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BROKEN TOOL OR DISORDERED EXISTENCE? THE PROBLEM OF MENTAL ILLNESS IN EXISTENTIAL PHENOMENOLOGY

Ferramenta Quebrada ou Existência Desordenada? O Problema da Enfermidade Mental na Fenomenologia Existencial

¿Herramienta rota o existencia desordenada? El problema de la enfermedad mental en la fenomenología existencial

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Abstract: According to Schmid (2018) Martin Heidegger's existential phenomenology provides an accurate way to describe mental illness from an experiential point of view. Mental illness is addressed as a series of disruptions in the practical and social structures of existence, by analogy with the broken tool analysis as presented in *Being and Time*. In this paper, I propose an analysis of Schmid's reading in three steps: 1. I maintain that her reading implies both a categorial transgression and a functionalist perspective, both of which derive from the mistaken use of the broken tool analogy; 2. Disruptions in the practical and social structures of existence do not seem sufficient for the manifestation of mental illness; and 3. I maintain that rule-following disturbances are closely linked to the experience of illness, but just as a consequence of that experience. Next, I introduce an approach to the mentally ill self-understanding prior to the thematization of rule-following disturbances. I conclude by suggesting that a disruption in the modal space of experience linked to affective changes plays an important role in understanding mental illness from an existential-phenomenological perspective.
Keywords: Psychiatry; Heidegger; Existential feelings; Normativity.

Resumo: Em um trabalho recente, Schmid (2018) apresenta o que considera a forma adequada de compreensão da enfermidade mental do ponto de vista da fenomenologia existencial de Martin Heidegger. A enfermidade mental é apresentada como uma série de rupturas nas estruturas práticas e sociais da existência, através da analogia com a análise do utensílio quebrado presente em *Ser e Tempo*. Neste trabalho, proponho uma análise da leitura de Schmid em três etapas: 1. Sustento que esta leitura implica tanto uma transgressão categorial quanto uma perspectiva funcionalista, ambas derivadas da analogia equivocada com o modo de ser dos utensílios; 2. As rupturas nas estruturas práticas e sociais da existência não parecem ser suficientes para a manifestação de enfermidades mentais; e 3. Sustento que as perturbações na observância às normas são intimamente ligadas à experiência da enfermidade, mas apenas como consequência destas. Em seguida, introduzo uma abordagem relativa à autocompreensão mentalmente enferma prévia à tematização dos distúrbios de observância às normas. Sugiro que uma perturbação no espaço modal da experiência causada por mudanças afetivas tem um papel importante na compreensão da enfermidade mental a partir da perspectiva fenomenológico-existencial.
Palavras-chave: Psiquiatria; Heidegger; Sentimentos existenciais; Normatividade.

Resumen: En un trabajo reciente, Schmid (2018) presenta lo que considera la manera apropiada de entender la enfermedad mental desde el punto de vista de la fenomenología existencial de Martin Heidegger. La enfermedad mental se presenta como una serie de rupturas en las estructuras prácticas y sociales de la existencia, por analogía con el análisis dela herramienta rota presente en *Ser y Tiempo*. En este trabajo, propongo un análisis de la lectura de Schmid en tres etapas: 1. Sostengo que esta lectura implica tanto una transgresión categórica como una perspectiva funcionalista, ambas derivadas de la analogía equivocada con el modo de ser de los utensilios; 2. Las rupturas en las estructuras prácticas y sociales de la existencia no parecen ser suficientes para la manifestación de la enfermedad mental; y 3. Sostengo que las perturbaciones en la observancia de las normas están estrechamente vinculadas a la experiencia de la enfermedad, pero sólo como consecuencia de ella. A continuación, introduzco un enfoque de la autocomprensión de los enfermos mentales previo a la cuestión de los trastornos de conformidad a las normas. Concluyo que una perturbación en el espacio modal de la experiencia causada por cambios afectivos desempeña un papel importante en la comprensión de la enfermedad mental desde la perspectiva fenomenológico-existencial.
Palabras clave: Psiquiatría; Heidegger; Sentimientos existenciales; Normatividad.

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The Disordered Existentiality Problem

What is the proper way to consider the phenomenon of mental illness from the perspective of existential phenomenology? Are there satisfactory elements in Heidegger's philosophy to address this issue? In a recent paper, Schmid (2018) argued that there are, and elaborated on the necessary conditions for this conclusion. Her strategy was to locate a disturbance in the existential structures of sociality and interpersonality arising from this type of illness. The phenomenon of mental illness was presented, therefore, as a disturbance in existence, experienced as unintelligible by one's peers. In this paper, I analyze this reading. Are these aspects exhaustive? Do they encompass the totality of the phenomenon of mental illness, or rather do they provide just a partial description? Do these aspects fit in an existential-phenomenological approach? My strategy is to point out some limitations of this proposal. In the end, I propose an alternative view to some of the problems identified, based on the recent notion of *existential feelings* (Ratcliffe 2008; 2015).

The existential-phenomenological approach, according to Schmid (2018), would have a descriptive advantage over the merely objective or social aspects of naturalistic and normative approaches in psychiatry. The description of experiential modifications in illness would count as a decisive evaluative criterion in the case analysis, going far beyond external criteria, such as those of the DSM, for example. There would be also relevant ethical reasons to prioritize this approach, such as providing a classification that does not commit itself to objectifying categories of human existence, giving experience a central role in the analysis of those illnesses (Schmid 2018, p.487).

Understanding mental illness as a type of disturbance, Schmid thematizes the condition in a three-step approach (Schmid 2018, p.488). The first step concerns *what* mental illness is. Unlike somatic illness, mental illness is not located in specific parts of the human body. It affects, rather, the structure of experience as a whole.[1] In this sense, biological approaches to psychiatry fall short of a satisfactory account of psychiatric phenomena, since their description ignores the patient's general experiential changes. It can be said that these experiential changes are largely responsible for psychiatric illness, and this is so precisely because what the patient experiences are experiential modifications, not mere brain dysfunctions. The disturbance of experience corresponds to a disorder in the self-interpretative process of *Dasein*, affecting the possibilities available in a given situation (Ibid, p.490).[2]

The second step concerns *how* illness manifests itself. Drawing on Heidegger's concept of disturbance (*Störung*), Schmid examines the experiential manifestation of mental illness. In *Being and Time*'s description of pragmatic contexts, the concept of disturbance highlights the way in which tools and equipment manifest their dysfunctional aspect (Heidegger 1979, p.74). Similarly, according to Schmid, mental illness affects the whole existence by disturbing the dynamic performance through the loss of practical embeddedness and experiential familiarity (Schmid 2018, p.492).

The third step answers *why* the disorder manifests itself, through an analysis of the disturbances of the existential structures of sociality (*Mitsein*) and those of "the one" (*das Man*). This analysis suggests that the most basic source of meaning derives from public practices that establish a set of meaningful norms. For that reason, disruption in interpersonal and social structures of existence marks, according to Schmid, the experiential aspect of mental illness in articulating the experience of "not-being-able-to-understand oneself in certain possibilities anymore", including those of a shared space of possibilities (Schmid 2018, p.493). This approach also provides an additional explanatory element regarding the unintelligibility of the ill persons' actions by the community (Ibid, p.496). Thus, mental illness is a disturbance concerning the practical involvement with the world, a rupture in the experience that results from the malfunctioning of existential structures linked to sociality and public norms (Ibid, p.498). In the next section, I analyze some problems identified in this approach, mainly focused on the second and third steps.

The Broken Tool Analogy

In this section, my strategy is to evaluate the adequacy of the notion of *disturbance* (*Störung*) used to support Schmid's claim about *how* mental illness manifests itself. The concept of disturbance in *Being and Time* is mainly

[1] The difference between *disease* and *illness* was extensively elaborated by Carel (2016). While the former consists of the available totality of objective changes in a body that can be measured from objective standards, the latter is associated with the lived experience of this condition. Carel's example illustrates how this difference works: if a person has undiagnosed cancer, he or she is sick, even if not ill. Similarly, if depression does not involve a corresponding brain injury, the depressed person is ill without being sick. There is no dependency relationship between these two levels. See also Boorse (1975) for a naturalistic approach to the distinction between illness and disease. In this case, *illness* is understood from a strictly evaluative component and, therefore, linked to medical practice, as opposed to the notion of *disease*, derived from the theoretical approach to medicine.

[2] In Heidegger's terminology, the term *Dasein* refers broadly to an entity that is mainly characterized by an activity of self-interpretation, consisting at the same time of a set of existential structures that correspond to constitutive aspects of this activity. See Heidegger (1979, p.12). For a formulation of the concept of *Dasein* in terms of an event or activity, see Withy (2015).

concerned with the analysis of the pragmatic tasks and their corresponding entities: tools. According to the ontological-pluralist thesis of *Being and Time*, these entities belong to an ontological domain determined in an entirely different way from the domain of entities like us, human beings. Ontological pluralism names a thesis according to which there are several and irreducible ways of being, and not only different objects (McDaniel, 2009). Concerning Heidegger's version of ontological pluralism, a way of being can be said as providing different criteria of determination, identity, and individuation of entities (Reis, 2020). As irreducible to each other, different ways of being constrain specific patterns of intentional relationships toward different entities, and Heidegger expressly identifies at least five ways of being, namely, existence (*Existenz*), readiness-to-hand (*Zuhandenheit*), presence-at-hand (*Vorhandenheit*), consistence (*Bestand*), and life (*Leben*), which are nonetheless not fully developed in the context of *Being and Time*.

The analysis of everyday coping in *Being and Time* shows that ready-to-hand entities are not immediately identified as objects with properties, but rather as tools or equipment with which we perform tasks and accomplish our projects. In normal circumstances, there is a network of tools referring to a certain task to be accomplished. Everyday activities do not describe an abstract enterprise but involve instead a kind of practical intentionality that dismisses thematization on the task to be performed. An essential aspect of using tools is their implicit presence. Under normal circumstances, they remain in the background in order to do the work in question. This transparent presence, however, may eventually come to the fore in at least three identified situations: *conspicuousness*, in the non-performance of the tool; *obstrusiveness*, the disappearance from the field of vision; and *obstinacy*, the inappropriateness of a tool to a given task (Heidegger 1979, p.74). These changes correspond to the kind of disturbance that Schmid intends to draw attention to.[3] If the analogy with the malfunctioning tool is correct, we must suppose that a corresponding analysis recognizing the stages of *conspicuousness, obstrusiveness,* and *obstinacy* related to human existence must be supplied.

Carel (2016) examined the range of the analogy with illness in general. In normal experience, the healthy body is lived in a transparent way analogous to the functional tool. It only comes to the fore in breakdown situations, e.g. a paralyzed hand (*conspicuous*), amputated (*obstrusive*), or disobedient by virtue of a stroke (*obstinate*). Despite the alleged similarity between bodies and tools, we must assess the extent of the analogy in ontological terms. Warsop (2011) presented some problems regarding the scope of the analogy. The notion of uncanniness (*unheimlichkeit*), though not exclusive to illness, is phenomenologically conspicuous in these cases and does not require the use of broken tool metaphors. This affective atmosphere brings to the fore the existential awareness of our own body mortality, as in the case of the discovery of a lump that might be cancerous, for instance. The uncanniness manifest in illness announces, therefore, both the finitude of our bodily capacity and that "the instrumentality of our bodies is different from that of tools" (Warsop, 2011, p.489).[4] What happens when disease arises, therefore, is a privation of certain lived possibilities, and not just the experience of a broken organ.[5]

Another salient aspect concerns the experience of dysfunction. While the bodily collapse entails a direct relationship with the patient's own identity, the same cannot be said of the instrumental collapse. Thus, a change in bodily experience, unlike instrumental malfunctioning, involves also a complete shift in the embodied being-in-the-world, conducing to changes in intentionality and meaningfulness (Carel 2016).

I think despite the apparent similarity, we should go a step further in the analysis of the broken tool analogy. If the analogy remains regardless of these obstacles, is it still possible to maintain it in relation to *mental* illness? Even if one does not assume an arbitrary discontinuity between mind and body, there is an unquestionable phenomenological difference between somatic and mental illness. The difficulty of finding correlates for *conspicuousness, obstrusiveness,* and *obstinacy* in mental illness cases seems to indicate the need for an even greater interpretative effort. What does it mean to say that someone's experience is not working anymore, it has disappeared, or it is inappropriate?

Finally, the analogy seems to result in a view quite close to a functionalist perspective of the mind. Roughly said, functionalism in the philosophy of mind concerns the doctrine according to which what makes something a mental state is precisely its mode of functioning and the role it plays in a cognitive system (Levin, 2018). The way it has been presented, the broken tool analogy seems to go exactly in this direction. Characterizing mental illness as a disturbance of functional experience suggests a rather restricted picture of the meaningful experience as outlined in *Being and Time*, and entails that what characterizes the mind is merely its right functioning. But, as we saw in the first section, existence, unlike tools, is not correctly characterized by its functioning, but, rather, in terms of possibilities (Heidegger 1979, p.145). Possibilities are, according to Heidegger, the proper way to understand the human *self*-relationship, and not in terms of properties or characteristics, let alone the functional

[3] Similarly, Leder (1990) draws attention to the diseased body as a body subject to the principle of *dys-appearance*, that is, when the body appears as a thematic focus, but precisely in an abnormal, disruptive state.

[4] Warsop (2011) also provides an important textual consideration of the difference, theorized by Heidegger (1983) between tools and organs. Unlike tools, which are characterized by readiness for a task, organs are at the service of an organism, and ultimately subservient to the organism's specific capabilities. Hence Heidegger's astonishing statement that the organism does not see because of the eyes it possesses, rather it has eyes because it has the ability to see. See Heidegger (1983).

[5] I am perfectly aware that Heidegger does not mean by *unheimlichkeit* exactly *this* kind of breakdown. My aim rather is to evaluate to what extent it is possible to examine the illness dimension through an appeal to existential concepts rather than "ready-to-hand" ones. In the same way, a complete consideration of the meanings of "death" in *Being and Time* should be considered, but this would exceed the limits of this work.

ones.[6] Thus, in appraising the disordered existentiality problem – namely, that of mental illness – from an existential-phenomenological perspective, it must be completely distinguished from the broken tool analogy, despite misleading similarities. Before considering the existential trait of rupture at the very core of the mentally ill experience, in the next section, I shall examine the third step in Schmid's analysis, namely that of *why* the disorder manifests itself, and its alleged relation to the social structures of *Dasein*.

Sociality, Normality, and Health

At least in *Being and Time*, Division I, everyday normal experience amounts to the agent embeddedness in collectively accepted practices. In ontological terms, this means that my particular copings with the world are to a great extent dependent on collective norms. One of the formal characteristics of human existence consists, therefore, in its belonging to a meaningful structural whole**,** which provides the rules of normalization and intelligibility of existence, designated by the term "the one" (*das Man*) (Heidegger 1979, p.114). It seems thus appropriate to characterize everyday co-existence as a constituent aspect of the meaningfulness of the world, a normative dimension that establishes and distinguishes which practices are acceptable and which are not. Schmid presents these existential structures as fundamental to investigate mental illness through the identification of deviant traits and their implications for both self and interpersonal understanding. Schmid's description, however, includes an additional commitment by identifying the disturbance of this normative structure with the condition of mental illness. This assumption derives from an explicit commitment to the pragmatist interpretation of *Being and Time*'s fundamental ontology, like that of Brandom, Carman, Dreyfus, Haugeland, Malpas, and others (Schmid 2018, p.495, fn.). As does Schmid, I will not evaluate to what extent this interpretation is correct from an exegetical point of view. Rather, my strategy is to point out the problems arising from the acceptance of this interpretation strictly regarding the analysis of mental illness.

According to the pragmatist interpretation of *Being and Time*, meaning and intelligibility are mainly based on established practices embedded in a given social context. Dreyfus (1991), for instance, famously maintained that *das Man* structure is responsible for the ultimate source of intelligibility (pp. 154-162). The *existentiale* corresponding to the social and normative structures thus engender an implicit assumption of normality, which Schmid considers quite right.[7] This thesis, however, is not so easily accepted in Heidegger's secondary literature and presents some obstacles. Some readings, for instance, point out to the neglect of the multiplicity of equally necessary existential structures that enable meaningful experience, of which *das Man* is only part of the story (Keller and Weberman, 1998).

It follows from this a probable constraint on Schmid's proposal regarding the analysis of mental disorders, mostly based on the implicit link between "the one" and normality. In this picture, disordered existentiality cases result from a disturbance in the practical relation to the world arising from the malfunctioning of existential structures linked to normativity, namely, *Mitsein* and *das Man*. An unacknowledged consequence in Schmid's analysis is the immediate commitment to an implicit health criterion linked to the normativity described by those concepts. Thus, *Mitsein* and *das Man* would stand for structures that regulate not only meaning experience but also *normal* meaning experience, defined from a medical point of view. On the other hand, in the formal analysis of existence presented in *Being and Time,* Heidegger intends to show the necessary structures that configure human experience as a whole, including its moments of breakdown, as shown in the analysis of *Angst* ((Heidegger 1979, p.184). Thus, the assumption of a concept of normality linked to a regulative idea of health internal to *Mitsein* and *das Man* structures would entail also the neglect, or even pathologization of several non-common modes of experience, including contingent historical and cultural configurations, for instance.[8]

Although a historically changeable concept of health can be accepted, it seems problematic to assume it as an essential trait of human experience, linked to an existential structure such as "the one". In assuming an oscillating concept of health, two alternatives immediately follow. The first one is to deny that "the one" provides indicative traits of one's mental health, thus distorting Schmid's analysis. The second one is to assume that rule-following disturbances are linked to illness experiences, but only as a consequence of that. I shall examine this point later. It has also to be considered that even if the "normal" presents itself as usual and unexceptional,

[6] On the concept of possibility in Heidegger's work, see Kearney (1992); Blattner (1999); and Reis (2014).

[7] Heinämaa and Taipale (2018) provided recently a concept of normality from a Husserlian point of view. This concept of normality encompasses, on the one hand, the notion of *concordance* (coherence between experiences) and *optimality* (richness and differentiation of experience in relation to the intended object). An experience, therefore, may be consistent with the subject's experiences and history, and at the same time disagree with the experiences of other subjects. In this sense, agreement to social standards, for example, seems to indicate an inappropriate measure, since it lacks a comparative element between normal and abnormal. It is likely, therefore, that many conditions are made pathological by comparing common standards of measurement that can be both experienced and understood as normal by the people who experience them. In this sense, a nonconforming concept of normality that nevertheless offers optimal elements in a unique experience is acceptable. The concept of optimality serves these purposes. Normality and abnormality, in this view, are not adequately analyzed in statistical terms, but involve experiential structures, which must be elucidated from the point of view of the people who suffer such disruptions.

[8] Based on this problematic assumption, how should we understand, for example, deviant but not necessarily pathological cases such as mystical experiences or altered states of consciousness? Parnas & Henriksen (2016), for example, explored some structural similarities between schizophrenic and mystical experiences such as world-detachment, self-effacement, and revelation. Despite some phenomenological analogies, however, mystical states and schizophrenia appear as very distinct conditions. On the nature of mystical states and its relation to religious experience in general, See also James (2013).

there are still multiple ways of existing that contrast to those specified by everyday forms, and which are still permeated by meaning, without implying a disordered existence, such as mystical and extraordinary experiences, for instance. One direct objection to the pragmatist interpretation would be that it completely disregards intelligibility outside the anonymous repertoire of average practices (Keller and Weberman, 1998).

My suggestion is that the acceptance of the pragmatist interpretation implicitly brings along a problematic *ontological* health and normality criterion. Accepting this criterion introduces an additional problem concerning the assessment of deviant, but not necessarily unhealthy cases as pathological ones. This point refers to a problem related to the elaboration of an existential-phenomenological concept of health, an element that is not addressed by Schmid, and which I cannot fully elaborate on in the scope of this work.[9]

The Experiential Dimension of Mental Illness

As I pointed out above, I maintain that rule-following disturbances are linked to illness experiences, but only as a consequence of that. If this is the case, the first-person experience of mental illness must be *experientially* prior to the rule-following disturbance. In accepting this argumentative step, it is possible to point towards a phenomenologically relevant dimension of mental illness experience. According to the picture of human existence presented in *Being and Time,* the totality of relations that configure a socially embedded practical identity is grounded on an entity for whom this totality *matters. Being and Time*'s existential picture thus presents an individual experiential structure irreducible to its social or interpersonal dimension, although constituted by it. It is widely recognized that one of the central features of phenomenological enterprise is the methodological privilege of the first-person description. So, I assume that in order to examine mental illness from the theoretical framework outlined in *Being and Time,* we have to consider it from a radical indexical perspective of which description is accountable to the particularities of self-reference from the first-person point of view. By adopting this strategy, it is possible to outline some criteria for identifying the experiential changes entailed by mental illness.

In an attempt to locate an appropriate notion of subjectivity in *Being and Time*, Crowell (2005) identified some first-person reference criteria in that context, providing, at the same time, a normative basis for a Heideggerian approach to intentionality and intelligibility. Such criteria were formulated in terms of requirements to provide descriptions that: (a) infallibly pick out the entity to which it refers, contrasting with the use of proper names and defined descriptions, for instance; (b) identifies the entity without resorting to any knowledge, linked to the subjective use of "I", so that first-person reference be purely indexical, immediate, non-criterial and non-inferential; and (c) dismisses all third-person descriptions, including reference to external elements like practices or public norms (Crowell 2005, p.123). If Crowell's approach is right, then the mentally ill experience description offered by Schmid has to be reexamined according to those requirements.

From this perspective, Schmid's pragmatist interpretation misses the point mostly because it contemplates just one part of *Being and Time*, namely, Division I. As is well-known, the theme of self-reference in this part of the book has not yet been properly addressed.[10] Because of that Schmid's analysis provides only part of the conditions required to understand the mental illness phenomenon. Despite the formulation in terms of conditions to be met, this is a strictly phenomenological requirement: in addition to third-person conditions of identification of mental illness we need to provide, also, the proper way of phenomenalization of the illness for those who suffer it, that is, its radical experiential dimension.

As previously shown, the use of the broken tool analogy in order to understand mental illness is inadequate for several reasons, and therefore inappropriate for capturing the significance of the phenomenon in question. I want to suggest in what follows that the mental illness experience shows itself from a first-person perspective mostly in terms of an alteration in the affectivity dimension of human life, presented as one of the structural moments of the disclosedness in *Being and Time*.[11] In that context, affectivity discloses not just our relation to the world and other people but promotes at the same time a kind affective *self-disclosedness*, intrinsically related to our beliefs, attitudes, and responses to available possibilities.[12]

Recently, Matthew Ratcliffe (2008; 2015) advanced the Heidegger-inspired concept of *existential feelings* aiming to address the experiential changes undergone by mentally ill persons. This perspective shows the world as a space of possibilities determined by a very basic affective dimension.[13] Qualified as *existential*, this dimension

[9] For a relevant discussion of a phenomenologically oriented health concept, see Svenaeus (2018).

[10] In the context of *Being and Time*, Division I, the average is the background on which an existence emerges around projects, copings, and activities articulated from rules and daily modes of occupation. This, however, is only the starting point of the description, whose motives are radicalized in *Being and Time*, Division II, when the themes of consciousness, guilt, existential death, etc., emerge.

[11] As the mereological vocabulary suggests, the affectivity dimension (*Befindlichkeit*) does not occur in isolation from the understanding dimension (*Verstehen*), or its discoursive (*Rede*) counterparts, for example. Although it is possible to identify the ruptures in isolation, it is the rupture in the totality of meaning, therefore, that allows the illnesses to be lived in its several aspects. What I want to suggest is the primacy of the affective dimension in the *emergence* of the experience of mental illness, and not its independence from others aspects of our openness to the world.

[12] Weberman (1996) considers psychotherapeutic practice, for instance, as the empirical attestation that attention to one's own emotions promotes increased self-understanding, and eventually provides an improved ability to cope with its own life challenges.

[13] A distinction must be made between, on the one hand, intentional aspects of affective life, directed at particular objects, such as emotions, and, on the other hand, pre-intentional feelings which capture a very basic way of being-in-world that is determinant of possibilities available to experience. Their presence can be identified on a primitive bodily level, going through the social dimension, until immersion

discloses the very core of human experience, i.e., our pre-intentional way of encountering the world. In the case of psychiatric illness, the ruptures in this dimension promote changes – normally disturbances – on the types of possibilities available in experience. Considering the central role of the concept of possibility in Heidegger's analysis of existence, the relevance of existential feelings in analyzing mental illness through the existential-phenomenological lens of *Being and Time* seems justified.

From a critical point of view, Ratcliffe (2008) expresses the need for a conceptual enlargement of the affective structure found in *Being and Time* in at least three aspects: first, Heidegger's analysis is restricted only to a few *Stimmungen* or moods, namely, *Angst* (in *Being and Time*) and *boredom* (in *The Fundamental Concepts of Metaphysics*). Second, there is the need to provide a more fine-grained taxonomy of affective phenomena, distinguishing between emotions, moods, and feelings, for instance. Third, the bodily aspect of affective phenomena should also be emphasized, whose description is completely absent from *Being and Time*.[14] According to Ratcliffe, existential feelings refer specifically to bodily feelings that determine the ways in which we find ourselves in the world, existential backgrounds that shape all our experiences (Ratcliffe 2008, p.41). This wide range of affective phenomena comprises basic bodily feelings immediately related to our interaction with the world, other people, and ourselves in a way that alterations in this dimension tend to promote existential disturbances such as those identified in psychiatric pathologies.[15]

In order to understand mental illness from a phenomenological-existential perspective, I think we should consider in the first place how this affective category depends on a rigorous first-person description and, at the same time, the way it provides the experiential element of mental illness phenomena. How can we do this? Maybe a promising direction would be to follow Crowell's requirement for a rigorous first-person identification as described above. So, in this case, we have according to its strictly bodily configuration (a): existential feelings pick up unequivocally the entity who underwent experiential changes due to mental illness without appealing to proper names or defined descriptions; regarding (b): existential feelings provide an immediate, indexical, non-criterial and non-inferential identification, because of their pre-intentional basic trait, without appealing to any cognitive element. Feelings and emotions are typically immediate phenomena and they do not require any inferential or deductive process from beliefs about external circumstances. At the same time, feelings and emotions simultaneously disclose the one who experiences them (Weberman, 1996). Now, concerning (c): attention to this affective basic layer of experience excludes the need of any kind of third-person description such as practices or norms, since self-reference, in this case, does not come from something external, but contains essentially an experiential aspect of illness manifestation.[16] In order to recognize the basic dimension of self-experience which existential feelings refer to it is necessary, therefore, to identify the modifications at this basic level, derived from mental illness.

Now, if we understand existential feelings as an extension and refinement of *Being and Time*'s affective structure, and as comprising important experiential changes in mental illness, they can also provide the intelligibility of the normative disturbance at *Mitsein* and *das Man* level, as arising from this most basic existential disturbance, not the other way around, as Schmid argues. As previously shown, this descriptive category fulfills the three requirements Crowell suggests. This is an important result insofar as it does not only point to the limits of Schmid's interpretation but indicates as well the changes required in an existential-phenomenological approach to mental illness. From this point of view, the rule-following rupture Schmid identifies could only be presented as derivative because it does not capture the most basic experiential aspect regarding the origin of the mentally-ill self-understanding. Meanwhile, the affective aspect described in *Being and Time* presents the formal trait of disclosing something more than subjective states. The affective aspect of human life also discloses what Heidegger describes as *thrownness* (*Geworfenheit*), the plain fact "*that it is and has to be*" (*Dass es est ist und zu sein hat*) (Heidegger 1979, p.135).[17] As already thrown in a meaningful context, the existent has to take care of his or her own being, making sense of entities in its surroundings as *mattering*, in the first place.

From an existential-phenomenological point of view, it is thus possible to identify the emergence of psychiatric disorders with ruptures in this commonly inconspicuous affective stratum, which concomitantly promotes several alterations in the modal space of experience, i.e., the possibilities available for the range of different comportments toward ourselves, others, and the world. The bodily felt changes described by the notion of existential feelings, therefore, determine modifications in those experiential possibilities, both in the case of our projected possibilities (*Entwurf*), as well as in the encounter with our inherited possibilities (*Geworfenheit*). Because of these modal alterations, some possibilities appear as excessively salient, decreased, or disorganized.

in particular emotions. For a taxonomy of existential feelings levels, see Slaby & Stephan (2008).

[14] Nearly 35 years after the publication of *Being and Time*, in the *Zollikon Seminars* Heidegger provides a thematization of the body adequate to existence in terms of the *lived body*. Although the *Zollikon Seminars* took place at the end of Heidegger's career, the conceptual scheme which he uses in that context is the same as the existential analysis of *Being and Time*. See Aho (2018).

[15] It should be noted that the phenomenon of mental illness is absent from Heidegger's existential analytic in *Being and Time* and that there is no treatment in this work of any pathological disintegration of the self. See Kouba (2006).

[16] This is not to say that *causal* aspects of mental illness emergence are in some way restricted to *internal* circumstances, such as neurochemical imbalances in the brain, neither that the environment doesn't contribute to the development of several disturbances (See Davies, 2016). My point is rather that from a phenomenological point of view first-person descriptions provide an important individuation criterion regarding what counts as mental illness.

[17] This expression refers to the fact that, as existents, we find ourselves already in previously given circumstances, delivered to a significant context already at work with a definite content and in a given historical-social heritage, whose choice is not within our reach.

In other words, alterations in basic bodily feelings promote changes in the experiences of what is possible concerning self, other, and world experience (Ratcliffe & Broome, 2012). In the next section, I provide two examples of how these disturbances manifest themselves.

How Existence Gets Disordered

Lastly, I resort to two cases of disturbances at the existential level from the so-called *self*- and *mood*-disorders in order to illustrate the concomitant changes in the modal space of experience. In doing so I provide a couple of examples of how existence gets disordered through the arising of mental illness.

In the context of *self*-disorders, the EASE scale presents a symptom checklist based on phenomenological descriptions of anomalous self-experience within the schizophrenia spectrum.[18] In those cases, a "striking observation was made that the majority of the patients uniformly reported a long-time persisting identity void or more recently occurring *feelings* of self-transformation" (Parnas et al. 2005, p.237, my emphasis). These "feelings of self-transformation", I argue, can be thought of as encompassing analogous alterations in the modal space of experience such as those described by existential feelings. So we have, for instance, descriptions of *loss of thought ipseity* as a "*feeling* that certain thoughts (usually interfering thoughts) may appear as deprived of the tag of mineness (...)." Thoughts, in these cases "*feel* anonymous, or otherwise indescribably strange, perhaps without a connection to the patient's self, perhaps as if they were not generated by the patient (...)" (Ibid, p.240, my emphasis); or *diminished sense of basic self*: "a pervasive *sense* of inner void, lack of inner nucleus, a pervasive lack of identity, *feelings* of being anonymous, as if non-existent or profoundly different from other people (...)" (Ibid, p.244, my emphasis); or yet, *diminished presence/Subtype 2*: "a pervasive nonspecified (quasi-perceptual) *feeling* of distance to the world, or a *sense* of a barrier between one-self and the world (a *feeling* of being enclosed in a 'glass case' or being behind a glass)" (Ibid, p.247, my emphasis). In these cases, changes to the unusual ways of being in the world, described in terms of anomalous *feelings* indicate different patterns of existence, in which normal self-experience is not possible anymore. We can see that descriptions of changes in the *felt* level of experience comprise some profound alterations in the modal space of experience, such as those related to our thoughts, the basic sense of self, or our relation to the world.

Modifications in the modal space of the experience appear also in *mood*-disorders cases, as in experiences of depression (Ratcliffe, 2015). Narratives of depression often present the complaint of a kind of disconnection, an unpleasant inability to bond with the world. Unlike schizophrenia cases, the alteration in the modal space of experience in depression seems to indicate a disturbance on the very possibility of being affected. The resulting transformation is often described as a type of body prison, from which it seems impossible to escape (Ratcliffe 2015, p.64). Invoking Styron's (2001) description of his own depressive process, for example, Ratcliffe conveys how altered feelings were associated with a radically different self and world experience. With reference to the feeling of *suffocation* described by Styron, Ratcliffe maintains that this feeling stands for "something that is not experienced solely as an internal bodily state but also as an altered relationship with the world" (2008, p.61). The practical implication of these affective transformations is that his whole experience appeared in some way diminished, modifying entirely his way of belonging to the world. Experiences of depression are often expressed through confinement metaphors, which convey an altered openness to the world based on pronounced bodily symptoms (Ratcliffe, 2015, p. 148). The type of collapse that takes place in these cases refers, most of the time, to the complaint of a "world impoverishment" (Ibid, p.8). In severe cases, also the future does not appear as a space of possibilities different from the current situation. This concomitantly entails the belief that recovery is impossible, which derives from an inability to assimilate something that is not only possible but also quite probable (Ibid, p.274). It is this inability to entertain alternative possibilities, therefore, that leads to a decreased appraisal of the world as a good place to stay. If access to alternative possibilities was repaired, this kind of pessimistic evaluation would become contingent. Furthermore, depressive narratives convey sometimes descriptions of a change in the experience of time, expressed through complaints of eternal, endless pain, or things seeming frozen, as devoid of a significant temporal dimension (Ratcliffe 2015, Chapter 7). These global changes in experience are mostly felt in an unpleasant, painful, and sometimes, incapacitating way.

Through these few examples, I think it is possible at least to exemplify the thesis of the primacy of the alterations in the modal space of experience regarding the analysis of mental illness from an existential-phenomenological perspective. Such altered possibilities were thus identified out of some dramatic modifications in the phenomenology of self-world relationship characteristic of those illnesses. This approach has the advantage of providing, therefore, the experiential aspect of mental illness, without the need to employ any analogy with an inappropriate way of being. In respecting the proper methodological path for accessing the entity that we ourselves are, we can also secure the adequate ways of determination, identity, and individuation of human existence in its disordered forms as well.

[18] The *ipseity-disturbance hypothesis*, for instance, refers to the impairment of the most basic sense of selfhood in schizophrenic disorders. See Sass & Parnas (2002).

Conclusion

In this work, I analyzed Schmid's (2018) contribution to the understanding of mental illness from the point of view of Heidegger's existential phenomenology. Notwithstanding the descriptive power of existential phenomenology, Schmid's perspective showed as non-exhaustive, leaving aside central aspects of *Being and Time*'s description, such as affective phenomena, first-person experience, and the role of time. In this work, I only focused on the first two topics. Through the analysis of Schmid's work, it was possible to conclude that the elements she listed were not completely adequate in respect to an existential-phenomenological approach and do not comprise the totality of the mental illness phenomenon.

In particular, I analyzed the range of the thesis that mental illness could be assessed through the broken tool analogy. According to this analogy, mental illness emerges as a form of disturbance in daily existence, at the same time narrowing the possibilities of interpersonal sharing. I showed that in the context of *Being and Time* such an analysis is not wholly adequate insofar as it attributes an equivocal ontological determination to the way of being of existence, namely, a determination belonging to the way of being of tools and equipment. In showing that, I identified also a functionalist approach in treating mentally ill existence as an instance of a broken tool. So, the result would be that interpersonal alterations show themselves only as derived from basic changes in the affective domain.

My main aim was to show that, for an adequate existential-phenomenological description of mental illness, it is necessary to consider at least three aspects of the first-person description, such as those described by Crowell (2015), namely, the direct grasp of the entity whose description refers to, without resorting to proper names and defined descriptions; the purely indexical first-person reference; and the refusal of any third-person description. I also suggested that Matthew Ratcliffe's concept of existential feelings encompass those elements, articulating at the same time the experiential modification pertinent to phenomenological descriptions of mental illnesses. Although it was possible to provide an enlargement of Schmid's approach, some questions are still open and point out the way for further development. One of these questions concerns the role of temporality in the understanding of mental illness. Is it possible to consider a class of experiential modification such as the rupture of all temporal *ecstases*? Are there elements in Heidegger's philosophy to approach mental illness phenomena from an exclusive temporal perspective? (Kouba, 2006). Although pressing, I will leave these questions open for future exploration.

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