



Credits

Between our daily environment and the world in which we live there is a traffic that we can elaborate in *semiotic* terms. But not before setting these terms to the conditions in which they might reflect the call of *real*—and urgent—human *existential* concerns: the calls and cries of *everyday life*.

It appears that to Ludwig Binswanger [*verso*] these are *not* self-evidently philosophical; which the clinical framework of his work as a psychiatrist made perfectly clear. Still, the hatching of a *existential project* would be an integral part of a *therapeutic process*, in his psychiatric idea of *healing*.

This is a particularly interesting matter, since such a philosophical query, to be truly valid, would continue outside/beyond the clinical confines. Which means that ending the confinement—after admission the discharge—would not be psychological closure, nor a conclusive philosophical project.



CAHIDE NUR ÖZDEMİR (2020, p. 45)

Who is [Ludwig Binswanger](#), besides being assigned as Aby Warburg's psychiatrist from his admission at Bellevue in 1921 to his discharge in 1924? He is known as the originator of *existential analysis* in psychiatry; for his contribution to the inflections and finery of Heidegger's philosophy.

As many who have followed in the footsteps of Heidegger—we recognise this theme e.g. in Agamben's work—he was focussed on the genius of Jakob von Uexküll's biosemiotics, but its shortcomings when it came to understand human being. The distinction between *Umgebung/Umwelt*.

The difference between living in an *environment* (*Umgebung*) and having/living in a *world* (*Umwelt*). It is the edgeland *between* the environment *and* the world—in the sense defined—that constitutes the subject matter of this flyer-series. The between-space in which *embodiment* is determined.

Please note that while philosophy is developed in the theatre of the *mind*, Binswanger's existential analysis is bound to *clinical* conditions, while von Uexküll's ideas are developed on the backdrop of observations in *nature*. Clinical conditions impose *different* constraints than the mind and nature.

While the breakthrough of [biosemiotics](#) tied the existence of animal subjects to observable fact. The hallmark of existential analysis is a human common is unique in the sense of its ability to hold a multiplicity of life-worlds. And also shift between them. We will eventually go more into detail of the matter.

For the time being, let us linger a bit on the meaning of transcendence in Binswanger's clinical practice. Let us place the query in a contemporary setting: being present in our biosemiotic mode in that aspect of transcendence which has to do with our ability to "*change* the world".

Consider the future—*terrestrial*—life indicated by Bruno Latour, in his latest books. Here, our recent confinement provides us with a metaphor, he claims. If we were *present* to the days of our confinement, during the C19, we would we would notice a shift: our lives and the world in which we live.

At some point of the horizon of our daily environment, starts the world in which we live. This may also be a good way to define the clinical condition, in which Binswanger was working with people—inmates and staff—since the horizon of the social circle outside would not be entirely obliterated.

The recluse—who chooses confinement of his/her own accord—will e.g. meet with the outside world once or twice yearly, with a restricted view of a window, or a hatch. The difference with the computer-screen we used for video-conferencing, and remote work, if limited to this, is similar.

Different in terms of frequency. Not once or twice a year. But every day. One meeting going into another. Because of this, the difference between our daily environment and our world is no longer is abstract and philosophical, but corresponds to an experience clocking in daily and intensively.