BOOK REVIEW

Kevin Aho's *Existential Medicine: Essays on Health and Illness*

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Kevin Aho, ed.. *Existential Medicine: Essays on Health and Illness* London: Rowman & Littlefield International, 2018. 269 pages.

Kevin Aho's masterfully selected collection is an excellent showcase of the contributions that phenomenology, hermeneutics, and existentialism can make to medicine. The volume features insights by major contributors to the field of medical humanities, inspired by the work of Heidegger and Gadamer, among others. The four parts of the volume highlight the following significant trends in medical humanities: existential psychiatry, phenomenology of illness, philosophy of biotechnology, and existential health. A brief summary of each part of the volume is offered, followed by a chapter-based synopsis and commentary.

The thought of Heidegger and Gadamer that underpins the volume is fitting, as each philosopher provided direct philosophical insights on the rise of contemporary medicine. Heidegger held seminars exclusively for medical professionals in Zollikon, Switzerland from 1959 to 1969.[1]

He shows attendees how they are "influenced largely by the scientific way of thinking" (GA 89: 75/ZS 58) that "operates with preconceptions and prejudices [which have] not been reflected on" (GA 89: 134/ZS 103) and stresses that "there is the highest need for doctors who *think* and who do not wish to leave the field entirely to scientific technicians" (GA 89: 134/ZS 103). Gadamer, influenced greatly by Heidegger, lectured on philosophy of medicine and healthcare on various occasions from 1964 to 1991, which were published as *Über die Verborgenheit der Gesundheit* in 1993 (published in English as *The Enigma of Health* in 1996). Here, Gadamer speaks of "finding the right balance between our technical capacities and the need for responsible actions and choices."[2] Both Heidegger and Gadamer highlight that the emphasis on the scientific aspects of medical practice can lead to a myopic focus on technical expertise and lose sight of, to borrow language from Karl Jaspers, "the authentic vocation of the physician," which is to establish "personal relationships with particular patients."[3]

Even prominent representatives of the medical field are beginning to admit that contemporary medical providers are far too focused on the technical nature of their field and not enough on the personal aspects of medicine. The physician-author Atul Gawande, for example, relaying an experience he and his colleagues had with a patient, states that "we could never bring ourselves to discuss *the larger truth* about his condition or the ultimate limits of our capabilities, let alone *what might matter most* to him as he neared the end of his life."[4] Aho's volume provides a wealth of avenues from which to address the impersonal nature of contemporary medicine and imagine a more humanistic version of medicine. A running thread throughout the book is that "how one experiences, interprets, and gives meaning to one's physical distress is just as important to health and healing as cutting out diseased tissue or measuring functional abnormalities" (xiii). This is the primary thesis of what has come to be known as "existential medicine," which John Russon and Kirsten Jacobson note has been around since the 1960s (191) but has really blossomed in recent decades. Many of the most respected contemporary thinkers in the field are featured in this volume.

Part One, "New Currents in Existential Psychiatry," chronicles some of the newest themes in the field of existential psychiatry by some of the biggest names in the field. Existential psychiatry came about as a response to the medical model of psychiatry. On this model, "mental dysfunction is interpreted as a discrete entity, an organic 'disease' of the brain and it is by observing the behavior of the patient that the psychiatrist can identify the disease and apply a diagnostic label."[5] Existential therapists oppose the medical model and take cues from existentialism, phenomenology, and hermeneutics as they consider the human being from the perspective of being-in-the-world, that is, in terms of average, everyday "non-thematic circumspective absorption" (GA 2: 102/SZ 76).

Shaun Gallagher continues his research on intersubjective embodiment, prominent in his book *Enactivist Interventions*, with Chapter One of the volume, "The Cure for Existential Inauthenticity."[6] Here, Gallagher argues that a relational account of authenticity can be used to cope with existential anxiety. He argues against Heidegger and Sartre's accounts of authenticity, since he regards both as thinking that "relations with others tend to lead us astray from our fundamental project – our unique projection of possibilities upon which we need to act" (8). Gallagher's own project of relational authenticity has the following three theses, which he sees lacking in Heidegger and Sartre: 1) authenticity is relational; 2) one's ownmost possibilities are not strictly "ownmost"; and 3) being with others is an occasion for authenticity (11–12). He focuses on grief as clearly relational (thus distinguishing it from major depressive disorder) as it demonstrates the fragility of relations with others; when we grieve, we can engage in "more careful (authentic) relations with the people we love or the people with whom we live and work" (13).

Gallagher's way of juxtaposing grief with major depressive disorder is appropriate, and provides an excellent demonstration of the sort of contribution existential therapy can make to the medical-model-ridden field of psychiatry. However, Gallagher's lumping Heidegger's and Sartre's accounts of authenticity together is problematic. Sartre's early philosophy certainly suffers from the individualism that Gallagher is trying to overcome. For instance, Sartre says things like

"man is…without any support or help, condemned at all times to invent man"[7] or "freedom [is] the foundation of all values,"[8] thus revealing his individualistic understanding of authenticity. Heidegger sometimes speaks in this fashion, and Gallagher provides evidence of this, but Heidegger's account is far less individualistic than Gallagher would have us believe. For Heidegger, the authentic self is "the self which has been taken hold of in its own way" (GA 2: 172/SZ 129) and he makes it clear that "authentic being-one's-self does not rest upon an exceptional condition of the subject, a condition that has been detached from the 'they'" (GA 2: 173/SZ 130). Rather, as Charles Guignon has persuasively argued, "the contexts of significance that mediate our self-interpretations are themselves embedded in a shared 'we-world.'"[9] Thus, authenticity is not as individualized a project as Gallagher claims on the Heideggerian model.

In Chapter Two, Robert Stolorow adds to his impressive corpus of existential therapy contributions with an essay focused on his specialty: emotional trauma. Stolorow claims that mainstream psychiatry, as represented by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), is based on the flawed subject-object ontology of Cartesianism. He goes to argue that it therefore should be replaced with a psychoanalytic phenomenological contextualism that recognizes the existential meanings of life experience. Stolorow reiterates his claim, made most poignantly in *Structures of Subjectivity*, that "all emotional disturbances are constituted in a context of human interrelatedness – specifically, contexts of emotional trauma" (20).[10]

On Stolorow's analysis, trauma acts as a breakdown of the world (understood in the Heideggerian sense as a breakdown of the web of meaningful relations) for the person traumatized, which opens the person up to the uncanniness of life, thus inducing *Angst*, which he refers to as "existential anxiety." He provides practical ways of coping with this type of anxiety with his concept of a "relational home," that is, "a context of emotional understanding" (21) that allows a person to articulate, better tolerate, and perhaps eventually integrate this trauma into his or her life, thus achieving authenticity. I think what is most

important in Stolorow's account is that "*trauma recovery* is an oxymoron" (22) since we know that those who have experienced extreme trauma in their lives, including horrific experiences such as war or rape, never fully recover. Considering that this is often the case, the practical coping method he offers may be far more effective than the fallback method of mainstream psychiatry, that of prescribing psychiatric medication, as this method may not deal with the trauma head-on and may even be dangerous in some circumstances.[11]

Chapter Three showcases a relative newcomer to the field of existential psychiatry in Anthony Fernandez, who adeptly navigates the Heideggerian terrain of moods, situatedness, and care from *Being and Time* in his attempt to show that the ontological structures of Heidegger's fundamental ontology ("existentials" in *Being and Time*) are not actually the essential structures that Heidegger would have us believe, but are rather contingent. Taking a cue from one of the pioneers of existential psychiatry, Ludwig Binswanger, Fernandez focuses on the phenomenon of severe depression, noting that "some people diagnosed with severe depression are de-situated – that is, the depressed person loses the capacity to be affectively situated in and attuned to her world," which means that "the ontological category – the existential of situatedness [*Befindlichkeit*] – is lost" (39).

Fernandez's account is intriguing, but ultimately unconvincing. In speaking of *Befindlichkeit*, Heidegger claims that "in every case Dasein always has some mood [*Stimmung*]" (GA 2: 179/SZ 134), which, for him, means we invariably find ourselves in situations that affect us. Moreover, any ontic emotional state, whether elation, boredom, or the despondency that often accompanies persons with severe depression, is considered a mode of *Befindlichkeit*. If Fernandez were correct, and some severely depressed persons had no *Befindlichkeit* whatsoever, there would be no common basis for which to even start existential therapeutic treatment, since there must be some attunement to the world in order to reorient a person's being-in-the-world.

In the last chapter of Part One, Dylan Trigg provides a novel and persuasive account of the phenomenology of nostalgia and its relation

to anxiety using the concepts of being-at-home and being ill-at-home. While being-at-home is being integrated spatially, temporally, intersubjectively, etc., in one's world, being ill-at-home is to have "these taken-for-granted modes of familiarity and directionality uprooted" (45). Trigg follows the common interpretation of anxiety in Heidegger's sense as a breakdown of the world of significance but goes a step further in his discussion of nostalgia, which "aims to restore familiarity and continuity through seizing the world in and through an already-formed lens, which is then mapped over the present" (57). In Trigg's final analysis, he argues that nostalgia "amplifies and problematizes rather than subdues and assuages our capacity to call our temporal and spatial existence into question" (57).

Trigg may be correct to note that nostalgia functions as a way of fleeing anxiety, as one may be enticed to retreat to the safety of one's past, rather than take on the present head-on. However, it may also be true that nostalgia can provide a sense of continuity and a rootedness to life that one may be able to pull from during the onset of world collapse. While one cannot fully restore a distant (in both the spatial and temporal meanings of the term) sense of being-at-home, aspects of one's former world may provide elements worth revisiting and possibly worth re-instantiating in one's own life and allow for, to use Heidegger's language, "the authentic repetition of a possibility of existence that has been" (GA 2: 509/SZ 385).

Part Two of Aho's compilation tackles another topic also important to the field of existential health: the phenomenologies of pain, anxiety, and death. As Aho notes, "what scientific medicine often fails to acknowledge are the feelings and perceptions of the sufferer as they are expressed, lived, and made intelligible within the context [of] his or her world" (xvi). Phenomenological approaches to medicine provide first-person perspectives of individuals experiencing maladies so that others, particularly medical providers, can better understand the world of the person suffering, thus opening a wider avenue for empathy.

Chapter Five is a dialog between Matthew Ratcliffe, who has a wealth of experience in the realm of the philosophy of illness, and his

colleague Martin Kusch, an eminent philosopher of science who suffers from chronic pain. Through the frank and forthright first-person account of chronic jaw pain provided by Kusch, Ratcliffe and Kusch provide two points about chronic pain: 1) an experience of chronic pain is inextricably linked with how one relates with others; and 2) certain experiences of pain are simultaneously concretely focused and all-encompassing (61). Kusch's harrowing first-person account relays a change in perspective regarding medical doctors, who were once considered "specialists whose time one 'rents' for them to repair" (65) but are eventually seen as untrustworthy, impersonal, and unsympathetic.

Ratcliffe and Kusch provide an important insight in this chapter, namely, that helplessness of the person in chronic pain leads to "a *style of anticipation* – one expects more pain; one expects no relief from it; and this impacts on what one expects from the world more generally" (70). This style of anticipation leads to a disengagement from the world that ultimately strains relationships with others. The account offered may provide a springboard to empathy for both medical providers who treat persons with chronic pain, and also persons who live closely with those in chronic pain, as the constancy of the pain, the disorienting nature of it, and the impact on one's entire being is sometimes hard to imagine for those who have not suffered pain chronically.

In Chapter Six, Kristin Zeiler provides a phenomenological account of what it means to make a choice in a medical context by focusing in specifically on a parent choosing to donate a kidney to a child with end-stage renal disease (ESRD). Using Merleau-Ponty's concept of the relational lived body as her primary basis, she argues that "there are choices to make, but that which stands out as a choice is formed by our bodily modes of acting and interacting with others and the world" (97). For instance, a parent who "chooses" to donate a kidney to his or her child with ESRD may not perceive this as a matter of *choice* at all but rather as something one "simply does" or "should do" (94).

Zeiler's analysis provides an insightful look into what it means to choose in a medical context that goes beyond the case of parent-to-child kidney donation. All too often, discussions of decision-making in this

sphere take for granted the presence of what Charles Taylor calls "self-determining freedom," that is, "the idea that I am free when I decide for myself what concerns me, rather than being shaped by external influences" even though, as Taylor brilliantly argues, "reasoning in moral matters is always reasoning with somebody."[12] Zeiler provides a fitting vocabulary to help us understand how reasoning and decision-making are relational in nature, and how the co-constitution of our lived bodies informs such decisions.

In Chapter Seven, Jenny Slatman provides an original perspective on how to approach medically unexplained physical symptoms (MUPS) such as fibromyalgia. Many philosophers working on the phenomenology of illness utilize Husserl's famous distinction from *Ideas II* of the body as *Körper*, which refers to the corporeal body, and the body as *Leib*, which refers to the lived body, that is, "the experience of *my own body* [that is] fundamentally bound up and entwined in the 'life-world' [*Lebenswelt*] that I am involved in."[13] Slatman argues that the *Körper/Leib* distinction "easily falls prey to a new form of dualism" (107) wherein the *Leib* comes to be seen as what was previously called a soul or spirit. Thus, pain experienced by the lived body of persons with fibromyalgia can be trivialized, given that it is not able to be referenced in the corporeal body. She utilizes Jean-Luc Nancy's notion of embodiment wherein humans "are matter *and* we sense matter" (111) to overcome what she interprets as the residual Cartesian dualism of Husserl's distinction and recommends utilizing alternative and fragmented ways of speaking of the body, especially those found on the internet, to better articulate the experience of MUPS.

Slatman is right to point out that the common ways of speaking of MUPS in the medical model are problematic. The frequently used labels of "atypical" or "psychosomatic" by medical practitioners in the medical model to explain such symptoms make it seem like the pain is merely "in a person's head" and thus not real, and we should therefore support her project of legitimizing such pain. Nevertheless, her critique of the dualistic framework of *Körper/Leib* is unpersuasive, since there is clearly a difference between the body as studied by modern science

and our bodily experience of the world. The latter, although it depends on the former, cannot ultimately be reduced to what science discovers, since Heidegger is right to point out that "the fact that physiology and physiological chemistry can scientifically investigate the human being as an organism is no proof that in this 'organic' thing, that is, in the body scientifically explained, the essence of the human being consists" (GA 9: 156/247).[14] Moreover, one could argue that Slatman's preferred matter/sensing matter distinction borrowed from Nancy falls prey to the same dualistic model that she is attempting to overcome.

In Chapter Eight, Adam Buben continues his research on the philosophy of death by surveying arguments posed by philosophers as to the importance of death to the meaning of life. He ultimately argues against them and shows that Heidegger's approach to death is superior. While death is typically understood as the event of one's demise, Buben shows that, for Heidegger, death is "a way of being toward available possibilities" (120) and entails the realization "that you are not essentially determined to be anything specific" (122), thus providing the occasion for authentic living.

Buben's interpretation of Heidegger's conception of death is a fitting antidote to the misinterpretation provided by Gallagher in Chapter One. Gallagher states, "For Heidegger authenticity is nonrelational; a phenomenon of being-unto-(one's-very-own-individual)-death" (6). Gallagher seems to think that because death is, to quote Heidegger, one's "ownmost non-relational possibility" (GA 2: 333/SZ 250), authenticity must be non-relational as well. Buben shows that what death teaches us is that "we define ourselves, intentionally or not, through all kinds of activities and *relationships*, but…no particular involvement or approach to life can ever be definitive for Dasein in the same essential manner as its pure possibility" (122, em). While death is non-relational, the activity of defining ourselves in an authentic manner is not.

Part Three features articles that engage the intersections between biomedical ethics, medicalization, and technological advances in medicine. Hans-Johann Glock has argued that biomedical ethics is traditionally a child of analytic philosophy.[15] However, as Catherine

Mills has noted, "with the development of technologies that challenge our ethical intuitions, the traditional (bio)ethical conceptions… are coming under challenge."[16] She points to Continental philosophy as a fitting conceptual well to pull from to address biotechnological developments. Part Three provides examples of how Continental philosophy becomes particularly relevant in the technology-ridden contemporary biomedical context.

In the first chapter of Part Three, Fredrik Svenaeus shows how Heidegger's philosophy of technology is relevant to contemporary biomedical ethics. Taking a cue from Heidegger's "The Question Concerning Technology" and the *Zollikon Seminars*, Svenaeus argues that "the danger is that the scientific attitude finds a dominating *hold* by way of the technology that makes the [scientific] attitude in question harder to critically scrutinize and complement with the phenomenological point of view" (136). This attitude leads to the expansion of "the domain of the diseased and disordered" (141) to such an extent that medicalization, understood in Foucault's sense of "normalizing functions that go beyond the existence of diseases,"[17] becomes the norm.

In this chapter, Svenaeus continues to build his reputation as one of the foremost thinkers in the field of existential medicine, showcased recently in *Phenomenological Bioethics*.[18] The most impressive aspect of this chapter is his engagement with medicalization and its effect on the life-worlds of human beings. Given the wealth of biotechnological developments to treat issues as diverse as sexual dysfunction and neurosis, there is no longer any excuse for not being healthy if we all ascribe to the medical model (141). Svenaeus does an excellent job of showing how this leads to a leveled-down world, and how Heidegger's later philosophy provides an avenue to help stave off that leveling.

Chapter Ten features the well-known philosopher of medicine Havi Carel and one of her graduate students, Tina Williams, who provide a phenomenology of breathlessness as a product of their research related to the "Life of Breath" project for the Wellcome Trust. Williams and Carel argue that phenomenology "provides a descriptive and interpretive framework…which can complement medical understanding of

illness experiences" (158). They show the similarities and differences of persons experiencing breathlessness as a result of a respiratory illness and as a result of panic anxiety by looking at physiological, emotional, cognitive, behavioral, and situational factors.

Williams and Carel provide a robust analysis that allows clinicians to better label different types of breathlessness. They provide a phenomenology of what it feels like to experience breathlessness both at the immediate subjective level and also at the social level, which adds to the wealth of phenomenological insight Carel has already contributed to the field.[19] Such insights show how intrusive breathlessness can be on a person's world, which may allow for greater empathy on the part of clinicians.

In Chapter Eleven, Tara Kennedy utilizes Heidegger's later philosophy to examine the rise of biotechnologies. Kennedy views the surging biotechnology industry as linked with an almost exclusive focus on calculative thinking, that is, thinking dedicated to "measuring, counting, and quantifying" (163), with the result of leaving meditative thinking, that is, "that form of being-with-things in which [Dasein] is capable of testifying to *poietic* disclosure" (163), understood as "the disclosure of ontological possibility" (162), by the wayside. She argues that meditative thinking tends towards virtuous action, while a myopic focus on calculative thinking tends toward vicious action. At the end of the article, Kennedy provides an interesting discussion on the gene-editing tool CRISPR-Cas9, which is able to make direct changes to genomic DNA, arguing that "the use of CRISPR-Cas9 to select against a debilitating disease is ethical" as long as it is not motivated by the drive to order and manipulate (170).

As of February of 2018, as many as 86 individuals have had their genes altered in clinical trials using CRISPR technology in China.[20] Thus, Kennedy's engagement with the ethics of this technology is timely, as it may be available on a wider scale soon. Her appropriation of the later Heidegger for an ethics of technology, however, is off the mark. Heidegger explicitly differentiates the ethics of technology from his own project, which is an ontology of technology (GA 11: 43/ID 34).

Thus, Kennedy's consistent reference to "Heidegger's ethics" is misleading. Moreover, her way of linking calculative thinking with vicious action and meditative thinking with virtuous action is problematic, as Heidegger makes it clear that each type of thinking is "justified and needed in its own way" (GA 16: 519/DT 46).

Rounding out the volume is Part Four, which is titled "Existential Health," and includes articles dedicated to the phenomenology of health, patient experience, and the philosophy of aging. This part of the volume focuses on ways to reframe our understanding of what it means to live a healthy life; I found it to represent the discipline of existential medicine in the most robust manner.

Carolyn Culbertson argues that a true understanding of healthcare today requires an insight into its relation to modern science and its historical link with how healthcare was practiced in the past in Chapter Twelve. Understanding *technē* in the Heideggerian sense of "not just a means to an end but a way of revealing" (182), Culbertson shows how premodern *technē* was responsive to nature and heedful of the importance of right timing, but modern *technē* "seems to have left behind this kind of skill" (184). Using Heidegger and Gadamer, she shows how this narrow-mindedness leads to alienation on the part of the patients *and* medical providers in the contemporary context.

Culbertson's contribution encapsulates the essence of the entire volume, as it not only accurately diagnoses a key problem with the institution of contemporary healthcare but also shows a better way forward. Moreover, it is well-written, conceptually clear, and full of real-world examples that help to convey her message. Thus, this article is a paragon of the sort of work that should be done in existential health. Her claim that medical providers "must take to heart, for example, what makes a life worth living for this person and his or her community" (187) is especially on point.

In Chapter Thirteen, John Russon and Kirsten Jacobson argue that "an existential conception of medicine requires treating the body first and foremost as a reality situated within and participating in relationships of recognition and communication" (191). They focus in on

individuals with inflammatory bowel disease (IBD) and HIV-AIDS to show how such illnesses are far more than medical diagnoses but rather concern the matter of "living a happy and healthy *life*" (198). What is especially poignant is their emphasis, inspired by Merleau-Ponty, on how the lived body necessarily entails co-habitation with others; thus, intersubjective aspects of illness – such as the stigmatization by others that often accompanies individuals with IBD and HIV-AIDS – must be given careful attention.

Like Culbertson, Russon and Jacobsen cut to the heart of existential medicine, noting that "an authentic, human medicine – an existential medicine – must *in principle* include the personal interaction between healthcare providers and patient, oriented to the understanding of the *meaning* – the *necessarily personal* meaning – of the illness" (197). Their insight that contemporary medicine often works against existential health due to its impersonal nature and overemphasis on instrumentality is particularly perceptive. Moreover, the examples that they utilize offer clear illustrations of what Merleau-Ponty meant by his assertion that the social is carried about "inseparably with us."[21]

Nicole Piemonte and Ramsey Eric Ramsey join forces in Chapter 14 to interpret the seemingly contradictory but common responses to critical illness wherein an individual 1) evades illness in the attempt to restore health or 2) intentionally confronts illness to allow for personal transformation (206). Importantly, they note that "one can never return to who she once was or how she once saw the world around her, even if her body is fully restored" (214). They reach the somewhat ironic conclusion that those who confront illness and acknowledge the vulnerability of their lives are actually the healthiest.

Piemonte and Ramsey make a convincing case regarding the importance of acknowledging one's vulnerability. Indeed, in her recent book *Afflicted*, Piemonte elaborates on the importance of "recognizing our own vulnerability and learning how to respond to the vulnerability of others" and provides specific guidance for medical professionals to respond to their patients' vulnerability.[22] This is much needed work to cultivate a better understanding on the part of medical professionals,

especially if we heed Gadamer's claim that "we must place ourselves in the other situation in order to understand it."[23]

In the last chapter of the volume, Drew Leder examines the deficiencies of various models of successful aging in Western industrialized countries and provides alternative, more fitting images culled from various cultural traditions, including Hindu and Native American sources. He calls such models "positive archetypal images associated with the elder that can inspire our cultural re-envisioning" (226). Noting that there is "no one way to 'age well'" (234), Leder sees these archetypes as complementary and non-exclusive.

Leder's article is, to some extent, a condensed version of his book *Spiritual Passages*, in which he intimates various ways to initiate a "joyous rebirth even in life's second half."[24] Apart from a few exceptions, notably the work of Jan Baars, the philosophy of aging has not received the attention it deserves in the contemporary context.[25] Thus, Leder's work is a welcomed philosophical foray into an overlooked topic. The archetypes he offers can perhaps offer "the repetition of a possibility of existence that has come down to us" (GA 2: 509/SZ 385), to use the words of Heidegger, for individuals approaching old age.

I think *Existential Medicine* is a valuable contribution to the ever-relevant field of medical humanities. In his preface to the *Zollikon Seminars*, Medard Boss notes that Heidegger "saw the possibility that his philosophical insights would not be confined merely to the philosopher's quarters but also might benefit many more people, especially people in need of help" (GA 89: x/ZS xvii). Aho has done an excellent job of compiling articles that show just how Heidegger's philosophical insights – and the insights of his most famous students – are able to enact this possibility.

NOTES

1 The content of these seminars is contained in *Zollikoner Seminare: Protokolle – Gespräche – Briefe*, ed. Medard Boss (Frankfurt am Main: Vittorio Klostermann, 1987), made available in English as the *Zollikon Seminars* (ZS) in 2001. GA 89 (published 2017) reprints all the texts included in this 1987 edition and adds previously unpublished material. My references to GA 89 cite pages of that GA volume, but all the material cited is also included in the 1987 text.

2 Hans-Georg Gadamer, *The Enigma of Health: The Art of Healing in a Scientific Age*, trans. Jason Gaiger and Nicholas Walker (Stanford: Stanford University Press, 1996), ix.

3 Karl Jaspers, "The Physician in the Technological Age," trans. Arthur A. Grugan, *Theoretical Medicine and Bioethics* 10:3 (1989), 255.

4 Atul Gawande, *Being Mortal: Medicine and What Matters in the End* (New York: Metropolitan Books, 2014), 6 (my emphasis).

5 Kevin Aho, *Existentialism: An Introduction* (Malden, MA: Polity Press, 2014), 123.

6 Cf. Shaun Gallagher, *Enactivist Interventions: Rethinking the Mind* (Oxford: Oxford University Press, 2017).

7 Jean-Paul Sartre, *Existentialism is a Humanism*, trans. Carol Macomber (New Haven: Yale University Press, 2007), 29.

8 Sartre, *Existentialism is a Humanism*, 48. This pertains, of course, only to Sartre's early philosophy, since he changes his mind later in life, noting that the "relation with Others…determines [the human being] in his being *and already awaits him*" in *Critique of Dialectical Reason, Volume One: Theory of Practical Ensembles*, trans. Alan Sheridan-Smith and ed. Jonathan Rée (New York: Verso, 2004), 265.

9 Charles Guignon, *Heidegger and the Problem of Knowledge* (Indianapolis: Hackett, 1983), 104.

10 Cf. George E. Atwood and Robert Stolorow, *Structures of Subjectivity: Explorations in Psychoanalytic Phenomenology and Contextualism*, 2nd ed. (New York: Routledge, 2014).

11 Cf. Peter C. Gøtzsche, Allan H. Young, and John Crace, "Does long term use of psychiatric drugs cause more harm than good?" *British Medical Journal* 350 (2015): 2435.

12 Charles Taylor, *The Ethics of Authenticity* (Cambridge, MA: Harvard University Press, 1991), 27, 31.

13 Kevin Aho, "The Body," in *The Bloomsbury Companion to Heidegger*, ed. François Raffoul and Eric Sean Nelson (New York: Bloomsbury, 2016), 270. Cf. Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to Phenomenological Philosophy, Second Book*, trans. Richard Rojcewicz and André Schuwer (Dordrecht: Kluwer, 1989).

14 This is not to say that the physical is reducible to the objective, as Heidegger's understanding of *physis* is clearly more complex than this. Cf. especially GA 9: 309–371/183–230.

15 Hans-Johann Glock, "Doing Good by Splitting Hairs? Analytic Philosophy and Applied Ethics," *Journal of Applied Philosophy* 28:3 (2011): 225–40.

16 Catherine Mills, "Continental Philosophy and Bioethics," *Journal of Bioethical Inquiry* 7:2 (2010): 145–48.

17 Michel Foucault, "The Crisis of Medicine or the Crisis of Antimedicine?" trans. Edgar C. Knowlton, Jr., William J. King, and Clare O'Farrell, *Foucault Studies* 1 (2004): 13.

18 Fredrik Svenaeus, *Phenomenological Bioethics: Medical Technolgies, Human Suffering, and the Meaning of Being Alive* (New York: Routledge, 2018).

19 Cf. Havi Carel, *Phenomenology of Illness* (Oxford: Oxford University Press, 2016) and Havi Carel, *Illness: The Cry of the Flesh* (New York: Routledge, 2014).

20 The Lancet Editorial Staff, "Editing the Human Genome: Balancing Safety and Regulation," *The Lancet* 391, no. 10119 (2018): 402.

21 Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. Colin Smith (New York: Routledge, 2002), 421.

22 Nicole M. Piemonte, *Afflicted: How Vulnerability can Heal Medical Education and Practice* (Cambridge, MA: The MIT Press, 2018), xii.

23 Hans-Georg Gadamer, *Truth and Method*, 2nd ed., trans. Joel-Weinsheimer and Donald G. Marshall (New York: Continuum, 2004), 302.

24 Drew Leder, *Spiritual Passages: Embracing Life's Sacred Journey* (New York: Tarcher/Putnam, 1997), xv.

25 Cf. especially Jan Baars, *Aging and the Art of Living* (Baltimore, MD: The Johns Hopkins University Press, 2012).