

Heidegger, ontological death, and the healing professions

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Abstract In *Being and Time*, Martin Heidegger introduces a unique interpretation of death as a kind of world-collapse or breakdown of meaning that strips away our ability to understand and make sense of who we are. This is an ‘ontological death’ in the sense that we cannot be anything because the intelligible world that we draw on to fashion our identities and sustain our sense of self has lost all significance. On this account, death is not only an event that we can physiologically live through; it can happen numerous times throughout the finite span of our lives. This paper draws on Arthur Frank’s (*At the will of the body: reflections on illness*. Houghton, Boston, 1991) narrative of critical illness to concretize the experience of ‘ontological death’ and illuminate the unique challenges it poses for health care professionals. I turn to Heidegger’s conception of ‘resoluteness’ (*Entschlossenheit*) to address these challenges, arguing for the need of health care professionals to help establish a discursive context whereby the critically ill can begin to meaningfully express and interpret their experience of self-loss in a way that acknowledges the structural vulnerability of their own identities and is flexible enough to let go of those that have lost their significance or viability.

Keywords Heidegger · Death · Anxiety · Illness · Medicine · Narrative · Existentialism · Authenticity · Resoluteness

Introduction

Martin Heidegger’s account of death in *Being and Time* (1927/1962) is hugely influential but often misunderstood.¹ The standard interpretation comes from Jean-Paul Sartre in *Being and Nothingness* (1953/1956), who suggests Heidegger’s central insight regarding death rests primarily in the distinction between the banal and self-evident awareness that ‘everyone will die’ and the uncanny individualizing awareness that ‘I will die’. This latter awareness discloses what Heidegger calls the ‘mineness’ (*Jemeinigkeit*) of death, and it overwhelms us by severing our secure and stabilizing ties to the public world, awakening us to the unsettling fact that human existence is finite and precarious and that all of our self-defining projects, commitments, and relationships are ultimately absurd and meaningless. This existentialist interpretation leads to a particular conception of authenticity, where instead of fleeing into the tranquilizing and leveled down distractions of ‘the Anyone’ (*das Man*), the authentic self is freed from these distractions, owns up to the contingency and finitude of existence, and, with a steady and clear-sighted commitment, pulls herself out of the shallows of the public and lives with renewed intensity and passion, with the ever-present possibility of her own death fully in view.²

¹ There has been a great deal of discussion on the meaning of death in Heidegger’s thought in recent years. Some of the more influential interpretations can be found in Blattner (1994, 2006), Carman (2003), Guignon (1983, 2011), Haugland (2000), Hoffman (1993), Mulhall (2005), Thomson (2013), and White (2005). For a concise overview of leading Anglophone interpretations of Heidegger on death, see Dreyfus (2005).

² This interpretation is supported by the fact that Heidegger’s discussion of the myriad ways in which we cover over and evade the ‘mineness’ of death is clearly influenced by Leo Tolstoy’s *The Death of Ivan Ilych*, a story that provides what is perhaps the definitive existentialist account of death (e.g. Heidegger 1927/1962, 254n12).

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Here, authentic ‘being-towards-death’ involves a specific orientation about one’s future demise, where the possibility of physiological collapse continually threatens, not only “at the limit of old age [but also with] sudden death which [can] annihilate us at the prime of life or in youth” (Sartre 1953/1956, 512). But the idea that Heidegger’s references to death have something to do with the precariousness of life has been recently challenged by commentators such as William Blattner (1994) and Iain Thomson (2013) who argue this existentialist interpretation fails to account for the nuanced distinction between three kinds of death discussed in *Being and Time*: ‘perishing’ (*Verenden*), ‘demising’ (*Ableben*), and ‘dying’ (*Sterben*).

In light of this distinction, the suggestion is that death cannot refer to physiological ‘perishing’ of the kind we share with other animals, but it also does not refer to the anxiety of one’s own physical ‘demise’ that the authentic individual must soberly face in order to live more freely. Indeed, if we look at the way in which Heidegger defines human existence (as ‘Dasein’ or ‘being-in-the-world’), a peculiar picture of death begins to emerge. It is not a terminal event that happens at the end of one’s life and generally accompanied by a failure of biological functioning. It is, rather, a kind of ‘collapse’ or ‘breakdown’ (*Zusammenbruch*) of meaning itself, where what dies or comes to an end is not a physiological entity but the ability to understand and make sense of the world and oneself. Understood this way, death refers to the uncanny experience of having one’s way of being or identity slip away because the familiar world—that is, the shared background of meaning on the basis of which I understand who I am—has collapsed into meaninglessness. This is an ‘ontological death’ in the sense that I cannot *be anything* because the intelligible context of equipment, roles, and practices I draw on to fashion my identity and sustain my sense of self has lost all significance for me. I am, quite simply, ‘*unable-to-be*’. On this account, what Heidegger calls ‘dying’ is not only an event that I can physiologically *live through*; it is an event that discloses the structural vulnerability at the core of my identity and can occur numerous times throughout the finite span of my life.

In the following, I explore what Heidegger means by ‘dying’ (or ‘ontological death’) and how it has to be understood from within the context of his unique configuration of human existence, one that does not refer to the objective presence of a physiological entity but to the finite self-interpreting activity of being human. Against this background, I attempt to illuminate and concretize the experience by drawing on illness narratives, specifically the work of Arthur Frank (1991). The qualitative descriptions in Frank’s narrative provide a vivid point of entry into the experience of world-collapse and brings to the surface both the affective loss of identity and the therapeutic challenge

of reintegrating oneself back into a context of meaning in the wake of this loss. In this sense, my use of the term ‘narrative’ is not meant to refer to a case-study that provides the health care professional with value-neutral facts about the experience of illness. Following in the hermeneutic tradition inspired by Heidegger (e.g. Taylor 1985; Ricoeur 1981; Guignon 2004), the illness narrative is not a first-person report that can be used as technical datum corresponding to various disease categories. It is, rather, the opening up of a discursive framework that allows the individual to make sense of and give meaning to their particular experience and to their identities as a whole. The narrative, in the sense, both *expresses* the lived-reality of illness, but it also *constitutes* the significance and coherence of that reality (Taylor 1985; Schultz & Flasher 2011). Our identities are held together and constituted by the stories we tell about ourselves, and these stories have the power to express ‘what it means’ and ‘what it feels like’ to lose one’s identity in the world-collapse of illness. But they also provide an opportunity to construct alternative self-interpretations amidst the debris and anguish of self-loss, and in this regard represent an important opportunity for the healing professions. Rather than viewing narrative as the impartial recording of facts to be analyzed by medical experts, it can now be recast as the beginning of a conversation, where new words and meanings can be introduced, and in the reciprocal to and fro between patient and health care professional, a new story can be fashioned, one that acknowledges and is open to the fundamental vulnerability of our identities and flexible enough to let go of those that have lost their significance or viability.

Why Dasein does not perish

In §49 of *Being and Time*, Heidegger introduces the distinction between ‘perishing’, ‘demising’, and ‘dying’. He refers to ‘perishing’ as the kind of death that is “appropriate to anything that lives,” yet he goes on to say “Dasein never perishes” (1927/1962, 247). But if Dasein is a reference to human existence and existence has something to do with being ‘alive’, then what are we to make of this apparent contradiction? The answer rests in the unique way Heidegger defines Dasein, making it clear it should be regarded not as a static substance with various ‘what-like’ properties but as a situated, self-interpreting activity or *way of being*. “So when we designate this entity with the term ‘Dasein,’” says Heidegger, “we are expressing not its ‘what’ (as if it were a table, house or tree) but its [way of] being” (1927/1962, 42). Dasein’s existence or way of being is constituted not by ‘what it is’ but by ‘*how* it is’, how it understands and interprets itself within and against the background of an intelligible world. This helps to explain

what Heidegger means when he says, “to exist is... essentially to understand” (1982, 276). Already bound up and involved in a context of cultural meanings, Dasein is socialized into a particular way of understanding and making sense of things, and this constitutes our own ‘ability-to-be’.

To say that Dasein is ‘alive’, then, has little to do with the physiological processes of biology. The fact that the human being has a heart that pumps blood or a nervous system that transmits signals to various parts of the body is not Heidegger’s primary concern. His focus is ‘the question of being’ (*Seinsfrage*), a question that attempts “to lay bare the horizon within which something like being in general becomes intelligible [and]... clarifying the possibility of having any understanding of being at all—an understanding which belongs to the constitution of the entity called Dasein” (1927/1962, 231). On this account, it is how we interpret and give meaning to the physiological processes of the body that is important, not the deterministic processes themselves. And it is this interpretative activity—our ‘understanding of being’—that distinguishes Dasein from other animals. Dasein lives or exists only as ‘being-in-the-world’, hence, Heidegger’s (1995) claim that animals are always ‘impoverished’ or ‘world-poor’ (*weltarm*) because they are deprived of the ability to interpret and give meaning to things on the basis of involvement in a shared cultural context. Heidegger makes this point explicit when he articulates the difference between the reductive and deterministic conception of life formulated in the natural sciences from the experience of ‘factual life’ (*faktische Leben*) as it is lived by humans. For Heidegger, human life is already bound up in a world and this enmeshment shapes the possible ways in which I care *for* and *about* things, those self-defining roles, projects, and commitments that are important and matter to me in fashioning my identity. This means Dasein is ‘alive’ only to the extent it is absorbed in and understands the world, an understanding that enables Dasein ‘to be’ who it is. The animal, by contrast, is always determined by the ‘ring’ (*Umring*) of its own instincts; it is deprived of the ability to create and sustain a meaningful identity and, for this reason, it “behaves within an environment *but never within a world*” (1995, 239, my emphasis). Enclosed in this way, the animal does not have a worldly identity to lose, and for this reason, it “cannot die” (1995, 267). “Only man dies,” says Heidegger, “the animal [merely] perishes” (1971, 176).

Now we have a clearer sense of what Heidegger means when he says ‘Dasein never perishes’. It is the physiological body that comes to an end when we ‘perish’, not our understanding of being. This is not to say that our understanding of being is akin to some immaterial substance or soul that continues to exist after life sustaining biological processes cease. Again, Dasein is not to be

confused with a substance. It is a self-interpreting activity, and it is this activity that dies in ‘ontological death’. What is particularly unsettling is that such a death can occur while the corporeal body is still very much alive. Heidegger clarifies this distinction by making it clear that Dasein does not refer to “a corporeal Thing” (1927/1962, 238), and this may explain why there are so few references to Dasein’s ‘bodily nature’ (*Leiblichkeit*) in *Being and Time*.³ One of the central aims of his project was to dismantle the naturalistic assumption that the human being is to be regarded as a kind of ‘corporeal substance’ (*Körper*), one that has extension, material composition, and causal determination. For Heidegger, such a view fails to account for *my own* experiential ‘lived-body’ (*Leib*) that is already involved in a public world prior to any naturalistic presumptions. *Leib* is a reference to how I actively ‘body-forth’ (*leiben*) into the world, experiencing things and fashioning my identity as I move through the various situations of my life. The body, on this view, is not a bio-physical machine that we are only contingently connected to; it is *how* we live and experience things on the basis of our own understanding of being. Thus, “We do not ‘have’ a body; rather we ‘are’ bodily.... We are somebody who is alive” (Heidegger 1979, 99). Heidegger, of course, is not denying that our understanding of being is “in each case dispersed in a [corporeal] body” (1984, 137), but the science of corporeality cannot account for our purposive commitments, for how we interpret, experience, and give meaning to the world and to ourselves.

Here, the limitations of the bio-physical view of death are clearly exposed. When Heidegger refers to the “medical concept of the ‘exitus’” (1927/1962, 241), he is showing that it has little to do with the death of Dasein. Heidegger, rather, is pointing to the structural vulnerability both of the world as a disclosive site of meaning and of our own identities or self-interpretations. Although he does not offer a developmental account of Dasein, the implication is that at the point I begin to make sense of the world and interpret my identity as something that matters to me—as a good son, for example, or a loyal friend—that particular identity is capable of coming to an end. But when *every* meaningful identity and self-interpretation breaks down one undergoes an ‘ontological death’. In these moments, the world “collapses into itself [and] has the character of completely lacking significance” (1927/1962, 186). This is a kind of death that is not possible for a newborn infant or child that is not yet ‘alive’ in the sense of ‘being-in-the-world’. ‘Dying’ is a possibility only for Dasein. It is, as Heidegger says, “*a way to be*, which Dasein takes over as soon as it is” (1927/1962, 245, my emphasis). *Not yet*

³ For a comprehensive account of why Heidegger avoids an analysis of the body in *Being and Time*, see Aho (2009).

Dasein in infancy can, of course, occur at the other end of the life cycle as well, when one may *no longer* be Dasein in the confusion and dementia of old age. Although he briefly alludes to this when he says “Dasein may well have passed its ripeness before the end” (1927/1962, 244), one of the criticisms leveled against *Being and Time* is that we are introduced only to a strong and healthy incarnation of Dasein, one that is seamlessly engaged in meaningful, goal-directed social projects and skillfully handling the tools of the workshop, as if this is the only manifestation of human life we encounter in our everydayness. There are, as John Caputo remarks, “no beggars, lepers, hospitals, homeless people, sickness, [or] children” in Heidegger’s world (1994, 332).

Caputo’s comments are especially relevant to our topic because, as we will see in the final section, the experience of illness can serve to illuminate the phenomenon of ‘ontological death’ and helps to provide a more nuanced and expansive view of the experience. Nonetheless, we can conclude this discussion with the understanding that Dasein’s death cannot be viewed in terms of physiological ‘perishing’ and the processes of deterioration and aging associated with it because Dasein is not a physiological entity. From here, we can turn our attention to, what Heidegger calls, ‘demising’, an event which belongs solely to Dasein insofar as we alone can interpret and give meaning to our physiological precariousness and experience anxiety in the face of it. This discussion will sharpen Heidegger’s distinction between ‘demising’ and ‘dying’ and also frame the limits of the existentialist interpretation of death.

The demise of Dasein

The difference between ‘perishing’ and ‘demising’, for Heidegger, can best be understood in terms of the relationship between the two views of the body introduced earlier. ‘Perishing’ is the death of *Körper*, whereas ‘demising’ relates to *Leib*, to how we affectively experience, interpret, and give meaning to our impending physical death. And because ‘demise’ involves the capacity to be aware of, to understand, and even shudder in the face of our own death, it is exclusive to Dasein. The existentialist interpretation generally takes this idea to show that, because our physical existence is contingent and finite, all of our self-defining projects, commitments, and relationships are, in the end, futile and meaningless. The horror that accompanies this awareness is the existentialist version of death-anxiety. Leo Tolstoy offers a testament from his own memoirs when he writes:

I could not attribute a reasonable motive to any single act in my whole life. I was only astonished that I could not have realized this at the very beginning. All

this had so long ago been known to me! Illness and death would come... to those whom I loved, to myself, and nothing remains but stench and worms. All my acts, whatever I did, would sooner or later be forgotten, and I myself [would] be nowhere. Why, then, busy oneself with anything (1994, 16)?

‘Perishing’ and ‘demising’, then, are not different in degree but different in kind. When the existentialist claims ‘existence precedes essence’, she is making it clear the human being is not a physical thing with a determined, pre-given nature. We exist *for ourselves* (‘being-for-itself’) as self-making beings that are always capable of interpreting and giving meaning to the limitations of our physiological givenness (‘being-in-itself’). As a self-making activity, there is nothing that fundamentally grounds or secures my existence; I am a ‘not yet’ or a ‘being possible,’ always in the process of constituting and making myself who I am until my being comes to an end in physiological death. Heidegger agrees with this point, but goes on to argue that the activity of self-making is not only vulnerable to collapse when I affectively confront the end of my life. It is vulnerable *at any time*; it is subject to a “constant threat arising from Dasein [itself]” (1927/1962, 265). This means my ‘ability-to-be’, even when relatively young and healthy is something that cannot be taken for granted, and the anxiety arising from ‘ontological death’ cannot be deferred by the idea that it will happen only in the distant future when my body weakens and begins to fail me. This is why Heidegger says, “medical and biological investigations... can obtain results which may become significant ontologically [only] if the basic orientation for an existential [ontological] interpretation of death has been made secure” (1927/1962, 247). As the existentialists argue, my impending biological end gains its meaning from the fact that I am an ontological being, that I can ‘take a stand’ on my own death by interpreting it and investing it with the significance that it has. The horror that flashes in the lucid awareness of my impending death is a world-collapse insofar as it exposes the radical contingency and finitude of my projects and forces me to confront the ultimate questions: ‘Who am I?’ and ‘How should I live?’ But the fact that the terminal event can be pushed away into some vague and distant future makes it easier to deny, turning the uncanny *anxiety* of our own structural ‘nothing-ness’ into a much more manageable *fear* ‘of something’.

The distinction between fear and anxiety is central to understanding the distinction between ‘demising’ and ‘dying’.⁴ For Heidegger, fear “always comes from entities [things or events] within-the-world,” whereas anxiety comes from “*nothing and nowhere*” (1927/1962, 187). Thus, the

⁴ For a rich account of the relation between fear and anxiety as it pertains to being-towards-death, see Thomson (2013).

experience of world-collapse that emerges in the awareness of my impending physical death can be interpreted as fear. And because this fear is ‘of something’, of a future event, it can be located and managed to some extent as something external, as not yet belonging to me. Heidegger suggests this view actually “*weakens* [death] by calculating how we are to have it at our disposal” (1927/1962, 261). Contrast this with anxiety, where there is ‘no-thing’ I can point to or indicate what it is that I am anxious about. This is because the vulnerability of world-collapse belongs not to my future end but to the ontological structure of my existence itself and, as such, “*it is possible at any moment*” (1927/1962, 258).⁵ When our structural vulnerability erupts in anxiety, it destroys our familiar way of making sense of things. We die because “the ‘world’ can offer nothing more, [and this] takes away from Dasein the possibility of understanding itself” (1927/1962, 187). We see then that when Heidegger refers to ‘dying’ he is agreeing with the existentialists but is also making a stronger claim. The collapse of our self-understanding does not just occur in the painful awareness of our impending physical death because our identity is already unstable, already structured by the possibility of its own collapse. This is why Heidegger says, “Dasein is dying factually and indeed constantly, as long as it has not yet come to its demise” (1927/1962, 259), and later, “Dasein does not have an end at which it simply stops, [rather] it *exists finitely*” (1927/1962, 329). To ‘exist finitely’ is *to be* in such a way that is always vulnerable to world-collapse which effectively puts an end to our ‘*ability-to-be*’. As opposed to ‘demising’, ‘dying’ is the “possibility of the *im-possibility* of existence... [and] is not ‘added on’ to Dasein at its ‘end’” (1927/1962, 306). What makes this account of death especially frightening is that we have to *experience* and *live through* the collapse of our world and the paralyzing dissolution of the self (Thomson 2013). In these moments, we are simultaneously alive and dead; we continue to perceive, handle, and experience things, but we are unable to attribute meaning or significance to any of it.

The clinical description of major depression perhaps best describes what Heidegger has in mind, where activities and projects that used to be pleasurable lose all significance, future events are stripped of their emotional resonance, and the motivation to move forward and engage with the world breaks down (e.g. Aho 2014; Blattner 2009). This is a common theme in narrative accounts of depression. As one sufferer writes:

[Y]ou name things to yourself that you used to love to do. Eating! Sex! Even reading a book. Going for a walk

⁵ Understanding world-collapse as a structure of Dasein helps explain what Heidegger means when he says, “The ‘nothing’ exhibits itself as that in the face of which one has anxiety, this means that *being-in-world* [or Dasein] *itself is that in the face of which anxiety is anxious*” (1927/1962, 187).

in the woods. You can’t ever remember what it’s like to go and do something and feel pleasure from it. You look at the world, the array of things that you could do and they’re completely meaningless to you as if you were an earthworm... And you come to this terrible still point where there’s no reason to move because there’s nothing out here for you (Karp 1996, 32).

But this experience does not indicate a discrete medical condition that can be controlled or eradicated by balancing neurochemistry with Prozac or Zoloft. Death-anxiety cannot be ‘cured’ by medical interventions because it belongs to the ontological constitution of Dasein itself. On this account, bio-medical explanations fail to grasp the significance of ‘ontological death’ because they are unable to “interpret [anxiety] according to the principles of its existential-ontological constitution” (1927/1962, 190). This is why Heidegger says, “Only because Dasein is anxious in the very depths of its being, does it become possible for anxiety to be elicited physiologically” (1927/1962, 190). As we will see later, this does not mean that everyone suffers from death-anxiety but, rather, that it is always a possibility due to the structural vulnerability of our own self-interpretations.⁶ At the same time, ‘ontological death’ is not simply a meaningless and inimical shattering of the self. For Heidegger, if we anticipate it in a particular way, it also presents an opportunity for personal growth and transformation by exposing the frailty and impermanence of our identities, forcing us to confront the choices and actions that make us who we are, and opening us up to the possibility of alternative self-interpretations.

When, in the face of death-anxiety, we desperately cling to our publicly interpreted identities or flee back into its comforts after the moment has passed, we are ‘inauthentic’, unwilling to own up to our structural vulnerability. This kind of denial or evasion is, for Heidegger, our usual response to ‘dying’; it is how Dasein “maintains itself proximally and for the most part” (1927/1962, 260). In order to be ‘authentic’ (*eigentlich*), Heidegger describes the importance of, what he calls, ‘resoluteness’ (*Entschlossenheit*), where this is understood as a kind of unwavering readiness to die, to steadfastly anticipate the possibility of world-collapse. In anticipatory resoluteness, “[Dasein] takes over authentically in its existence the fact that it *is* the null basis of its own nullity” (1927/1962, 306). Heidegger’s use of the word *Entschlossenheit* is a bit misleading because it can easily be

⁶ This is why Heidegger can say that ontological death is both ‘certain’ and ‘indefinite’. The public world “covers up what is peculiar in death’s certainty—that it *is possible at any moment*. Along with the certainty of death goes the indefiniteness of its ‘when.’” (1927/1962, 258) Death is certain in the sense that the self-interpretive activity of being human is structured in a way that is always vulnerable to collapse; but it is indefinite in the sense that we have no idea if and when this collapse will happen.

translated as signifying a kind of unyielding single-mindedness, the same attitude inauthentic Dasein embodies in denying ‘ontological death’ by stubbornly clinging to a familiar identity. But the German word contains the literal sense of ‘being open’ or ‘unlocked’ (*ent* ‘not’ + *schliessen* ‘to close’), and it is this meaning that Heidegger is aiming at when describing ‘authentic being-towards-death’.⁷ In resoluteness, I understand and am open to the contingency of my own way of being and embody a steady and clear-sighted willingness to be flexible with how I interpret myself, and to let go of those self-interpretations that are no longer significant or viable for me. This helps explain why Heidegger says resolute Dasein “cannot become rigid as regards the situation, but must understand that resolution... must be *held open* and free for the current factual possibility” (1927/1962, 307). Whatever identity or self-interpretation I happen to be committed to at a given time, I have to always “hold [myself] free for the possibility of *taking it back*” (1927/1962, 308). When we respond to ‘ontological death’ in this way, we are able let go or give up on the notion that there is something stable and enduring about who we are, making it possible for us to own up to our structural vulnerability and be released from inauthentic clinging. Anticipating and being ready for death in this way “discloses to existence that its uttermost possibility lies in *giving itself up*, and thus it shatters all one’s tenaciousness to whatever existence one has reached” (1927/1962, 308, my emphasis).

Unfortunately, the transformative and emancipatory possibilities of Heidegger’s account of authenticity appear to be out of reach for most people. This is attributed to, what Heidegger calls, the “ascendency of falling and publicness” in the modern age (1927/1962, 190); a pervasive social conformism entrenched in our linguistic practices and cultural institutions that create the illusion there is something timeless, substantial, and enduring about being human. This conformism covers an awareness of our own finitude, making the experience of genuine or “‘real’ anxiety” exceedingly rare (1927/1962, 190).⁸ The upshot is an account of authenticity that is something of a privilege, exclusive to those sensitive enough to both experience the affective power of death-anxiety and to see through the distortive and corrosive influence of *das Man*.⁹ But because

illness and the vulnerability it exposes is not selective, approaching the phenomenon of ‘ontological death’ from this perspective—rather than from the “factual rarity of anxiety” (1927/1962, 190)—is especially useful. *Das Man* cannot shield us from the frailty of our own bodies. Aging and illness are inescapable in the course of living a life, and they point to both our terminal end in ‘demise’ and our structural vulnerability in ‘dying’. And, as a reminder of the precariousness of our self-constitution, it illuminates the importance of being willing to give up on one’s identity in the wake of world-collapse.

Ontological death and illness narratives

Heidegger never explores how death-anxiety may be triggered by the trauma of critical illness. But if we look at recurrent themes in illness narratives we see accounts that capture many of the core ideas of ‘ontological death’. These accounts help to expand the narrow bio-medical view of suffering as physical pain and discomfort to address the existential and ontological suffering that invariably accompanies world-collapse. Medical sociologist Kathy Charmaz, drawing on qualitative reports of chronically ill persons, describes this latter kind of suffering in terms of a “crumbling away of their former self-image without simultaneous development of equally valued new ones. The experiences and meanings upon which these ill persons had built former positive self-images are no longer available to them” (1983, 168).¹⁰ Here, Heidegger’s account of ‘authentic being-towards-death’ is particularly instructive as it not only cultivates a clear-sighted acceptance of the structural vulnerability of our self-interpretations but also fosters a willingness to let go of identities that no longer resonate or fit in the world of the critically ill. This plasticity makes it possible to be more open and responsive to alternative values and meanings in order to narrate a new self-interpretation. Frank’s award winning memoir, *At the Will of the Body* (1991), offers a rich and vivid example of these overlapping themes.

After having a heart attack at age thirty-nine and cancer at forty, Frank describes the cumulative horror that comes with the collapse of the meanings, roles, and projects that held together his identity as a marathon runner, a loving husband, and a productive academic. “Your relationships,” he writes, “your work, your sense of *who you are* and *who you might become*, your sense of what life is and ought to be—these all change, and the change is terrifying” (1991, 6, my emphasis). This collapse is amplified when Frank enters the world

⁷ I am indebted to Charles Guignon for pointing this out. For more on the ambiguous etymology of *Entschlossenheit*, see Stambaugh (1987).

⁸ Heidegger explains, “The rarity of the phenomenon [of anxiety] is an index that Dasein... remains concealed from itself... because of the way in which things have been publicly interpreted by ‘the Anyone’” (1927/1962, 190).

⁹ Heidegger also mentions that “anxiety is often conditioned by ‘physiological factors’” (1927/1962, 190), which may suggest that those individuals equipped with an especially strong or resilient nervous system may be shielded from ever experiencing their own structural vulnerability.

¹⁰ The data in Charmaz’s study comes from “73 in-depth interviews with 57 chronically ill persons in northern California who have various diagnoses such as cardiovascular disease, diabetes, cancer, multiple sclerosis, lupus erythematosus and so forth” (1983, 171).

of medical expertise and experiences the self-estrangement that comes from being reduced to a corporeal object with little recognition by the doctors and nurses of what it means to live through and experience illness. Illuminating the distinction between *Körper* and *Leib*, he writes, “What happens when my body breaks down happens not just to that body but also to my life, which is lived in that body. When the body breaks down, so does the life” (1991, 10). He found that in the clinical encounter, “my body, my ongoing experience of being alive, becomes *the* body, an object to be measured and objectified” (1991, 12). The reluctance or inability of Frank’s doctors to acknowledge his lived-experience not only points to the limits of the bio-medical interpretation of suffering. It also reveals how the detached and objectifying language of scientific medicine, one that refers to disease as an “*it*” that can always be quantified and controlled, helps to shield us from our own structural vulnerability. But taking this view is a mistake for the sufferer because the “ill person is forgetting that she exists as part of ‘it’” (1991, 13). The sufferer is invariably forced to ask: “What’s happening to *me*? Not *it*, but *me*” (1991, 13). In this way, critical illness has the power to bring to light the core aspect of our ontological constitution, an aspect that, when healthy, remains largely concealed.

With a narrative that expresses and gives meaning to the lived-reality of his illness, Frank describes the experience of being exposed to, what Heidegger calls, ‘the null basis of [his] own nullity’. Confronting the frailty of his body disclosed the deeper frailty of his own identity. When healthy, Frank’s world held open a future, an expansive horizon of meanings and possibilities that he could draw on to create himself and hold his self-interpretation together. With his illness, “the future disappeared” (1991, 127). Much of the horror he experienced, then, involved having to live through the death of his identity. The world was still there, but it no longer made sense to him; it was uncanny and ‘un-homelike’ (Svenaesus 2011), showing up in ways that felt unfamiliar and strange. Frank describes it in terms of “walking through a nightmare that was unreal but utterly real” (1991, 27). He quickly found that the objectifying discourse of medicine devalued his experience of unreality and realized that those who best recognized and affirmed what he was going through were not health-care professionals but those who had undergone critical illness themselves.¹¹ It was through their recognition, in “looking at [him] clearly and accept[ing] what they saw” (1991, 104) that they, in many ways, became

¹¹ Frank writes, for instance, of the ways in which his nurses focused only on his physical suffering, how they refused to use the word ‘cancer’ around him, referring to him merely as the “seminoma in [room] 53,” and how they frequently cited other patients as being much “much worse off” than he was (1991, 100–101). Indeed, the only way he could get his surgeon to talk meaningfully to him about his experience of suffering was by refusing to sign the consent form.

his primary care-givers, attending to his lived-body as opposed to the objective metrics of the disease. The doctors and nurses helped his physical body get well, but his fellow sufferers provided the recognition and the discursive context he needed to meaningfully express and make sense of his shattered identity.

With this community, Frank was able to work through his own ‘ontological death’, to give it significance, and, drawing on the context of meaning he was thrown into, create a new identity in its aftermath. Through this narrative refashioning, he was able to see the value of his suffering. It not only gave him “permission to slow down” (1991, 120) in the face of workaday busy-ness. More importantly, it allowed him to see *how* he was living before his illness, and this provided a sense of proportion, a sense of what really *mattered* in his life “that is [often] lost when we take [our health] for granted” (1991, 120). When he was healthy, Frank was all-too-often caught up in the harried commitments of his professional identity but was largely unaware of why he was living the way he did. Blindly “fulfilling the demands of some system” (1991, 119), Frank spent his time frantically adding lines to his résumé, as if publishing another article or chairing another committee would somehow make him more substantial, more real. Illness shattered this façade, forcing him to confront and, ultimately, let go of his self-interpretation as an ambitious and productive academic. Letting go in this way opened him up to the poignant impermanence of being human and to the frail web of relationships that held his identity together. “The ultimate value of illness,” he writes, “is that it teaches us the value of being alive; this is why the ill are not just charity cases, but a presence to be valued. Illness, and ultimately, death remind us of living... Death is no enemy of life; it restores our sense of the value of living” (1991, 120). But, we now see that what Frank is referring to as ‘death’ is not a biological terminus, but the structural vulnerability of his identity, a vulnerability that pierced the shell of his public persona and brought to the surface meanings and values that had long been hidden.

Frank’s narrative of personal transformation helps to concretize Heidegger’s conception of authenticity. Authenticity, for Heidegger, has nothing to do with recovering some ‘real’ or ‘genuine’ self that lies below the scattered and fragmented crust of everydayness. Rather, it opens us up to the realization that the very idea of a ‘real’ or ‘genuine’ self is nothing more than an illusion, “a dubious fabrication” of the public world (1927/1962, 278).¹²

¹² This does not mean Heidegger is promoting a kind of postmodern dismissal of selfhood. The interpretive activity of Dasein provides for a relatively cohesive and unified sense of self as a whole. The problem arises when I confuse the cohesiveness of my narrative identity with permanence and become convinced that the interpretation I have of myself is the ‘real me’.

Convinced that there is something fundamentally reliable and dependable about our self-interpretations, we remain “lost in ‘the Anyone,’” oblivious to our structural frailty (1927/1962, 383). The anxiety that erupted in the wake of Frank’s illness destroyed this illusion, exposing the fact that his identity is constituted by an essential *lack* of reliability. In making sense of this lack and resolutely anticipating his own ‘dying’, Frank constructs a new identity, one that is more free and open to a wider range of self-creating projects made available by his socio-historical context, not just the narrow and leveled-down fads of ‘the Anyone’, where a life based on productivity, busy-ness, and the piling up of accomplishments and material possessions is viewed as *the only* way to live.¹³ But resoluteness also requires a clear-sighted recognition that none of these projects result in an identity that is any way fixed and timeless, and this why it demands the steadfastness and courage to be flexible, to be willing to give up on an identity when the situation changes. Understood this way, resoluteness not only helps prepare us for the inevitable movement towards old age, illness, and death; it can also prepare us for the many ‘little deaths’ we face in life when, for instance, we get divorced or lose a job, when a child goes off to college, or a parent dies. Facing these deaths with anticipatory resoluteness has the power to open us up, releasing us from the comfortable illusion that there is something fundamentally enduring about who we are. It manifests, what Heidegger calls, “an impassioned *freedom towards death*—a freedom which has been released from the illusions of ‘the Anyone’” (1927/1962, 266). This freedom is embodied in the ways authentic Dasein remains flexible with regards to her identity, fashioning and re-fashioning her self-interpretations to fit the contingencies and upheavals of her life.

Conclusion

Reading Heidegger’s account of ‘ontological death’ through the lens of illness narratives helps us to better understand what he means when he says, “Dasein is dying

¹³ It is important to note that Heidegger rejects the existentialist (e.g. Sartre’s) conception of the radical or absolute subject who creates her identity *ex nihilo*. This is because the meaning and significance of any identity Dasein commits to in the wake of ‘ontological death’ has already been established and interpreted by the public world. In short, Dasein, whether authentic or inauthentic, is never ‘world-less’. This is why Heidegger says, “Resoluteness, as *authentic being-one’s-self*, does not detach Dasein from its world, nor does it isolate it so that it becomes a free-floating ‘I’. And how should it, when resoluteness as authentic disclosedness, is *authentically* nothing else than being-in-the-world? Resoluteness brings the self right into its current concerned being-alongside what is ready-to-hand, and pushes it in solicitous being with others” (1927/1962, 298).

as long as it exists” (1927/1962, 251). Illness reminds us not only of the frailty and vulnerability of our own bodies but of the structural vulnerability of our own self-understanding and ‘ability-to-be’. And this insight allows us to rethink the responsibility of health care. Care for the critically ill cannot be reduced to treating and measuring the diseased body. As recent advances in palliative and end-of-life care has shown, it also involves an empathic attentiveness to how the individual understands and makes sense of her suffering. As Frank’s account demonstrates, this requires the health care provider—whether it is a nurse, physician, or therapist—to, first, *acknowledge* and *recognize* the anxiety and confusion that comes with the loss of self in critical illness. Second, it calls for the provider to assist in opening up a discursive context for the sufferer to express and give meaning to their experience in a way that is both accepting of the structural vulnerability of their self-interpretations and flexible enough to give up on those that no longer resonate to their altered world. And finally, the provider is challenged to offer up alternative words and meanings to help the sufferer refashion a new story and a new identity, but always with the recognition that they are “free to take [that identity] back” (Heidegger 1927/1962, 307). Of course, rethinking care in this way extends well beyond the domain of the critically ill. We don’t need to endure a heart attack or cancer to undergo an ‘ontological death’. As Heidegger says, our self-understanding can collapse in “the most innocuous situations” (1927/1962, 189). The question is: how do we respond to this collapse? Do we recoil from it and stubbornly cling to what is familiar? Or, do we accept it and open ourselves up to the contingency and vulnerability of the world and of ourselves?

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