

The objectivity of lifeworld and everyday experiences of people with mental disorders

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ABSTRACT

This article aims to adapt Alfred Schütz's sociological approach to understanding the everyday experiences of people with mental disorders. According to Schütz, common sense encompasses objective knowledge that organizes societal experiences in everyday life. When this objective knowledge is disrupted, the everyday lives of those affected can be significantly impacted. Due to these impacts, efforts in mental health care should focus on understanding the dilemmas faced by its users in their daily routine and incorporating their everyday needs into healthcare practices. In order to highlight these issues, this paper is divided into four parts. The first section introduces phenomenology and its relevance in understanding Schütz's social theory and everyday life experiences. The subsequent section explores Schütz's inquiry into the objectivity of the lifeworld in everyday experiences. The third section delves into the significance and challenges faced by individuals with mental disorders in their daily lives. The final section introduces the concept of insanity policy, highlighting potential avenues for health professionals and policymakers to integrate the everyday experiences of people with mental disorders into mental healthcare. Special attention is given to differentiating between care in everyday life and the everyday life of care.

Keywords: Phenomenology; Objectivity; Lifeworld; Alfred Schütz; Everyday life; Madness; Mental healthcare.

A objetividade do mundo da vida e as experiências cotidianas de pessoas com transtornos psíquicos

RESUMO

Este artigo visa adaptar a abordagem sociológica schützeriana para compreender as experiências cotidianas das pessoas com transtorno psíquico. Para Alfred Schütz, o senso comum compreende o conhecimento objetivo que organiza as experiências habituais em sociedade. Uma vez que esse conhecimento objetivo é rompido, a vida cotidiana dos afetados pode ser significativamente impactada. Devido a esses impactos, os esforços de cuidados em saúde mental devem focar na compreensão dos dilemas enfrentados por seus usuários em sua rotina diária. No intuito de evidenciar tais questões, este trabalho está dividido em quatro partes. A primeira parte apresenta a fenomenologia e a sua relevância para a compreensão da teoria social de Schütz. A segunda parte coloca a questão da objetividade do

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mundo da vida nas experiências da vida cotidiana a partir da teoria social de Schütz. A terceira parte demonstra a importância e os desafios enfrentados por pessoas com transtorno psíquico na sua vida cotidiana. A última parte introduz o conceito de política da insanidade, destacando possíveis caminhos para que profissionais de saúde e formuladores de políticas integrem as experiências cotidianas das pessoas com transtornos psíquicos nos cuidados em saúde mental. É dada uma atenção especial à diferenciação entre o cuidado na vida cotidiana e a vida cotidiana do cuidado.

Palavras-chave: Fenomenologia; Objetividade; Mundo da vida; Alfred Schütz; Vida cotidiana; Loucura; Cuidados em Saúde Mental.

La objetividad del mundo de la vida y las experiencias cotidianas de las personas con trastornos psíquicos

RESUMEN

Este artículo pretende aplicar el enfoque sociológico schützeriano para comprender las experiencias cotidianas de las personas con trastornos mentales. Para Alfred Schütz, el sentido común comprende el conocimiento objetivo que organiza las experiencias habituales en la sociedad. Una vez que se rompe este conocimiento objetivo, la vida cotidiana de los afectados puede verse significativamente impactada. Debido a estos impactos, los esfuerzos de atención a la salud mental deben centrarse en comprender los dilemas enfrentados por sus usuarios en su rutina diaria. Para demostrar estas cuestiones, este trabajo se divide en cuatro secciones. La primera sección presenta la fenomenología y su relevancia para comprender la teoría social de Schütz y las experiencias de la vida cotidiana. La segunda parte plantea la cuestión de la objetividad del mundo de la vida en las experiencias de la vida cotidiana a partir de la teoría social de Schütz. La tercera parte demuestra la importancia y los retos a los que se enfrentan las personas con trastornos psiquiátricos en su vida cotidiana. La última parte introduce el concepto de política de la locura, destacando posibles vías que deben explorarse con los profesionales sanitarios y los gestores para incorporar las experiencias cotidianas de las personas con trastornos psiquiátricos en la atención a la salud mental. Se presta especial atención a diferenciar entre el cuidado en la vida cotidiana y la vida cotidiana del cuidado.

Palabras-clave: Fenomenología; Objetividad; Mundo de la vida; Alfred Schütz; Vida cotidiana; Locura; Atención de la Salud Mental.

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 phenomenon of madness, specifically in relation to people with mental disorders², is

² Contemporary literature has attempted to overcome the symbolic and historical burden of the term “madness”. Throughout this article, the words “madness” and “mental disorders” are interchanged to designate people who suffer from any cognitive or mood disorder and present the need for care. This is one of several ways to resignify the word madness, thereby giving it a new meaning and empowering the affected individuals: “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 [...], and thus its aetiology has yet to be established. In

observed in sociology through various lenses. 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, in 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 (Conrad and Slodden, 2013). Concepts like alienation (Marx), social action (Max Weber) and solidarity (Durkheim) became models to justify what is considered “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 experiences 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. As a result, typifications emerge. Habits, norms, and routines shared in groups make individuals leave their own singularity or difference to face the objectivity of the *lifeworld*³. 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, the lifeworld is the objective component of a common meaningful structure, serving as the pre-epistemological starting point of our daily experiences.

From this perspective, our everyday life is influenced by lifeworld experiences,

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).

³ “Lifeworld (*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 mutable” (Nicolosi, 2014, 6).

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 versa⁴. 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 above⁵ is experienced differently. Their ability to comprehend themselves and address the objectivity of their experiences and surroundings can be altered. Regardless of whether or not their experiences require care, the contrast between what is perceived and observed from their experiences is evident. Madness thus becomes a residual category that describes praxeological problems experienced by those for whom everyday life is the main existential obstacle. This does not suggest that madness only manifests in a solipsistic manner or that one cannot intersubjectively *turn pain into poetry*. It merely indicates a contradiction between individuality and the objectivity of the lifeworld, which can be of a political, cultural, or generational nature.

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 where the individuals are located. In addition, this approach to mental disorders does not imply an aetiology for mental disorders themselves. The goal is not to assert how madness occurs and can be overcome, but rather to highlight the dialectic between objectivity and madness with respect to people's everyday experiences, and emphasize the significance of this relationship in conceptualizing care. With our focus on the lived experience, we 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

⁴ This is discussed in more details in the work of Berger & Luckman (1991).

⁵ Subjectivity ↔ Intersubjectivity ↔ Objectivity.

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 on this matter?

Methodology

This article serves as the foundation for my current research agenda, focusing on the psychic and social costs inherent in the lived experience of non-hegemonic social groups, including queer individuals, indigenous people, people of color, and displaced persons. The genesis of this discussion stems from my master's thesis, which investigated how health professionals addressed mental health care practices in accordance with the National Strategy for Territorial Actions in Primary Health Care in Brazil. This earlier research was conducted at two Basic Health Units (BHU) in two rural municipalities of the Agreste region, Pernambuco, in Northeastern Brazil (Araujo, 2018). Using a qualitative approach, the study involved field visits, observations, and twelve semi-structured interviews with health professionals, including doctors, nurses, and psychologists, conducted between August and December 2016.

These data are the subject of a forthcoming article, demonstrating how the distance between residences and the network of public services in rural areas limits the territorial actions of the Brazilian health system, leading to hyper-medicalization in mental health care at these units. While not analyzed in this article, these data significantly inspired the current theoretical analysis by illustrating two key issues. Firstly, the need to develop a keen awareness of everyday lifeworld issues, as public policies encounter constraints in daily life and each location presents unique conditions and demands. Secondly, the decentralized nature of the Brazilian Psychiatric Reform can create gaps in protection and care due to its regulations and the challenge of accessing health goods and services in rural areas, amidst Brazil's vast dimensions. These challenges underscore a crucial aspect that will be further explored here: how lifeworld

factors determine the objectivity that shapes perceptions and responses to mental disorders? Therefore, understanding how the concepts of everyday life, objectivity, and the lifeworld are approached is crucial for comprehending their interplay with mental disorders.

Thus, the primary objective of this article is to contextualize the origin and use of these terms within the framework of Schütz's social thought to understand their role in interpreting the everyday experiences of people with mental disorders. The study is structured into four main sections. The first section provides a historiography of Western philosophy to present the role of phenomenology in highlighting the intentional character of consciousness, which ultimately determines the criterion of truth or falsity in the production of objective knowledge and scientific validity. Drawing on key texts from philosophers such as Husserl and Heidegger, this section traces the evolution of phenomenological thought. The second section aligns phenomenology with Schütz's social theory, emphasizing the role that common sense plays in organizing objective knowledge and shaping social experiences. This alignment is explored through a detailed analysis of Schütz's works and their contemporary application. The third section discusses the specific challenges that individuals with mental disorders face in their daily lives, emphasizing the practical and existential obstacles arising from the interaction between their subjective experiences and the objective structures of the lifeworld. Examples from existing literature and case studies illustrate these challenges. The final section suggests pathways for health professionals and policymakers to integrate the daily experiences of people with mental disorders into mental health care practices, advocating for a sensitive, inter- and transdisciplinary approach that goes beyond conventional person-centered care, such as psychotherapy and psychiatric medication. This includes a theoretical discussion of the integration of everyday life aspects into public health policies, drawing on the previous debate.

Challenging Objectivity: The Intersections of Phenomenology, Science, Consciousness, and Lived Experience

During the Enlightenment in Western societies, both the reliability and validity of existing knowledge in relation to empirical data were challenged. From then on, the question of how to prove or refute knowledge was tied 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, which focused on cause-effect relationships. Hence, in the nineteenth century, the influence of positivism, empiricism, and naturalism in science led to the obscuring of individual 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 the experience of human beings in the world is driven by a coordinate system (social, biological, symbolic...), where the individual is the center of their own experience⁶.

Although certain things can be described as “natural” and follow principles and laws, our experience in the world includes another element beyond physical aspects: consciousness. From consciousness comes meanings produced by individual or collective experiences. In science, this tension culminated in the division into natural sciences (*Naturwissenschaften*) and human sciences (*Geisteswissenschaften*) or cultural sciences (*Kulturwissenschaften*)⁷. Whereas the former is concerned with matters without subjectivity, e.g. chemicals or objects, the latter two are concerned with the meanings of cultural products and their institutions (Schütz, 1967). The issue was that each branch of science had to provide its own methodology of inquiry for the object of

⁶ According to 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 generalize 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).

⁷ For an introduction to the division of sciences, see Jalbert (1988) and Bouterse & Karstens (2015).

study, i.e., a means to access the essence and knowledge. Regarding human experience, the question was how science could explain human knowledge giving our differing 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.

To overcome the limitations of rationalism and empiricism, Immanuel Kant (1724-1804) developed his theory of knowledge. He believed that the objects of experience are not captured by our minds, but rather configured by how our sensibility and understanding apprehend them. *Noumena*, i.e., the thing-in-itself, is the absolute and unknowable entity, and we only know things to the extent that they appear to us, specifically 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). That is, despite Kant's attempt to overcome such limitations, his theory ultimately reduced phenomena to physical aspects (Leite, 2017). Furthermore, his theory was not sufficient to overcome psychologism in philosophy and, later, in the social sciences; i.e., the tendency to consider the ways human beings think as a simple description rather than as normative knowledge that could serve as a criterion to determine the truth or falsity of any proposition⁸.

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

⁸ 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. For more on Kant's psychologism, see Sober (1978) and Nenon (2008).

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 brackets⁹. 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 objective knowledge or the essential feature of what is perceived. Consequently, the conscious experience of human beings is "for" something.

Despite Husserl's contribution in clarifying the importance of the inner experience for science and translating it into a method, most of his followers affirm that he presented a monadology without explaining the intersubjective processes. 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 process¹⁰. The intersubjectivity between bodies as lived experience plays the most important role in relation to the subject and things in the world (Moran, 2002).

Even though each phenomenologist had their own approach to our experience in the world and ultimately to the adequate access to objective knowledge of sciences, the lessons taught by phenomenology is that individuals perceive the world in different

⁹ "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).

¹⁰ According to Merleau-Ponty (2002): "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" (p. 452).

ways. Especially when we talk about the lived experiences of non-hegemonic groups. Consequently, phenomenology operates as a critique against the objectivity of science, specifically the natural sciences. Thus, it is not possible to be deterministic about knowledge as natural sciences intended. Instead, knowledge must be conceived from its relation with the objects in the context where they are produced (Capalbo, 1979). Regarding the experience of madness, psychiatrists long believed it was possible to establish an aetiology of madness based on deterministic assumptions, treating conscious experience as something universal. Later, the medical model demonstrated inconsistencies concerning the reliability and validity of psychiatric diagnosis (Eaton, 2001). The questions arise, 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?

Exploring Schütz's Social Phenomenology: On the Objectivity of Lifeworld

The previous section introduced phenomenology and highlighted its theoretical and methodological importance to this present study. Theoretically, because it is based on a subjective understanding of reality. Methodologically, because it takes the first-person point of view in its context into consideration. While the previous section discussed phenomenology in the context of the scientific debate – specifically, the methodologies used to access the essence or objective knowledge of things – the following section focuses on the knowledge produced in the social context, i.e., social phenomenology. In the early stages of social sciences, the reliability and validity of knowledge revolved around dichotomies such as the individual versus society, agency versus structure, and microsociology versus macrosociology. Simultaneously, a question arose about “meaning” and “social action” in relation to external observers of social phenomena, i.e., is the meaning of action accessible to observers?

In phenomenological terms, the issue was not whether the content of an experience results from an internal interpretation of reality or from the social context. The question concerns the interpretation of the experience made by the observer. Once we answer 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. For German sociologist Alfred Schütz (1899-1959), intersubjectivity is the foundation of social sciences. Schütz proposed a sociological eidetic rather than Husserl's transcendental eidetic. For Schütz, 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, Schütz 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 (Schütz, 1967, 8).

Like Weber, Schütz also believed that meanings share subjective and objective contents. However, influenced by Husserl, Schütz argued that objective meanings do not present themselves in a reified way but emerge from lifeworld – a world where face-to-face situations form a repertoire of experiences that serves as a basis for social actions (Schütz, 1973). Rather than considering social actions as ideal types, Schütz proposes the “intersubjective-shared types” in accordance with individual's experiences, such as knowledge and preferences, their interests, such as relevance, and their biographies (Psathas, 2005). As a result, he developed categories such as *in-order-to* and *because-of* motives¹¹ to connect the conscious subjective flows with everyday experience (Schütz,

¹¹ “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

1976). Correspondingly, meanings are biographically produced in a collectively lived world that has a praxeological character¹². In short, we live in a space-temporal community, which “leads to the constitution of the intersubjective objectivity of the world” (Schütz, 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 Schütz 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. In fact, any social tension relies on this question.

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 (Schütz, 1976a, 15).

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 (Schütz, 2012a, 14).

This discussion concerns the attempts of Schütz to provide the basis of a social science – namely, an objective science of subjective meanings. To this end, Schütz argued: “the appropriate social scientific method involved developing constructs of everyday actor's constructs” (*apud* 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

prior to the project is the motivating factor; it motivates the project, which is being constituted at that time” (Schütz, 1967, 92).

¹² This led Schütz and the Austrian School to introduce a praxeological science, which concerns the study of social actions, and history, regarding concepts and social theory. See more in Storr (2010).

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 (Schütz, 1970, 72).

To make the relationship and the different levels of interaction between objectivity and lifeworld more evident, I turn to Zelić (2009). According to him, this relationship can be explored in four distinct ways:

- a) Firstly, the relationship between objectivity and the lifeworld arises from *pre-scientific specialized interests*. If something is comprehensible, there is knowledge of it that can be shared among individuals. In his words, “[w]e constitute this world out of overlapping and intersecting worlds intersubjectively, insofar as individuals living in the world live and perceive the same objects in common” (idem, 419);
- b) Secondly, these interests lead to the formation of a world of *scientific objectivity* that projects ideal “objects” applicable in sensible forms according to the interests of the researcher, such as geometry or even daily horoscopes;
- c) Thirdly, the observation of this relationship, thus, relies on the world of *perceptual objects*, which “consists of objects that we perceive with determinate shapes, sizes, and qualities” (idem, 420);
- d) Lastly, by conceptualizing these objects, Zelić emphasizes that although these objects can be “observable by all of us at least potentially, there are no criteria of exactness in scientific terms” (ibid.). Here, he highlights the difference between the *apriorism of objective knowledge and its applicability in reality*, which ultimately

differentiates what is given objectively from what is given subjectively. The differentiation between aprioristic knowledge of lifeworld experiences and their correspondence with one's own experience is the fundamental basis of phenomenological sociology and the ultimate approach to clarifying this relationship.

In conclusion, while phenomenology has questioned the notion of objectivity as a *modus operandi* of Western positivist sciences, it is evident that objectivity still permeates our everyday life. The next section explores how objectivity is perceived in the daily experiences of people with mental disorders.

Mental Disorders as a Lifeworld Problem

Although this paper aims to encompass the diversity of experiences surrounding the expression “madness”, or more specifically, how it is lived individually and collectively, the primary focus is on individuals who require intense care in their routines. The need for care may be due to the preservation of their physical and psychological well-being, their potential risk to others, or because they require special attention. Seeking care is vital when it is actively pursued by the individual, but it is also crucial for those who regularly interact with them¹³. This need for care became increasingly significant following the psychiatric reforms in most Western countries during the latter half of the 20th century, as family members and close relatives became the primary caretakers of individuals experiencing mental health problems¹⁴. However, it is important to note that defining “needs” for individuals with mental health disorders

¹³ On this point, the studies of the so-called *therapeutic itineraries* demonstrate the relevance of individual trajectories of seeking care for healthcare research and provide a better understanding of the relationship between care recipients and their caretakers. For further reading, see Fontes (2014), Silvia et al (2016), and Mendoza et al (2022).

¹⁴ An interesting study conducted by Nyström and Svensson (2009) revealed the burden experienced by fathers of adult children with schizophrenia, including the example of working double and long hours, the stigma from health professionals towards parents, and the subsequent impact on their self-esteem and well-being.

is complex, and this paper aims to provide clarification through its presented methodology.

Schütz's phenomenology, along with other phenomenologists, emphasizes the epistemological nature of everyday experiences, meaning that *knowledge* emerges spontaneously in everyday interactions. This knowledge, in turn, serves as a guide for one's own actions and interactions (Peters, 2011). By addressing this topic, they also contributed to the understanding of social reality in its negative terms. As knowledge is distributed and naturalized through interactions, social dynamics translate the ways in which material or affective resources are distributed, impacting how individuals access these resources in their daily lives. The intersubjective processes that guide social dynamics are rooted in "common sense", which emerges in the context of daily face-to-face relations. Consequently, as we distance ourselves from the intersubjective exchanges, we risk losing touch with the lifeworld, which is not private but a world in which our experiences take place. Our experiences, to some extent, are based on the dialectics between "others" and "me." When this dialectic is interrupted, contradictions can arise in our daily experiences.

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Regarding the epistemological nature of madness, various authors from different disciplines have contributed to this theme in diverse ways. Some comprehend madness either as a historical, political, or economic problem (Fanon, 2008; Foucault, 2003, 2013; Han, 2016). while others see it as a problem of deviance (Eaton, 2001; Laing,

2010; Aneshensel et al, 2013; Head, 2016). The former group locates itself in the grammar of power and genealogy to understand madness, while the latter group comprises madness within a “circuit”, in which madness and normality presuppose each other¹⁵. Against these two tendencies, others seek to extract from experiencing madness its own episteme (Becker, 2008; Peters, n.d., 2016; Luhmann, 2018; Westin, 2020). These authors advocate an effort to understand madness, where the knowledge resulting from the individuals' perception is considered. However, what may have been overlooked by these authors, and is the central focus of this study, is when the lived experience of these individuals is a burden not only to themselves but to others. As we will see further, putting the need for care in terms of costs helps us avoid overlapping different objective ways of dealing with madness, such as medicine, religion, psychology etc. At the same time, it also underscores the need to understand both madness and care from the perspective of lived experience.

In their study of communities of people who hear voices when nobody else does, Luhmann et al. (2023) demonstrate the issue that I am trying to outline in several ways. Firstly, the authors' attempt to differentiate the experiences of people who hear voices “but do not appear to require care” (ibid., 3) ended up blending the perspectives of two distinct fields of knowledge – the religious and the medical (or scientific) – when examining the issue of hearing “inaudible” voices. The concept of care ultimately takes on a medical character. Since the authors never clarify that the fact that people participating in a “community of people who listen to voices” represents a form of care, this medical character becomes apparent. Secondly, as a consequence of this initial misunderstanding, their comprehension, based on other authors, is that some people require care while others do not, excluding other cases that also need care, whatever it is. A more appropriate question to ask would be how hearing voices disrupts their daily routine, which would then help us understand which aspects the idea of “need” applies to. What becomes evident to us is the normative and contingent nature of

¹⁵ One way of presenting these two tendencies is by correlating them with Bourdieu's notion of the social uses of the scientific *field*. According to him, the interpretations made by science can be divided into two branches, the externalist and the internalist. While the first approach contextualizes madness within its broader social and historical framework, the second focuses on the intrinsic aspects of madness itself. See more in Bourdieu (1997).

conceptualizing madness within the context of care. This is particularly apparent when the same study mentioned the existing criteria within the religious groups in their study for differentiating who is “ill” or “not one of us”, as well as in the training and adjustment processes of their members.

[...] spirits cannot tell one anything bad – if someone claimed that the spirits did, that person was likely psychiatrically ill. Negative messages, they said, appear only early in the journey. If someone keeps getting negative messages, that person was “not one of us” [...] some participants seem more able to adjust their explanations depending on what their interlocutor believes [...] some individuals may be less able to adjust to audience expectations than others. These participants are less able to adjust seemed to be more likely to be identifies as “not one of us” (ibid., 10).

In his lengthy but precise work, Peters (2022) draws attention to the problem of how to approach madness beyond recognizing the necessity of liberating it from the Eurocentric and Western constraints of modernity and rationalism¹⁶. For him, Foucault calls for overcoming the “asylum logic” in an attempt to rid madness from modern reasoning but without making it explicit in his work whether madness can maintain a dialogue with the prevailing rational structures. Or rather, would it be possible to let madness speak for itself even if it had an “objective” lens created by the disciplines and modern psychiatry as the mediator or “listener”? In my humble opinion, *what (re)unites the experiences of madness and sanity is everyday life*. Peters (2016) at previous moment approximates the enigmatic character of what he refers to as “insanity epistemology” into praxeology itself¹⁷. But soon after, he recognizes that it is in the praxiological sphere that madness presents itself in a problematic way. Thus, the author promotes a dialogue between theoretical “reason” and madness. In doing so, he recognizes the epistemological legitimacy of insanity and emphasizes the institutional demands have always existed and continues to exist despite Psychiatric Reform and Foucault’s criticism. However, Peters does not propose to go beyond the heuristic recognition of

¹⁶ Later on, at a more appropriate time, I will discuss the same issue both to reflect on doing science beyond a European epistemic legacy in the sciences and on queer lived experience. See Acknowledgment.

¹⁷ In his words, “[the idea that] the heuristic precedence of the praxiological model of action in the social world does not imply its absolute and inflexible applicability [in the lived world]” – my emphasis (idem, p. 174). Original text: “A precedência heurística do modelo praxiológico de ação no mundo social não implica sua absoluta e inflexível aplicabilidade no mundo vivido”.

madness and does not offer a bridge to think about care in its relation to the lived experience of madness, which in my view is founded in everyday life.

As observed, the intersubjective process is utilized to negotiate the objective criteria of a social phenomenon, such as in the instance of hearing voices when no one else does. Additionally, the intersubjective process is also utilized to differentiate between expected and disapproved behavior among members within this community. Here, we can also include the intersections of gender, race and class as intersubjective factors that shape what is worthy of disorder or care. In parallel, the intersubjective process is once again evoked in a social theoretical reading of madness within the context of lived experience. On one hand, although Luhrmann et al. highlight forms of care beyond the traditional medical model, they do not explicitly recognize them as such, nor do they provide a definition of care, as it is solely *framed* as a medical issue. On the other hand, there are some authors, such as Peters, who provide an extensive account of both the subjective and objective experiences of madness. Yet, the author falls short in providing a deeper explanation of the dialogic nature of lived experiences of mental disorders and care. The reason why the concept of care from its costs is employed in this study is that it endeavors to account for both the internal lived experience and the external lived experience phenomenologically. This enables us to move beyond a medical approach and include the various individual and local trajectories in the pursuit of care. Mental disorders, like the challenges faced by disabled individuals or immigrants in their new surroundings, involve praxeological demands of daily life that must be addressed, highlighting the practical nature of these experiences. From a simple state of anxiety to a period of mourning or a psychotic crisis, the impacts in daily routine is always present, both externally and internally.¹⁸

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).

¹⁸ See more in Peters (2007, n.d.).

On one hand, mental disorders can cause pain and suffering that are often unrecognized or difficult to convey for both the individual experiencing them and those around them. This can result in a temporary or permanent absence of the intersubjective objectivity of the lifeworld¹⁹. On the other hand, this incomprehensibility can also have a significant impact on the individual's ability to survive. Social ties are crucial for accessing material and emotional support networks, but when social interactions are reduced, these systems become inaccessible. These are known as the social and physical costs of mental disorders. The literature identifies at least three primary costs: a) health and social care, such as poor nutrition and insurance; b) human costs, such as isolation and decreased quality of life; c) output losses, such as unemployment and negative impacts on the economy (Trautmann et al., 2016; Naylor et al., 2012). The outcome of this “loss” affects the individual's comprehensibility of their outer world and vice versa. Thus, as stated in the introduction, madness becomes a residual category that describes praxeological problems experienced by those for whom everyday life represents the major existential obstacle. By positioning mental disorder alongside the objectivity of lifeworld, I hope I am not only overestimating the negative character of a disorder, but emphasizing that the positive nature of its presence may require in some cases a more acute intervention, as well as highlighting the incorporation of lifeworld issues into care practices.

Towards and insanity policy: an attempt to include the lived experience of individuals in the mental healthcare system

¹⁹ Although it deserves a more in-depth discussion, while translating the abstract into German, I encountered an etymological dilemma in German that could summarize my inquiry. When I translated the word “objectivity” to German, I encountered two terms – *Objektivität* and *Sachlichkeit*. Roughly speaking, *Objektivität* aims to establish an “intersubjective” criterion for the formulation of theories that have universal approval through language and codes. On the other hand, *Sachlichkeit* translates objectivity in its “factual” dimension, for example, the fact that the sun rises every day. In the case of madness, the objectivity of the lifeworld presents itself in both an “intersubjective” way – as the impossibility of mutual understanding, given that both madness and sanity are rooted in everyday reality – and in a “factual” way – as the impossibility of escaping from this relationship, at least in an intersubjective sense. For this reason, I only included this detail in the German version of the abstract. Another digression on this subject can be made based on Butler (2004). In this work, we can see how the factuality of norms permeates queer experiences, not only in relation to the tension between “normativity” and “queerness”, but also within dissident gender expressions, where new norms emerge. For the discussion about “objectivity” in German language, see more in Nordmann (2014).

The aforementioned disruption of the lifeworld's objectivity has consequences for the operability of our existential condition. This includes the need to translate the rhetorical recognition of the heuristic of madness towards therapeutics at the level of public policies, considering that the lifeworld is not a private experience, but an intersubjective and public one. However, this disruption does not imply a madness-normality circuit or that it is only related to social inequalities; it merely indicates that responses to the disruptive nature of conditions like depression or severe alcoholism are directly related to individuals' lived experiences and the objective circumstances in which they are situated. By positioning madness and the objectivity of the lifeworld, I hope to clarify once again the role that intersubjective relationships play in the "emergence" or "appearance" of madness and care. Although the subjective experience of madness may take on "noumena" contours, its external experience occurs in a "phenomenal" way, that is, intersubjectively – and not universally as Kant intended.

A spiritual retreat in the middle of the forest in a rural area can provide relief for someone suffering from burnout in a large metropolis. Similarly, a homosexual person's escape from oppressive contexts to another open-minded context can bring immense relief despite adaptation challenges; as observed in the case of queer refugees (Wesling, 2008; Lewis and Naples, 2014). Therapy might be the answer for a university student but not for a practitioner of Candomblé²⁰. This does not invalidate the academic nature of therapy or the sacred nature of religion; or that a religious person does not undergo therapy, or that a therapist cannot be a priest of a religion; it merely positions the problem of the lifeworld's objectivity within the circumstances of people's lived experience. The lifeworld's objectivity is present in how the individual experiences and deals with the situations. In terms of madness, returning to everyday life reinforces the need to contextualize and amplify the voices of these individuals, contrary to Western psychiatry which sees *symptoms* but does not *listen to them*. Therefore, there is a latent need to develop public policies that meet their daily demands.

²⁰ Candomblé is an Afro-Brazilian religion.

Policies that cover such cases should not be limited by the medical boundaries of healthcare but also consider the lived experience of these people and 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, recent normative instruments of psychiatry such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD), have reduced their 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, resulting in mental disorder diagnoses based on race, gender and class prejudices (Dunham, 1964; Kohn, 1973; Fernando, 2010). This happens through a stigmatization of particular populations 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).

Although a more thorough debate on the matter will be necessary at a later time, this paper seeks to draw on the previous discussion to offer insights into the topic of caring for madness. At present, it is urgent to distinguish between what I understand as *care in everyday life* and *everyday life of care*. The former kind of care is based on a “because of” view and prioritizes the lived experience of madness from the perspective of the individual, recognizing their radical alterity and seeking to address their dilemmas

in the context where they are experienced. The latter kind of care is based on an “in order to” view, and, in contrast, attempting to analytically promote protocols that meet the demands of people with mental disorders within their environment. Indeed, such effort requires careful attention to ensure that such care does not reproduce an asylum logic or adopt a paternalistic posture that fails to emancipate these subjects in their daily experiences. Yet, that is a valid concern when it comes to providing care for individuals with madness. The goal should be to promote their autonomy and empower them to make their own choices, rather than imposing external control over their lives. This can be achieved through a collaborative approach that involves active listening, empathy, and a deep understanding of their experiences and needs. Caregivers must also be aware of their own biases and assumptions and constantly reflect on their practice to ensure that they are not perpetuating harmful attitudes or practices.

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 an *insanity policy*²¹, 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 to care. Whereas an interdisciplinary approach in care prevents a predilection of one discipline over another, a transdisciplinary approach encourages openness to care from other actors, e.g. healers, community leaders, etc., embracing the contexts where the

²¹ As I will discuss in a forthcoming paper, Brazil's Mental Health Care Network faces challenges due to low population density in rural areas, which restrict access primarily due to transportation logistics and the concentration of facilities in urban centers. This setup limits interaction between health sectors, relegating basic health units as the predominant option and often resorting to medication as a temporary solution, leading to high dependency rates. These structural constraints underscore systemic inequalities and underscore the importance of integrating lived experiences into care practices. As previously emphasized, madness disrupts the lifeworld's objective framework, underscoring that responses to conditions like depression or severe alcoholism are intimately tied to individuals' lived experiences and their circumstances. The concept of an insanity policy emerges as a critical response to these challenges.

individuals' real problems become evident²². This approach, therefore, aims to intersectionalize health care instances so that different intersections of oppression in the understanding of madness are not reflected in forms of care.

Conclusion

This work is, above all, a plea to bring madness into everyday life, either by developing therapeutics that meet the daily demands of this population or by establishing an “attentive” listening to the various forms of dialogue with the various expressions of madness and care. The concept of objectivity introduced through modernity's theories, and later criticized by decolonial authors, is rooted in Enlightenment, white, Eurocentric, and rational objectivity. Here, this objectivity is examined in relation to the lifeworld and everyday experience. The consequence of this study is to consider the implications of these relationships for other fields of human experience where the tension between objectivity and subjectivity is evident, such as dissident gender identities, subaltern and marginal epistemologies, and the experiences of displaced individuals in immigration.

For this paper, Schütz's social theory was employed to understand the everyday experiences of people with mental disorders. Using phenomenology as a guide, Schütz provided essential conceptual tools to comprehend our social experiences in scientific terms. This understanding is possible because, despite the scientific tendency to reify social reality as something independent of the context in which social phenomena are formed, our experiences in society share a common sense understood by both scientists and actors. According to Schütz, common sense comprises the objective knowledge that organizes our social experiences. This objective knowledge does not imply a generalization of all experiences, as it is produced biographically. However, social experiences are always embedded in objective meanings, whether biological, cultural,

²² 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 from diverse communities. See more in Chen et al (2020).

historical, or political. Thus, the production of objectivity is anchored in the lifeworld, the world of everyday life experiences.

Despite the intersubjective experiences that madness may develop during periods of crisis, it is within the contexts where madness emerges that intersubjectively conceived objectivity shapes its contours. In some groups, madness is an integral part of their *ethos*, such as in groups of people who hear “spiritual” voices. However, in other contexts, such as in Western psychiatry, such experiences may be labeled as mental pathology, e.g., schizophrenia. The criterion lies in the intersubjective process through which objective knowledge emerges. As the popular expression goes, “the cure for a madman is an even madder one”²³. Madness becomes a problem when it is perceived as such by those them. This is why describing madness as co-dependent on intersubjective spaces might sound conservative. However, this study aimed to highlight the importance of identifying contexts where madness can find an outlet; otherwise, it may become an object of vilification. This means identifying in everyday experiences how madness can find dignity instead of subjugation.

When individuals experiencing madness find it difficult with objective aspects of their surroundings, their societal interactions become constrained, and everyday life presents significant challenges. Madness represents the integration of singularity and differences into social objectivity. As a complex category, madness encompasses the contradictions inherent in the triangular relationship between subjects, objects, and intersubjective processes. This includes the unique, deeply personal experiences that reflect the objectivity of lifeworld as multifaceted reality for these individuals. Therefore, efforts to enhance mental health care must address the everyday lives of individuals, responding to the objective contradictions they encounter in their daily circumstances. Thus, the insanity policy can be considered a project of mental health policy guided by the myriad of differences in lived experience.

This may sound somewhat *objectivist*, as if every experience reduces to the level of an object. The issue I hope to clarify, albeit perhaps incompletely, is that social experiences are objective in some sense, given their intersubjective nature. Regarding

²³ In portuguese: “O remédio para um doido é um mais doido ainda”.

madness, both the emergence of madness and forms of care are permeated by this objective character of the lifeworld, albeit *transient* due to their biographical nature. However, operating within the lived experience of individuals implies providing care that considers the immediacy of circumstances. Consequently, the next steps involve developing a research agenda focusing on the perspectives of the social actors, such as health professionals, health care users, family members, social workers, and non-specialists, in response to the demands of everyday life of people with mental disorders. Real inter- and transdisciplinary work toward mental health care requires cooperation among different sectors of society, including governmental and intergovernmental agencies, non-governmental organizations, professional associations, research institutions, universities, and information networks. This requires breaking down institutional barriers and promoting collaboration to achieve the common goal of improving mental health care in society.

Acknowledgements

This article initiates of a series of publications aimed at investigating the psychological and social challenges experienced by dissident and non-hegemonic social groups in their daily lives. It commences with an exploration of the lived experiences of people with mental disorders, followed by an examination of the care practices within the context of mental health care in Brazil. Subsequent articles will delve into the role of phenomenology as a methodological tool in addressing the needs of minority populations and enabling the process of epistemic decolonization in scientific research. Furthermore, there will be an analysis of the mental health experiences of queer individuals on their lived experiences. Concurrently, I will also investigate the experiences of displacement and the mental health of refugees and immigrants in Germany over the past three decades. I extend my gratitude to Sociologias Plurais for the opportunity to present this work; to Fontes, Peters, and Anita Engels for their supervision; and to Louise Kennedy and Kukasina Kubaha for their English corrections.

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