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Author(s): Heinämaa, Sara; Taipale, Joonas

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Normality

Sara Heinämaa and Joonas Taipale

Abstract:

The chapter explicates the central resources that classical Husserlian phenomenology and its contemporary elaborations offer for the study of psychic disorders. We shall first discuss the phenomenological principles that enable analysis of the conditions and limits of experiencing and sense-constitution. We shall then clarify the concepts that phenomenologists have developed for the analysis of the normality and abnormality of experiencing—optimality and concordance—while also paying heed to the types of phenomena that classical and contemporary phenomenologists have tackled while developing their methods. In this vein, we will emphasize methodological factors that separate phenomenological studies of intentional experiencing from empirical studies of human behavior and psyche, on the one hand, and from alternative philosophical studies of the mind and consciousness, on the other hand. In sum, our chapter shows that phenomenology offers powerful tools for the systematic investigation of several different types of experiential disorders (such as depression and psychosis).

Keywords: normality, optimacy, concordance, experience, perception, sense-constitution, intentionality, disorder, Husserl

Introduction

Phenomenology offers two kinds of resources for the study of mental disorders. On the one hand, we find a set of analytical concepts developed for the illumination of the conditions and the limits of experiencing. These include the concepts of concordance and optimality that explicate two different senses of normality operative in human

experiencing. On the other hand, phenomenology also offers systematic investigations of several different types of psychic and psychophysical disorders, ranging from depression and eating disorders to psychosis and schizophrenia.

In concrete phenomenological inquiries, these two types of resources—analytical-conceptual and thematic—often intermingle. This is due to the fundamental philosophical tasks that phenomenology sets itself. Because it aims at disclosing the conditions of the possibility of all experiencing it does not limit itself to ordinary experiences or to the statistically most common or most dominant forms of experiencing. Rather, it studies experience in its greatest possible variety and plurality. Individual experiences merely serve as examples that allow us to notice, highlight, and scrutinize general forms of experiencing. Thus, empirically unusual and statistically exceptional types of experiences are as important as ordinary experiences and may sometimes be more illuminative for the task at hand. Husserl even argues that the phenomenologist may profit more from the arts, poetry, and history than from the empirical sciences of the psyche (e.g. [Husserl 1963](#): 184), since phenomenology is not an inquiry into actual or real experiences but is a science of possibilities. The aim is to maximize variance, not similarities.

For reasons of accessibility, our exposition will discuss the analytical-conceptual and thematic resources of phenomenology in parallel. We will articulate the main conceptual tools that Husserl offers for the analysis of the normality and abnormality of experiencing and also look into the types of phenomena that Husserl himself analyzed while developing these concepts. At the same time, we will discuss some of the main contributions of classical and contemporary phenomenologists in the study of psychiatric disorders. Here our aim is to clarify the theoretical character of these contributions and to

draw attention to the methods and the types of results that phenomenologists provide for the study of the human psyche.

Preparatory Remarks: On the Character of Phenomenological Inquiries

Before getting deeper into the Husserlian concepts on normality and abnormality, it is necessary to make a few preparatory remarks about Husserl's investigations. Three methodological factors must be emphasized in particular since they separate phenomenology from empirical studies of human behavior and psyche, on the one hand, and from alternative philosophical studies of the mind and consciousness, on the other hand.

Philosophical Analysis of Constitution

The first thing to notice is that Husserl's concepts of normality and abnormality are transcendental-philosophical concepts and not empirical ones. They are devised for the purpose of studying pure experiences and experienced phenomena and of analyzing the processes of sense-constitution essential to all possible experiencing. So, in this context, "normal" does not refer to what is empirically common, general or average, nor to what is quantitatively common or statistically noteworthy. Nor is it about the standards of the social behavior of human beings as described and interpreted by anthropology and the human and social sciences. In the context of Husserlian phenomenology, normal is what contributes to sense-constitution, and abnormal is whatever disrupts the lattices of sense. "[N]ormality is a mode pertaining to constitution," Husserl writes ([Husserl 1973b](#): 68; cf.

1973b: 123, 154; 1973c: 35; [Steinbock 1995; 2003](#); [Taipale 2012](#); [Heinämaa 2013](#); [Taipale 2014](#): 123–124).

A simple example helps to illuminate how the concepts of normality figure in phenomenological inquiries into sense-constitution. When I enter bright daylight from a movie theatre, the light temporarily blinds my vision. The situation is anomalous or abnormal in phenomenological terms, not in respect to the quantity of light or in respect to the relative rareness of the situation, but because the appearances that now are formed in my stream of consciousness deviate from the system of appearances established in the darkness of the theatre. What has been appearing and what now appears do not cohere, and thus for a moment I fail to make sense of the seen environment. A passing condition such as this can be said to be phenomenologically anomalous or abnormal.

A recurrent example from Husserl's own works brings to the fore another idea of abnormality central to phenomenological inquiries into sense-constitution: When I try on new eyeglasses and scan my surroundings with them, then the appearances that I have of things systematically diverge from the ones that I have had, and thus they break the established harmony and coherence of appearing. The new appearances with the spectacles are abnormal in the same sense as the new appearances in the case of bright sun light. However, Husserl points out that since my eyesight with new spectacles gives the environment to me more fully and in more detail and specification than my vision without glasses, it *normalizes* my vision in an important sense despite its discordance with my earlier experiences. To be sure, my new vision with spectacles deviates from my earlier visions and interrupts their coherent progression, but at the same time it promotes

distinction and articulation in the appearing field, brings a new clarity in respect to visible objects, and allows me to make sense of the perceptual field.

A situation such as this can be said to be phenomenologically normal but in a different sense from the example above: whereas normality there meant coherence between experiences, it here means added clearness and determinacy in respect to the experienced objectivity. Both ideas of normality concern sense-constitution: the first highlights the mutual coherence between appearances and the second highlights the correlation between appearances and the objects intended.

Intentionality and the Subject-Object Correlation

Another basic thing to notice is that since phenomenology studies sense-constitution in terms of intentionality, that is, in terms of the correlation between the subject-related intentions and the objects intended, it is bound to illuminate both the subjective and the objective side of constitutional normality.

A familiar example of this duality of correlative analyses is provided by the everyday experience of spatiality. While the environing world usually gives itself to us with the sense of stability or steadiness, we may occasionally encounter the world without any fixed directions or clear spatial structure or order. This happens, for example, in the transitional states of falling into sleep and awaking from sleep. Marcel Proust's *Remembrance of the Things Past* involves an illuminative description of the situation:

[W]hen I awoke like this [ravidly], and my mind struggled in an unsuccessful attempt to discover where I was, everything revolved around me through the darkness: things, places, years. My body, still too heavy with sleep to move, would make an effort to construe the form which its

tiredness took as an orientation of its various members, so as to induce from that where the wall lay and the furniture stood, to piece together and to give a name to the house in which it must be living. (Proust 1981: 10)

Here it is not only the attended objects and the enviroing space that lack stable structures but also the bodily subject of experiencing. In the semi-awakened state between sleep and wakefulness, my own sensing-moving, perceiving, and governing body operates in a non-unitary, irregular manner. The perceiving self, as well as the perceived environment, falters and flickers in search for coherence and stability. So, in this case, there is a rupture both on the subjective and on the objective side of experiencing (cf. De Los Reyes Melero 2013: 105–107).

A different experiential alteration, almost contrary, can be identified in depressive conditions: instead of dispersing or fluctuating, one's own body is experientially solidified and hardened and the limits and structures of the enviroing space are rigidified and closed. Thomas Fuchs describes such changes as follows:

Thus, melancholia may be described as a reification or *corporealization* of the lived body ... The melancholic patient experiences a local or general oppression, anxiety and rigidity (e.g., a feeling of an armor vest or tire around the chest, lump in the throat, or pressure in the head). Sense perception and movement are weakened and finally walled in by this rigidity, which is visible [for others] in the patient's gaze, face, or gestures. To act, patients have to overcome their psychomotor inhibition and to push themselves to even minor tasks, compensating by an effort of will what the body does not have by itself any more. With growing

inhibition, their sensorimotor space is restricted to the nearest environment, culminating in depressive stupor. (Fuchs 2005: 98–99, cf. Fuchs 2002; Micali 2013)

Some mental illnesses manifest even more profound changes on the subjective side of experiencing and in the core structures of subjectivity itself. Rather than just affecting the patient's experiences of her own body, schizophrenia seems to damage the articulation of selfhood and mineness which are traditionally taken to be a priori forms of all experiencing or of all human experiencing. On the basis of this insight, phenomenologists have argued that such conditions involve, not just abnormal changes in the contents of conscious states, but also profound changes in the *intensity of self-awareness* (Parnas and Handest 2003; Parnas and Sass 2001; Parnas, Sass, and Zahavi 2013).

Phenomenologists have also clarified the experiential dimensions of chronic depression and manic-depressive alteration. These studies show that pathological states may effect profound changes in the *temporal* structures of subjectivity. In experiences of depression, the past weighs heavy and seems to haunt the subject and contaminate each present moment. Extreme depressive states undermine the temporal flow comprehensively and disrupt its rhythmic progress: the future may seem completely blocked or endlessly delayed or postponed. In the manic phases of the bipolar condition, in contrast, the future seems to condense into the present, and its endless possibilities seem to be available all at once (Schwartz and Wiggins 2017). Thus, the patient may be severely estranged from social relations by the experiential fact that for her future possibilities are all given at once and with equal intensities whereas for others such possibilities present themselves in a serial fashion and in diverse temporal distances.

Depressive experiences, broadly put, are conceptualized in contemporary phenomenology not as lacks or deficiencies but as modifications of experiential duration and subjective time and as concomitant modifications in affective intersubjectivity.

All in all, inquiries into the experiential dimensions of mental disorders suggest that the structures of subjectivity are not static forms but may be dynamically developing, and potentially also deteriorating. This insight motivates one of Merleau-Ponty's main arguments in *Phenomenology of Perception*: If consciousness were a universal power of signification or a continuum of pure acts of thinking (*cogito*), he contends, then illness would not be able to attack consciousness and conscious subjects at all. The term "mental illness" would merely be an oxymoron or else display a conceptual confusion (Merleau-Ponty 1995: 110).

Model of Perception

The third methodological point to emphasize is that the concepts of normality were developed by Husserl originally for the purpose of illuminating the intentional structures of *perceptual* experience and thing-constitution. When introducing these concepts, Husserl did not study the emotive and axiological forms of experiencing (i.e. emotions, desires, and feelings), or on the structures of our communicative or goal-directed practical lives. The primary model for inquiries into normality and abnormality in Husserlian phenomenology is the normality of perception (cf. Doyon 2017; Wehrle 2010).

However, Husserl soon started to apply the concepts of normality in the analysis of other forms of experiencing. On the one hand, he carried the concepts of normality and abnormality over from the analysis of perception to the study of memory and imagination

and the so-called “higher mental capacities,” most importantly, intelligence, reason, and linguistic communication. Thus, we find in his extensive manuscripts, reflections concerning dementia, insanity, infancy, and animality ([Husserl 1973a](#)–c, cf. [Husserl 1988](#): 187; [Taipale 2012](#): 147–155; [Heinämaa 2014a](#); [Fernandez 2016](#)).

On the other hand, Husserl also transferred the concepts of normality from the analysis of subjectivity to the analysis of intersubjectivity. This became topical when he proceeded from the study of the doxic experiences of perception and cognition to practical and axiological experiences and the forms of objectivity constituted in such experiences, that is, values and goals.

When analyzing the structures of intersubjectivity, Husserl made a distinction between the normal enviroing world and abnormal worlds (*Umwelt*). He called the normal world *homeworld* (*Heimwelt*) and the abnormal worlds *alienworlds* (*Fremdenwelt*) ([Husserl 1973c](#): 176 n. 1, 214; 2010: 336–337; cf. [Waldenfels 2004](#); [Steinbock 1995; 2003](#); [Taipale 2010](#); [Staiti 2011](#)). The basis of this distinction is in the concept of *practice* and the related concept of *membership* in a practical community ([Heinämaa 2013](#)). This means that ultimately the distinction between the homeworld and alienworlds is drawn on the basis of familiar and unfamiliar practices. Our homeworld is the practical world in which we participate and are members, and the alienworld is any world of foreign practices, that is, practices in which we do not or cannot participate, due to varying differences in our practical orientation, skills, capacities, interests, and callings.

The simple example of participating in a scientific conference illuminates these distinctions. The elements of such conferences are normal to us due to our familiarity

with the academic practices of research and debate that contribute to the constitution of the culture of scientific knowledge. In Germany and Austria, however, the scholarly audience may applaud after presentations by knocking instead of clapping. Despite the unfamiliarity of the gesture to Anglophone researchers, we can immediately make sense of it as an appraisal on the basis of the shared practical setting of the situation. The homeworld of the scholarly practice of arguing and reasoning may thus prevail over national homeworlds.

On the other hand, if the guiding aims of the people attending an event differ radically and comprehensively, then the constitution of a common world may be impossible and we find ourselves at the border between the normal and the abnormal, homeworld and alienworld. An illuminating example is offered by Jane Champion's movie *The Piano*: A small European frontier-community organizes a Christmas pageant and invites their Māori neighbors to the event. The play that the Europeans perform happens to be a comic version of *Bluebeard*, involving a scene in which the main character beheads his next female victim. When the performance proceeds to this dramatic scene, the Māori audience, unfamiliar with the theatrical traditions of the Europeans and their performance customs, storms the stage and tries to hinder the event from happening.

It is crucial to emphasize that the concepts of normal world and abnormal world, or homeworld and alienworld, are subject-relative, that is, always given to an individual or collective subject. Thus, no world is homeworld as such, and no world is alienworld as such, but only in relation to some subject, individual, or collective (e.g. [Husserl 1973c: 233](#); cf. [Steinbock 1995; 2003](#); [Waldenfels 2004](#)).

With these three methodological remarks in mind, we can turn to Husserl's concepts of normality and distinguish between two main meanings crucial to phenomenological studies of experiencing.

Analytical Concepts of Concordance and Optimality

Husserl operates primarily with two concepts of normality. On the one hand, he defines normality by concordance (*Einstimmigkeit*) and, on the other hand, he defines normality by optimality (*Optimalität*). An experience is said to be normal in the sense of concordance if it coheres with other experiences while maintaining the identity of the experienced object (Husserl 1973a: 364–366; 1973c: 165; 1980: 490; 1986: 83); and an experience is said to be normal in the sense of optimality if it contributes to the richness and differentiation of the experience in respect to the intended object (Husserl 1973a: 379; 2005: 53, 55). Both concepts characterize experiences with intentional objects and with horizons of co-intendings, but whereas concordance is defined in respect to *other experiences*, optimality is defined in respect to *the intended object*. Thus understood, concordance is about consistency or harmony between experiences, while optimality is about the clearness, richness, and fullness of experiencing.

The example discussed in the first section of the chapter helps to illuminate these two senses: When I put on new eyeglasses with high-definition lenses, I see better than I did without the glasses. The new appearances are optimality-normal in respect to the richness or sharpness of the seen objectivities and the visual field as a whole. At the same time, the very same appearances are concordance-abnormal in respect to my earlier visions; they deviate from the established harmony between my experiences (e.g. Husserl Ms. D 13, I, 175a). The optician may even warn me that I first need to move cautiously

with the new spectacles, especially when standing up, since my visual and kinesthetic systems (the brain) only gradually adjust to the new type of visual information provided by the glasses.

Both sets of concepts, those of concordance and those of optimality, can be used in the analysis of the structures of subjective modes of experiencing as well as those of intersubjective modes of experiencing. An experience can, for example, be concordant in respect to the earlier experiences of the subject and her individual history of experiencing, and at the very same time be discordant in respect to the experiences of other subjects and a community of subjects (cf. [Taipale 2014](#): 130–133).

For example, a person who is blind from birth is statistically deviant and anomalous in comparison to the majority of the population. However, her experiences, like those of the sighted, proceed in a concordant manner forming a harmonious whole in which local deviations and temporary interruptions are possible. Thus, we can say that her present perceptions, here and now, are concordance-normal in respect to her earlier experiences and her general way of experiencing.

Moreover, a person blind from birth is also concordance-normal in respect to the *community* of the blind (cf. [Reyes Melero 2013](#): 110–111). It is not only that she can enter into relations of mutual communication and understanding with all members of this community (cf. [Heinämaa 2013](#)), but also that she can take part in the distinctive practices of this community, including practices of writing and reading (the Braille notation), practices of training and handling animals (e.g. seeing-eye dogs), and special practices of tool-use (e.g. item identification instruments, talking products, canes). Moreover, these practices can be learned and they have their intersubjective histories and

traditions in which they are transmitted to new generations. To the sighted they are unfamiliar and unknown, and thus we can say that the sighted person is concordance-abnormal in respect to the historical community of the blind.

Alternative appearance systems cannot be put in an order of preference by the concepts of concordance. When a rupture or a series of ruptures has first disrupted the old order and finally replaced it with a new concordant order, there is no way of comparing the two orders, the old one and the new one, in terms of concordance-normality. In terms of concordance, the two systems are symmetrical: both are abnormal from the point of view of the other. For the blind the world of the sighted is unfamiliar and remains so, and for the sighted the world of the blind is equally alien. Thus, other concepts are needed to capture the *normative* sense of normality implicit in both common sense and scientific discourses. The concept of optimality serves some of these purposes.

Let us illuminate the relations between the concepts of concordance and optimality by developing the example of the eyeglasses: I put on the spectacles, and everything gives itself to me in clear contours; I take off the spectacles, and everything is fuzzy.² However, nothing in the orderly relations between the “fuzzy” things in the “fuzzy” world tells me that they should be clearer. The idea of fuzziness is as if borrowed from the world ordered by the spectacles. It is of course possible, and probable, that without the eyeglasses I will not grasp all the things that would be given to me if I were to examine the environment with the eyeglasses. For example, I may not notice that a bus to my work place is approaching since I do not identify the route number marked on its front. But lacking these distinctions is not an internal defect of the world that I grasp with my bare eyes. It is a defect only in relation to the clearer and sharper world given by the

eyeglasses (and my interest in identifying the route number). This must not be misunderstood as implying that the world without the eyeglasses would not have any ruptures. It has its own internal ruptures. For example, when tears fill my eyes or when the driving lights of the approaching bus suddenly blind me, I momentarily see nothing—all established distinctions are lost and the world is torn apart for some time.

The transition toward optimality may be quite challenging. For example, a person who is blind from birth and gains eyesight by an organic transplant proceeds from abnormality to normality in terms of optimality. Her condition is new, conflicting with her earlier experiences, and may elicit many different kinds of emotive responses. Similarly, a person who has been deaf from birth and gains hearing by a transplant inserted in her skull, usually reacts either with joy or with terror. In both cases, the perceptual field is enriched by new unfamiliar types of elements and relations. The integration of these and the establishment of a new coherence demands reorganization of the whole perceptual field and its different modalities: visual, auditory, tactile, and kinesthetic (cf. [Slatman 2014](#); [Heinämaa 2014b](#); [2014c](#)). It also requires that the person develops new skills and dispositions and learns new ways of acting. If these can be gained, the person ends up with an enviroing world with more distinction and richness in respect to many objectivities.

Husserl argues that the optimal trumps the concordant in a similar manner also on the level of intersubjective experience as long as social acts of communication are available and operative. He explicates this idea by discussing the example of color blindness. The argument is that if a community of color blind people came into communicative contact with a community of people who are not color blind, then the

color blind community would immediately, without any further ado, “recognize that their world is not the optimal” (Husserl 1973b: 33). At the same time, Husserl also argues that in their full senses, the terms “the world” and “the thing” refer to objectivities that are accessible to all experiencing subjects independently of differences in their apparatuses of sensibility: “[I]t belongs to the actually existing thing to be capable of being experienced as the *same* for ‘everyone,’ with everyone’s sensibility, which can be ‘normal’ or ‘abnormal’” (Husserl 1992: 363–364; cf. Tani 2004; Staiti 2012; Carr 2014).

Phenomenology of Psychopathology—An Overview

Since its onset, the phenomenological tradition has had a considerable interest in questions of psychopathology. The concrete analyses and descriptions that phenomenologists have offered have served two kinds of purposes. On the one hand, scholars have used clinical examples of experiential aberrations in order to highlight, *ex negativo*, the conditions of normal experiencing as well as the essential structures of all experiencing. On the other hand, the other strong tendency in the tradition has been the attempt to describe the phenomenological structure of various pathological phenomena in their own terms. These two lines of research often complement one another. Of the classical phenomenologists, Merleau-Ponty has been recognized as one of the most influential proponents of the former approach, but at the same time he has positively contributed to our understanding of various pathological experiential conditions and dysfunctions *per se* (see e.g. Merleau-Ponty 1995: 138).

One of the general tenets of the phenomenological approach to psychopathological phenomena lies in its capacity to complement psychological and psychiatric, and more generally all third-person analyses and explanations. With its first-

person methods of variation, dismantling, construction, interpretation, and hermeneutic clarification, phenomenology offers crucial information about the ways in which people suffering from mental illnesses experience the world and about the structures of their experiences—information that remains unreachable from a third-person standpoint. By such studies, phenomenology significantly contributes both to our understanding of the meanings and the experiential genesis of mental disorders and to our understanding of “what it is like” to suffer from mental illnesses and to be a patient (e.g. [Fisher 2014](#); [Svenaesus 2018](#)).

In the tradition of phenomenological psychopathology, particular weight has been given to analyses of schizophrenia and depression. Karl Jaspers, Ludwig Binswanger, Eugène Minkowski, Wolfgang Blankenburg, and Kimura Bin are the main pioneers in this field. Their contributions to the understanding of psychic disorders have mainly concerned the ways in which patients’ experiences of themselves, other persons and the intersubjective environment alternate and transform during sickness. The result of the analyses show that mental disorders affect the fundamental structures of temporality, embodiment, and selfhood, and thus in a comprehensive and global way impair the patients’ possibilities of relating to the others and to the world as a whole (e.g. [Jaspers 1919](#); Binswanger 1993; [Kimura 1992](#); [Minkowski 1970](#); Blankenburg 1956; cf. [Sass 2001](#)).

During the last few decades, these traditional lines of research in phenomenological psychopathology have been carried over and developed further by many new phenomenologists and clinical researchers, including Thomas Fuchs, Louis Sass, Josef Parnas, Dan Zahavi, Osborne Wiggins, Giovanni Stanghellini, and Matthew

Ratcliffe. These scholars, and many others, have significantly reinforced and increased the conceptual, descriptive, and methodological tools of phenomenology for the theorization of psychopathology, thus remarkably furthering also the clinical lines of research.

At the same time, phenomenologists have expanded their inquiries to cover various new types of psychic and psychophysical disorders, including different forms of autism and eating disorders (e.g. [Fuchs 2015](#); [Legrand and Briend 2015](#); [Legrand 2013](#); [Svenaesus 2014](#)). In autism research, phenomenologists have challenged accounts that analyze the disorder dominantly by the negative terms of lack or deprivation. In this line, it has been argued that the core of autism is not owing to diminished social awareness but rather must be understood in terms of *heightened* social awareness (e.g. [Fuchs 2005](#): 101; cf. [Fuchs 2015](#)). To this end, Louis Sass, Josef Parnas, and Dan Zahavi have introduced the idea of *hyperreflexivity* ([Sass, Parnas and Zahavi 2011](#)). Adopting the term from Merleau-Ponty, they underline that psychophysical disorders may be owing not only or mainly to deficits, shortages or lacks, but also to the unusual intensification of various experiential functions or structures.

A culmination of this new research activity, is the establishment of the so-called *EASE* scale in the early 2000s. The abbreviation stands for “Examination of Anomalous Self-Experience.” As characterized by its developers, the EASE is “a symptom checklist for semi-structured, phenomenological exploration of *experiential* or *subjective* anomalies” that may be considered as disorders of basic or ‘minimal’ self-awareness” ([Parnas et al. 2005](#)). This descriptive scale has been devised in collaboration between phenomenologists, psychiatrists, and clinical psychologists on the basis of self-

descriptions obtained from schizophrenic patients, and it has a strong diagnostic and differential-diagnostic relevance. Its theoretical and practical usages demonstrate the power of the first- and second-person methods of phenomenology.

Conclusion

On the basis of our explications of the Husserlian concepts of normality and abnormality, we can now draw three general conclusions.

First, the phenomena of normality and abnormality cannot be adequately analyzed by mere quantitative concepts. Normality and abnormality are not merely statistical or stochastic measures but involve deep *experiential* structures and *constitutional* dimensions. The phenomenological methodology allows us to disclose these dimensions. Instead of being analyzed from the third-person perspective, clinical disorders and behavioral disruptions are studied in this framework from the perspectives of the persons who undergo them and suffer from them (cf. [Merleau-Ponty 1995](#): 120).

Georges Canguilhem emphasizes the social and existential implications of this methodological factor in *The Normal and the Pathological*. He famously points out that many conditions that are rendered pathological by common standards of measurement may be both experienced and understood as normal by the persons experiencing them. Moreover, Canguilhem also argues that experiential life is not merely receptive of and submissive to external norms but is also norm-instituting or normalizing (Canguilhem 2008: e.g. 338–339; cf. [von Wright 1963](#)). Thus, the pathological is not simply abnormal in the sense of lacking the norm or diverting from common norms or working against them; it also establishes its own normality.

Second, the phenomenological concepts of normality are not defined by any ideas of *naturalness or nativity*, and correspondingly abnormality is not identified with unnaturalness or artificiality. What is experientially normal may well be artificial, human-made, or culturally mediated; and, on the other hand, many natural and innate processes and situations may be experientially abnormal.

Third, since sense-constitution is a dynamic process and not a static principle or a creative act performed once and for all, the phenomenological concepts of normality and abnormality are *dynamic* concepts. Experiences that are deviant in the framework of the already constituted senses are able to institute new sense and thus establish new systems of normality. What is normal in one experiential context may turn out to be abnormal in another, and what has been abnormal for many generative communities for several centuries may become normal for new persons in new situations and with new experiential horizons.

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¹ Merleau-Ponty, *Phenomenology of Perception*, includes a phenomenological analysis and interpretation of the form of experience described by Proust (1995: 74–75, 145–146, cf. 163–164). See also Merleau-Ponty's extensive discussion of sleep in his lectures on *Institution and Passivity* (2010).

² Notice that the terms "distinct" and "fuzzy" already depend on the concept of optimality to be explained. We use them here, however, to avoid introducing additional technical terminology.