

Dialogical, Graded Forms of Objectivity & Phenomenological Intersubjectivity in Psychiatry

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Abstract:

This paper examines the question “Is objectivity all in the mind?” by analyzing how knowledge is shaped by subjectivity, scientific practice, and intersubjective dialogue. Drawing from phenomenological philosophy (Husserl, Heidegger, Merleau-Ponty) and contemporary psychiatry, it argues that pure objectivity cannot exist within the isolated mind as all scientific observations are filtered through cultural assumptions, tools, and expectations. Yet, through intersubjectivity, which is constructed through shared dialogue and critical exchange of perspectives, our collective knowledge can become more robust and practical. This paper thus develops the concept of graded objectivity, proposing that objectivity exists on a spectrum from individual subjectivity to richly validated, intersubjective knowledge. Psychiatric case studies, particularly the diagnosis and treatment of schizophrenia and bipolar disorder, illustrate how phenomenological interviewing combined with neuroscientific approaches produces more comprehensive and accurate understanding of these conditions. By situating objectivity as a co-created, dialogical process, this essay offers a middle path between positivism and relativism, demonstrating that objectivity, while not all in the mind of one individual, is collaboratively and gradually achieved across the minds of many.

Keywords: Objectivity; Subjectivity; Intersubjectivity; Phenomenology; Psychiatry; Psychology; Husserl; Schizophrenia; Bipolar Disorder; Scientific Bias

Imagine a psychiatrist examining two patients with identical symptoms on paper, namely an elevated mood, fast speech, and little need for sleep. One patient describes her experience as a burst of creativity

and clarity; the other says she feels possessed by a mental force that has consumed her time. On a fMRI scan data sheet, they may look the same, but in a clinical observation, they are actually worlds apart.

Cases like this reveal an ongoing puzzle in psychology and philosophy: can we, as patients, ever obtain objective knowledge of our own situations without our personal thoughts and feelings getting in the way? While psychiatrists strive for objectivity within research, is the accuracy of their scientific tools inevitably shaped by cultural bias, perspective, and human intention?

This essay argues that *pure* objectivity does not exist in the mind because all knowledge is filtered through our subjective minds, forming individual perceptions of phenomena. But we can get closer to objectivity through *intersubjective* dialogue—when people share and refine their perspectives together. By drawing on concepts of intersubjectivity from phenomenological psychiatry, I will show how objectivity is a shared, improvable process that exists *outside* of the mind. By examining limitations of scientific methods, phenomenological theory on objectivity and subjectivity, and examples from mental health diagnosis, I propose that objectivity exists in a *graded* form. Thus, objectivity is not all in our minds nor completely outside them, but *co-created* by different minds.

Modern Research Tools and Their Biases

Empirical science is perceived as the most reliable way to find the objective truth, but even its tools carry inherent biases that need correction. For example, psychiatric research has historically relied on participants from WEIRD (Western, Educated, Industrialized, Rich, and Democratic) societies, despite representing a small sliver of the world (Henrich et al., 2010). That is mainly because most researchers are also WEIRD individuals who simply study the people who are the closest to them. Moreover, surveying non-WEIRD demographics requires extensive travel, reliable translation, and cultural sensitivity, making large-scale global sampling expensive and logistically difficult. As a result, established theories on individual decision-making or emotions can seem like objective truths in WEIRD studies while not holding true in other cultures. For instance, some “universal laws” of reasoning and motivation, like the tendency to categorize by type or to pursue self-affirmation goals, fall short in cultures where context and social roles matter more. This shows that scientists’ own cultural backgrounds shape what they consider as valid data, making objectivity more fragile than it appears.

Another example is the experimenter expectancy effect. In Rosenthal’s (1966) study, researchers were told some rats were “maze-bright” and others “maze-dull.” The so-called “bright” rats did better, not because they were “smarter”

but because researchers subconsciously handled them more gently. This proves that the observer’s expectations can change the results, even in a controlled experiment.

As Husserl (1970), the 20th century founder of phenomenology, argued, empirical data never appears as raw facts; they are always filtered and shaped by a “horizon of meaning” created by the observer’s assumptions. Scientists do not just see the world. Rather, they interpret it through their own lens.

In his view, no observation comes to us as a neutral fact. Instead, it is modified by a background of expectations, prior experiences, and cultural assumptions. Rosenthal’s rats were not just simply observed and handled by the researchers, but perceived through a scientific belief system shaped by ideas about intelligence and experiment design. This stipulates that objectivity is lost not only through personal opinion, but also through the structure of how we experience and frame the world.

Heidegger, another phenomenologist, corroborates Husserl’s claims with his idea of “equipmentality”. Heidegger believed that tools like microscopes or brain scanners did not show reality directly. Rather, they revealed what their designers *expected* to see (Heidegger, 1927). For example, an fMRI scan might be able to show brain activity, but what it “reveals” depends on how the machine is set up and what the researchers are looking for in certain situations. Essentially, any knowledge gained through scientific tools were contextual to the user’s desires.

Both phenomenologists have shown how our “objective” observations are guided by our goals and assumptions and shaped by the mind. To get closer to truth, we need to correct these biases through shared discussion, which leads us to phenomenology and intersubjectivity.

Phenomenological Perspectives on Objectivity and Intersubjectivity

Phenomenology is a philosophical branch that studies how we experience the world from a first-person perspective. It asserts that we cannot perceive things without involving our minds, but we can understand those experiences better by examining them carefully (Zahavi, 2019). Husserl (1970) believed that people usually take the world at face value, assuming it exists independently and exactly as it appears to themselves, a mindset he called the “natural attitude”. Another philosopher, Merleau-Ponty (1945), built on this by saying our bodies and senses are part of how we know the world, our body acting as a communicative medium between our mind and the world. This means that our physical and mental experiences are always part of knowledge, or objectivity.

Phenomenology also offers a promising alternative to the controversial relativist and positivist positions on objectivity. It does not fall into relativism, where all views are seen as equally true and truth becomes impossible to agree on, nor does it fall into positivism, where it disregards an entire body of qualitative data by dismissing personal narratives as unscientific. It accepts that all knowledge is shaped by perspective but we can still build a shared, reliable body of knowledge dialogically. This is where intersubjectivity comes in. It is the idea that we do not generate meaning in isolation, as objectivity cannot exist only within our minds, but together with others.

Thus, we arrive at the phenomenological model of graded objectivity, where some types of knowledge are more objective than others, not because it is perfectly neutral, but because it has been tested across multiple perspectives. In other words, the more scrutiny a claim can withstand, the more objective it becomes. In this way, graded objectivity can be placed on a scale, with lone subjectivity on one end, and richly collaborated, intersubjective views on the other.

Crucially, phenomenology challenges positivism by arguing that one's inner experiences are just as real as observable behavior, and can be studied with just as much rigor if we take them seriously (Smith, 2021). Such narratives are essential in understanding reality, especially within psychiatry.

Intersubjectivity in Psychiatry: A Practical Example

Despite decades of research on psychiatric conditions, no single biomarker has been able to adequately portray the experiences of bipolar mania or schizophrenic hallucinations. The Diagnostic and Statistical Manual (DSM) focuses on observable symptoms like delusions or disorganized speech for schizophrenia. Yet it often fails to capture the full scope of these conditions without incorporating first-person experiences (Kyzar & Denfield, 2023). For example, patients often describe unique experiences, like altered perceptions of time or a strange sense of the world that reveal the core of these disorders (Kyzar & Denfield, 2023). Phenomenological tools, such as open-ended interviews and careful analysis of subjective reports, can bridge this gap by capturing the lived experience of the disorder, leading to more accurate diagnoses and better treatment outcomes.

Phenomenological psychiatry emphasizes the "patient's life-world", or the way they experience reality through their perceptions, emotions, and sense of self. Phenomenological interviewing allows clinicians to explore these

experiences in depth, asking patients to describe their sense of reality, time, or agency without imposing preconceived symptomatology. Intersubjectivity is a particularly useful concept, where clinicians use patients' personal narratives to deepen their understanding of schizophrenia. For example, the DSM describes schizophrenic delusions as false beliefs. Yet patients further describe a sense of disconnection that are not captured in the definition, where their thoughts feel generated and controlled by an external force through "hyper-reflexivity" (Kyzar & Denfield, 2023; Martin et al., 2019). Only through phenomenological interviewing were psychiatrists able to uncover a deeper "delusional mood," where the world feels eerie, unreal, or fragmented (Stanghellini & Fuchs, 2019). This process reveals subtle but critical aspects of schizophrenia, such as intersubjective disturbances where one is unable to connect with others' perspectives, which are often missed by standardized diagnostics.

By combining these subjective narratives with objective studies, such as those on dopamine's role in perception and strong neural predictions in schizophrenia manifesting as auditory hallucinations, clinicians successfully constructed a more comprehensive understanding of the disorder and patients' subjective reality (Powers et al., 2017; Stanghellini & Fuchs, 2019). This collaborative process where therapists enter the patient's experiential world and connect it to scientific findings exemplifies intersubjectivity in practice, leading to reduced relapse rates by addressing the full complexity of the disorder rather than its immediate presentation (Kyzar & Denfield, 2023).

This collaborative process challenges the idea of pure objectivity and instead presents objectivity as a dynamic, shared achievement. By listening to patients and integrating their narratives with empirical data, clinicians create diagnoses that are more valid and treatments that are more effective. As Kyzar and Denfield (2023) argue, "The most robust... understanding of psychiatric phenomena... return[s] to the phenomena themselves." Thus, phenomenology's effective application in psychiatry illustrates that objectivity is partially constructed through intersubjective dialogue, offering a nuanced, reliable approach to understanding complex disorders.

Concluding Thoughts

Phenomenological psychiatry demonstrates how graded objectivity, where knowledge is neither purely subjective (confined to the individual mind) nor entirely objective (existing independently of human minds) but is co-constructed through shared dialogue. Kyzar and Denfield's (2023) concept of "coherence by complementarity" highlights how integrating first-person narratives (e.g., a pa-

tient's altered sense of time) with third-person data (e.g., neural correlates) creates a more comprehensive understanding of psychiatric phenomena.

Moreover, phenomenological tools challenge the positivist argument that only measurable data like neurotransmitter levels can constitute valid knowledge. Subjective experiences such as the delusional mood or the fragmented sense of self, are equally real and can be studied through structured interviews and qualitative analysis (Zahavi, 2019). Unlike relativism, which denies shared truth, phenomenology asserts that an intersubjective agreement built through dialogue between patients, clinicians, and researchers creates a more dependable knowledge. This is not pure objectivity, as it remains tied to human experience, but a practical form of objectivity that acknowledges the mind's role while striving for shared understanding. The most dependable knowledge is created when different perspectives are brought together, refined, and co-validated.

Simply put, objectivity is not something we locate outside our minds like a detached object waiting to be discovered. It is something we build collaboratively, through our overlapping perceptions and shared understandings. Without intersubjectivity, there would be no objectivity at all because every fact or observation would remain locked in one person's private perspective. As Zahavi (2019) puts it: "intersubjectivity is not just an add-on—it is integral to the constitution of objectivity."

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