<sup>34</sup> Boss’s word ‘momentary’ (*augenblicklich*) is important here. It suggests a single snapshot rather than a montage of angles on what is there before both of them. The therapist is able to shift perspectives, while the ill other cannot do that.

As one participant in a roundtable discussion (with Gaetano Benedetti and Eugène Minkowski), Boss had only his brief 20-30 minutes of conference presentation time and so added in conclusion: “The foregoing remarks can therefore only provide a few hints.” He adds, however: “The way such hints point to everyone, thinking and looking, must undertake for himself. The effort of such thinking and seeing on one’s own is considerable. But considering the extraordinary theoretical and even greater practical significance of clarifying the usual blurriness that prevails at the basis of our psychological imagination [*Vorstellens*] and psychotherapeutic activity [*Tuns*], it is hard to avoid.”

What stands out here is Boss’s notion of openness. We have compared it with Groddeck’s openness or not concealing who he is. While there are important differences between Boss’s Heideggerian openness or world openness—an ontological feature of the structure of existence, our being-in-the-world—and Groddeck’s “absence of dissimulation, secrecy, or reserve; frankness, candour, sincerity” (quoting the OED)—in Heideggerian terminology an ontic (everyday experiential) matter—“the open” in Boss’s description may be taken to refer to the therapeutic setting or situation, while Groddeck’s interpersonal openness speaks to the practical matter of the therapist’s comportment.

In his contribution, Boss stressed again and again the unreality of Freud’s notion of transference, indeed its impossibility. Here he again meets Groddeck, who likewise dispensed with Freud’s concepts of transference and reciprocal transference (*Gegenübertragung*, usually translated with ‘countertransference’). While Groddeck was a respected colleague of Freud and Boss only one of his analysands, Boss had the advantage of having experienced Freud’s therapeutic style. As we have suggested, it was evidently nothing like what Freud recommended in his papers on technique, some of which were relegated to the fireplace (or perhaps lie awaiting inspection in the Library of Congress).

The greater openness of the *Therapist’s* world is apparent in somewhat different ways for Groddeck and Boss but it we may document it in Freud’s complementary openness to Groddeck and Heidegger’s complementary openness to Boss. Freud remained open to few of his early on closest colleagues. Heidegger was by his own admission a loner (*Einzelgänger*). Perhaps his longest collaboration with anyone except his brother was with Boss, no matter in the end, it is said, Heidegger withdrew, that is, went missing or went into hiding from Boss.<sup>35</sup>

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<sup>35</sup> On a possible therapeutic relationship between Heidegger and Boss that somehow concurred with their mentor-student relationship and friendship. See “Medard Boss’s Daseinsanalysis of Martin Heidegger. Reflections and a Conjecture on an Unexplored Aspect of the Zollikon Seminars,” in *Existential Analysis* 26(2), 2015, pp. 270-276. Heidegger’s only other project undertaken with and equal was his brief collaboration with the Basque sculptor Eduardo Chillida, who provided paper sculptures for an edition of Heidegger’s essay “Art and Space.” Heidegger engraved the text as Chillida cut out his figures. See my “Art and Emptiness. Heidegger and Chillida on Space and Place,” in *Existentialia* 36 (3/4), 2016, pp. 319-346.

The author's brief encounter with Boss left the impression of the sort of candor that Groddeck advocated. There I was, a complete stranger—an American at that, and what could be stranger?—asking about Heidegger (who had just died) and, among others, R.D. Laing.<sup>36</sup>

There is much more to add about the first generation of psychosomaticists, especially Laín Entralgo and Seguí in connection with Boss's daseinsanalysis. The character of the work of the Americans differs from the others in important ways. That is the topic for another essay, which would have to come to terms with the absence of any influence of Heidegger, who was not known in any English translation until 1949. In nearly all cases, there is some link of psychosomatics with psychoanalysis. This is not surprising since during the period when psychosomatic medicine was first developing, psychiatry was dominated by psychoanalysis.

### *What's to Become of Psychotherapy?*

The topic of this essay has been the place of Medard Boss in the world of psychotherapy and its relation to medicine and psychiatry. It is time to draw some preliminary conclusions and comment on the future of psychotherapy.

The author first became aware of Boss in the early 1970s. At that time, *Grundriß* had not been translated and one knew only the Boss *Psychoanalysis and Daseinsanalysis*. Reading that book led to a serious reappraisal of psychoanalysis, in which the author "trained" over a period of many years. Looking around for what else could be found on daseinsanalysis, there was little available. The journal *Daseinsanalyse* did not first publish until 1984. Nor had the Zollikon Seminars been published. A fragment from them appeared only in 1978, followed by the English version of *Grundriß* the following year. By the late 1980s the author's ambivalence about psychoanalysis had intensified. The encounter with Heidegger, which began in 1966, was renewed on several fronts, one of them the account of his influence on medicine and psychology—a mishap with Binswanger, but a solid and extensive experience for Medard Boss. Based on familiarity with *Psychoanalysis and Daseinsanalysis*, in late 1975, a trip to Freiburg, where Heidegger lived, was planned with the hope of perhaps having a glimpse of the man. This followed a visit there in 1968. Heidegger responded to a letter with a signed photograph following a printed note explaining that age prevented him from answering every letter he received. A visit to Zürich was also planned in order to talk with Boss about Heidegger, but also about R.D. Laing. Late in the spring of 1976, Heidegger died, but since plane tickets were already in hand, the author visited Meßkirch for the second time, this time limited to a brief stop at the town cemetery. The visit with Boss in Zürich followed only days later.

Some second thoughts about psychoanalysis were also encouraged by the changing face of psychoanalysis in the States and ongoing rejection of lay analysts by

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<sup>36</sup> See "Medard Boss and Martin Heidegger. The Existential Analyst as "a Western Kind of rishi", in *The Review of Existential Psychology and Psychiatry* 27 (1-3), 2008, pp. 43-60, where the author has provided some excerpts of his impressions of his visit with Boss.

the now diminishing number of psychiatrist psychoanalysts. Others were galvanized by my brief interview with Boss. Leaving his office, it occurred to the author that if he might not be admitted to the guild of “real” (medical) psychoanalysts, he might be welcomed as a *daseinsanalyst*. As it turned out, the enterprise of preparation of such a creature was still on the horizon even in Europe, since Boss was at first not all that much in favor of institute formalities. His younger (only by 16 years) colleague, Gion Condrau, evidently prevailed in persuading him to go formal. Beginning in 1967, they published a number of co-authored articles until 1980, when Boss was in his late 70s and not enthusiastic about administrative matters, which Condrau oversaw for the most part until his death in 2006. But even as a would-be *daseinsanalyst*, the author had not been trained as a medical doctor, as both Boss and Condrau had.

Fast-forward to the present. The number of medically trained psychoanalysts is miniscule and lay analysts in the States are heavily influenced by postmodern revisions of classic psychoanalysis. Most *daseinsanalysts* (nearly all of whom are found in Europe) are not MDs, although a few are. The several *daseinsanalytic* associations are not much in contact with each other. My hunch is that Boss’s career provides a few clues about the present state of affairs in psychotherapy, including psychoanalysis. That suspicion, of course, has motivated the writing of this article, which could not have been written earlier, however, because the crisis or turning point in psychotherapy *überhaupt* has only recently reached its present pitch. And this crisis is poised on just how psychotherapy understands itself and its goal.

Psychotherapy remains based on the medical model, but the goal of therapeutic encounter that is genuinely human cannot have that model as its foundation. Boss’s life and work mirror the incompatibility. Being a doctor and being a *Therapeut* are two sorts of *Existenz* that cannot be lived at the same time. This is not only a question of identity and *Approbationszettel*. It is chiefly about the capacity for the kind of openness Groddeck wrote about so eloquently and that I observed in Boss when we met. It concerns the place of intervention in therapeutic encounter—or, rather, the necessary absence of intervention, which is the mechanism of medical practice.

*Daseinsanalysis*, as Boss conceived it under the influence of Heidegger’s fundamental ontology of existence seemed to hold out the prospect for a nonmedical approach to psychotherapy. Yet, since Boss remained a doctor, he could not fully allow himself the sort of access to the shared “space” of being with the other. That Heidegger was encouraged by the prospect of his work contributing to medicine (primarily via his working relationship with Boss and his residents in psychiatry in the Zollikon seminars) only makes it more difficult to see the paradox. The paradox remains nonetheless.

There can something one might call *dasein-therapy*. It is in the title of this contribution. In closing, it is proposed that a genuinely human therapeutic practice was on the horizon of what Boss left us, especially in his outline of medicine and psychology. That he had to add “and psychology” to the original title in the second edition of his *Grundriß* is an indication of incompleteness of the work as originally published. Indeed, as read in the last sentence of the preface to second edition in the spring of 1974: “In keeping with the new title, more space has now been given to

discussing traditional psychological concepts.” The sentence occupied its own separate paragraph in the German text. Apart from the opening sentence, the preface up to that sentence reads as follows:

The title of the first edition, as it turned out, failed to express the author’s original intent; it seemed to indicate that the book could be understood only by physicians. I had assumed with too much haste that everyone would recognize an outline of medicine based on human nature [*das Wesen des Menschen*] as, necessarily, a foundation of psychology and sociology as well. . . . The reader need no longer refer to a lengthy subtitle for clarification.

Boss’s outline was marketed not only for physicians, but also for psychologists—and sociologists! What was included in the subtitle along with physiology, pathology, therapy and preventative medicine was elevated to equal prominence with medicine. (“Psychology” remains in the subtitle.)

Boss was a bit disingenuous, however, in claiming that this is a book—including especially its *Therapie*—was mistakenly published under the misapprehension that psychotherapists other than psychiatrists (physicians) would have understood it was meant for their eyes and not only for those of doctors, especially psychiatrists. As noted earlier, it was not reviewed in any journal of psychiatry. Boss’s reason for expanding the book and changing its title is also not convincing. There was nothing in the title to suggest that his was a basic book in medicine “based on the essence of the human being” rather than on, say, biology. Indeed, the first topic mentioned in the subtitle is physiology, which is a branch of biology. The medical curriculum has always begun with chemistry and biology.<sup>37</sup>

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<sup>37</sup> In fact, however, the revisions were minor (1974, pp. 157 [“medicine” becomes “medicine and psychology”] 443, and 444 [on existential pathology]) and the additions were few: one paragraph in 1971 (pp. 205-206) was expanded to five paragraphs in 1974 (pp. 205-209) and two paragraphs in 1971 (pp. 519-520) were expanded and rewritten to four paragraphs in 1974 (pp. 519-521). The subject and author indices were updated. In the first emendation, Boss refers back to a recent work (1970) by O.W. von Haseloff that focused on the appearance of now popular “learning theory” in psychology. Also cited are Karl Pribram and William Estes. Erwin Straus (given as “Strauss’ [sic], who does not appear in the author index) is mentioned in passing as also a critic of “animal psychology” (ethology), very likely with the ethologists Konrad Lorenz and Niko Tinbergen in mind, as irrelevant to (human) psychology. The passage is also critical of statistics and social psychology “experiments,” which, of course, had just begun to be the staples of modern “experimental” psychology. The second addition reintroduced Jean-Paul Sartre (Being and Nothingness) into the discussion. Boss’s critique of Freud continues. Cited in this connection is A. Kohli-Kunz [Alice Holzhey-Kunz]’s “Die sogenannte Unbewußt [The So-called Unconscious],” in *Zeitschrift für Psychosomatische Medizin und Psychoanalyse* 21(3), 1975, pp. 284-298. As Holzhey-Kunz, the author would later become a close colleague of Boss’s and the co-author of an article (1981) with him, “Das Phänomen des Widerstandes in der Daseinsanalyse.”



This is not to disparage Boss in the least. The *Grundriß* in toto is perhaps the fundamental book for psychotherapists who understand that psychology is psychology only when based on a study of the essence of the human being and the study of an object of the sort studied by biology.<sup>38</sup> This would amount to a truly human psychology—“would” because, it may be argued, psychology as originally envisioned in particular by William James in his *Principles of Psychology* has yet to be realized. The same may be said about psychotherapy, as it was first practiced by Freud as an approach to the soul of the human being, that is, psychoanalysis minus the psychic apparatus. This is precisely what Boss was heading toward in his *Daseinsanalyse*. He seems to me to have been a man torn between his status as a physician and his spirit as a thinker and seeker.

Like a truly human psychology, a fully human *Therapie* not based on the medical model is still lacking, especially given the co-optation of and subsequent abandonment of psychoanalysis by psychiatry in the States, where after all the shots are called for what it meant to seem to be happening everywhere in the world. Its most promising beginning was made by Medard Boss, but it has yet to be realized. After psychotherapy? Dasein-therapy—a therapy of existence.

### *Coda*

Jonathan Shedler has recently reported on the current status of psychotherapy in the States.<sup>39</sup> The data are convincing and yet shocking. The question may be raised whether this is something new or whether perhaps it has always been this way; namely, that only five out of 100 individuals who seek psychotherapy “get well and stay well.” One might argue that this is not an appropriate characterization of “success” in outcome.

Perhaps another way of describing success would be “the elimination of presenting symptoms.” Yet, it is well known that the presenting complaints of individuals are never the source of those complaints and it is the source of misery and

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<sup>38</sup> A glance at the layout of the second edition of the book is in itself instructive:

Part I: The Traditional Outline of Medicine

Part II: An Adequately Human Outline for Medicine and Psychology

Part III: Approaches to an Existential General Pathology

Part IV: Pointers for an Existential Therapy and for an Existential Preventative Medicine in Contemporary Industrial Society

The English translation omits the last two words of the title of Part II and last half of the title of Part IV, relegating the last chapter on preventative medicine in that part to an “Afterword.” A later study will describe what and where the new material on psychology was added and the indicate to what extent the amendments were altered in the abridged English translation. Needless to say, a cursory glance at the table of contents of *Grundriß*<sup>2</sup> and that of *Existential Foundations* suggest two very different books.

<sup>39</sup> Jonathan Shedler, “Where Is the Evidence for ‘Evidence-Based’ Therapy?,” in *Psychiatric Clinics of North America* **41**, 2018, pp. 319–329.

suffering that is targeted. This follows the example of medical practice, of course, which aims to understand what is causing, for example, headache. Muscle tension in the neck and shoulders? Meningitis? Tumor? The elimination of the symptom is desirable and all that matters to the patient, but a physician does not merely prescribe aspirin, which is known to (somehow) reduce the inflammation that is so often cause of headache. In psychotherapy, an agitated person wishes to become relaxed, but momentary comforting of the client has only limited caché and the anxiety is likely to return unless its source is discovered.

The desired outcome of any client's visit is (or should be) that she not return after the fewest number of visits. There are problems here, too, since as the lore has it, individuals often leave treatment when surprising, troubling issues surface. A dasein-therapeutic approach avoids this problem, since its goal is not the "treatment" of symptoms or underlying conflicts, bad habits or irrational ways of thinking. Nevertheless, establishing the sort of relationship that permits an individual "share" in the openness and freedom of the *Therapeut* as Boss prescribed requires time, and that usually means more than one visit. There is no optimal number of meetings and there is always the prospect that first impressions "turn off" the other. No one expects that every *Therapeut* is compatible with everyone who contacts him. There are also the problems of time-limited "treatment" based on the constraints of third-party insurance payments available to an individual or a psychotherapist who strings along a needy client. It has often happened that the relationship with her "therapist" substitutes for relationships of a various degrees and kinds of intimacy with others. The "success" of psychotherapy might be gauged by just how quickly and efficiently the psychotherapist sees the patient "get well and stay well." A ten-year-long psychoanalysis would have to lead to this outcome to the same degree that a ten-session-long regimen of rational-emotive behavior therapy.

Everything depends on what is understood to be the point and purpose of the therapeutic encounter.

The evidence for "getting well and staying well" can come from two sources: the report of the individual or the report of the *Therapeut*. The willingness of other to talk about her experience in psychotherapy depends on her personality. Some people are more willing to talk about their personal lives than others. Given the requirement of confidentiality, the psychotherapist is compelled to maintain the privacy of those who talk with him. On the other hand, case studies are the gold standard of reporting the process and success of a course of "psychological treatment."

Two comments: Freud's classic case histories have been lauded for their readability, that is, that they read like stories. Freud's only award was the Goethe Prize (1930) in literature. This is no doubt because, as we now know, they were for the most part stories.<sup>40</sup> We should not fault Freud or any psychotherapist, however, for altering details to throw off the scent anyone attempting to determine the identity of some represented in a case study. Then there is understandable, albeit questionable practice

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<sup>40</sup> See, for example, Frederick Crews' recently published *Freud: The Making of an Illusion* (New York: Metropolitan Books, 2017).

of not publishing failures and only publishing successes from the consulting room. While this is understandable and necessary in medicine, a different dynamic is at work in psychotherapy that is yet another reason for understanding how different endeavors they are.

The problem disappears, however, if “getting well and staying well” refers to recovering one’s present—that and nothing else. The anxious person is attempting to live in an imagined, desired future. The depressed person is attempting to live in an episode of his past that he wishes had never happened. The individual with bizarre thoughts—the so-called psychotic or schizophrenic—is not a “candidate” for therapy directed at those thoughts. The emotional life of the person who speaks of remarkable powers or dangerous pursuers is amenable to therapy, in particular *dasein*-therapy as described. Given the way recollection works, rumination about a shocking or traumatic event must lead to the invention of an alternate version of it that amplifies the disturbing content or disavows it. In either case, memory understood as imagination can be expected to produce dramatic stories. So also for the anxious person whose narrative of a desired future is bound to be unrealistic, given that the indeterminate number of variables that determine the future require real creativity in designing a desired future. Imagination used in this way is no different than that of the creative writer. All that distinguishes the writer of fiction from the psychotic is that she has a receptive (often paying) audience and writes tales that engage the interest of great number of people.

#### **Appendix: On ‘Dasein’ and Related Terms**

Since its appearance in Anglophone scholarly literature confusion surrounding the word ‘daseinsanalysis’ has in great part led to skepticism about the modality of psychotherapy it denotes. The OED acknowledges as admitted into English usage the word ‘Dasein’, but not ‘daseinsanalysis’ or any other compound of the German word *Dasein*. There ‘Dasein’ is defined as follows: “In existentialism, esp. that of Heidegger and Jaspers: human existence, the being of man-in-the-world.” An earlier sense cited (1846), a passage that refers to Hegel, will be even more surprising to Heidegger scholars and those interested in daseinsanalysis: “This [sense, that in Hegel’s Logic ‘the notions of being and nothing combined, form that of existence’] may appear clearer to the German scholar, if we say in Hegel’s language, that Sein and Nichts form Daseyn.” So wrote John Daniel Morell in his massive overview of European “speculative philosophy” in the 19<sup>th</sup> century. About thirty years later, William Wallace, Hegel’s first English translator of the so-called “greater” logic,” explained in the introduction to his translation: “To bring a thing into Daseyn is to give it definite being” (Science of Logic [1874]). These attestations to ‘Dasein’ may be incomplete, but the OED remains the place to start for chasing down the recognition and acceptance of a word in English. Clearly, there is no relation of Hegel’s notion of existing to Heidegger’s.

There is no entry for ‘daseinsanalysis’ in the OED and this may be explained by a confusion of usages of several related words that appear in the titles of books and essays written by philosophers and psychologists and psychiatrists since the middle of the 20<sup>th</sup> century. Perhaps making these distinctions explicit will help us give precision to what present-day daseinsanalysis, based as it is on Boss, is about. These are:

(1) daseinsanalysis (often capitalized following the convention in German where nouns always capitalized):

a noun referring to two modalities of psychotherapy traced back to two Swiss psychiatrists—(i) Ludwig Binswanger and (ii) Medard Boss—respectively. Binswanger’s term is *Daseinsanalyse*, which would accurately reflect its relation to *Psychoanalyse* (analysis of existence vs. analysis of the psyche). The translation is inaccurate in relation to Boss’s term *Daseinsanalytik* which refers to Martin Heidegger’s fundamental ontology of *Dasein* in his study *Sein und Zeit* (1927). Boss’s book *Psychoanalyse und Daseinsanalytik* (1957) was therefore mistranslated in 1963 as *Psychoanalysis and Daseinsanalysis* (1963). The problem stems from the Macquarrie-Robinson translation of *Sein und Zeit* (1962), which set the course for later usage. There we find the following: (a) *Daseinsanalytik* (as “analytic of *Dasein*”) (GA 2:410) and (b) *Daseinsanalyse* (GA 2:68) (given as “analysis of *Dasein*”) in *Being and Time*. The terms themselves follow Heidegger’s *Analytik des Daseins* (GA 2: 17) and *Analyse des Daseins* (GA 2: 23). In *Being and Time*, they refer, respectively to (a) the undertaking of entire first published part of Heidegger’s basic work, the result of which is (b) the *Analytik* (displaying or laying out the structure of *Dasein* in a preparatory fundamental analysis (*Analyse*) of *Dasein*). Heidegger also uses the noun *Analyse* for the same project, beginning with the title of the section, *Fundamentalanalyse des Daseins*, which leads the reader by association to the Greek origin of ‘*Analyse*’ (ἀνάλυσις), displaying the structure of a body. In this case, it is the features of existence that will be revealed, “existentials” comparable to the Aristotelian categories that apply to all other things, from rocks to God. This sort of analysis, however, is not a “breaking down” of a whole into its parts in the way chemists analyze the components of a substance. The translations of Macquarrie and Robinson of these terms are preserved in Joan Stambaugh’s translation (1996), revised by Dennis Schmidt (2010). The confusion of psychoanalysis (a theory, a method of investigation and a therapeutic modality) and the analytics of *Dasein* (a hermeneutic project) misled those psychotherapists who were drawn to Heidegger. It was an understandable linguistic mishap, but had consequences for understanding the sense of Boss’s enterprise in *Psychoanalyse und Daseinsanalytik*. In a book to be published next year, the author has traced this and related ambiguities through the development of Boss’s *Daseinsanalyse* which culminated in the *Zollikon Seminars*.

(2) daseinsanalytic

- (A) an adjective referring to either modality of psychotherapy mentioned in (1):
  - (i) Ludwig Binswanger’s *Daseinsanalyse* and (ii) Medard Boss’s *Daseinsanalyse*;<sup>41</sup>
- (B) a noun translating Heidegger’s term *Daseinsanalytik*, as described in one as the task of the first of three sections of his projected two-part text; and
- (C) an adjective that means “referring to Heidegger’s *Daseinsanalytik*.”

In a book to be published next year, the author has traced this and related ambiguities through the development of Boss’s *Daseinsanalyse* which culminated in the *Zollikon Seminars*.

*Miles Groth, PhD, has been in private practice as a psychotherapist since 1985. He is professor of psychology at Wagner College and has taught at the college level since 1972. Dr. Groth is the author of five books (including After Psychotherapy, 2016), has published more than fifty contribution to books and scholarly journals in the areas of psychoanalysis, psychotherapy, and Continental philosophy, and has edited three peer-reviewed journals. His current area of interest is the background and current impact of Medard Boss's da-seinanalysis. Next year will see the publication of 'Why not?'. Medard Boss and the Promise of Therapy by Free Association Books .*

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<sup>41</sup> An indication of the sad state of affairs in which Daseinsanalysis finds itself is the failure of the reviewer of Alice Holzhey-Kunz’s *Daseinsanalysis* (London: Free Association Books, 2014) to even mention Boss. See Paul Gordon’s review in the *British Journal of Psychotherapy* **31**(3), 2015, pp. 404-406. Holzhey-Kunz was Boss’s colleague, the co-author of an article with him, and perhaps the most respected living expositor of Daseinsanalysis. Further indications of trouble may be found in “Daseinsanalysis. A Dialogue: Alice Holzhey-Kunz [PhD] and Tamás Fazekas [MD PhD], in Laura Barnett and Greg Madison (eds.), *Existential Therapy. Legacy, Vibrancy and Dialogue* (London: Routledge, 2011), pp. 35-51. Here the original tension in Boss between the perspectives of the medical doctor and the *Therapeut* as daseinsanalyst remains. Gordon, incidentally, is acknowledged as affiliated with London’s Philadelphia Association, which was founded by R.D. Laing [MD] in 1965. If there was someone who transcended the gap between physician and *Therapeut* as an “analyst” of existence—as Daseinsanalyst—it was Laing.