

REGAINING SENSE-CONNEXIONS AFTER CEREBRAL HEMORRHAGE

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Abstract: This study is a kind of applied phenomenology, or more precisely, of applied phenomenological hermeneutics. I argue that phenomenologists hardly analyze concrete phenomena but prefer to engage in theoretical debates, and therefore I call for more applied studies. The case of a patient who suffered a cerebral hemorrhage is used in order to reconstruct how she slowly regained everyday sense-connexions. The case is very interesting as the patient was rather disoriented when waking up from an artificial coma of several weeks, and it took her many years to fully recover. The goal of this paper is to describe some aspects of this process from a subjective perspective as well as from a participant observer's viewpoint. The data used for this chapter mainly stem from in-depth qualitative interviews. The *structures of the life-world* of Alfred Schutz are used to analyze the processes of sense constitution. This proves helpful but the data also suggest a revision of Schutz's analyses in some respects.

Keywords: Alfred Schutz, applied phenomenology, cerebral hemorrhage, coma, perception, cognition, disorientation, meaning attribution, sense-connexions, subjective experience.

1. A study in applied phenomenology

The original maxim of phenomenology was „*Zurück zu den Sachen selbst*,“ “back to the things themselves.” Husserl's call in the *Logical Investigations*¹ exerted a tremendous impact on the philosophical community of his time, promising to point the way out of the widespread relativism and skepticism.² Husserl³ proposed new methods, like the eidetic and the transcendental reduction, to describe phenomena in their self-givenness. However, looking at the vast body of phenomenological literature, we hardly find concrete examples of such analyses. Most of the phenomenological reflections in books, journals, as well as at conferences seem to be theoretical in their very essence, and it seems as if the phenomena have got lost in phenomenology.

This diagnosis also applies to the Schutz Community. Most of the work is theoretical; there is much exegesis going on: Implications are discussed; comparisons with other phenomenologists and great thinkers are made; but it is still difficult to find concrete examples of how a phenomenological analysis is actually pursued. To a certain degree, this is

¹ Edmund Husserl, *Logical Investigations*, Transl. by J.N. Findlay (London: Routledge, 1973 [1900, sec.ed. 1913]).

² Cf. Josef Seifert, *Back to Things in Themselves. A Phenomenological Foundation for Classical Realism*, (Ney York and London: Routledge & Kegan Paul in assoc. with Methuen Inc, 1987), 7.

³ Edmund Husserl, *Ideas: General Introduction to Pure Phenomenology*, (Abingdon, Oxon; New York: Routledge, 2012 [1928]).

also the legacy of Alfred Schutz: He explicitly opposed a “picture book phenomenology” that attempted to describe the *eidōs* of concrete social phenomena (e.g., of a family, a state, and a community) as some of Husserl’s students did, and he endorsed Husserl’s search for universal, invariant formal structures of the life-world by constitutive analyses.⁴ While Husserl developed his philosophical reflections in many new directions and did not leave a systematic whole, Schutz was driven by the clear intention to provide the methodology of the social sciences with a solid, philosophical foundation. The structures of the life-world that Schutz described are therefore more systematic and consistent, which is a reason why they are considered, following Luckmann,⁵ as a “protosociology” by many German sociologists.⁶

As is well known, Schutz pursued manifold interests. He was not only interested in “pure theory,” but also in “applied theory,” as Arvid Brodersen, the editor of *CPII*, suggested. The most famous of such applied studies are “The Stranger”⁷ and “The Homecomer,”⁸ where Schutz analyzed concrete experiences of being a stranger or a homecomer that he condensed to personal ideal-types, as well as his analyses of social phenomena like equality or responsibility.⁹ In this research he made extensive use of the structures of the life-world that he had previously described, but he also enriched these by many new aspects that he detected when studying concrete experiences. His analysis of the stranger represents also an essential contribution to the theory of relevance.¹⁰

Which concrete experiences formed the basis of Schutz’s constitutive analyses? In the “Stranger” he obviously generalized many of his own personal experiences, many of which may also have been typical of his colleagues and friends. But the concrete illustrations make evident that Schutz’s ideal-typical immigrant is a well-educated, civilized citizen of the Western world.¹¹ To what extent are these analyses also applicable to an uneducated, even illiterate immigrant? For the study on the “Homecomer,” Schutz obviously relied on experiences of others, notably soldiers coming home from the war; as this study was published before Schutz ever made it back to Europe, he did not personally have the experience of being a homecomer in the ideal-typical sense. But again: To what degree are these experiences typical? And typical of whom?

The empirical data that Schutz used for his applied studies would not be regarded as adequate by the standards of modern qualitative research. Nowadays, applied studies have to clearly report the data and experiences they rely upon. Subjective experiences ought not to be

⁴ Alfred Schutz, *Collected Papers Vol. 1 - The Problem of Social Reality (CPI)*, Edited by Maurice Natanson and Herman L. van Breda. (The Hague: Martinus Nijhoff, 1962), 140f.

⁵ Thomas Luckmann, “Philosophy, Science, and Everyday Life,” *Life-world and Social Realities*, ed. Thomas Luckmann, (London: Heinemann, 1983),

⁶ Thomas S. Eberle and Verena Rebitzke Eberle, „Alles war ohne Inhalt, ohne Bedeutung. Der Umgang mit den Folgen einer Hirnblutung,“ *Lebenswelt und Ethnographie*, ed. Norbert Schröer, Volker Hinnenkamp, Simone Kreher and Angelika Pöferl, (Essen: Oldib-Verlag, 2012).

⁷ Alfred Schutz, “The Stranger,” *Collected Papers Vol. 2 - Studies in Social Theory (CPII)*, ed. Arvid Brodersen, (The Hague: Martinus Nijhoff, 1964 [1944]).

⁸ Alfred Schutz, “The Homecomer,” *Collected Papers Vol. 2 - Studies in Social Theory (CPII)*, (The Hague: Martinus Nijhoff, 1964 [1945]).

⁹ Alfred Schutz, *Collected Papers Vol. 2 - Studies in Social Theory (CPII)*, (The Hague: Martinus Nijhoff, 1964), 226-273 [1955], 274-276 [1958].

¹⁰ Alfred Schutz, *Reflections on the Problem of Relevance*, ed. and introd. By Richard M. Zaner, (New Haven/Conn.: Yale U.P., 1970).

¹¹ Cf., also, Michael D. Barber, *The Participating Citizen. A Biography of Alfred Schutz*, (State University of New York Press, 2004).

generalized without much additional data to substantiate what is socially typical. In the following, I am going to present and analyze the subjective experiences of my wife, Verena, after she had suffered a sudden cerebral hemorrhage. I complement these data with some of my own subjective experiences and observations. The primary focus is on Verena's subjective perspective that we reconstructed in close collaboration. This reconstruction described her long way of slowly regaining ordinary sense-connexions.¹²

2. The case and the data

2.1. The case

At two o'clock in the morning of December 28, 2006, my wife woke up with an extreme headache. The pain was unbearable, and her screams could be heard everywhere in the house. This had never happened before. As she did not pass out, we assumed she was struck by a sudden migraine. Despite all relief measures the pain remained. In the morning I called the medical counseling center and was advised to call the emergency doctor. He arrived only at noon, asked questions and suspected, after some hesitations, also a migraine and treated it with a strong injection of aspirin. As this did not help either, I finally drove her to the hospital in the nearby city where a cerebral hemorrhage was diagnosed. In retrospect, the treatment with aspirin was catastrophic, as the anticoagulation effect increased the bleeding in the brain. She was immediately transferred to the famous neurosurgery clinic of the University of Zurich where she was sedated, carefully examined, and finally operated on and the aneurysm was clipped. The surgery was successful, and when she awakened she told me: "I was given a new life!" Two days later, however, life-threatening vasospasms emerged. To avoid irreversible damage to the brain, she was put into an artificial coma and treated with manifold measures in the intensive care unit. This was a horrible time for our family and friends as it was not certain if she would survive or, in case she did, if she would be paralyzed or be permanently mentally impaired. The medical doctors did not dare to make any predictions and just kept hoping she would still be alive the next day. Eighteen days later she awakened from the coma after the sedation had been gradually reduced. We all rejoiced when it turned out that she was not paralyzed, that she recognized each of us and that she even could talk again. However, she was fairly disoriented, bewildered, and confused. Now the long "way back" began, first in the neurosurgery unit, then in the rehabilitation clinic, and finally at home.

But what does this mean? A way back to where? Before this event, Verena was vivacious, with an extraordinary talent to perceive and verbalize impressions, sensations, and emotions in very subtle and sophisticated ways. She was, for instance, able to carefully describe in detail how she was affected by an artwork and what she liked or disliked about it; how a wine or a certain food tasted to her; or which feelings she had in relation to other humans, animals, plants, or objects of any sort. Her sensations, descriptions, and assessments were often eye-opening and sometimes mind-blowing to me. I emphasize this because it makes a huge difference whether your "way back" is leading to a comparatively simple or to a rich, nuanced, and sophisticated form of life.

¹² I decided to use Dorion Cairns' (*Guide for Translating Husserl*, (The Hague: Martinus Nijhoff, 1973).) translation of the German term "*Sinnzusammenhänge*" as "sense-connexions" which seems to me much more adequate than the rather problematic translation "meaning contexts" in Alfred Schutz, *The Phenomenology of the Social World*, trans. by George Walsh and Frederick Lehnert, (Evanston: Northwestern University Press, 1967).

Verena had a profound knowledge of diverse forms of therapies that proved very helpful on her “way back.” She was trained as a speech therapist, perception therapist, breathing therapist, a nursery school teacher, and Gestalt-psychotherapist. She also had many additional vocational courses in speech therapy and, for example, rhythmic and supervision. She had worked as a speech therapist for decades, first in individual therapy, later in groups at a nursery school with kids who had serious problems with speech and other behaviors. Creatively combining different therapeutic approaches, she developed new forms of therapeutic practices that were very successful, and she taught these also to new generations of speech therapists. During her long professional life, she gained additional skills and knowledge in the psychomotor domain, in occupational therapy, sensory integration, psychotherapy, and child psychiatry as she continuously collaborated with professionals of these forms of therapy.

2.2. Data

We have several forms of data: First, the daily journal that I have written, not for scientific purposes, but to help me come to terms with the events and my experiences. Second, as I am an amateur photographer I have made many pictures of Verena in the different phases of her disease and recovery. Third, I tape-recorded many interactions with my disoriented wife in the hospital as well as when we called each other on the phone. Fourth, we have all the notations of Verena since the time she attempted to write again in the rehabilitation clinic. Fifth, we have plenty of personal recollections that are deeply inscribed in our memories. They can be reconstructed so vividly that it is as if the events just happened yesterday. Since the spring of 2011, when Verena was fairly well recovered, I also conducted narrative interviews with her, each about 60-90 minutes long, tape-recorded, and immediately transcribed. Now she was able to discern subtleties and nuances in her past experiences that she was previously unable to perceive and communicate. To instigate our memories, we also looked at photos, listened to tape recordings, and read in our diaries. These processes of recollection, however, proved to be very painful and exhausting for her as she felt all the disorientation and hardship again that she had gone through at that time.

All in all, we collected rich and unique data: Verena from the inside, and me from the outside.¹³ For the following chapter, I use above all the data from the qualitative interviews. How did we proceed in order to reconstruct her regaining sense-connexions after the hemorrhage? We faced the problem that Verena could not analyze what she experienced while she was experiencing it – her lived experience – as she was unable to constitute proper sense-connexions. For a long time, she could not describe her experiences verbally. As over the years she luckily regained the capability of experiencing her life-world in an orderly manner, as given in the mundane, natural attitude and in the frames of common-sense, she was able to reconstruct her experiences by systematic recollection. As Verena is not a trained phenomenologist who could do a phenomenological analysis on her own, I collaborated with her carefully reconstructing her subjective experiences by asking systematic questions, challenging and reflecting her perceptions and descriptions time and again. We could not pursue a phenomenological analysis proper, as such an analysis is always done egologically, and I could not deal with her experiences on a pre-predicative but only a predicative level, relying on her communicative accounts. But we used Schutz’s formal structures of the life-

¹³ A common account was first given in German in Thomas S. Eberle and Verena Rebitzke Eberle, „Alles war ohne Inhalt, ohne Bedeutung. Der Umgang mit den Folgen einer Hirnblutung,“ *Lebenswelt und Ethnographie*, ed. Norbert Schröer, Volker Hinnenkamp, Simone Kreher and Angelika Pöferl, (Essen: Oldib-Verlag, 2012).

world as a frame of reference to make sense of her experiences. We pursued these systematic recollections for many weeks, in a close hermeneutic collaboration, and as we live together, it was easy to continually reflect on what she had described and to ask further questions – whenever it came to our minds: at the dinner table, during hikes, and at the ski-lift, and wherever – and if I could not record it at that very moment, I wrote lengthy notes immediately afterwards. As will be shown in the following, Schutz’s structures of the life-world aided sometimes in getting at deeper levels of sense-constitution by questioning and further reflecting on certain descriptions. But our data also invite some revisions of the *Structures* and point to thematic gaps that are missing.

In the following, I will focus on the reconstruction of some key experiences. The data are presented in a rather rough, summarized account here that does not analyze bits and pieces of experiences but instead, discusses some crucial events and basic issues. More general methodological reflections on this reconstruction are added at the end of this essay. The key experiences are:

- The disorientation after awakening from the artificial coma;
- The rehabilitation: between despair and overestimation of her capabilities;
- The first visit at home: “all was without meaning;”
- The problem with perceiving smells;
- The long way back: regaining sense-connexions.

3. The disorientation after awakening from the artificial coma

The awakening from the artificial coma was a slow process and was affected by the impact of strong medication. For eight days, Verena’s body temperature was lowered to 34° Celsius (93.2° Fahrenheit) to reduce all bodily functions to an absolute minimum. Medical experience shows that vasospasms do usually not re-emerge after ten to fourteen days. Thus, her body temperature was slowly warmed by 0.5° C (0.9° F) every one or two days. She was carefully observed as her health was quite precarious during that time. Ten days later, on the eighteenth day, Verena opened her eyes for the first time. Her gaze was empty and unfocused. One day later, she was already extubated (i.e., the tube in her throat was removed), and from now on, she breathed by the help of a CPAP-machine and a mask on her nose. In the same day, she told me “I love you” and I answered “I love you, too.” She obviously recognized me, maybe by my voice. She also recognized her son and her daughter. She could move all her limbs, nothing was – lucky us! – paralyzed. She reacted to bodily contact and obviously enjoyed it when being caressed.

Four days later she was able to breathe by herself, without the machine, and was moved from the intensive care unit (ICU) to the general neurosurgery unit. There, she began to speak. Her voice was harmed after the long intubation, but two days later she talked nearly incessantly. Sometimes she looked at me with shining, gleaming eyes and an amused smile. She looked at the nurses and visitors directly and cheerfully and told us many, sometimes funny stories. However, she was obviously disoriented and confused. Here, I shall focus on four aspects of this process of reorientation: First, Verena could not distinguish among a dream, a fantasy, or a “real” event in everyday life – the borders of the different provinces of meaning were blurred. Second, she had no idea where she was. She was firmly convinced that she was living in a guest room of a well-known gourmet restaurant in our region and had come here for delicious food and fine wines. She asked for beer, whisky, and cognac. Third, she could not orient in time anymore. Fourth, she could not recognize herself in the mirror and had to learn and realize what had happened to her.

The phenomenological analyses of Edmund Husserl and Alfred Schutz indicated how complex the synthetic achievements of subjective consciousness and the meaningful orientation in the life-world actually are. Phenomena of sensuous¹⁴ lived experience are meaningfully constituted, and subjective experiences are sedimented and get ordered by passive syntheses into connexions of experiences. The projection and reproduction of subjective actions transcends the here and now. Besides such small transcendences, our consciousness produces middle-sized transcendences, understanding other humans by indications and signs, and large transcendences are made accessible by symbols, e.g., in extrasensory and religious spheres. A phenomenological perspective makes evident how complex all these achievements of consciousness and the subjective orientation in space and time actually are. All these constitutive syntheses are acquired incrementally during socialization: We learned to distinguish day and night; then morning, noon, and evening; then hours and minutes, days of the week, and seasons and years. Clock-time and calendar were great social and cultural achievements with a history of several thousand years. Ontogenetically, however, the kids must, while growing up, learn these cognitive frames and combine them with their bodily orientation in space. It is no surprise that these capabilities can deteriorate slowly at old age, e.g., with progressive dementia, or suddenly get lost when suffering a stroke or a hemorrhage.

Verena experienced her life-world as meaningfully structured already after her very first awakening. She could talk immediately and appeared to understand what was said to her. She did not have any problems with recognizing familiar persons or newly acquainted nurses, and she seemed to understand sequences of actions that she observed or that were told to her. However, she did not know where she was, she could not make sense of a clock or a calendar, and she could not even distinguish morning and evening – she was obviously disoriented. I, as her husband, was extremely happy that she had woken up from the coma and that she could talk like a waterfall. As she told stories that obviously could not be true, we concluded that she was basically confused, and so I often laughed with her. The medical personnel was relieved that I took Verena's stories lightly – she told me of things that supposedly had happened between nurses and patients by night that could have harmed the hospital's reputation badly if I had believed them and taken action. Years later, however, when listening to the tape-recordings, I realized that she often formulated propositions that were clear and precise, and that absolutely made sense. At the time we obviously concluded that she was in a fundamental state of confusion and we did not examine closely enough which propositions did not fit that picture.

Let me illustrate Verena's confusion with a concrete example: As a consequence of the long-lasting intubation, she had a completely desiccated mouth. When she awakened, she felt incredibly thirsty. She told me later that she had never been as thirsty in her whole life. She craved for drinking, but as she was still on a drip and fed by means of a stomach tube, the nurses just dabbed her lips with a wet cotton ball. In line with her father's dictum that a cool beer works best to quench one's thirst, she requested a beer – and could not understand at all why she was not served one. She had the strong imagination that she was in a guest room of the mentioned gourmet restaurant and was firmly convinced that this was actually the case. The next day, she told us joyfully that she had been very courageous today, having taken the tram to the city and bought beer. The family members as well as the nurses smiled indulgently and we were all pretty amused.

Verena told many such stories – for instance, that specific persons had come for a visit and undertaken certain things with her – and it was for the attendees most of the time quite

¹⁴ I follow again Cairns' (*Guide for Translating Husserl*, (The Hague: Martinus Nijhoff, 1973).) translation of the German term „sinnlich“. I am referring to the five senses and do not imply any erotic connotations with this word.

obvious that something was wrong. Retrospectively she reported that she had many thoughts and pictures in those days and that she was convinced that everything had really happened. She could not distinguish experience of “real” life from those of dreams or fantasy. But she realized that she had a different sense of what was real than the people she was in contact with. She was very busy at that time to attempt making sense and to put the single pieces and fragments of her experiences into meaningful connexions.

Alfred Schutz developed the thesis of the manifold realities, following the idea of *sub-universas* of William James. Deviating from James, he designated these realities not as ontological units but as finite provinces of meaning with a specific accent of reality, and postulated that one can only jump into another reality by a Kierkegaardian “leap”: A ringing alarm clock may pull us all suddenly out of a dream into the world of everyday life; a beeping phone may rip us out of a scene in a thrilling detective story, and force us all of a sudden back to the province of pragmatic actions. Schutz described the different realities along six criteria which characterize their specific cognitive style: a specific tension of consciousness; a dominant form of spontaneity; a special *epoché*; a specific form of sociality; a specific form of self-experience; and a special time perspective.¹⁵ Schutz distinguishes above all the world of everyday life – as the primordial sphere of pragmatic actions, the dream world, the fantasy worlds (including literature, theatre, and medial realities), and the theory-world of science, and argues that it is not the ontological structure of objects but rather the sense (meaning) of our experiences that constitute realities. A finite province of meaning

“...rests upon the character of the unity of its own peculiar lived experience – viz., its cognitive style. Harmony and compatibility, with regard to this style, are consequently restricted to a given province of meaning. In no case is that which is compatible within the finite province of meaning *P* also compatible within the finite province of meaning *Q*. On the contrary, seen from the *P* that has been established as real, *Q* appears, together with the particular experiences belonging to *Q*, as purely fictive, inconsistent, and inverted.”¹⁶

In the first days after waking up from the coma, Verena could not distinguish these different cognitive styles and their specific accents of reality: In her subjective perception she felt being in the one and same reality. She did not experience her dreams, fantasies, and observations of actions in everyday life as different provinces of meaning, or as incompatible as Schutz proposed. The borders between the different realities were completely blurred.

Schutz’s proposition that these realities are finite provinces of meaning that form a unity is probably exaggerated. They are rather ideal-types with fluid borders. When waking up slowly, without an alarm-clock, one can often feel the experience that dreams, imagination, and perception of everyday life events are indistinguishable and seem to form a unity. And it can easily be demonstrated that perceptions and above all the communicative construction of reality is pervasively permeated by fantasies and imaginations. What seems finite about different provinces of meaning is probably rather the result of a social construction in which

¹⁵ Alfred Schutz, *Collected Papers Vol. 1 - The Problem of Social Reality (CPI)*, ed. Maurice Natanson and Herman L. van Breda, (The Hague: Martinus Nijhoff, 1962.), 207-259 [1945]. Alfred Schutz and Thomas Luckmann, *The Structures of the Life-World Vol. I*, trans. Richard M. Zaner and Tristram H. Engelhardt, (Evanston: Northwestern University Press, 1973), 22-36.

¹⁶ Alfred Schutz and Thomas Luckmann, *The Structures of the Life-World Vol. I*, trans. Richard M. Zaner and Tristram H. Engelhardt, (Evanston: Northwestern University Press, 1973), 24.

it is negotiated sometimes over what is “real” and what is “fictional.” However, the subjective consciousness must also be able to distinguish the two: *The capability to distinguish between reality and fiction belongs to the basic inventory of common sense*. In everyday life, reality and fiction are often mixed: Events are dramatized in communication, in narration, and even in recollection, sometimes embellished, sometimes aggravated. But the basic *capability* to distinguish if something has actually happened or if it was just imagined, is crucial. If this capability is missing, one gets easily considered as crazy or even a psychopath. The specific *epoché* of the natural attitude in everyday life consists in suspending (bracketing) any doubt about the existence of the exterior world and its objects. Husserl¹⁷ distinguished “between existential predicates (whose opposites are negations of existence) and predicates of reality (whose opposites are predicates of unreality, of fiction).”¹⁸ An imaginer (or dreamer) who is in the world of fantasy, Husserl argues, does not posit fictions as fictions but lives in modified as-if-actualities. Only he who lives in the natural attitude and experiences that what he imagined contrasts to his everyday experience, can have the concepts of fiction and actuality.

Garfinkel’s¹⁹ breaching experiments demonstrated that the taken for granted and the certainties of our common-sense are not only considered as mere facts in social life but also as *moral facts*. When somebody is diseased, however, an attitude of lenience is afforded. Moralizing is deemed inappropriate; one rather attempts to lead the patient back to “normality.” Verena was not able to distinguish between reality and fiction, the world of everyday life and the worlds of fantasies and dreams. She lived in an as-if-reality, where everything was mixed. Her specific *epoché* was that she did not have any doubts about the compatibility of all her experiences. As she could not distinguish between reality and fiction, her experiences were not incompatible but were part of the same province of meaning. They only became incompatible in some confused ways when she was challenged by other people. The nurses and therapists, for instance, pursued the strategy to confront her with the “real” reality – with the intersubjective reality of everyday life in Schutz’s sense. They demonstrated to her again and again that “her” reality was deficient; that there were severe gaps and incongruities; that she reported experiences that were not true, which were just imaginations; and that she had to learn again how the real world looked like. For Verena, this was a very uncomfortable and annoying experience that unsettled her deeply. The more she became aware that her reality did not match the reality of the others, the sadder she became. A deep inner sadness and loneliness overcame her, and only in the rehabilitation clinic did she sometimes transform her sadness into anger.

By their confrontational strategy, the staff at the Neurosurgery Clinic attempted to guide her back into time and space and into her biographic life-world. They asked again and again: What is your name? Where are you? How old are you? What day is today? What date is today? Verena only remembered her name – she had not forgotten that. But all the rest had to be answered by the staff members themselves. They put the answers on a big flip chart on the wall directly opposite to her bed so that Verena would reread and repeat that information over and over again. For at that time, she could not even say whether it were morning, afternoon, or evening. She asked repeatedly which season it was. For a long time she could not comprehend that we were already in the year 2007, not 2006 (when she had the hemorrhage

¹⁷ Edmund Husserl, *Experience and Judgment*, trans. James Spencer Churchill and Karl Ameriks, (Evanston: Northwestern University Press, 1979 [1939]).

¹⁸ Alfred Schutz and Thomas Luckmann, *The Structures of the Life-World Vol. I*, trans. Richard M. Zaner and Tristram H. Engelhardt, (Evanston: Northwestern University Press, 1973), 30.

¹⁹ Harold Garfinkel, *Studies in Ethnomethodology*, (Prentice-Hall, Inc. Englewood Cliffs, New Jersey, 1967).

and was put into the coma). The difference in this time-perspective was evident: We, her family on the one side, came to see her every day for many weeks; we witnessed her process of disease at the intensive care unit and later at the general neurosurgery unit day by day, we had suffered an emotionally terrible time but experienced everything in a continuous course of time. Verena, on the other side, had for many weeks a black-out in the literal sense of the word and had returned now from darkness to the light – she had to learn incrementally to orientate herself. She was shocked when the nurses held a mirror in front of her eyes and said: “Here, look at yourself.” Verena stared at a strange face completely unknown to her and contested vehemently that this was not her. And she pointed to the photos on the wall that showed her as the woman she was before her hemorrhage, with her long, curly blond hair, and assured: “I am that person, not this face in the mirror.” The nurses then told her that she actually saw herself in the mirror and that she had suffered a hemorrhage; that she had undergone brain surgery; that this was why her head was completely shaved and why she had this huge scar that went from the middle of her upper forehead in a big bow to her right ear. Verena increasingly realized that something awful must have happened. She was deeply appalled and could not make sense of this all.

4. The rehabilitation: between despair and overestimation of her capabilities

Eight days after she had arrived at the general neurosurgery unit from the intensive care unit, she was transferred to a very reputable rehabilitation clinic. The chief physician told us later that when she arrived, the medical team diagnosed her as fairly confused and discussed intensely whether she had to be put into the locked area. They finally decided to have her in the “open” section. This was risky, indeed, as she had violated all the rules and had done most of what was explicitly prohibited to her. When she got out of the wheel chair, she was advised to always walk with a walker; instead, she often abandoned it and walked without it. She was strongly requested to keep off the stairs, as falling down the steps could cause fatal injuries, notably to her head; she was, however, convinced she could walk the steps up and down by herself. She was not allowed to go for a walk outside the clinic without an attendant; but when nobody was available, she just went out on her own without notifying anyone. Some days, she hardly had the strength to make her way back from the forest to the clinic. There are many more examples like that. But she was lucky: Nothing fatal happened.

Verena disliked the rehabilitation clinic. She was convinced that her family just wanted to get rid of her; they had put her into this place because life with her had become too cumbersome to them. She had only one wish: going home. She communicated frankly and directly that she detested this clinic. She displayed her anger and resistance, often refused to cooperate with nurses and therapists, and was obviously stubborn and obstinate. She oscillated between an overestimation of her capabilities and despair. The overestimation was manifested when she judged the prescribed therapies as neither necessary nor helpful. She insisted that she needed none of these and that she could live at home without any difficulty. Then again she was struck by despair when realizing what she had lost. At the beginning, she could hardly keep herself upright. Her muscles were so weak that she often fell. Then she just could not remember how she had to move her body to get up again. She realized that she had lost very basic capabilities – and she felt deeply ashamed. Hence she developed, on the one hand, a strong will and inner strength to relearn everything as fast as possible. On the other hand, she also attempted – cunningly and successfully – to deceive family members, friends, therapists, and nurses about her actual state of (mental) health.

To illustrate this with a concrete example: Every morning Verena grabbed the newspaper in the common room and took it to her room, ignoring the desires of the other patients. There she spread it on the table and was reading line by line. I was incredibly happy when I entered

the room and saw how her head slowly went from the left to the right – she already was reading the newspaper and obviously was interested in world affairs again! Only five years later did she confess to me that she really attempted to read back then, that she even recognized words and sentences, but that she could not make sense of them at all. She saw all those signs, but she could not attach any meaning to them. She later reported that this was a very painful experience for her and that she consciously tried to deceive us all: We should believe that she already read newspapers again. The typical forms of sociality, self-experience, and *epoché* of the everyday world were still suspended: She did not live in an intersubjectively shared reality but attempted to fake what Goffman²⁰ called a “phantom normalcy”; at the same time she realized that she did not belong to this world of “normal” people. We, the family members who knew her well, perceived many indications that she had become different: In social encounters, for instance, she was unprecedentedly direct and blunt, and she said openly and relentlessly what she disliked and what she actually thought about her counterparts. She did not display any tactfulness, nor did she consider good manners and etiquettes; she did not seem aware that there are social norms and expectations that regulate behaviors. I as her husband was repeatedly embarrassed by some of her behaviors and her “style” of interaction, but I experienced her childlike straightforwardness and truthfulness also as sassy and exhilarant. As she was seriously ill, she was also fully legitimized to behave in ways that would usually be deemed remarkably rude and maladjusted.

The therapists continued to confront Verena with “the reality.” She loved physiotherapy as she relearned essential capabilities there, e.g., how to get up from the floor, and how to move to keep her balance and not to tumble down. The other therapies, like neuropsychology, occupational therapy, and others, shook and unsettled her as they continuously challenged her overestimation of her capabilities. Numerous tests delivered depressing results. Repeatedly, she heard statements like “Verena, your IQ is at the bottom.” While she had hoped to be able to work again as a speech therapist within a few weeks or months, the occupational therapist told her: “Impossible! You cannot work for the next two years.” Verena was deeply shocked and could hardly cope with that. Although she made visible progress with the help of these therapies, she often cried as she realized how big the loss was that she had suffered. Time and again she personalized this and said: “They have taken from me everything.”

5. First visit home: “Everything was without meaning”

After two weeks in the rehabilitation clinic, Verena was determined to go home. She began autonomously to organize her transport back home and to arrange visiting nurses and therapists. The medical staff was resolved to prevent that. I proposed that they allow her to go home for a one-day visit on a Sunday – for the first time after “the event,” as her hemorrhage was colloquially called in the clinic. This excursion became a crucial experience and key moment for Verena. She sat down on a sofa, looked around, and recognized the different pieces of furniture, pictures, objects, and so on. She “knew” she was home but everything appeared so strange to her. Somehow, as she describes it, everything was “empty, was without meaning and without content.” She was scared of everything with which she felt she should feel a relationship. She went to the kitchen and experienced everything as unfamiliar and strange. Suddenly, she realized that she did not remember how to cook or prepare to cook: where were the pans, the silverware, where were the oil and the salt, and which sequential steps would she have to take when cooking. All at once she recognized that she

²⁰ Erving Goffman, *Stigma. Notes on the Management of Spoiled Identity*, (New York: Touchstone, 1986[1963]).

could not live by herself at all; that she could not master very basic everyday routines anymore; and that she would be swamped by the requirements of a normal everyday life even in her home. That day she realized that she had to return to the rehabilitation clinic and that she would have to work hard and persistently in order to relearn all these routines again. She did not want to live in such a meaningless world where she looked at the pictures on the wall which once were dear to her but now did not have a history, a personal relationship, and a subjective sense to her anymore; they were pictures without content, pictures without meaning.

In regard to possible theoretical framings, one is reminded of the concepts of relational constructionism and relational theory²¹ as well as of theories of emotions in social relationships. Schutz's phenomenology, however, pursues its constitutive analyses at a deeper level: The noetic-noematic unity of phenomena can be analytically separated into the lived experiential core and the subjective attention that constitutes its specific sense. On these grounds Schutz investigated the different levels of anonymity of typifications and the degrees of familiarity of elements of knowledge. The more concretely and precisely a phenomenon is perceived, the larger its actual content and the richer its horizons of interpretation, the more familiar it is experienced; the more anonymous and abstract its typification gets, the less specific connotations of earlier experiences there are. While Schutz and Luckmann²² see the origin of different degrees of familiarity in the forms of acquiring knowledge, we have, in Verena's case, the situation that she suddenly experienced as strange what she previously felt as intimately familiar. Her report that everything was "empty, without meaning, and without content" is not precise enough. In fact she recognized all the objects in their materiality and their general meaning – she recognized chairs as chairs, pictures as pictures, the closet as closet, the table as table, and the sofa as sofa – but she realized that all the manifold and differentiated sense-connexions to her former biographical experiences were lost. And she was aware on a meta-level that all these things previously meant much to her, each of them implied a story about how she had received or bought them, how she had related to them, and how she had valued or even cherished them – but she could not remember that anymore. Schutz always emphasized that there are different layers of meaning (or sense); Verena was still able to constitute phenomena as meaningful objects in a general sense, but she was unable to sense a personal, subjective relationship to them. This implied that she felt emotionally completely detached.

Her routine knowledge – from skills to useful knowledge and to knowledge of recipes – which was a result of sedimented experiences and as such previously had a certainty and were embodied in routine actions, had suddenly vanished. The unproblematic realms of the life-world had all at once become problematic and questionable, and each of them become a problem and a particular challenge. Verena's unsettledness had become so fundamental that I doubt the theses of Schutz and Luckmann²³ that the basic elements of the stock of knowledge at hand – namely "the what and how of the human situation, (...) the knowledge of the limits of the inner duration, of the historicity and finitude of the individual situation within world time, of the limits of the corporeality and about the spatial, temporal, and social structures of experience" – were "automatically given" in her experience. Rather, the basic elements of knowledge had become problematic and had to be reconstituted step by step. The phenomenological life-world analysis suggests, however, that the daily contact with the typical and the repeated live experience and the enactment of its characteristics will convert the anonymity of things into intimacy again and restore their familiarity.

²¹ Cf. <http://www.relational-constructionism.org> (date of access, 05, 01, 2013).

²² Schutz and Luckmann, *The Structures of the Life-World Vol. I*, trans. Richard M. Zaner and Tristram H. Engelhardt, (Evanston: Northwestern University Press, 1973), 99-242.

²³ *Ibid.*, 135.

Verena recognized, rather intuitively, this actual situation and felt an acute, keen strength and a resolved volition to develop to take matters in her own hands and tackle her “way back” on her own. She recognized that she could find the resources in herself to regain the sense-connexions that would make the “meaningless” phenomena meaningful again to her. She was determined to reconnect her home, her furnishings and her possessions to her own biography and restore the personal, subjective meaning they once had for her. She strived for replenishing everything that once was important to her with meaning again. This basic insight and inner decision was a crucial mile-stone on her way to recovery.

6. The problem with smells

Her professional experience as a speech and behavioral therapist at nursery school proved very useful for her recovery. First, she was aware that every therapeutic process required time and patience, and she had the experience as well as the basic trust that she could make significant progress by persistent exercise and practice. Second, she realized that she had not lost her professional knowledge and her therapeutic skills and that she could make use of them for herself. Thus, for instance, she developed common ideas together with the occupational therapist on how one could reactivate her lost sense of smell.

During her whole rehabilitation time, Verena was oversensitive to noise and smell. She could not concentrate when hearing the voices of others in the computer room. When there was too much noise in the cafeteria, she left her table and hurried back to her room – a behavior quite similar to a child who dislikes something. She could not verbalize what bothered her, and she seemed just acting on instinct. She sensed a multitude of odors as a sickening smell. When she was ordered to do kitchen work – meant as a helpful measure of occupational therapy – she immediately ran away. Even when she had to join a group to attempt some shopping in a supermarket, she just could not stand the smell and could not enter. Many common smells stank badly to her. For a long time she had the impression that nobody would take her problems with noise and smell seriously and that her behavior was just interpreted as defiance and refusal to work. After her persistent complaints, she was transferred to an external ENT (ear/nose/throat specialist) who explained her hearing and smelling problem. He diagnosed that her ears functioned well but that the signals from both ears are connected in an asynchronous manner to the brain; that way she heard everything with an echo, and the doctor predicted that this hearing problem would persist for all her life. He also found that she was obviously unable to discern even the most significant and contrasting smells, but he assured her that there was a good chance that this capability would return. After this medical diagnosis, the therapists stopped imposing such requests as kitchen work or shopping trips on her. The occupational therapist was willing to deal with her problem with smells but he did not know how.

Verena told him that she used to do touching exercises with her kids at the nursery school. She blind-folded and told them to grab objects and palpate them with their fingertips. Then they were asked to describe what they sensed: thick or thin, large or small, round or angled, hard or soft, dry or wet, etc. She would need a similar therapy, she said to the therapist, in order to redevelop her sense of smell. The occupational therapist then commissioned his wife to fill different spices into sniffers and made Verena to sniff and identify the aromas. She also took the spices between her fingers, palpated their texture, and put them on her tongue in order to taste them. Step by step she set out from scrap to explore the worlds of odors, aromas, smells, and tastes.

All of a sudden, it became clear why Verena perceived manifold smells as horrible stench: She could neither smell them separately nor link them in connection with each other. For a long time, first during her visits home and later after her return from the rehabilitation clinic,

we only cooked dishes with a clear message: one piece of meat and one sort of vegetable only using salt. Later on we added one spice. First just one spice, then another spice, one at a time. Each dish had to have a simple, clearly recognizable structure of aroma and taste. Verena continued on this procedure when she restarted to cook by herself: She examined each kind of food very carefully and explored its aroma, odor, taste, and texture; then she prepared it with great attention. She also employed concepts that she had developed many years ago as therapist at the nursery school where she instructed the kids in preparing food for the common lunch.

7. The long way back: regaining more complex sense-connexions

It does not come as a surprise to a phenomenologist that the way back into a life-world of elaborated, differentiated sense-connexions rich of details was complex and tedious. The examples and illustrations of experiences and observations that I have presented here are only small and scanty fragments of a process that was full of multiple layers and intricate nuances; and it was emotionally very absorbing. Seven years have passed since the event. Verena has had continuing therapies all these years in order to refine her bodily sensations and advance her sensorimotor integration. In addition, she did Feldenkrais, Tai Chi, and muscular training in a fitness studio. Let me illustrate with one last example that the recovery did not last only months, but was taking many years. Only 18 months after her hemorrhage, she slowly realized that she had so far only learned to discern rudimentary opposites: black and white, yes and no. A previously nuanced thinker, she was able to think only in terms of opposites. She could paint pictures, to use a metaphor, but only in very broad strokes, in vertical and horizontal lines. That way she could orientate to firm, cognitive guidelines that offered her certainty and safety. The nuances, the intermediate tones, and the shades of gray and color were lost. Only after about 18 months could she recognize – and rather painfully – that there was also something in-between. And now it became really difficult. It proved to be a huge challenge to regain a sense for nuances, variety, and diversity, for different shades and colors, for agility and vitality, and for spontaneity and creativity. At the same time, she started to realize that she had lived quite egocentrically so far and that she did not feel any empathy for other people, not even for her loved ones. All her attention had been, up to then, devoted to her recovery and her own development; the others were part of the unquestioned horizon of her life-world. The search for the in-between, the nuances and the shades, suddenly brought about the question of how she could leave the status of a patient and how to become a real partner to her husband again; and how she could live with him in a somewhat balanced relationship between wife and husband again. It is needless to say that such a development must take place reciprocally; and that this process took many years and is still developing.

This example may illustrate that there were innumerable challenges to deal with in search of regaining more elaborated and more complex sense-connexions. Verena was able to mobilize an incredible strength and energy, a persistent willingness to learn and develop, and an astounding stamina. She disposed of an extraordinary sensitivity to guide her process of recovery by intuition, senses, and emotion. She is one of the few who was lucky enough to recover almost completely. Certain problems, however, persist: a strong tinnitus in both ears, both at different pitches and sometimes extremely loud, and the annoying echo effect which suggests that she can never hear stereo again. In addition, she still can hardly bear noise, loud music, many voices at the same time, and the like. The most drastic consequence was that she was suddenly removed from her beloved profession and could not bring her successful career to an acceptable close; she was not re-integrated but retired.

In retrospect, we can ask if the first few weeks after the hemorrhage were the emotionally hardest for the family members, when we lived in constant fear, day by day, that she would

possibly not survive or be struck by life-long handicaps. The following weeks, months, and years became increasingly less dramatic. In Verena's perspective, things looked fairly different: She had not experienced her life-or-death struggle consciously; it therefore remained in the dark. The "way back" began for her after she awakened from the coma and it became an enormous struggle for many years. The way back to a normal, everyday life required from her such a strenuous effort that she said she could not do this a second time. She explicitly asked me to let her die if it ever happened again. Sic!

8. Some methodological considerations and conclusion

I have argued that phenomenological debates nowadays consist rather in text exegesis of the works of Husserl, Schutz, and others, as well as theoretical debates, than in detailed analyses of concrete phenomena. We face the paradox that phenomenology had called to go "back to the things themselves" but somehow lost the phenomena on its way. Schutz has provided a suitable approach of how to pursue applied studies without indulging in a "picture book phenomenology." His procedures certainly deserve some modernization in the light of present-day qualitative research, but the groundwork has been laid. There are other colleagues that recommended applied studies, like Lester Embree²⁴ who proposed concrete reflective analyses and empirical studies in a subjective perspective, or Jochen Dreher²⁵ who recently edited a book in German on "Applied Phenomenology." And of course, there is also the long tradition of American "phenomenological sociology" as represented by George Psathas²⁶ who has always favored empirical research.

What is phenomenological about my study on the implications of a cerebral hemorrhage? As I have already pointed out, a phenomenological analysis proper proceeds egologically and examines the essential features of a phenomenon that is experienced on a pre-predicative level. We faced the problem that Verena, during her phase of disorientation, could not make sense of what she experienced while she was experiencing it – her lived experience – and could not communicate it either. Only years later, she was able to reconstruct her experiences by systematic recollection. As Verena was not a trained phenomenologist who could do a phenomenological analysis by herself, I collaborated with her. For me, the data were not accessible on a pre-predicative level, I had to rely on Verena's verbal accounts. These accounts were no phenomenological descriptions²⁷ but attempts to verbalize past subjective experiences. However, I made systematic use of Schutz's formal structures of the life-world as a frame of reference in order to reflect upon these accounts and explore Verena's experiences on a deeper level of sense-constitution. This way we found, for instance, that her proposition "everything was empty, without meaning, without content" did not properly describe her experiences; she perceived the objects of our home in a meaningful way, she

²⁴ Lester Embree, *Reflective Analysis*, 2nd ed, (Bucharest: Zeta Books, 2011).

²⁵ Jochen Dreher (Ed.), *Angewandte Phänomenologie. Zum Spannungsverhältnis von Konstruktion und Konstitution*, (Wiesbaden: Springer VS, 2012).

²⁶ George Psathas, *Phenomenology and Sociology: Theory and Research*, (Boston: University Press of America, 1989). Hisashi Nasu & Frances C. Waksler (Eds.), *Interaction and Everyday Life: Phenomenological and Ethnomethodological Essays in Honor of George Psathas*, (Lanham, MD: Lexington Books, 2012). Thomas S. Eberle, "Phenomenology and Sociology: Divergent Interpretations of a Complex Relationship," *Interaction and Everyday Life: Phenomenological and Ethnomethodological Essays in Honor of George Psathas*, (Lanham, MD: Lexington Books, 2012).

²⁷ Cf. Herbert Spiegelberg, *The Phenomenological Movement: A Historical Introduction*, (Kluwer Academic Pub, 1982), 693ff.

even “knew” in some abstract sense that they belonged to her but she could not experience them as familiar to her, she could not relate to her personal history with them. In such a way we succeeded to reconstruct her experiences more accurately than by just presenting her narrations.

Hence, if we restrict the meaning of a “phenomenological” analysis to a strictly egological procedure and to pre-predicative experience, we better call our method “hermeneutical.” I was the phenomenologist and Verena had the crucial experiences. I could get in touch with her subjective experiences only insofar as she was able to recollect and verbally describe them. In this process, however, we referred to Schutz’s structures of the life-world in order to make the descriptions more precise and adequate. In this way, our procedure is probably best labeled as “phenomenological hermeneutics.”²⁸

In the course of this study, we have gained some interesting insights. First, Schutz’s ideal-typical distinction between manifold realities as distinct provinces of meaning draws the borders too sharply. There may be “leaps” from one to another reality but often the borders are fluid and the realities mixed (like imagination and everyday life). Schutz’s description of these realities deserves further investigation by means of concrete empirical studies. Second, the sharp contrast between fiction and pragmatic reality is not just given or constituted in subjective experience but is also socially negotiated. The crucial question then is whether a certain fantasy is actually challenged by the peers or not; the distinction between imagination and the “real world” is often socially imposed. Third, phenomenology has conceived of the body as an object (“*Körper*”) and the lived body as a subject (“*Leib*”) from the outset and is therefore an adequate approach to study embodied actions as well as the intricacies of the bodily senses and meaning-connexions. Most phenomenological studies, if they have ever analyzed concrete phenomena, used visual phenomena (e.g., Husserl’s cube, which is also found in Schutz’s writings, or the geometrical figures that Don Ihde²⁹ (1977) used). There are other sense perceptions, like smells, that deserve further attention and more thorough investigation.

In conclusion, I believe that empirical studies of concrete phenomena and actual subjective experiences may provide deeper insights into the phenomenological structures of the life-world and challenge some of those theoretical holdings that we sometimes tend to accept as givens.

References

- Barber, Michael D. (2004). *The Participating Citizen. A Biography of Alfred Schutz*. State University of New York Press.
- Brodersen, Arvid. (1964). “Editor’s note,” in Arvid Brodersen (Ed.), VIII-XV, *Collected Papers Vol. 2 - Studies in Social Theory (CPII)*. The Hague: Martinus Nijhoff.
- Cairns, Dorion. (1973). *Guide for Translating Husserl*. The Hague: Martinus Nijhoff.
- Dreher, Jochen (Ed.). (2012). *Angewandte Phänomenologie. Zum Spannungsverhältnis von Konstruktion und Konstitution*. Wiesbaden: Springer VS.

²⁸ I have recently proposed to use phenomenology as a research method and to distinguish three different approaches: phenomenological hermeneutics; ethnophenomenology; and the analysis of small life-worlds by live-world analytic ethnography (Thomas S. Eberle, “Phenomenology as a Research Method,” *The SAGE Handbook of Qualitative Data Analysis*, London, Thousand Oaks, New Dehli: Sage Publ., 2014). Phenomenological hermeneutics differs clearly from many other hermeneutic approaches.

²⁹ Don Ihde, *Experimental Phenomenology*, (New York: G.P.Putnam's Sons, 1977).

- Eberle, Thomas S. (2012). "Phenomenology and Sociology: Divergent Interpretations of a Complex Relationship," in Hisashi Nasu & Frances C. Waksler (Eds.), 135-152, *Interaction and Everyday Life: Phenomenological and Ethnomethodological Essays in Honor of George Psathas*. Lanham, MD: Lexington Books.
- . (2014). "Phenomenology as a Research Method." in Uwe Flick (Ed.), pp. 184-202, *The SAGE Handbook of Qualitative Data Analysis*. London, Thousand Oaks, New Dehli: Sage Publ.
- Eberle, Thomas S. and Rebitzke Eberle, Verena. (2012). „Alles war ohne Inhalt, ohne Bedeutung. Der Umgang mit den Folgen einer Hirnblutung,“ in Norbert Schröer, Volker Hinnenkamp, Simone Kreher and Angelika Pöferl (Eds.), pp. 325-243, *Lebenswelt und Ethnographie*. Essen: Oldib-Verlag.
- Embree, Lester. (2011/2006). *Reflective Analysis*. 2nd ed. Bucharest: Zeta Books. (1st ed., 2006).
- Garfinkel, Harold. (1967). *Studies in Ethnomethodology*, Prentice-Hall, Inc. Englewood Cliffs, New Jersey.
- Goffman, Erving. (1986 [1963]). *Stigma. Notes on the Management of Spoiled Identity*. New York: Touchstone.
- Husserl, Edmund. (1973 [1900, sec.ed. 1913]). *Logical Investigations*. Transl. by J.N. Findlay. London: Routledge.
- . (1979 [1939]). *Experience and Judgment*. Transl. by James Spencer Churchill and Karl Ameriks. Evanston: Northwestern University Press.
- . (2012 [1928]). *Ideas: General Introduction to Pure Phenomenology*. Abingdon, Oxon; New York: Routledge.
- Ihde, Don. (1977). *Experimental Phenomenology*. New York: G.P.Putnam's Sons.
- Luckmann, Thomas. (1983). "Philosophy, Science, and Everyday Life," in Thomas Luckmann, pp.3-39, *Life-world and Social Realities*. London: Heinemann.
- Nasu, Hisashi & Frances C. Waksler (Eds.). (2012). *Interaction and Everyday Life: Phenomenological and Ethnomethodological Essays in Honor of George Psathas*. Lanham, MD: Lexington Books.
- Psathas, George. (1989). *Phenomenology and Sociology: Theory and Research*. Boston: University Press of America.
- Schutz, Alfred. (1962). *Collected Papers Vol. 1 - The Problem of Social Reality (CPI)*. Edited by Maurice Natanson and Herman L. van Breda. The Hague: Martinus Nijhoff.
- . (1964 [1944]). "The Stranger," in Arvid Brodersen (Ed.), 91-105, *Collected Papers Vol. 2 - Studies in Social Theory (CPII)*. The Hague: Martinus Nijhoff.
- . (1964 [1945]). "The Homecomer," in Arvid Brodersen (Ed.), 106-119, *Collected Papers Vol. 2 - Studies in Social Theory (CPII)*. The Hague: Martinus Nijhoff.
- . (1964). *Collected Papers Vol. 2 - Studies in Social Theory (CPII)*. Edited by Arvid Brodersen. The Hague: Martinus Nijhoff.
- . (1967 [1932]). *The Phenomenology of the Social World*. Translated by George Walsh and Frederick Lehnert. Evanston: Northwestern University Press.
- . (1970). *Reflections on the Problem of Relevance*. Ed. and introd. By Richard M. Zaner. New Haven/Conn.: Yale U.P.
- Schutz, Alfred and Thomas Luckmann. (1973). *The Structures of the Life-World Vol. I*. Translated by Richard M. Zaner and Tristram H. Engelhardt. Evanston: Northwestern University Press.
- . (1989). *The Structures of the Life-World Vol. II*. Translated by Richard Zaner and David J. Parent. Evanston: Northwestern University Press.
- Seifert, Josef (1987). *Back to Things in Themselves. A Phenomenological Foundation for Classical Realism*. New York and London: Routledge & Kegan Paul in assoc. with Methuen Inc.

Spiegelberg, Herbert. (1982). *The Phenomenological Movement: A Historical Introduction*.
Kluwer Academic Pub.

<http://www.relational-constructionism.org> (date of access, 05, 01, 2013).