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The contributions of Alfred Schutz's theory of Social Phenomenology to mental health care

Contribuições da sociologia fenomenológica de Alfred Schutz para o cuidado em enfermagem na saúde mental

Contribuciones de la sociología fenomenológica de Alfred Schutz a los cuidados de enfermería en salud mental

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Abstract

Background: Nursing care is essential for the social relationship between mental health professionals and patients.

Objective: This study aims to reflect on the contributions of Alfred Schutz's theory of Social Phenomenology to developing mental health nursing care.

Main topics under analysis: Mental health nursing care is based on understanding the other as a unique being in the "life-world". The direct social relationship established between nurses and patients, resulting from their shared and immediate connection, is essential to providing mental health care.

Conclusion: Alfred Schutz's theory of Social Phenomenology promotes the Ego's reflection as a caregiver and understanding of the "other self" as beings integrated into the "social world" and mediated by direct social relationships.

Keywords: nursing care; mental health; philosophy; sociology

Resumo

Enquadramento: O cuidado em enfermagem constitui-se como uma importante ferramenta dentro das relações sociais entre profissionais e as pessoas cuidadas no campo da saúde mental.

Objetivos: Este estudo tem como objetivo refletir sobre as contribuições da fenomenologia social de Alfred Schutz na construção do cuidado em enfermagem na saúde mental.

Principais tópicos em análise: O cuidado em enfermagem na saúde mental está baseado na compreensão do outro enquanto ser singular no mundo da vida. Além disso, as relações sociais diretas entre o enfermeiro e o utente, vinda da relação compartilhada e imediata, são fundamentais para a construção do cuidado em saúde mental.

Conclusão: A fenomenologia social de Alfred Schutz promove a reflexão tanto de si, na posição de cuidador, como também na compreensão do outro, inseridos no mundo social mediados pelas relações sociais diretas.

Palavras-chave: cuidado de enfermagem; saúde mental; filosofia; sociologia

Resumen

Marco contextual: El cuidado de enfermería constituye una herramienta importante dentro de las relaciones sociales entre los profesionales y las personas cuidadas en el ámbito de la salud mental.

Objetivos: Este estudio pretende reflexionar sobre las contribuciones de la fenomenología social de Alfred Schutz a la construcción de los cuidados de enfermería en salud mental.

Principales temas en análisis: Los cuidados de enfermería en salud mental se basan en la comprensión del otro como un ser único en el mundo de la vida. Además, las relaciones sociales directas entre el enfermero y el usuario, procedentes de la relación compartida e inmediata, son esenciales para la construcción de los cuidados en salud mental.

Conclusión: La fenomenología social de Alfred Schutz promueve la reflexión tanto sobre uno mismo, en posición de cuidador, como sobre la comprensión del otro, inmerso en el mundo social mediado por las relaciones sociales directas.

Palabras clave: atención de enfermería; salud mental; filosofía; sociología

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Introduction

Nursing professionals are one of the largest workforces in the different health care systems worldwide. Nursing professionals, as team leaders, perform a crucial role associated with the principles of responsibility, respect, and commitment to providing quality and close care to patients in health services (Mosier et al., 2019).

The World Health Assembly, the decision-making body of the World Health Organization (WHO), declared 2020 the "International Year of the Nurse and the Midwife." The designation aimed to recognize these professionals' work worldwide and promote improvement actions, including education and professional development (WHO, 2020). The recognition provided to nursing professionals brought visibility to the profession and strengthened quality care delivery to the population. However, this visibility must extend from the designation of the International Year dedicated to these professionals to the different contexts of nursing care (Reynolds, 2020).

Mental health care brings attention within the multidisciplinary health team to people in mental distress and/or with alcohol and other drug abuse. As part of the multidisciplinary team, nursing performs an essential role in mental health care, as understood by both the health team and the patients. Nursing professionals are viewed as those forming the strongest bond with patients, as they organize initial care in mental health services, possess the skills to communicate with patients and the health team, and facilitate and incorporate care actions (Almeida et al., 2020).

Based on the theory of Social Phenomenology, mental health nursing actions focus on people through their lived experiences, making them essential for the care process. By understanding human actions in the "life-world" through social relationships, Alfred Schutz's phenomenological framework reveals the meanings people attribute to their experiences using their "stock of knowledge," subjectivity, singularity, individuality, and motivations. Thus, Schutz's framework favors implementing mental health care actions based on social needs (Schneider et al., 2017).

This framework's relevance derives from the insights it offers about nursing care to people in mental distress and/or with alcohol and other drug abuse, as mental health care requires an immersion in the other to design subjective forms of care.

This logical-reflexive study is based on Schutz's theory of Social Phenomenology and other studies applying his framework. It seeks to establish the relationship between Schutz's principles and mental health nursing care. Thus, this study considers the contributions of Alfred Schutz's theory of Social Phenomenology to developing mental health nursing care.

Development

Alfred Schutz's theory of Social Phenomenology
Philosopher and sociologist Alfred Schutz (1899-1959) was born in Vienna, Austria, and died in New York, United States of America. He studied law and social sciences in Vienna. Due to his social science background, Schutz aimed to lay the foundations of a comprehensive Sociology theory (Schutz, 2012). He devoted years of his life to studying the works of Max Weber and Husserl. Regarding Weber's works, Schutz's main concern was to develop concepts and not to refute them. This way, he sought to explore Sociology concepts such as "action," "social action," and "understanding" to develop the theory of Social Phenomenology. All foreseen conduct, i.e., based on a preceding project, is described as an "action." This "action" can be overt, coming into the world through bodily movements, or subjective, resulting from a rational process. Every "action" may or may not be intended to exist and become real. Actions whose meaning is based on personal definitions are defined as motivated behavior (Schutz, 2012).

Schutz explores the nature of motivation using the Theory of Motivation. He argues that individuals act according to motives for achieving future goals, which he calls the "in-order-to motives" (Schutz, 2012). He also claims that individuals have "motives" for their actions connected with their past experiences and personality developed throughout their life that he calls "because-motives." When individuals act, they are not aware of their "because-motives." Nevertheless, they can understand them retrospectively after completing the "action" (Schutz, 2012, 2018).

"Understanding" the other is directed toward that which has meaning, and only something understood is meaningful. In their "natural attitude," human beings comprehend the world by interpreting their lived experiences of it, whether these refer to inanimate things, animals, or other human beings. Thus, "understanding" the other consists of the observer's self-interpretation of their own experiences (Schutz, 2018).

Considering Husserl's studies, Schutz uses the concepts of "life-world," "intentionality," and "intersubjectivity." The "life-world" or the world of everyday life is considered the intersubjective world, formed when the individual becomes intentionally aware of fellow human beings. It is also where they share the same time and space through the shared experience of the "We-relationship." Individuals experience the "life-world" through a close network of social relationships and systems of signs and symbols. The meaning of these elements is assumed, in their diversity, as natural and described as a group's socially inherited internal customs. The experience of everyday life in the individual's "social world" is intimately related to that of their fellow human beings through the world of predecessors, successors, and contemporaries (Schutz, 1993). Nevertheless, an individual may be simultaneously part of several social groups. Although the internal and external groups often do not share the same ideas, individuals may try to change their attitudes through an educational process (Schutz, 2018).

"Intentionality" is always the consciousness of something determined by the intentional object about which the is conscious. The intentional object is everything the mind reflects about as a phenomenon. The intentional act is any

act in and by which an individual experiences an object, whether physical or ideal. "Intersubjectivity" consists of something shared by several individuals in everyday life. The problem of "intersubjectivity" regards successful interaction and understanding of the other, considered as the "other self," and the understanding between both of them (Schutz, 2012, p. 347).

Human beings "in the natural attitude" understand the world by interpreting their experiences about it, whether concerning inanimate things, animals, or their fellow human beings. In other words, understanding the other consists of the observer's self-interpretation of their own experiences (Schutz, 2018).

Phenomenological comprehension as a tool of mental health care

Mental health nursing care is based on subjective processes. Through sensitive listening, observation, and bonding, nurses seek to understand the meanings that patients attribute to their experiences in the "life-world." This way, together with them, nurses can think of new living possibilities. Phenomenology is present in mental health care when nurses concern themselves with building a care network based on what makes sense to patients and do not impose care models. By considering the other's subjectivity in the mental health care relationship, nurses can change from the biomedical approach to care, based on pathology and psychiatric diagnoses, to a model of care that considers people as individuals existing in the "social world."

Therefore, nurses must understand the other to interpret their experiences and subjective actions. Social Phenomenology allows understanding the intersubjective meaning of human actions, interactions, and experiences in the "life-world" and perceiving their experiences (Schutz, 2012). Nurses must approach patients in mental distress to care for and understand the other, in their subjectivity, as ontological beings. A relationship based on anonymity hinders understanding. Therefore, understanding the other as a being relates to the interactive relationship between nurses and mental health patients.

The more distant one is from the "world of contemporaries," the more the experience of others becomes remote and anonymous. An anonymous relationship between people impedes understanding the other in their subjectivity. In an anonymous relationship, the other is not perceived as unique. They are just "someone" presented as devoid of meaning and depersonalized as a being (Schutz, 2003). The "life-world" is not restricted to an individual. It is shared by all, having been experienced and interpreted by the predecessors. All "life-world" interpretations are based on the "stock of knowledge at hand" (Schutz, 2012, p. 84). The "stock of knowledge at hand" refers to subjects' biography and knowledge acquired during their life through their experiences in the "social world." It is a reference framework to understand the world employing interpretive schemes (Schutz, 2018). Nursing care, both in an individual and a collective context, is embedded in a social, historical, and cultural context that must be valued when providing care. Thus, patients' biography is relevant

for organizing and implementing nursing actions (Jesus et al., 2013). Social context is a determining factor in care delivery for patients and health professionals. Moreover, it allows health professionals to provide health care in a warm and decisive manner (Silva, 2019).

To understand the other's essence, Phenomenology proposes human beings to disconnect from "the natural attitude" and carry out a phenomenological reduction, i.e., to "bracket" the natural world ("epoché"). Phenomenological reduction allows interpreting the world precisely as it is presented by suspending all *a priori* beliefs and values (Schutz, 2012).

Schutz (2018) mentions that understanding the other is directed toward something meaningful, and only something understood has meaning. Mental health nurses have the "stock of knowledge at hand" and interpret and experience the "life-world" through it. To understand, nursing professionals must carry out a phenomenological reduction, their "epoché," to interpret the "other self" and understand them in their totality and as part of the "social world."

Changing "the natural attitude," shaped by the "stock of knowledge at hand," and carrying out the phenomenological reduction pose a significant challenge to mental health nurses as social beings, as they must become available to the other, stripping away the assumptions which once they considered as given. The phenomenological reduction is crucial in designing mental health care, as it unveils patients' subjective meanings.

In understanding the other's subjective action, Schutz explores the character of motivation. He states that people act to reach future goals, which he calls "in-order-to motives," and that they have "motives" for their actions linked to past experiences that he calls "because-motives." Schutz explains that it is impossible to understand the other without knowing the reasons for their actions, i.e., human activities can only be understood when their reasons are revealed. Understanding other people's actions also involves the ability to imagine oneself performing such actions in the same situation, guided by the same reasons (Schutz, 2018).

To understand the other, nurses must know the motivations that lead to people's actions and the reasons that influence them to act the way they do in the "social world." Some reasons may relate to patients' past, to facts that already occurred, which today explain their actions or behaviors. However, patients' actions can also be driven by future expectations. Every intentional action has a reason, and it is essential to know it to design and reflect on mental health care.

Research carried out in a CAPSad - Alcohol and Drug Psychosocial Care Center shows that the "in-order-to motive" for users seeking treatment is the reconstruction of their family relationships and the expectation of social reinsertion. When looking into their past, users mention the losses due to the family breakdown and the abandoning of parents, children, trusted companions, morals, and respect, as "because-motives" for seeking treatment (Siqueira et al., 2018).

When interpreting mental health patients' motivations,

nurses, as observers, understand the subjective meaning of the other's actions. It is by understanding the "in--order-to" and the "because-motives" of the actions of people in mental distress and/or with alcohol and other drug abuse that nurses, according to Schutz, comprehend the "social world" these patients experience in a unique way, learn to act without judgment, and design their care actions. Schutz defends that professionals must imagine themselves experiencing the same situations guided by the same reasons to be able to understand.

Sometimes, one's "in-order-to" and "because-motives" can also be other people's reasons for actions in the "social world." "Typification" corresponds to a social group's motivations and is based on the group's socially inherited knowledge about the world. It is a process that allows constructing ideal types, i.e., the shared identification of the meanings attributed to a particular action. Thus, one arrives at the concept of "type lived" or "type of action." The "type of action" defines an individual as belonging to a group with shared characteristics (Schutz, 2012).

The "type of action," i.e., the motivations shared by a social group to act in a particular manner, can sometimes help nurses design mental health care. Therefore, the reasons for subjective action can also be understood as an internal characteristic of a social group, which acts with similar motivations, but within a particular biographical situation. In this context, Schutz reinforces that each person's biographical situation is unique, i.e., subjective. Thus, no two people can ever experience the same situation in the same way, as it involves the physical and sociocultural environment people have defined for themselves and in which they occupy a social, moral, and ideological position (Schutz, 2012).

When mental health nurses understand the "type of actions" of different social groups, such as people with psychoactive drug abuse, homeless, hearing voices, or with suicidal ideation, among other groups, they can develop collective activities within the mental health services. These activities benefit these social groups as they are based on their experiences and shared behavior patterns in the "social world," but also on each patient's unique biographical situation.

Social relationships and care in mental health nursing
Being in the "social world" implies that subjects will have a social relationship whenever they have a conscious and intentional act of orientation toward another subject and also themselves. The social interaction or orientation relationship is based not on reciprocal actions but social operations (Schutz, 2018).

As social agents who care for people, nurses develop social interactions, regardless of whether patients feel the effect of this social operation. When nurses have expectations, i.e., when considering the effect of the care delivered, they promote their social interactions with patients. Nurses share the same time and space when interacting with patients in the "social world" and become aware of the other as a human being present before them. Thus, nurses are one-sided "Thou-oriented" by perceiving the other's presence, recognizing, experiencing, and giving them life

and consciousness in a shared, face-to-face, or directly experienced social relationship. This direct social relationship between the professional and the mental health patient allows for greater involvement in care actions. It further enhances care even when they are mutually aware of each other, and the relationship is reciprocal.

Direct social relationships occur when there is a one-sided orientation, i.e., when only one of the subjects perceives the presence of the other, in this case, from the subject (Me) to the other (Thou), thus originating the "Thou--orientation." The "Thou-orientation" occurs when the subject is aware of another person's existence but does not consider that person's characteristics (Schutz, 2012). Direct social relationships also occur when there is a mutual and reciprocal orientation between a subject and fellow human being, materialized in the "We-relationship" and characterized by the intersubjective and social character of the possibility of understanding the fellow human being more directly and immediately (Schutz, 1979). In the indirect social relationship, subjects turn toward their fellow human beings in a "They-orientation," not aware of the other's stream of consciousness but rather of their own experiences and interpretations. This relationship is established through anonymous processes in which contemporaries are experienced in a mediated, indirect, and impersonal way (Schutz, 2012).

Alfred Schutz's Social Phenomenology highlights the relevance of the interactive relationships between nurses and mental health care patients and the significance of direct social relationships that originate from the shared and close connection between both. Establishing an anonymous relationship with patients causes face-to-face situations to be present only in retrospect and according to the nurses' interpretation of their patients. This aspect hinders the experience of mental health care and the physical sharing of the same time and space.

By sharing time and space, people in mental distress and professional nurses interact and communicate with each other. According to Schutz (1979), communication between people occurs in face-to-face relationships based on the other's bodily presence and as a result of events, such as body movements and activities, which the interpreter apprehends as signs. Nevertheless, when there is no face-to-face relationship, memories can assist in this apprehension (Schutz, 2012).

Communication between fellow human beings is primarily done through purposeful signs consisting of gestures and also conversations. Gestures are caused by body movements that accompany a conversation, and both are interpreted as signs by the other. The purposeful gesture is directed to what the person who performs it wants to transmit. Thus, the person who communicates intends to be understood by the person they are addressing. The signs used in communication are always oriented toward a person or an anonymous interpreter (Schutz, 2012).

A Brazilian study conducted with Harm Reduction service providers working with a Street Clinic team demonstrates that these professionals perceive their users' affection towards them through the signs transmitted by body gestures. This perception leads harm reduction service pro-

viders to establish a reciprocal relationship of affection and derive satisfaction from their work (Tisott et al., 2019). Through this sharing emerges a shared communication medium experienced by each individual's subjectivity and filled with objects and events that both perceive. Thus, interactive and communicative relationships are experienced simultaneously (Schutz, 2012).

Interpersonal communication using signs becomes essential for providing mental health care, as it goes beyond intentional communication through speech and observes and interprets the body gestures of the person in mental distress. Nurses must apprehend sign communication in direct social and face-to-face relationships with patients through their gestures, writing, and activities performed and the facts or events that occur in the "social world."

Conclusion

Alfred Schutz's Social Phenomenology contributes to developing mental health nursing care. It promotes the Ego's reflection as a caregiver integrated into a "social world," constituted by a "stock of knowledge" acquired throughout life and surrounded by social groups and relationships, all aspects influencing patient care delivery. Social Phenomenology also reflects on the "other self," as this other is also integrated into a "social world" of subjective relationships and life experiences.

Using Schutz's theory of Social Phenomenology enhances mental health care. It provides the foundation for developing a care practice based on understanding the other in subjectivity and as a social group from the perspective of the "type of action." Nursing care based on understanding the other asks nurses to overcome their "natural attitude" and conduct a phenomenological reduction to know the motivations of their patients' actions, relating these to their past and future. Schutz demonstrates the relevance of direct social relationships and social communication between mental health nurses and patients in mental distress and/or with alcohol and other drug abuse. This study allows reflecting on and implementing care actions in mental health services mediated by the understanding of direct social relationships. It aims to call attention to an approach to mental health care grounded in the perception of the other as a contemporary inserted in a "social world" shared by all. Further studies and experiences on how Alfred Schutz's theory of Social Phenomenology contributes to nursing and mental health are recommended.

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