Index

a priori necessity 24-5 and essential truths 30-1 abstract vs. concrete behaviour, Goldstein 139-42 abstraction, brain-injured patients, Goldstein 135-9 accuracy, compulsion for 237 affective disorder Binswanger, on mania 197-203 Schneider, emotion and depressive states 203-7 Straus, time experiences in depression 207-14 Tellenbach, situational context of severe depression 219-73 von Gebsattel, compulsive thoughts relating to time 214-19 alienation stage of medical practice 255 - 6analytical psychology, Dilthey (1894) anankastic patients see obsessivecompulsive disorder anastrophé, schizophrenia 185-6 animal being vs. human existence, Binswanger 119-22 animal, man as, Scheler 46-7 anthropology, philosophical 38-9 Angst, Heidegger 50-1 in endogenous depression 206 and fear of death 218 panic attacks and phobias 123 - 6related to time passing 215-17 in schizophrenia 157 see also phobias apocalyptic phase, schizophrenia 189-90 Apollo poem by Rilke, phenomenological analysis of 171-5 apophanic phase, schizophrenia, Conrad 178 anastrophé 185-6 case history 179-80 delusional misidentification 183 - 5delusional mood 187

delusional perception 180-3 and frame of reference 178-9 omnipotence experience 185 temporal structure 186-7 Aristotle, and origins of expression 'phenomenology' 57-62 assignments/references, Heidegger 74 and involvement 79 in signs 75-9 attention in brain-injured patients 137 effect of focusing on 246 autism and schizophrenia 144-5 as a form of mental life 111 Binswanger's existential analysis 155 - 8Bachelard, Gaston 128-9 being-in-the-world 117 and dealing with entities 69-72 manic mode of 197-203 as transcendence 118-19 see also Worldhood of the World, Heidegger 'being of nature', horizon of psychology 65 'being-there' see Dasein, Heidegger Bergson, Henri 10 essay on consciousness 10 Minkowski influenced by 90, 146 bias (Tandenzen) 66-7 Binswanger, Ludwig 90 existential analysis as applied to psychiatry 122-30 human vs. animal existence 119-22 nature and goals of 117-19 psychiatric interview of manicdepressive patient 197-203 schizophrenic autism 155-8 biological world-concept, von Uexküll 119 - 22birth phantasies 123-4 Blankenburg, Wolfgang, 'Psychopathology of Common Sense' 158-273 Bleuler, E. 102, 104-5, 110-11, 144-6, 147 bodily sensations, schizophrenia

188 - 9

body language, understanding of 41 - 3body odour illusion 234-5 case history 233-4, 236 brain injury, effect on ability to abstract 132-42 Brentano, Franz 3 on descriptive psychology 3-4 Heidegger influenced by 48 mental vs. physical phenomena 4-6 capacity to act, disturbance in 235-6 care (Sorge), as category of Dasein, Heidegger 49–50 case histories anxiety attack and heel phobia 123 - 4apophanic experiencing, schizophrenia 179-80 compulsive patients 226-7, 228-9, 230 odour illusion 233-4, 236 delusional perception 168-71 morbid rationalisation, schizophrenia 150-3 pathological jealousy 112-16 preoccupation with time, in depression 214-16 schizophrenic autism 157-8 catatonia 189-90 causation, Jaspers 88, 99, 101-2 'Cézanne's doubt' (Merleau-Ponty) 257 - 67classification/delimitation of psychic phenomena, Jaspers 96-8 Clérambault's syndrome 105-6, 115 coercion, conflict in 232-73 cogito, Husserl 17-18, 23-4 colour Cézanne's use of 259, 260-1 perception of, Aristotle, 58-9 pure eidos and essential seeing 27, 30, 32-3common sense, pathology of, Blankenburg 158-273 communication deficits, schizophrenia 195 disturbances in mania 198-200 of meaning 122-3

Index

comparison to others, and common sense 165–273	delusional perception 181 Gestalt analysis, Conrad 181–2	emotions 'dulling of', brain-injured patients
compassion 247-8	'healthy' vs. 'sick', Blankenburg	138
'compensation hysteria', Scheler	165–76	loss of feelings and experience of
241–67	significant experiences, Matussek	time 213
compensation, phenomenological,	174–5	Schneider's stratification of 37,
Minkowski 109-10	three stages of, Conrad 182-3	203-5
completion of actions, anankastic	dementia, intellectual vs.	empathy
disturbance 235-6	schizophrenic 146-50	actualization of 94
compulsion syndrome see obsessive-	dementia praecox 143-4, 150	'declusive' 44
compulsive disorder	Kraepelin's description of patient	limitations of 92-3
'Compulsive thought relating to time	with 85-6	empirical generalities, Husserl
in melancholia', von Gebsattel	Laing's response to Kraepelin's 3rd-	24–5
214–19	person stance 86-7	endocosmogenic psychosis,
concrete objects, understanding of,	depression	Tellenbach 219-73
brain lesion patients 134-5	endogenous v. reactive, Schneider	endogenous depression
concrete vs. abstract attitude,	205–7	as disturbance in vital feelings,
Goldstein 139–42	experience of time, Straus 207-14	Schneider 205-6
congruence and difference, Husserl	see also manic-depression;	experience of time in, Straus
27-8	melancholia/melancholy	207-14
Conrad, Klaus, Gestalt-analysis of	descriptive psychology	endogenous psychoses 219
schizophrenic delusion	Brentano, Franz 3–4	common sense in 160–1
176–93	Dilthey, Wilhelm 7–8	phenomena found in melancholy
consciousness	diagnosis 270	219–22
being of 65–6	of schizophrenia, Rümke 193-6	energy potential, schizophrenia 192
and cogito 23-4	stage of medical practice, von	environmental experience, Heidegger
essence of 22–3	Gebsattel 255–6	54–5
immediate data of, Bergson 10	differences and congruence, Husserl	environmental influences
naturalization of 63–4	27–8	in melancholia, Tellenbach 221–3
pure/transcendental 21-2	Dilthey, Wilhelm 6	in schizophrenia, Conrad 187
as theme of present-day	descriptive and analytical	epoché (ἑποχή), Husserl 14, 20–1, 22
phenomenology 62–3	psychology 7–8	equipment, Heidegger 70
consolidation phase, schizophrenia	psychological foundation for	'readiness-to-hand' of 50, 70–82
190–1	human studies 6–7	Ereignis (event of appropriation) 55–6
continuity, disruption of, and anxiety	disease, von Gebsattel 250–1	essences, Husserl
124–5	science's conception of 251–2	consciousness as theme 22–3
1 17: 1 1 265 6	disgust, Straus' analysis of 224–7	eidetic reduction 15–16
da Vinci, Leonardo 265-6	doctor-patient relationship 194–5, 254–6	'essential-expressive properties',
darkness	double aspect of mental disorders,	delusional perception
Aristotle's concept of	Minkowski 107–9	181–2, 187
phenomenon 59	phenomenological compensation	essential seeing, Husserl 25–8
and mistrust, during 'trema' 177	109–10	event of appropriation (Ereignis), lived
Dasein, Heidegger 49, 83	and tendency for ideo-affective	experience as 55–6 evil 232
in 'Worldhood of the World' 67–70,	expression 110–12 doubt	exactness, compulsion for 236
72–3, 75, 79–81 daylight, Aristotle, 58–9	Cézanne's, Merleau-Ponty's essay	excluding, Husserl 18–20
death	257–67	Existential and Existentiall,
compulsive thoughts of 215–16	compulsive symptom 230	Heidegger 49
death and life instinct 243	dream experiences, in schizophrenia	existential approaches
death-life antinomy, in mania 201	187–8	Binswanger
fear of 218–19	dynamism 148–9	applied to psychiatry 122–30
schizophrenic's delusions of 186	dynamicm 110 y	human vs. animal existence
decay, compulsive thoughts of	economic theory, Weber 8-9	119–22
224–6	Ego, Husserl 18, 22, 24	nature and goals of 117–19
case history 226–7	eidetic reduction, Husserl 15–16	schizophrenic autism 155–8
delusional bodily sensations	eidos (idea) <i>see</i> pure generalities,	Jaspers, core schizophrenic
188-9	Husserl	experience 142–3
delusional misidentification 183-5	elementary-sympathetic stage of	existential neurosis, von Gebsattel
delusional mood 178, 187	medical practice 254–5	256–7

Index

T	0 . 1. 1 . (11 . 0 . 1	1 4 14 16
Experience and Judgment (Husserl)	Gestalt-analysis of delusion, Conrad	reduction 14–16
24–35	176–93	self-interpretation of phenomenology
experience, Heidegger's analysis	Gestalt-circle (von Weizsäcker) 121,	clarification of problems 66–7
of the environment 54–5	173-4	consciousness as present-day
process and event 55–6	gestures, reading others' 41–3	theme 62–3
of question 'Is there something?'	Glendinning, Simon 1	critique of naturalism 63-6
51-4	Goethe, Johann Wolfgang von 202,	facts of the matter 60–2
experimental psychology 65	249–67	hypochondria 108
explanatory psychology	Goldstein, Kurt	
Brentano 3	abstract attitude in patients with	Ideal Type, Weber 8–10
Dilthey 6	brain lesions 132–42	ideal vs. natural surrounding world,
expressions of the body,	world-concept 121	Husserl 17–18
understanding of 41–3	Greek philosophy and consciousness	ideas
expressive characters, and disgust 225	62–3	naturalization of, Husserl 64-5
expressive-essential properties,		see also pure generalities, Husserl
delusional perception	'heel phobia', anxiety attack 123-4	Ideas I (Husserl) 16–24
182–3, 185	Heidegger, Martin 48	illness, organic 245–6
and 'essential-expressive properties'	analysis of the structure of	illusion
181–2, 187	experience	of illness 245
external-space, schizophrenia 178-80	environmental experience 54–5	and meaning of phenomenology 57
extravagance, schizophrenia 157-8	process and event 55-6	of movement 179
	the question 'Is there something?'	odour phobia 233–5, 236
facts of the matter, Husserl 60–2	51–4	imitation 41–3, 164–5
familiarity, delusional, schizophrenia	conception of phenomenology	deficits in brain-injured patients
183–5	48–51	133–5, 138
fashion, taste in, and common sense	existence as 'being-in-the-world'	immanence, Husserl 13
164–5	117, 118–19	immanent lived experience of time
fear	fear as a mode of state-of-mind	207-9
of criminality, compulsive	82–273	Impressionism, Cézanne's break from
patient 230	phenomenological research 56-7	259
of death, manic-depressive patient	Aristotelian analysis of perceiving	individuality and common sense 165
218–19	the world 57-60	inner/internal perception 5, 44
as state-of-mind, Heidegger 82–273	Husserl's self-interpretation of	'inner space', impairment of,
see also phobias	phenomenology 60-7	schizophrenia 187–8
feeling of harmony with life 150-1	Worldhood of the World 67-9	instinct
feeling states, Scheler 40–1	being of the entities encountered	contact with others, Rümke 194-6
Schneider's analysis of 203-5	in the environment 69–72	and intelligence, Bergson 146
'filling', link to miserliness 128	entities within-the-worlds 72-5	life and death 243
flight of ideas, mania 200-1	involvement and significance	intellectual impairment and
form, loss of 240	79–82	schizophrenia 146–50
formlessness, defense against 237-8	reference and signs 75-9	intelligence
frame of reference, delusional patient	highest genera, obtaining, Husserl	and common sense 162
179	34–5	and instinct, Bergson 146
frontal lobe injury, Goldstein	human being as animal, Scheler 46-7	intentional in-existence, mental
133–42	human existence vs. animal being	phenomena 4–5
the future 210–12,	119–22	'intentional arc', reduction of, Beringer
orientation towards 216–17	Human Place in the Cosmos, The	191–2
psychogenic depression 213-14	(Scheler) 47	intentionality, Brentano's concept of 3
and tradition 244	human vs. physical sciences, Dilthey	involvement, Heidegger 79-82
see also the past; the present	6–7	irrationality in schizophrenia 150-3
	humanitarianism 249-67	'Is there something?', question posed
general paralysis of the insane	Husserl, Edmund 13	by Heidegger 51-4
147–9	acquisition of pure generalities 24-35	· · · · · · · · · · · · · · · · · · ·
generating disorders, Minkowski	the cogito 17-18	James, William 242-3
103-7	consciousness 21–4	Jaspers, Karl 87-8, 142
'genetic understanding' of psychic	Heidegger's critique of 48	'Meaningful Psychic Connections'
events, Jaspers 99, 101-2	natural attitude 13–14	101–2
geometry, morbid preoccupation with	positing belonging to 16-21	'The Phenomenological Approach
153-5	the 'Other' Ego-subjects 18	in Psychopathology' 91–2

Index

'The Worlds of Schizophrenic	medical practice, von Gebsattel 250-4	natural sciences
Patients' 142–3	meaningful stages of 254-7	biological psychiatry 212
jealousy, pathological, Minkowski 112–16	melancholia/melancholy compulsive thought relating to time	biological world-concept, Uexküll 119–22
judgement	214–73	vs. human sciences, Dilthey 6-7
and common sense 161-3, 165-273	as endocosmogenic psychosis	Husserl's critique of 63-7
and delusion 108	219–73	and phenomenology 271-3
justice, social 247, 249-67	see also depression memory	naturalism, Husserl's critique of 13, 63–7
Kandinski, Victor, on pseudo- hallucinations 96	deficits in brain-injured patients 137 and expectation, Scheler 244	Nature of Sympathy, The (Scheler) 41-6
Kant, Immanuel, on common sense 164	of physical objects, Husserl 23–4 mental vs. physical phenomena,	nature's being, horizon of psychology 65
knowledge of others, Scheler 37–8, 41–6	Brentano 4–6 Merleau-Ponty, Maurice, 'Cézanne's	normal behaviour and the abstract attitude 141
Kraepelin, Emil	doubt' 257-67	comparing to abnormal 227-8
3 rd -person perspective 85–6	metaphors, for describing	understanding by using abnormal
dementia praecox 143-4	schizophrenia 144, 157–8 methods of phenomenological analysis	132–3
Laing, R. D. 86-7	94-7	objective time 207-8
language	mind-body unity 253-4	objective vs. subjective symptoms 91
for communicating meaning 122-3	Minkowski, Eugene 90	and objective vs. subjective
experiences inaccessible to 95-6	analysis of pathological jealousy	psychology 91-2
of manic-depressive patients 199–200	112–16 double aspect of mental disorders	objectivity in social science, Weber 8–10
relation between 'clean' and 'exact'	107–9	obsessive-compulsive disorder
236	from the symptom to the generating	pathology of, Straus 224–73
schizophrenic patients 195	disorder 102–7	von Gebsattel 233
Leonardo da Vinci 265-6	generating disorder and	case history, body odour illusion
life-death antinomy, manic-depressive	organopsychic relations 107	233-4
person 201	phenomenological compensation	defensive aspect 235–7
life style of manic patient 200–1	109–10	nature of compulsion 237–8
lived experience 52–4	problem of primary and secondary symptoms 110–12	phobic aspect 234–5
appropriation of 55–6	miserliness 127–8	world of compulsive 238–40 obviousness, questionableness of
and delusional bodily sensations 188–9	mistrust phase, schizophrenic	162-4
phenomenological philosophy	prodrome 177–8	odour illusion, compulsive patient
39–40	mood, delusional, in schizophrenia	234–5
subjective time 208–9	178, 187	omnipotence 185, 232
logic, and common sense 161–2	'morbid mental subduction',	ontic vs. ontological questions 49
Logical Investigations (Husserl) 63	Minkowski 106-7, 108	optimism of manic-depressive
longitudinal approaches 270-1	'morbid rationalisation', in	200–2
love, schizophrenic's perverse proof of	schizophrenia 150-3	organopsychic influence, Mignard 107
157-8	movement illusion of 179	other minds, knowledge of 37–8, 41–6
magical rituals 231	immobility of schizophrenic 149	'overinclusive thinking' 162
man as animal, Scheler 46-7	and need for reference point 192	
manic-depression	and person misidentification 184	parenthesizing, Husserl 18-20
Binswanger on 'manic mode of	schizophrenic's motor behaviour	partial remission, schizophrenia
being-in-the-world' 197-203	195	190–1
loss of tact and shame in manic		partnership stage of medical practice
patients 161	natural attitude, Husserl 13-14	256–7
manneristic behaviour, schizophrenia	general positing characterizing 18	the past
156, 158	I and my surrounding world 16–17	alteration of, in depression 210–11,
Man's Place in Nature (Scheler) 40	natural and ideal surrounding	212–13
Matussek, Paul, delusional perception	worlds 17–18	experiences, effect of 244–5
174–5, 181	phenomenological epoché 20–1	intervening into the present
medical anthropology,	radical alteration of natural positing	114-15
Christianization of 254	18–20	see also the future; the present

Index

	1 . 1	1 11 27 144
pathological jealousy, Minkowski 112–16	present-at-hand 50 and readiness-to-hand 72, 73, 74–5	reduction, Husserl 14 eidetic 15–16
perceiving the world, Aristotelian analysis 57–60	presentations, mental phenomena 4 pretence of sickness 241–2	psychological (the epoché) 14 transcendental phenomenolog
perception	primitive interpretation of the world	14–15
of others' minds 41–6	231	reference frames, inability to cha
of physical things, Husserl 23	prospect of gain in sickness	179
of things, Aritotle's three types	compensation, effect of 243–5	references/assignments, Heidegg
58-9	pseudo-hallucinations 96	and involvement 79
see also delusional perception	compared to normal imagery 97	and signs 75-9
persecution, delusions of 126–7	psychiatric examination/interview,	region 'thing', obtaining, Husser
person misidentification, schizophrenia 183–4	Binswanger 197–203 psychiatry, alternative approaches to	remission, partial, schizophrenia 190–1
perspective, Cézanne's use of 260	268	repetition compulsion 238
perverseness, schizophrenia 156, 158	psychic events	representation, lack of, in
phenomena 3–4	isolation of 93–4	compensation hysteria
classification 97–8	search for irreducible 94	242–3
isolation of 93-4	psychic subject, Heidegger 51-2	residual state, schizophrenia 191
mental vs. physical 4-6	psychoanalysis 252	revelation
methods of analysing 94-7	explanation of phobias 123-4	delusional perception of a pic
search for irreducible 94	interpretation of Leonardo da	169–71
phenomenological approach in	Vinci's life 266	Jaspers on initial stage of
psychiatry 85–273	psychogenic depression 213-14	schizophrenia 142–3
phenomenological epoché, Husserl 14,	psychological reduction	in Rilke's poem about Apollo
20–1, 22	(the epoché) 14	171-3
phenomenology 1	psychosis, meaning of 219	see also apophanic phase,
Aristotelian analysis of perceiving	psychosomatic illness 252–3	schizophrenia
the world 57–60	psychotherapy 252–4	rhythm, alteration of in melanch
boundaries of 98–9 future tasks for 92–9	pure generalities, Husserl and a-priori necessity 30–1	220, 221 Pilke Apollo poem 171-3 174
origins of expression 57	contingency of empirical	Rilke, Apollo poem 171–3, 174 rituals, obsessive-compulsive dis
relationship with natural sciences	generalities and a-priori	229–32
271–3	necessity 24–5	role-playing, in schizophrenia 15
teaching of 268	definition in terms of essence 15	Rorschach responses 128–9
variations in 269–70	difficulties of obtaining the highest	phobic patient 125-6
phenomenon (φαινόμενον),	genera 34–5	Rümke, Henricus, schizophrenia
Aristotelian analysis of 57-60	extension of 31-2	diagnosis 193-6
philosophical anthropology, Scheler	hierarchical structure and variation	
38-9	of ideas 32–4	sadness 206
phobias	meaning of 'seeing generalities' 28-9	Scheler, Max 36, 88–9
anankastic phobia, odour illusion	method of essential seeing 25–8	compensation hysteria 241-67
234–5	necessity of explicit exclusion of all	conception of phenomenology
anxiety attack 123–4	positing of being 29–30	emotional life, stratification of
physical sciences <i>see</i> natural sciences physical vs. mental phenomena,	questioning comportment, Heidegger	203-5 on feelings and value 40-1
Brentano 4–6	52–3	on the human being 46–7
physician-patient relationship 194–5,	questioner's role 53–4	on knowledge of other minds
254–6	questioning of the obvious,	41-6
pity, Scheler 247–8	compulsive 162–4	on phenomenology 39–40
poet's transforming experience,	questioning, passion for 56–7	philosophical anthropology 38
Blankenburg's analysis		schizophrenia
171–6	'rapproachment-instinct', Rümke on	Binswanger, autistic qualities
practical vs. theoretical behaviour 71	schizophrenia 194–6	155-8
praecoxfeeling, diagnosis of	reactive depression 205-7	Blankenburg
schizophrenia, Rümke 193-6	ready-to-hand/readiness-to-hand 50,	delusional perception 165-7
precision, compulsion for 236	70-82	loss of common sense 161
the present	reality, loss of contact with, in	Conrad, prodromal delusions
attaching to the past 114–15	schizophrenia 109–10,	176–93
living entirely in 199	145–6, 151	Jaspers, core experiences 142-

epoché) 14 enomenological bility to change ts, Heidegger 74 ing, Husserl 34-5 hizophrenia n 238 of, in hysteria phrenia 191–2 ion of a picture tage of 142-3 out Apollo phase, in melancholy 71-3, 174 npulsive disorder ophrenia 158 128-9 -6 hizophrenia -6 teria 241–67 nomenology 36-7 atification of 37, lue 40-1 ng 46-7 other minds 37-8, y 39-40 ropology 38-9 ic qualities ption 165-76

Jaspers, core experiences 142-3

Index

Kraepelin's 3rd-person perspective 85-6 Minkowski 143 intellectual vs. schizophrenic 207 - 10dementia 146-50 loss of vital contact with reality 143 - 6symptoms spatial thought 150-5 Rümke, diagnosis and 193 - 6praecoxfeeling 193-6 Schneider, Kurt 174-5 91 - 2depressive states 205-7 stratification of emotional life 203-5 Minkowski health and disease 251-2 229 - 30and the passion for questioning 56 - 7tactlessness 161 see also natural science 'seeing', Aristotle's analysis of 57-60 'self-evident' assumptions, Scheler 43 - 5219 - 73sensible feelings, Scheler 204-5 as feeling states 40-1 perception shamelessness 161 Thing(s) 70 sickness, 'compensation hysteria', equipmental 70-1, 73 Scheler 241-67 physical 17, 23 significance/signifying, Dasein 81 real, alteration of 28 signs, Heidegger 75-9 social policy, objectivity in, Weber thingly being/unity 65 thought disturbance 8 - 10social psychology, Scheler 246-67 in melancholia 214-73 soul (psychic) feelings, Scheler 205 spatial images, time-related 148-9 in schizophrenia 188 spatial orientation 147-8 spatial thought in schizophrenia 150-5 speech of schizophrenic patients 85-6, 195-6 spiritual feelings, Scheler 205, 207 'static' understanding, Jaspers 91-2 Stein, Edith, causation 88 general paralysis 148-9 Straus, Erwin melancholia 214-19 pathology of compulsion 224-73 schizophrenia 186-7 time experience in endogenous tools see equipment depression 207-14 tradition 244 structural approach, Minkowski transcendence case history, jealousy 112-16 double aspect of mental disorders consciousness 21-2 107 - 9generating disorders 103-7 phenomenological compensation 109 - 10177-8, 187 primary and secondary symptoms 110-12

subjective psychology 91-2 subjective vs. objective symptoms 91 subjective vs. universal time suffering contagion, Scheler 248-9 surrounding world, Husserl 16-18 schizophrenia diagnosis, Rümke subjective vs. objective, Jaspers see also structural approach, system and order, obsessive patients task completion, disturbance in 235-8 Tellenbach, Hans, 'Melancholy as Endocosmogenic Psychosis' temporality see time experience/ region, obtaining of 34-5 in manic-depression 200-1 thoughts, vicariously acquired 43-4 'thrownness', Heidegger 50 Time and Free Will (Bergson) 10 time experience/perception 148 anankastic patient 239-40 endogenous depression 207-14 being-in-the-world as 118-19 phenomenological reduction 14-15 transient time, Straus 208-9 'trema', schizophrenic prodrome Typus melancholicus 220-1 hereditary predisposition 223 pathogenic situations 221-2

Ueberstieg see transcendence Umwelt ('world around', von Uexküll) 119-20 un-ready-to-hand, Heidegger 50, 73 understanding see Verstehen undo/undoing, compulsive patient's wish to 228-9 universal vs. subjective time 207-10 utopia, Weber's Ideal Types 8-9 values, feeling of, Scheler 37, 41 variation of ideas, Husserl 32-4 Verblodung (paradementia) 149 Verstehen (understanding) 6 Dasein, Heidegger 49, 80-1 genetic, Jaspers 101-2 vicarious phenomenology, Kraepelin 85-6 Vico, G., common sense 161 vital contact with reality, schizophrenia 109-10, 143-6 vital feelings, Scheler 204-5 and depression 206-7 vital inhibition, depression 210 vital meaningfulness, melancholia 221 voluntary shifting, brain-injured patients 137-8 von Gebsattel, Viktor meaning of medical practice 254-7 obsessive-compulsive disorder 232 - 40von Uexküll, Jakob, Umwelt ('world around') 119-20 Vorhanden see present-at-hand

Weber, Max Ideal Types 8 'Objectivity in Social Science and Social Policy' 8-10 work to be produced, and equipment, Heidegger 71-2 'world around', von Uexküll 119-20 world-concept, Goldstein 121 'world-design', Husserl's concept 119 examples from psychopathology $\bar{1}23-4$ search for unity/wholeness of 124-5 world, use of word 68 Worldhood of the World, Heidegger being of the entities 69-72 and entities within-the-world 72-5 idea of world in general 67-9 involvement and significance 79-82 reference and signs 75-9

symptoms and syndromes 102-3