

Special Article

Phenomenological Enquiry and Psychological Research in Caring and Quality of Life Contexts: Acknowledging the Invisible

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Abstract

Differing schools of phenomenology are examined to acknowledge that research must appreciate their main differences in guiding the resultant phenomenological method used. Confusion between schools can lead to weaknesses and confusion in methodology this being particularly salient in applied settings examining care and quality of life. *Intentionality*, the phenomenological *reduction* and the role of *bracketing/epoché* are discussed within descriptive and interpretive phenomenology, followed by a brief look at phenomenology, interviewing and data analysis. Phenomenology is positioned here in caring contexts as a means of accessing that which escapes traditional empirical measurement in care research. There is a need for a more comprehensive model of care including care in all its manifestations including the lived experiences of both formal professional carers and informal carers.

Keywords: Descriptive, Continental, Interpretive Phenomenology, Caring, Care Environments, Research Methods

Introduction : *Phenomenology historical roots and developments*

If phenomenology is to be of use in the applied context of this paper it is important to acknowledge its evolution this includes: firstly the genesis of phenomenology as a philosophy before it became a method as this can be a costly oversight made by researchers (Giorgi 2008), secondly the difference for researchers, between

Descriptive phenomenology and Interpretive phenomenology as this informs the method; thirdly the key aspects of philosophical phenomenology and phenomenology as an applicable method following descriptive principles (Giorgi 2000) or interpretive/hermeneutic models (Smith, Flowers and Larkin 2009, Van Mannen 1997), the latter often applied in psychology and quality of life

and quality of care research in care settings in the UK.

The perspective here is that of psychological research in applied care settings a crucial epistemological and methodological research point is made by Giorgi (1995:25) in terms of the development of the natural sciences and psychology's uneasy relationship in modelling itself upon empirical measurement principles:

“.... in psychology, the object or phenomenon being studied possesses the same type of consciousness as the researcher. This fundamental fact is missing in the natural sciences”

It is in this vein that Spichiger, Wallhagen and Benner (2005:306) examine how caring research from a phenomenological perspective must move

away from the “natural science method” in that the human context is uniquely different from that of the pure physicality and natural laws applicable to the natural objects of the natural sciences.

This difference in the nature of the ‘subject’ applies to all of psychological research but it requires an extra scrutiny when it comes to evaluating the psychology of care and quality of life in complex multi-faceted care delivery environments. If quality of life and care research is to progress and be of value to those cared for and those that ‘do’ the caring then the discourse of a phenomenological postmodern view is valuable.

Quality of life is then reconceptualised as that of the quality of the ‘lifeworld’ of service users and carers within that service (Dahlberg, Todres and Galvin 2009). This then is situated within an interpretivistic epistemological view (Crotty 1998) where what is known is co-constructed within a social world, in all its variability and its refusal to obey ‘natural’ laws.

The language of phenomenology revolves around that of the central role of *Intentionality*, the *Phenomenological Reduction* and *Bracketing/Epoche*, the latter Epoche, as a key difference with methodological implications between *descriptive* and *interpretive* phenomenology (see table 1). Further to this is the important role informing method in adopting the phenomenological *Attitude* and the interaction this has with the role of participants in the feedback process upon which Giorgi (2008, 2000a) makes some very salient points.

One element that unites both the descriptive phenomenology of Edmund Husserl (1859-1938) and the interpretive/hermeneutic phenomenology of Martin Heidegger (1926-1962) is that of the central notion of ‘intentionality’ towards the World, consciousness in its ‘modus operandi’ is always directed at something’ (Zalta 2013).

This intentional energy or force is multi-directional in its nature as it can be towards an internal psychological experienced World, or equally to that of an external object. Moran

(2000) points out that Husserl’s descriptive phenomenology was not unrelated to William James’ (1890) radical empiricism, Husserl (1859-1938) was firstly a mathematician and his central concept ‘bracketing’, is derived in the algebraic sense of the word. Bracketing of intentionality, or not to bracket intentionality, is one of the fundamental differences between descriptive and interpretive phenomenology (see table 1). The phenomenological reduction brought into existence through this act of bracketing through epoche, that is epoche produces reduction (Embree 2011). Davidson (2013:321) also points out the inter-relationship of the epoche and reduction in terms of being part of “one functional unity”, through the act of epoche comes the phenomenological reduction.

An important element to Husserl (1859-1938) was that of the description of given experience and of that which is ‘always and forever there’ and with the phenomenological process of *reduction* (as alluded to above) being made available to experience. An important point of diversion for Heidegger’s ontological view was not that of description but that of the central role of interpretation, in a sense ‘being’ itself can be seen as interpreting, description cannot be done without interpretation, that is they are inseparable aspects of our selves, of being sentient beings.

Husserl’s (1859-1938) ultimate aim was to view consciousness itself and to obtain a ‘Gods eye’ view of the nature of consciousness, this was a philosophical act, it was his intention to develop in a sense a meta-philosophy whereby philosophical practice can be set against this descriptive phenomenological yardstick (Moran 2000 Smith, Flowers and Larkin, 2009). Heidegger, Sartre and Merleau Ponty amongst others would disagree with this ‘Gods eye’ view project of Husserl’s as an impossibility due to our being unavoidably in the World through the nature of embodiment and the nature of being itself making it impossible for Humans to reach such an abstracted state of being and knowing.

As noted above, Husserl’s principle concepts are that of the Reduction made possible by Epoche

(Embree 2011). This is explained in many differing ways by differing authors; Finlay (2014) mentions a 'seeing afresh' leading to 'dwelling' on and an 'explication' of the data'. The central concept of epoche, in effect this bracketing and suspension of the 'natural attitude' (see later) are important first steps which the phenomenological researcher takes.

During the phenomenological reduction it is proposed that constituents of the phenomena be treated with equal value a sort of non-prioritization process, this horizontalization should apply here all aspects being treated as at the same level of impact or importance (Langdrige 2007). Eidetic variation can help in explicating the phenomenon due to actively imagining the phenomenon in different forms, shapes and being.

There can be an emphasis on the co-production of findings with the role of the temporality and the spatiality of experience, this is seen in the work of Merleau-Ponty's (1964) post-modern phenomenology where the person is seen as being 'in' the world but also the world is seen as being 'in' the individual, they are both then in Ponty's (1964) view inseparable aspects of Human 'being' and that in fact, we can never really 'know' others but only in terms of their physicality in their embodiment.

This has much common sense credibility and obvious value when looking at quality of life and quality of care from a psychological perspective to this can be added notions of pathic touch and pathic understanding (Van Mannen 1999, 2014) within care-giving contexts.

The role of Ponty's (1964) and Van Mannen's (1990's) phenomenology due to their grounded notions of applying phenomenology are valuable to quality of care and quality of life researchers, who are dealing with the 'real worldness' of situated care and quality of life (see later).

As a necessary starting point in both descriptive and interpretive phenomenological traditions it is notable that there is an emphasis on the things themselves given in Husserl's descriptive approach favoured by Giorgi (1996), and the

importance of an existential Dasein or 'there being' within the works of Heidegger (1927-1962) and his interpretive hermeneutic (Ricoeur 1913-2005) approach, Heidegger (1927-1962:22) quotes Hegel's definition of 'being' as a state of that of the "indeterminate immediate". Heidegger (1927/1962) brings out the notion of *time and experienced time* as a central point in his phenomenology and main work *Being and Time* (1927-1962) which concentrates on an ontological view of being per se.

"Intentionality and intuition or 'givenness' as Husserl depicted it the materials of the natural attitude, can be seen as *evident experience* as it is 'without presupposition or scientific preconception', this is achieved by bracketing or epoche in descriptive phenomenology but is a key (Moran 2000) first step in phenomenology, and as said acknowledged by both major descriptive and interpretivist theorists as such. Husserl however firstly proposed as mentioned above, the phenomenological epoche or suspension of the natural attitude as Moran (2000:11) would have it we "...attend only to the phenomena in the manner of their being given to us in their *modes of givenness*" The context here is in the psychological evaluation of care and quality of life and is all the manifestations therefore possible in a large variety of care scenarios and settings (see later section on models of care).

Dowling (2007) among others authors, looks at Van-Manen's phenomenological work, and its importance in nursing research. Dowling (2007:131) notes confusion (as does Giorgi, 2000a, 2000b) in the use of the term phenomenology in nursing research and a key point: phenomenology is both a research method and just as importantly though often overlooked role for phenomenology is that above all it is *grounded in philosophy*, though as noted earlier it is not untouched from the early influences of empiricism and psychology. Further, Dowling (2007:132) maintains phenomenology is not one method but many, from "positivist (Husserl), post-positivistic (Merleau Ponty), interpretivist (Heidegger) and constructivist (Gadamer)

paradigms” Crotty (2003) places phenomenology in an interpretivist theoretical perspective with its roots in a constructionist epistemology (table 1)

Further in regarding the genesis of phenomenology, Moran (2000:13) Hegel was seen as a significant influence on the phenomenological method, though Brentano’s (1838-1917) works in descriptive psychology and the new ‘science’ of psychology stated as the “a priori science of the acts and contents of consciousness” Brentano’s aim then (Moran 2000:14, Davidsen, 2013) was to provide a ‘philosophical foundation’ for psychology, but still very much rooted in essentially an empirically orientated description of the experience/phenomena.

Popkin and Stroll (1993) mention the contribution of Kierkegaard (1813-1855) in terms of how we make sense of our lives and what the point is, ultimately of human existence, also Kierkegaard’s (1813-1855) interest in how we make sense of our ‘historical’ and ‘temporal’ existence (Popkin and Stroll: 360) this aspect of temporality can be said too be a major contribution within Heidegger’s interpretive/hermeneutic phenomenology.

Hegel’s work has then greatly influenced the later though divergent works of Husserl and Heidegger. From table 1 it is notable that the role of intentionality appears to be a uniting influence of all the disparate schools of phenomenology.

Giorgi (2000a) reviewed several doctoral dissertations that set out to apply the descriptive phenomenological enquiry methods of Husserl (1998/1913) Giorgi (2000a) found issues in the use of key concepts inherent in their methodology, such as that of phenomenological reduction, and imaginative variation as well as issues of giving feedback to participants and role of participants in the feedback process, particularly the *risk of respondents changing the reporting of the investigators findings*. This highlights the potential for misunderstanding in using phenomenological methods and techniques as Giorgi (2000a) found at Doctoral research levels. Giorgi (2000) agrees with most noted

academics of both schools; of descriptive and interpretive phenomenology that there is no consensus with how to ‘exactly’ use the phenomenological method in the social sciences and its application is not a straightforward process as:

“The phenomenological method requires a background in phenomenological philosophy which at certain times specifies criteria other than empirical ones.....but it is broader than empirical philosophy. That is because its method interrogates phenomena which are not reducible to facts”

Indeed though many models and perspectives of how one should measure care exist (see later section). It is a pertinent point in this paper that ‘care’ cannot be reduced to facts (Skea 2015) particularly aspects which to all intents are invisible to the researcher and can only be uncovered through methods breaking away from empiricism.

The additional point of Giorgi’s (1995) that the focus of research, the participants, in this case the users of care services and the assessing of their quality of life and care, not of course forgetting the crucial role of staff (their satisfaction and well-being in the caring process, the structures of power): is that they all possess a consciousness, unlike as pointed out earlier, that of the focus of the natural sciences.

Descriptive Phenomenology: the phenomenological attitude, the reduction and analysis.

If phenomenological enquiry is to be applied in the psychology of care provision and quality of life research then as Moran (2000:3) purports:

“phenomenology’s first step is to seek to avoid all misconstructions and impositions placed on experience in advance, whether these are drawn from religious or cultural traditions, from everyday common sense, or, indeed, from science itself”

Table 1: Positioning the phenomenological: socio-historical background, theorists, elemental differences and similarities

Phenomenological type and Socio-historical background	Main Theorists/Progenitors	Key differences	Areas of agreement
Descriptive or Traditional, European, Philosophical Phenomenology goes beyond empirical philosophy	Husserl Giorgi Schultz, Aspers.	A priori descriptive in method use of Epoche scientific Role of feedback. The use of reduction by bracketing the natural attitude. Giorgi, applying a disciplinary attitude at the data analytic stage. Epistemology.	Central role of intentionality. Use of imaginative variation in data analysis
Interpretive Traditional, European, hermeneutic Phenomenology	Heidegger, Smith Ricoeur	A priori interpretive in method. No reduction through bracketing, Hermeneutic, role of feedback. Ontology	Central role of intentionality. Use of imaginative variation in data analysis

This is a good starting point to understand the role of Epoche or bracketing and the setting aside of the natural attitude: that is the natural attitude as our world of assumptions our knowledge and automatic ‘understanding’. Giorgi (2008) states that following Husserl’s phenomenology then the phenomenological reduction should be applied, this process of reduction Giorgi (2008:3) involves an interaction between two concurrent states of mind involving the very existence of, and the nature itself of, the examined phenomenon.

“...The researcher has to bracket personal past knowledge and all other theoretical knowledge not based on direct intuition, regardless of its source, so that full attention can be given to the instance of the phenomenon that is currently appearing to his or her consciousness;

The Reduction and Epoche are as above, central in Husserlian phenomenological enquiry the roots of which goes back to the early psychology of Brentano (Moran 2000).

There are however various ways of suspending the natural, pre-given attitude dependent upon the context and aims of the research project. Embree (2011:121, 124) examines the “various species of epoche” in terms of a *theoretical attitude of detachment* as a research stance, the *eidetic epoche* or “suspending acceptance of the particular in order to gain the purely essential” the *naturalistic epoche*, the *physicalistic epoche* described as a “suspending of acceptance of animateness” mentioning the relationship of behaviourism to psychology as an example. The *Ecologic Epoche* an “ecological attitude from which one returns to the intersubjective attitude when the ecologic *epochē* is relaxed”. The

Solipsistic Epoche “Here one’s research field is temporarily purified of all others, so that one is utterly but temporarily alone and can better appreciate the pairing of one’s own mind with one’s body and, for that matter, with one’s products or artifacts”. The *Historical Epoche* here it is posited that “present life is recognized as the effect of earlier times in collective life”. The *Psychological Epoche*, wherein the purely sensuous in experience is reflected upon. Embree (2011:124) states:

“Recognition of the theoretical and psychological epochēs, however, might be most helpful, the former in prompting reflection on foundations in science-based”.

Giorgi (2008:2) explains that Husserl’s method is essentially a method concerned with evolving the practice of philosophy, and the rigorous interrogation of philosophical knowledge by the adoption of the phenomenological attitude, then from a pragmatic point of view, that is in the ‘doing’ of phenomenological investigation one should:

“encounter an instance of the phenomenon that one is interested in studying and then use the process of free imaginative variation in order to determine the essence of the phenomenon, and finally carefully describe the essence that was discovered.”

The issue for Giorgi (2008:2) appears to be that in nursing and psychology this method is often applied without the recognition that it is ‘philosophical analysis’ that is being done “More is required to make the method scientific”

A further key point that is appealing and guides a descriptive phenomenological research strategy Giorgi (2008) is that of the adopting of a ‘*disciplinary attitude*’ within the context of the phenomenological attitude (this is important to an interpretive phenomenological enquiry too). This disciplinary attitude can be confusing in the sense that the bracketing or setting aside of preconceptions would mean the setting aside of one’s discipline; the bringing in of one’s discipline is later in the phenomenological process when one seeks to understand and explicate the findings under investigation, it is then applied

essentially at the data analytic stage. It would be folly and rendering findings as potentially meaningless if a psychologist applying analysis of important psychological constructs to care research and care scenarios were to ignore their discipline. In Giorgi’s (2008:2) words this entails relating the disciplinary attitude to data analysis in that it brings one’s expertise and knowledge to the analysis:

“The data will always be richer than the perspective brought to it, but it is the latter that makes the analysis feasible. Without the strict application of a delineated perspective one can be pulled all over the lot”

Giorgi’s method of descriptive enquiry basically involves:

- a) Reading through the text entirely,
- b) Marking significant meaning units off in the text,
- c) Transforming these units into psychologically meaningful units, at this stage imaginative variation is brought in and through this process,
- d) General psychological structures emerge.

Confusingly the same approach to the data is seen in interpretive hermeneutic methods such as that of Interpretive Phenomenological Analysis (IPA Smith, Flowers and Larkin 2009) to be examined later in this paper.

Bevan (2014: 136) integrates descriptive phenomenology into interviewing towards a “total method for research”, in the sense that the interview context allows for the examination of the many ‘modes’ of appearing of a phenomenon in its ‘natural’ or everyday attitude. Here Bevan (2014:138) presents a method for interviewing based upon three structural domains: firstly ‘contextualization’ through asking descriptive questions involving the natural attitude and eliciting the life-world of the respondent. Secondly, a funnelling involving “apprehending the phenomenon in its modes of appearing” through the respondents descriptions in the natural attitude and interpretations of the subject and thirdly; “clarifying the phenomenon”

through imaginative variation and bringing in 'variation' questions at this stage (only used by phenomenological researchers in later data analysis stages usually). Bevan (2014:141) saliently notes that advice for interviewers tends to be general and not always easy to translate for phenomenological interviews. Though pragmatic ways of achieving the phenomenological reduction (avoiding our pre-suppositions and being reflective) are possible Benner (1994, cited in Bevan 2014) maintains using the natural language of the respondent in the interview questions.

Englander (2012:25) points out that in descriptive phenomenological interviewing there is a dual role for the interviewer in terms of subject-subject relationship management within the interview (as opposed to quantitative psychology's subject-object paradigm) above this is the subject-phenomenon 'switch' the interviewer makes to elicit a full description of the phenomenon *per se*. In descriptive phenomenological interviewing, the obtaining of as full a description as is possible is *a priori* (Giorgi 2009). This includes a recommendation by Giorgi (2009) to rewrite the interview transcript in the 3rd person prior to analysis to concentrate more on the crux of the matter: the phenomenon.

In contrast to the descriptive phenomenological interview favoured by Giorgi (2009) and the authors above, Interpretative Phenomenological Analysis (IPA) as described by Smith, Flowers and Larkin (2009:3) is: "an interpretative endeavour and is therefore informed by hermeneutics, the theory of interpretation", this involves the double hermeneutic, the interpretation by the interviewer of the interviewees interpretation (a point of caution). The systematic method implicit in IPA has no doubt led to its wide application in health and human sciences research in the UK at least. IPA gives the interpretative 'voice' of the participant as well as that of the researchers analytic interpretations in the final write up where verbatim transcript material forms the narrative of the write up. Interestingly though there is an

obvious input of description in interpretative analysis, the phenomenon under investigation has to be elicited that is described by the respondent.

As a result of his review mentioned earlier, of descriptive phenomenological doctoral level dissertations Giorgi (2008:2) recommends:

"One can certainly try to introduce variations into the method proposed by the chosen methodologist, but not primarily by quoting from a different methodologist proposing a different logic"

In qualitative methods generally and in phenomenological analysis it is important to get verification of the 'data' from respondents and interviewees, this is seen as an important form of validity testing. However there is an intrinsic problem with this in descriptive phenomenology; Giorgi (2008) points out instances whereby participant verification of findings is simply wrong if the feedback is to lead to changed reporting of the phenomena from the researcher, i.e. undue influence of participant on results after all the work that's gone into the phenomenological reduction, i.e. bracketing and eidetic, imaginative variation. Also with Interpretative phenomenological enquiry the crux really is the researchers' interpretation and the bringing in of explanatory concepts and theory in psychology, in the final analysis.

If the phenomenologist is to take the recommended disciplinary attitude (Giorgi 2008), say that of the psychologist in quality of life care research and is applying an interpretive hermeneutic framework (Smith, 1995, 1997, Smith, Flowers and Larkin, 2009), the psychologist has the expert knowledge to help with interpretation of the main findings, this is unlikely to be within the remit of the respondent.

The acknowledgement of this role of a double hermeneutic in interpretive analysis cannot be ignored when the researcher draws conclusions from the analytic process and this is indeed a source of potential distortion and obfuscation of the phenomena.

Aspers (2009:4) writes from within the empirical phenomenology of Husserl and the influence of the sociologist Schutz (1982), specifically Schutz's (1982) notions of first order and second order constructs, saying the main tenet of scientific phenomenology is:

“that scientific explanation must be grounded in the first-order construction of the actors; that is, in their own meanings. These constructions are then related to the second order constructions of the scientist”

Aspers (2009: 5) sees his conception of a scientific phenomenology as an anecdote to the down-playing of theory -as he sees it- in qualitative research and the phenomenological process. Notably in Aspers (2009) practical guide to doing scientific phenomenology, theory is brought in with an early third stage after definition of the question for research and the conducting of preliminary analysis. This is very different to Smith's (2009) Interpretive

Phenomenological Analysis (IPA), where theory comes in after the hermeneutic, after the descriptive (first level) and interpretive coding (second level) of the researcher, usually of 'thick' descriptive interview transcripts, where an oscillation takes place between the text, isolated parts of texts, descriptors, to meanings/themes, thus emulating the hermeneutic circle from the particular and specific to the general/conceptual and theoretical explanation of the relationship of the parts to the whole.

Applying a Phenomenological Perspective to Quality of Life and Quality of Care Research environments

When applying phenomenological perspectives to 'real World' care environments Husserl's conception of the 'lifeworld' and Sartre's and Heidegger's conceptions of 'being in the World' must be integral as well as an attention to the 'things themselves' without preconceptions, Moran (2000:12) states this as:

“returning to the lifeworld is to return to experience before such objectifications and idealisations”

The 'Lifeworld' as described in this paper, is that of psychological research in quality of care and quality of life, and the environments this takes place in, further seen as constituted and composing that which is not conventionally recordable, that exists but is made invisible by focussing on pre-ordained measurement, observational categories and functional assessments of service users and providers.

Examples that reflectively come to mind stated earlier can include, 'atmosphere' or 'atmospheres' of care environments, things such as is the Television volume louder than the voices of the residents and staff? presence of pleasant or unpleasant odours, issues of spatial and temporal 'being' for staff and those cared for, the colours, art and very furniture within the environment, the use and availability of space/s, as well as issues of 'pathic' touch (Van Mannen 2007), social interaction and empathy.

A theme here is that of explicating that which is invisible, the 'dark matter' in caring that traditional empirical psychological work on service provision does not see. How do we engage phenomenology in such diverse complex environments?

Ashworth (2006:10) explores the notion of 'lifeworld' in the caring in Alzheimer's disease and sees the lifeworld as a method of "bringing forth the personhood of the sufferer and this lifeworld of the sufferer can through reflection, enhance the project of caring.”

We all have professional backgrounds and this constitutes our professional attitude, our knowledge and our discursive repertoires nested within these backgrounds of learning and professionalism, as well as and invariably of course, the instruments at hand, tried and tested to assess some aspect/s of the phenomenon of caring. This of course is the positivist scientific 'top-down' nature of caring research. To take a phenomenological stance is to be aware of the

reflections one has of the phenomenon to be investigated. This is the obverse of the above, it is to take a ‘bottom-up’ experientially driven perspective rooted in either a description or an interpretation of the experiences of those receiving care and the consequences implied on their quality of life. With Alzheimer’s and other conditions the carer becomes the proxy in interviewing. To appreciate an aspect of what this may mean and a related aspect to phenomenological research as Shotton maintains (1995:175) talking within a dialogical social constructionist stance to psychological research, when talking of a sense of self in effect our voice:

“is not unitary, single, unilateral or static, but multi-dimensional and polyphonic; we need to claim all the voices we speak”

A useful starting strategy in care research then is an acknowledgement of this for those we care for and their experiences of the care and how if the focus is on the lived experience of the cared for and the carers then ‘measurement’ though valuable but necessarily limited, could be free of what Van Manen (2007:19) calls, “the dominance of technological and calculative thought”

Shotton’s (1995) comments above on the complexities of our lived experiences serves to highlight the many levels of the ‘natural attitude’, as it serves to help us understand the complexity of the phenomenon and ultimately the difficulties encountered in the ‘suspending’ of the natural attitude.

This is an important consideration when we as Husserl famously stated ‘go back to the things themselves’ when starting out with a research method to uncover the complex phenomena that is quality of care and quality of life. It is essential to ascertain what the shape, forms, methods and outcomes of care are and from a Human perspective to judge whether what is seen constitutes good high quality care and not the opposite or some estimation of it. Husserl maintains casting off our everyday experience of

the topic our ‘natural attitude’ and his procedure of bracketing does not imply a denial of the taken-for-granted world as Husserl (1927: para. 3) maintains:

“It is, after all, quite impossible to describe an intentional experience—even if illusory, an invalid judgement, or the like—without at the same time describing the object of that consciousness as such”

It is useful to recognise that Husserl (1970:128) descriptive phenomenology saw scientific positivist knowledge as being born from essentially the everyday or the:

“primal self evidence in which the life-world is ever pre-given”.

Community care and health service organisations have evolved from earlier community care notions of the social indicators research of the 1950’s and 1960’s to Normalization (Wolfensberger 1970’s-1980’s) through the advent of quality of life research in the 1980’ 1990’s toward the postmodern neoliberal conceptions in their present mutation as stated by Van Manen (2007:19) as:

“technocratic ideologies and the inherently instrumental pre-suppositional structures of professional practice”

Van Manen (2007:19) notes a further implicit irony and paradox in the observation that:

“even the increasing popularity of qualitative enquiry has actually resulted in professional practice becoming cemented ever more firmly into preoccupations with calculative policies and technological solutions to standards of practice....”

Ontologically, Sartre (1962) brings in an important further dimension to phenomenology that of ‘being and becoming’ and the role of ‘nothingness’ or how the absence of a phenomena gives a palpable presence. The notion of ‘lifeworld’ is rooted in existentialism

and Dahlberg, Todres, and Galvin (2009: 265) have stated a:

“conceptualisation of lifeworld-led care that we develop includes an articulation of three dimensions: a philosophy of the person, a view of well-being and not just illness, and a philosophy of care that is consistent with this”

They maintain the real utility of this viewpoint in that:

“We conclude that the existential view of well-being that we offer is pivotal to lifeworld-led care in that it provides a direction for care and practice that is intrinsically and positively health focused in its broadest and most substantial sense.”

An important element mentioned earlier and noted in phenomenological research on caring and nursing and one which can be easily understood (Van Mannen 1999 29) is that of pathic touch and that of Gnostic touch, described as:

“The pathic hand and the pathic knowledge that supports it could be seen to lie at the heart of nursing practice since its effect is that it reunites or reintegrates the patient with his or her body again.”

Van Mannen’s Phenomenology of Practice can be seen as bringing together the divisions in phenomenology and bringing in particularly the phenomenology emanating from the Utrecht scholars with their concern for “doing phenomenology” or for the “purpose of understanding the practices of everyday life” Van Manen (2007:3). This attraction to the phenomenology of practice regarding research is also due to how it helps answer subtle questions regarding professional life, as Van Manen (2007:21) puts it:

“It is through pathic significations and images, accessible through phenomenological texts that speak to us and make a demand on us, that the more

non-cognitive dimensions of our professional practice may be communicated, internalized and reflected on”

Though to write well from the phenomenology of practice perspective requires a different skill in exposition and analysis as Willis (2014:67) on reviewing Van Manen’s book: *Phenomenology of Practice: meaning-giving methods in phenomenological research and writing*, mentions how easy it is to spectacularly fall short of the poetics and explication that this phenomenological writing involves.

Finlay (2014:121) gives four key processes towards ‘engaging’ phenomenology these being “seeing afresh, dwelling, explicating and languaging” Finlay (2014:121) elaborates on the features and process as:

“existential universals: embodiment, selfhood, spatiality, temporality, sociality, mood-as-atmosphere, project, discourse, freedom and historicity. It can help to interrogate the data using these dimensions, for instance, trying to identify the participant’s sense of embodiment or sense of self lying behind their words.”

Phenomenological reflection may reveal a way forward to a more authentic form of enquiry into the quality of the lifeworld and the existences of care workers and the cared for, and get closer to that which is at the heart of caring, with its implications for care service evaluation and quality of life for those cared for.

Davidson (2013:334) points out “in qualitative research a method can never be a recipe” but in terms of full and exhaustive evaluation of care settings and nursing behaviour, both ‘worlds’ have to be examined; the empirically verifiable as well as the role of aspects which are not so easily measured top down by scientific models and theory led research. Psychological research in Caring needs to be fully conceptualised, within an ontological model of ‘Being’ and ‘Becoming’ going back to its epistemological

nature and methodologies that may help give a fuller picture (and perhaps more effective interventions) for care-giving.

The uniqueness of the care and quality of life field requires a qualitative research perspective when essentially quality is what is being examined. Phenomenological principles seem to fit particularly well, though an example of research that takes this into the very 'being' of the nurse and patient roles, Fredriksson (1999) explored presence, touch and listening in 'caring conversations' in a 'qualitative research synthesis' of 28 articles in nursing journals, finding a key role not surprisingly for high inter-subjectivity and conversely that of, on the other end of the continuum, limited inter-subjectivity. They describe a high connection in terms of 'being there' for the patient. In their review they propose a transcendence of roles occurs with highly inter-subjective interactions escaping the limited inter-subjectivity provided in the prescribed roles of patient and nurse.

Some points on concepts and the measurement of caring

Husted and Husted (2001) offer a definition of caring applicable particularly to nursing as an offering of the self in terms of psychological, intellectual, spiritual and physical aspects of care, these can be considered to be gross categorical concepts. Morse et al (1990) speak in terms of the epistemological aspects of caring such as it being a human trait, a moral imperative, an affect, an interpersonal relationship and also a therapeutic intervention (cited in Enns and Gregory 2007). Sherwood (1997), following a meta-synthesis and from the client's perspective determining role for healing interactions, nurse's knowledge, intentional response via interventions and therapeutic addressing of physical and emotional needs as key elements of caring. None of the above are operational definitions with which to guide the measurement of care. There are the unseen or invisible aspects of care which may be just as important to caring outcomes.

A point here to note is the idea of lack of care. Poor turn-taking in care-giving conversations, not being responsive to elicitation, simply not interacting are aspects of care in their often invisible nature but the effect on the cared for is considered to have great impact. These aspects escape measurement very often. How can one measure inter-subjectivity and empathy in caring other than from a phenomenological point of view? Phenomenological enquiry presents the chance to access the 'dark matter' in care from both the cared for and carer's perspectives. A comprehensive model of care has to take fully into account the truly dynamic interactive nature of the elements of the authors above but also acknowledge real drawbacks with empirical measurement interacting with the invisible 'dark' aspects of care. Another key issue which models of care do not take into consideration is the growing numbers (in the UK at least) of 'informal' carers, the models above cannot encompass the differences between professional and informal carers. From a phenomenological point of view subjectivity, much increased elements of personal investment and the often much closer relationship between informal carers and often partners, children, parents needs examining if support structures and understanding of the phenomenon is to be achieved. Indeed, a fruitful area for understanding care would be to look at the differences between professional and informal carers. Carer burden, feelings of self doubt and guilt and resentment perhaps to those that are cared for can be seen as elements of the invisible hard to access elements of caring. With the growing numbers of informal carers in the UK there is a lack of a clear model applicable to this group. Further aspects worth exploring here could be the extra demands concerning expectations of the carer, the large difference in emotional investment and 'depth' of care together with issues of time and daily living. Much could be learned regards the nature of care from informal care research and a comprehensive model of care should encompass professional and informal care in all forms.

Informal caregivers have an increased risk of psychological and physical health issues than do non-caregivers. Studies show an increased risk of informal caregiver depression interacting with a restriction in caregiver's life activities and perceived controlling and manipulative behaviour (CMB) from the care recipient (Smith et al 2011). The UK office of national statistics (ONS, 2013), cite a Carers UK (2012) estimation that by 2037, numbers of carers across the UK could rise by 40 per cent (2.6 million people) elevating the numbers involved in informal care to a figure approximating 9 million people. The ONS (2013) reports numbers of disabled older people receiving informal care increased from 2001 – 2011 by 600,000 to approximately 5.8 million in England and Wales alone. Wittenburg et al (2011) have proposed a 60% increase over the period 2010 – 2030 in older people receiving informal care from 1.9 to 3 million by 2030.

Concluding Comments

'Invisible' aspects of care could be unearthed through phenomenological methods of enquiry but this is only through an understanding and recognition of differences between phenomenological schools and practices. This should in applied care research be through checkable and rigorous applying of methodologies which can capture the essence and nature of care in its manifestations and lack of manifestation in its distortions and harder to see processes and elements.

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