

# THE OBJECTIVITY OF LIFEWORLD AND EVERYDAY EXPERIENCES OF PEOPLE WITH MENTAL DISORDERS

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## ***Abstract***

*This paper aims to apply the Schutzerian sociological approach to understand everyday experiences of people with mental disorders. For Alfred Schutz, common sense comprises the objective knowledge that organizes everyday experiences in society. Once people with mental disorders are often not able to use this objective sense, their everyday life can be problematic. For this reason, mental health care efforts must incorporate everyday demands of the health care users into care practices. This work is divided into four sections. The first section presents phenomenology and its relevance to understanding Schutz's social theory and everyday life experiences. The section below poses the question of the objectivity of lifeworld in everyday life experiences. The third section demonstrates the challenges in everyday life of people with mental disorders. The last section points out pathways to be adopted by healthcare policymakers and health systems to reduce social inequalities among people with mental disorders.*

## ***Keywords***

*Phenomenology. Objectivity. Lifeworld. Alfred Schutz. Everyday life. Mental disorders. Madness.*

## **1. Introduction**

In many societies, the behavior and attitudes of individuals who go against the "norm" are described as deviant, bizarre, sick, or even "possessed" by angels or devils. The ways in which the phenomenon of madness<sup>1</sup> - more specifically, people with mental disorders - is observed in sociology varies immensely. The main contributions to this subject are often centered on the pathologization and medicalization of madness by medicine in Western societies. This coincides with the development of Western capitalism, specifically during the Modern Age, by which all kinds of "normalities" were produced (Foucault, 2003). As a result, a correlation between psychiatry, law, politics, and economics in the reproduction of the "deviant" is something frequently seen (Eaton, 2001). Concepts like alienation (Marx), social action (Max Weber) and solidarity (Durkheim) became models to justify what is considered to be "normal" or not in societies (Haesbaert, 2011). In contrast to these assumptions that target madness as opposed to normality, the present study is concerned with the experience of people with mental disorders, in particular, their manifestation in everyday life.

For this purpose, the phenomenological method becomes the most appropriate path for an investigation, which aims to unravel the subjective and daily content of a given phenomenon. For phenomenologists, phenomena can only be known if the perspective of those who experience them are considered. In sociological terms, this approach is used as an attempt to reveal the structures and meanings enacted in the intersubjective processes of everyday life. The result is that typifications emerge. Habits, norms, and routines shared in groups make individuals leave

their own singularity or difference to face the objectivity of the *lifeworld*<sup>2</sup>. As we shall see further below, for most phenomenologists, such as Husserl or Heidegger, keeping their respective differences in mind, lifeworld may be conceived as a direct result of the intersubjective processes of everyday life. The world in which we live is made up of multiple typical encounters that presuppose the existence of a world based on common or objective sense. Therefore, lifeworld is the objective component of a common meaningful structure, which serves as the pre-epistemological starting point of our daily experiences in the world.

From this perspective, our everyday life is influenced by lifeworld experiences, which present themselves in a practical and objective way, where people act in and are affected by that same world. At the same time, lifeworld describes an intersubjective process where subjectivities produce objectivities and vice versa<sup>3</sup>. Despite any reading of reality in terms of power, the emergence of conflicts at the intersubjective level, i.e. the level where objective sense is possible, reveals that the operability of certain existential experiences may be unfeasible. This happens, for example, when a disabled person tries to move around in a space where there is no access to ramps or elevators. Following this case, things can be altered objectively when disabled persons intersubjectively start to challenge such contexts with the aim of having changes implemented to fit their needs. When it comes to people with mental disorders, the process described above<sup>4</sup> is experienced differently. They have a reduced ability to comprehend themselves, and ultimately to address the objectivity of their surroundings. Madness thus becomes a residual category that describes praxeological problems experienced by those for whom everyday life is a solipsistic experience and their main existential obstacle.

In this sense, our central thesis is that madness or mental disorders are an experience that emerges in relation to the objectivity of the lifeworld. In addition, this approach to mental disorders does not imply an aetiology for mental disorders themselves. In other words, we do not want to assert how madness occurs and how it can be overcome, but rather to highlight the dialectic between objectivity and madness concerning the everyday experience of people with mental disorders. With our focus on the lived experience, we also expect that this study will provide a basis for healthcare policymakers to address such questions. These questions include how to develop care that mediates the intersubjective processes of mentally ill individuals in their ordinary lives as an alternative to conventional person-centered care such as psychotherapy and/or the use of psychiatric medication. This care implies an inter- and transdisciplinary approach focused on how people with mental disorders experience their existential territories such as family, community, neighborhood, voluntary groups, etc. So, how can phenomenology and phenomenological sociology contribute to healthcare systems?

## **2. Phenomenology and the inner self experience in the world**

During the Enlightenment in Western societies, both the reliability and validity of existing knowledge in relation to real data were challenged. Hereinafter, the question of how to prove or refute knowledge was related to the skepticism of the Modern Age, where every belief was questioned. At that time, it was deemed that the means to gain proper access to knowledge and, ultimately, the truth must be science. However, the science in question comprised only the natural sciences with their cause-effect relationships. Hence, in the nineteenth century, the influence of positivism, empiricism, and naturalism in science led to the obscuring of the individuals' subjectivity and the rejection of transcendent dimensions (Sokolowski, 2000). The result was that what was considered to be "rational" and "logical" by science became the "normal", and any deviation from this "normality" was assumed to be "irrational" or "illogical" (Foucault, 2013). The inconsistency of the causal method became apparent when the ambiguity

between the experience of individuals and the objects experienced by them was questioned. The problem is that the applicability of natural laws is universal but, in contrast, the experience of human beings in the world is driven by a coordinate system (social, biological, symbolic...), by which the individual is the center of its own experience<sup>5</sup>.

Despite the fact that certain things can be described as "natural" and follow principles and laws, our experience in the world has another ingredient beyond physical aspects, namely consciousness. From consciousness comes meanings produced by individual or collective experiences. In scientific theory, the apex of this tension led to the division of science into natural sciences (*Naturwissenschaften*) and human sciences (*Geisteswissenschaften*) or cultural sciences (*Kulturwissenschaften*)<sup>6</sup>. Whereas the former is concerned with matters without subjectivity, e.g. chemicals, objects..., the latter two are concerned with the meanings of cultural products and their institutions (Schutz, 1967). The issue was that each branch of science had to provide its own methodology of inquiry for the object of study, i.e. a means to access the essence and knowledge. Concerning human experience, the question was how science could explain human knowledge if we have different points of view and perspectives. There were two ways to handle this question. Firstly, by rationalism, where knowledge is a product of reason independent of the senses, i.e. innate ideas, geometry, etc. Secondly, by empiricism, where knowledge is a product of sensory faculty, i.e. tabula rasa. However, both approaches throw up more questions than answers.

In an attempt to overcome such limitations of rationalism and empiricism, Immanuel Kant (1724-1804) developed his theory of knowledge. He believed that the objects of the experience are not captured by our minds, but rather configured by how our sensibility and understanding apprehends them. *Noumena*, i.e. the thing-in-itself, is the absolute and unknowable thing, and we only know things to the extent that they appear to us, that is, as *phenomena* (Loughlin, 1987). Conversely, as Adams pointed out: "[k]antian principles yield the answers that human selves are, God isn't, and it's harder to say about bodies" (Adams, 1997, 801). In other words, although Kant had tried to overcome such limitations, his theory, in effect, reduced phenomena to physical aspects (Leite, 2017). Furthermore, his theory was not sufficient to overcome psychologism in philosophy and, later, in the social sciences; that is, the tendency to consider how the ways human beings think as a simple description and not as normative knowledge that could serve as a criterion to determine the truth or falsity of any proposition<sup>7</sup>.

Considering these reflections, the German philosopher Edmund Husserl (1859-1938) refused all kinds of psychologism and proposed the phenomenological method. For Husserl, phenomenology is the study of consciousness and its objects, e.g. perception, dreams, fear, etc. The importance of the phenomena of consciousness is the role that knowledge plays in clarifying the dialectic between the subject and objects. He proposed a theory of knowledge that takes consciousness in its *intentionality* towards the objects, which would be the ultimate foundation of all sciences (Cerbone, 2014). According to Husserl, the fundamental unity between consciousness and objects is intentionality, i.e. the active role of individuals in the production of a phenomenon (Husserl, 1967). The *phenomenological reduction* or *epoché* involves putting the world into brackets<sup>8</sup>. This process of "purification" consists of isolating consciousness from ideal models, as well as the external world in order to obtain the essence of things, i.e. the pure and true knowledge or the essential feature of our consciousness. Consequently, the conscious experience of human beings is "for" something.

Despite the fact that Husserl's contribution was influential in clarifying the importance of the inner experience for science, and in translating it into a method, most of his followers affirm that he presented a monadology without explaining the intersubjective processes of experience. In his ontological turn, for example, Martin Heidegger (1889-1976) proposed that individuals exist as

*being-in-the-world* (Heidegger, 1996). Like Husserl, Heidegger believed that consciousness is consciousness of something. However, this consciousness is not aside from any temporal awareness as Husserl purported, but it is rather transversed by time and, therefore, history (McConnell-Henry et al, 2009). The objects of our knowledge have an intrinsic relationship with the expressions of this being in its "temporality". For this reason, we cannot put individuals into brackets, but rather put individuals into the context where they are (Reiners, 2012). Similarly, Merleau-Ponty pointed out another ingredient to comprehend the intersection between consciousness and lived experience, i.e. the *corporeal* element. He proposed that *intercorporeality* represents the constitution of the body-subject and our embodiment process. In other words, the intersubjectivity between bodies as lived experience plays the most important role in relation to the subject and things in the world (Moran, 2002)<sup>9</sup>.

Even though each phenomenologist had their own approach to our experience in the world and ultimately to the adequate access to pure and true knowledge, the lessons taught by phenomenology are that individuals perceive the world in different ways. Therefore, it is not possible to be determinist about our knowledge as natural sciences intended. Rather, knowledge must be conceived from its relation with the objects in the context where they are produced (Capalbo, 1979). With regard to the experience of madness, psychiatrists believed for a long time that it was possible to establish an aetiology of madness based on deterministic assumptions as if conscious experience were something universal. Later, the medical model demonstrated inconsistencies concerning the reliability and validity of psychiatric diagnosis (Eaton, 2001). The question arises, if human beings experience the world individually, what are the consequences for society? If it is through the intersubjectivity that perception of what is normal occurs, what are the implications for people with mental disorders?

### **3. Social phenomenology and the objectivity of lifeworld**

The previous discussion introduced the basic concepts of phenomenology and elucidated their theoretical and methodological importance in the present study. Theoretically, because it is based on a subjective account of reality. Methodologically, because it takes the first person point of view in its context into consideration. However, while the previous section was related to phenomenology in the context of the scientific debate, i.e. the methodologies used to access the essence or knowledge of things, the following section concentrates on the knowledge produced in the social context, i.e. social phenomenology. In the beginning of social sciences, the reliability and validity of knowledge revolved around the individual versus society, agency versus structure, and microsociology versus macrosociology. In parallel, a question arose about "meaning" and "social action" regarding those who observe social phenomena externally, i.e. is the meaning of action available for observers?

In phenomenological terms, the issue was not if the content of an experience is a result of an inner reading of reality or a product of the social context. The question concerns the interpretation of the experience made by the observer. Once we get the answer to this question, we are able to differentiate what is pure from what is social. At first glance, Husserl believed that it was possible to resolve this issue and obtain the "truth" of any experience by considering consciousness and its intentionality towards objects. However, for the German sociologist Alfred Schutz (1899-1959), intersubjectivity is the foundation of social science. Schutz proposed a sociological eidetic instead of Husserl's transcendental eidetic. For Schutz, it is possible to comprehend meanings and actions because actions are meaningful. Unlike Max Weber (1864-1920), who considered meanings and actions as a typology, Schutz believed we cannot adjust social actions into ideal types, as every

action is unique. Therefore, we have to come back to the everyday life of individuals to grasp their intentionalities.

Weber makes no distinction between the *action*, considered as something in progress, and the completed *act*, between the meaning of my way the producer of a cultural object and the meaning of the object produced, between the meaning of my own action and the meaning of another's action, between my own experience and that of someone else, between my self-understanding and my understanding of another person. He does not ask how an actor's meaning is constituted or what modifications this meaning undergoes for his partners in the social world or for a nonparticipating observer. He does not try to identify the unique and fundamental relation existing between the self and the other self, that relation whose clarification is essential to a precise understanding of what it is to know another person. To be sure, Weber distinguishes between the subjectively intended meaning of an action and its objectively knowable meaning. But he recognizes no further distinctions along this line and pays as little attention to the ways in which an interpreter modifies meaning as he does to the conceptual perspectives in which our fellow human beings are given to us (Schutz, 1967, 8).

Like Weber, Schutz also believed that meanings could be both subjective and objective. However, departing from Weber, for Schutz, objective meanings do not present in a reified way but emerge from lifeworld, a world where face-to-face situations form a repertoire of experience that serve as a basis for social actions (Schutz, 1973). Rather than considering social actions as ideal types, Schutz proposes the *intersubjective-shared types* in accordance with the individual's experiences, e.g. knowledge and preferences; their interests, e.g. relevance; and their biographies (Psathas, 2005). As a result, he developed categories such as *in-order-to* and *because-of motives*<sup>10</sup> as an attempt to connect the conscious subjective flows with everyday experience (Schutz, 1976). Correspondingly, meanings are biographically produced in a collectively lived world that has a praxeological character<sup>11</sup>. In short, we live in a space-temporal community, which "leads to the constitution of the intersubjective objectivity of the world" (Schutz, 2012, 70). Therefore, we cannot find the fundament of intersubjectivity in the transcendental ego as Husserl claimed, or in an objectified way as Weber maintained. What Schutz suggests is that social life implies a suspension of doubt about the reality of the world. This is possible because the reality that seems evident is the presupposition of a natural attitude, i.e. *common sense*. At the same time, this reciprocal common sense is not free of conflicts, since knowledge also refers to the biographical uniqueness of subjective experiences. Actually, any social tension relies on this question.

Knowledge is socially distributed. The general thesis of reciprocal perspectives, to be sure, overcomes the difficulty that my actual knowledge is merely the potential knowledge of my fellow-men and vice-versa. But the stock of my *actual* knowledge at hand differs from individual to individual, and common sense thinking takes this fact into account. Not only *what* an individual knows differs from what his neighbors knows, but also how both know the 'same' facts. Knowledge has manifold degrees of clarity, distinctness, precision, and familiarity (Schutz, 2012a, 14).

The social world in which I live, as one connected with others through manifold relations is for me an object to be interpreted as meaningful. It makes sense to me, but by the same token I am sure it makes sense to others too. I suppose, furthermore, that my acts oriented to others will be

understood by them in an analogous manner as I understand the acts of others oriented to me (Schutz, 1976a, 15).

This discussion concerns the attempts of Schutz to provide the basis of a social science, that is, an objective science of subjective meanings. To this end, Schutz argued: "the appropriate social scientific method involved developing constructs of everyday actor's constructs" (Barber, 2002, 6). This is possible because individuals "sustain that reality by understanding each other's in-order-to motives in typical terms (e.g. going to school, making a purchase, and marrying)" (ibid.). Of course, this does not imply that we have the power to access others' private spheres, or reduce them to a stimulus organism. As long as we recognize that actors and scientists necessarily employ those typifications either to negotiate or to make sense for themselves, the meanings are not a problem at all (Storr, 2010). Thus, lifeworld – or the world of immediate experiences – presents objectively in which subjective meanings are possible with individuals experiencing everyday life intersubjectively:

'World of daily life' shall mean the intersubjective world which existed long before our birth, experienced and interpreted by others, our predecessors, as an organized world. Now it is given to our experience and interpretation. All interpretation of this world is based upon a stock of previous experience of it, our own experiences and those handed down to us by our parents and teachers, which in the form of "knowledge at hand" function as a scheme of reference. To this stock of experiences at hand belongs our knowledge that the world we live in is a world of well circumscribed objects with definite qualities, objects among which we move, which resist us and upon which we may act (Schutz, 1970, 72).

#### 4. Mental disorders as a lifeworld problem

As discussed, Schutz and other phenomenologists tried to provide a scientific basis to understand social reality. In their attempts to address this topic, they also contributed to the understanding of social reality in its negative terms. Insofar as knowledge is distributed and naturalized by interactions, sociabilities, therefore, translate the ways in which material or affective resources are distributed, having implications in how individuals access those resources in their ordinary lives. The intersubjective processes that characterize social dynamics are guided by "common sense", which emerges in the context of daily face-to-face relations. Consequently, the more we distance ourselves from the intersubjective exchanges, the more we leave behind those experiences of lifeworld, which is not a private world, but a world where our experiences take place. To some extent, our experiences are based on that dialectics between "others" and "me". When this is not possible, it is likely that we face contradictions in our daily experiences.

If I take my own *self as the object of fantasizing*, then I can insert myself in every merely conceivable role. But the self which I imagine is experienced only as part of my complete personality, as an aspect of the self that exists only due to me. In my fantasizing I can also fictively change my live corporeality, but within the bounds that are posited through the primordial experience of the limits of my animate organism. I can fantasy myself to be a dwarf or a giant, but always as an internality that is delimited outward (Schutz and Luckmann, 1973, 32).

Based on these assumptions, mental disorders reveal their most problematical experience through daily life context. From a simple state of anxiety to a psychotic crisis, the power of affecting daily routine is always present. In this sense, mental disorders characterize a temporary or permanent absence of the intersubjective objectivity circumstances of lifeworld. The result of this "loss"

affects the individual's comprehensibility of their outer world and vice versa. Thus, as we asserted, in the introduction, madness becomes a residual category that describes praxeological problems experienced by those for whom everyday life is a solipsistic experience and their main existential obstacle.

The term schizoid refers to an individual the totality of whose experience is split in two main ways: in the first place, there is a rent in his relation with his world and, in the second, there is a disruption of his relation with himself. Such a person is not able to experience himself 'together with' others or 'at home in' the world, but, on the contrary, he experiences himself in despairing aloneness and isolation (Laing, 2010, 17).

In contrast to other experiences where praxeological demands of everyday life are also an obstacle, e.g. the challenge faced by disabled persons or immigrants in their new environment, there is a specificity regarding mental disorders. The expressions of pain and suffering caused by mental disorders are not recognized by the outer world, or even translatable to the person in question and to others. On the other hand, this kind of incomprehensibility can also affect the individual's ability to survive. A person needs social ties to access material and emotional support networks that are accessible in the environment. However, when someone loses their intersubjectivity they are unable to access these support systems on their own<sup>12</sup>. These are what we know as the social and physical costs of mental disorders. There are at least three main costs: a) health and social care, e.g. poor nutrition, insurance; b) human costs, e.g. isolation, decreased quality of life; c) output losses, e.g. unemployment, negative impact on the economy (Trautmann et al, 2016; Naylor et al, 2012).

## **5. Towards an *insanity policy*: an attempt to include the lived experience of individuals in the mental health care system**

The absence of the lifeworld's objectivity mentioned above has consequences for the operability of our existential condition. Therefore, there is a need to develop policies that meet the specific demands of people with mental disorders. Policies that cover such cases should not only be limited by the medical boundaries of healthcare but also consider the lived experience of these people in their communities. This is necessary because Western history has already proven that reducing mental disorders and mental health policies to a purely medical perspective has led to the creation of total institutions that have proven to be spaces of exclusion, torture, and mistreatment (Amarante, 1998; Goffman et al, 2010; Foucault, 2013; Arbex, 2019).

Furthermore, the fact that those recent normative instruments of psychiatry such as the Diagnostic and Statistical Manual of Mental Disorders (DSM), and the International Classification of Diseases (ICD), have proven to reduce its scope in favor of biological, supposedly empirical and atheoretical explanations (Barreto, 2005). This often leads to the "emptying" of the health users' subjective and lived experience. In addition, current studies have shown that this approach to care has also been reduced to the prescription of medication (Moncrieff et al, 2013; Paris and Philip, 2013). Despite the consequences in terms of chemical dependence due to the prolonged use of medication, the fact is that such uses constitute a new form of biopolitics and institutionalization of madness by other means (Perrusi, 2010).

Studies have also exposed that there is a high frequency among health professionals of pathologizing individuals according to their social background, thus, resulting in mental disorder diagnoses based on race, gender and class prejudices (Dunham, 1964; Kohn, 1973; Fernando, 2010). This happens through a stigmatization of people with mental disorders and their relatives

by health professionals (Corrigan et. al, 2000; Strandmark, 2001; Angermeyer and Matschinger, 2003; Hinshaw and Stier, 2008). Simultaneously, we have to add that the demands of the professional team also lead to an expectation discrepancy with those who seek care, as well as the question of access to the health care system and social security, e.g. medical licenses or social insurance (Fontes, 2020).

Therefore, the next task consists of the creation of a research agenda that seeks to verify the possibilities of building what I have labelled as *aninsanity policy*<sup>13</sup>, a mental health policy that incorporates the lived experience of the health care users in mental health care. For that matter, the use of the phenomenological approach becomes an important theoretical and methodological tool. Not only to verify the lived experience of the health care users, but also to find solutions between different demands according to the respective actor's point of view, e.g. health professionals, health care users, family members, etc. This policy also implies inter- and transdisciplinary approaches of care. Whereas in care an interdisciplinary approach prevents a predilection of one discipline over another, a transdisciplinary approach encourages the openness of care for other actors, e.g. healers, community leaders, etc., embracing the contexts where the individuals' real problems become evident<sup>14</sup>.

## 6. Conclusion

This paper has employed Schutz's social theory to understand the everyday experiences of people with mental disorders. Using phenomenology as a guide, Schutz provided important conceptual tools to comprehend our social experiences in scientific terms. This understanding is possible because, despite the tendency in science to reify social reality as something independent of the context where social phenomena are formed, our experiences in society have a common sense that is shared by both scientists and actors. According to Schutz, common sense comprises the objective knowledge that organizes our social experiences. Of course, this objective knowledge does not imply that we can generalize all experiences in the world, particularly, because such knowledge is produced biographically. However, social experiences are always embedded in objective meanings, whether they are natural, cultural, historical or political. Therefore, the production of objectivity is anchored in lifeworld, the world of everyday life experiences or the world of immediate experiences.

Once people with mental disorders are not able to use this objective sense, their experiences in society are reduced with everyday life presenting the most obstacles. In other words, madness represents the penetration of singularity and differences into all social objectivity. Being a residual category, madness here refers to all contradictions presented in the triangular relationship between subjects, objects and intersubjective processes. This also includes the fact that the experience of mental disorders is characterized by a solipsistic experience, which, in turn, reflects the objectivity of lifeworld as a problematic fact for this population. Thus, mental health care efforts must address the everyday life of individuals as a response to the contradictions they face in everyday circumstances.

Therefore, the insanity policy can be considered as a project of mental health policy guided by the myriad of differences in the lived experience. To operate in the lived experience of individuals implies a care where the immediacy of circumstances is taken into consideration. Consequently, the next steps consist of developing a research agenda that focuses on the perspective of the social actors in question, e.g. health professionals, health care users, family members, social workers, and non-specialists, in the face of the demands presented in everyday life. For this purpose, different sectors of society such as governmental and intergovernmental agencies, non-governmental organizations, professional associations, research institutions, universities, and

information networks must cooperate in an attempt to break down institutional barriers and promote real inter- and transdisciplinary work.

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<sup>1</sup>Contemporary literature has attempted to overcome the symbolic and historical burden of the term "madness". Throughout this paper, the words "madness" and "mental disorders" are interchanged to designate people who suffer any cognitive or mood disorder. This being one of several ways to resignify the word madness and, therefore, give a new meaning and empower those people affected: "We use 'mad' and 'madness' to avoid the etiological assumptions that are associated with words like psychosis or schizophrenia. Our view is that the word 'schizophrenia' is best avoided because it has no construct validity (Kendler 1980; Andreassen 1995; Anckarsäter 2010), and thus its aetiology has yet to be established. In

addition, its use in expressions like ‘chronic schizophrenia patient’ is harmful, stigmatizing, and dehumanizing of people who suffer from madness” (Thomas and Longden, 2015, 190).

<sup>2</sup>Lifeworld (German: *Lebenswelt*) “represents a condition in which the world is experienced and lived. It may be conceived as a universe of what is self-evident or given, a world that subjects may experience together. Sociologically, it introduces the socio-cultural context wherein what seems immutable (for example, tradition, common sense, social practices) is, in reality, historically immutable” (Nicolosi, 2016, 131).

<sup>3</sup>This is discussed with more details in the work of Berger & Luckman (1991).

<sup>4</sup>Subjectivity ↔ Intersubjectivity ↔ Objectivity.

<sup>5</sup>In the words of Cerbone (2014): “Naturalism tries to account for logical principles entirely in terms of psychology: logical principles are psychological principles; the laws of logic are natural laws of psychology, that is, laws that generalise how human beings and perhaps other sentient beings think. The problem for this account is that such natural laws are descriptive, much like the laws of motion for planets and other celestial bodies, whereas the relation between logic and any actual psychological processes is “normative”: the laws of logic govern thinking by prescribing how sentient beings ought to think” (p. 14).

<sup>6</sup>For an introduction to the history of sciences, see Jalbert (1988) and Bouterse & Karstens (2015).

<sup>7</sup>Despite being an object of contention among Kant’s readers, it is possible to infer that part of his transcendental idealistic project is descriptive, i.e. universal or rational, rather than normative, i.e. specific and concrete. See more about Kant’s psychologism in Sober (1978) and Nenon (2008).

<sup>8</sup>“Two concepts have been central to Husserl’s internalist interpretation of intentionality: the concept of a *noema* (plural *noemata*) and the concept of epoché (i.e. bracketing) or phenomenological reduction. By the word ‘noema’, Husserl refers to the internal structure of mental acts. The phenomenological reduction is meant to help get at the essence of mental acts by suspending all naive presuppositions about the difference between real and fictitious entities” (Jacob, 2019, 10).

<sup>9</sup>“True reflection presents me to myself not as idle and inaccessible subjectivity, but as identical with my presence in the world and to others, as I am now realising it: I am all that I see I am an intersubjectivity field, not despite my body and historical situation, but, on the contrary, by being this body and this situation, and through them, all the rest” (Merleau-Ponty, 2013, 452).

<sup>10</sup>“In the in-order-to relation, the already existent project is the motivating factor; it motivates the action and is the reason why it is performed. But in the genuine because-relation, a lived experience temporally prior to the project is the motivating factor; it motivates the project, which is being constituted at that time” (Schutz, 1967, 92).

<sup>11</sup>This led Schutz and the Austrian School introducing a praxeological science, concerning the study of social actions, and history, regarding concepts and social theory. See more in Storr (2010).

<sup>12</sup>Many studies have already revealed the consequences of the loss of sociability to access things in the world not only with people with mental disorders, but in terms of health in general. Read more: Schaefer et al (1981), Seeman (1996), and Kawachi et al (2001).

<sup>13</sup>More details will be provided after further research.

<sup>14</sup>Although there is no clear definition in the literature about such divisions between “mono”, “inter”, “trans”, “multi”, “meta” or “anti” disciplinary knowledge, it can be inferred that while “inter” refers to the dialogue between different disciplines of knowledge, “trans” goes further to also include non-academic people in diverse communities. See more in Chen et al (2020).

**AUTHOR**

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