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### The use of phenomenology in mental health nursing research

Caroline Picton

*University of Wollongong*, [cjp977@uowmail.edu.au](mailto:cjp977@uowmail.edu.au)

Lorna Moxham

*University of Wollongong*, [lmoxham@uow.edu.au](mailto:lmoxham@uow.edu.au)

Christopher F. Patterson

*University of Wollongong*, [cpatters@uow.edu.au](mailto:cpatters@uow.edu.au)

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## The use of phenomenology in mental health nursing research

### Abstract

**Background:** Historically, mental health research has been strongly influenced by the underlying positivism of the quantitative paradigm. Quantitative research dominates scientific enquiry and contributes significantly to understanding our natural world. It has also greatly benefitted the medical model of healthcare. However, the more literary, silent, qualitative approach is gaining prominence in human sciences research, particularly mental healthcare research.

**Aim:** To examine the qualitative methodological assumptions of phenomenology to illustrate the benefits to mental health research of studying the experiences of people with mental illness. **Discussion:** Phenomenology is well positioned to ask how people with mental illness reflect on their experiences. Phenomenological research is congruent with the principles of contemporary mental healthcare, as person-centred care is favoured at all levels of mental healthcare, treatment, service and research.

**Conclusion:** Phenomenology is a highly appropriate and suitable methodology for mental health research, given it includes people's experiences and enables silent voices to be heard.

**Implications for practice:** This overview of the development of phenomenology informs researchers new to phenomenological enquiry.

### Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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## **The use of phenomenology in mental health nursing research**

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**Background** Historically, mental health research has been strongly influenced by the underlying positivism of the quantitative paradigm. Quantitative research dominates scientific enquiry and contributes significantly to understanding our natural world. It has also greatly benefitted the medical model of healthcare. However, the more literary, silent, qualitative approach is gaining prominence in human sciences research, particularly mental healthcare research.

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## **Introduction**

The purpose of this paper is to explore the rationale for and assumptions of the phenomenological methodology, to illustrate why it is appropriate in mental health research. In 1988, Pat Deegan wrote about her experiences of having a mental illness (Deegan 1988). Her writings provided insight from a personal perspective of mental health recovery and heralded what is now known as the consumer-led movement for improvements in mental healthcare (Slade 2012). People with a mental illness who were previously known as psychiatric patients were now viewed more respectfully and renamed 'consumers', 'clients' or 'service users'. Since the development of mental healthcare reform over the last thirty years mental health research has come to value people's experiences as a body of expertise and knowledge. Phenomenology is a methodology suitable for research involving people with mental illness. This paper is intended for nurse researchers new to qualitative research, so that they can appreciate phenomenology's appropriateness for research into people's experiences. It aims to introduce phenomenology's core methodological assumptions, and emphasises the importance of maintaining quality by reporting the underlying methodological philosophy influencing the choice of research methods. Furthermore, it makes the distinction between the two main branches of phenomenology – descriptive and interpretive phenomenology – to provide insight into their methodological differences.

Several phenomenological clinical studies are introduced as exemplars to highlight the use of phenomenology in nursing research. Finally, the paper acknowledges the therapeutic benefit of phenomenological research for people with mental illness and its congruency with mental health recovery.

### **Background Core phenomenological assumptions**

The main aim of phenomenological research is to explore the subjective experiences of being human (Husserl 2004). Its perspective is broad and holistic, and acknowledges social, cultural, environmental and politico-economic contexts, as well as psychological and physical factors (Salmon 2012). Mental health nurses are well equipped to conduct phenomenological research, because of their clinical ability to develop therapeutic relationships to understand the experiences of people with mental illness (Stubblefield and Murray 2002, Salmon 2012). This aligns well with the phenomenological perspective. The phenomenological viewpoint differs from the positivistic perspective of quantitative research, which has dominated mental healthcare research and aims to acquire knowledge only by observing what can be seen and scientifically measured (Merriam 2015). Quantitative research has significantly contributed to mental healthcare through the development of knowledge and treatments aimed at reducing the symptoms of mental illnesses (Kutney 2006). Furthermore, it is regarded as the 'gold standard' of research, as it measures statistical significance and absolute truths, and continues to form the foundation of healthcare (Kutney 2006). Historically, however, the quantitative perspective has led to over-reliance on the medical model, with traditional treatments insufficient to reduce mental illness' significant psycho-social impact on the ability to function in the community (Zolnierrek 2011, Glover 2012). A core difference between the positivistic paradigm and phenomenology is the latter assumes that there is no single reality perceived by all people, but that everyone perceives a multifaceted and dynamic reality unique to them (Husserl 2004). However, in clinical practice, a person's mental health recovery continues to be measured objectively using health outcomes based on the tenet that recovery is a single state with varying degrees of severity and that all people experience the same set of variables (Kutney 2006). These measures inadequately describe someone's holistic and uniquely personal view of recovery and wellness. Consequently, mental health researchers are increasingly adopting phenomenology to generate different knowledge originating from the consumer's perspective (Byrne et al 2013). This paper explores several studies that are exemplars of phenomenological research, to show the value of phenomenological consideration of consumers' perspectives. Additionally, it describes the core theoretical and philosophical assumptions of phenomenology, to guide researchers new to the approach.

### **The questions asked**

Research questions being asked include 'What is it like to have a mental illness?' and 'What meaning do people with mental illness attach to aspects of their recovery?' (Zolnierrek 2011). Martins's (2008) descriptive phenomenological study asked people who are homeless about their experiences of healthcare. Participants described numerous barriers to receiving healthcare, such as 'feeling invisible to healthcare providers' and an emergency triage system seemingly based on social status that led them to 'putting off healthcare until an emergency arises'. By asking, 'What is the experience for you?', the researchers obtained insight into the barriers and difficulties

faced by a particularly vulnerable group of people and enabled those who felt ‘invisible’ to be heard. Such knowledge could help nurses to reduce or remove these barriers and promote earlier engagement with healthcare services.

### **Discussion Phenomenological methodology**

Phenomenology is one of the many forms of qualitative research that flourished as a distinct discipline and philosophical movement in the early 20th century. There are divisions in the discipline about the methods and characteristics by which phenomenology defines itself. The two main branches are: ‘descriptive phenomenology’, which is the original form and aims to uncover and describe the meanings of people’s experiences; and ‘interpretive phenomenology’ or ‘hermeneutics’, which aims to interpret the meanings of people’s descriptions (Heidegger 1927, Pringle et al 2011). Husserl (2004) claimed the acquisition of subjective qualitative knowledge is a precursor to the attainment of objective quantitative knowledge. A phenomenon is experienced by a person pre-reflexively before generating the impetus for the researcher to consciously seek and measure the phenomenon objectively. Accordingly, phenomenological study aims to understand how people experience events or objects, as well as the meanings they attribute to those experiences and in what circumstances (Moustakas 1994). The research must capture the participants’ perspectives in their own words then describe their experiences as authentically as possible (Van Manen 2014). Phenomenological researchers use ‘bracketing’ to suspend or reduce their influence on their studies and to set aside any assumptions about the phenomena they are studying (Pringle et al 2011). Methods of bracketing vary and may involve writing memos or a reflective journal, or being supervised through interviews. Bracketing can occur at the start of the study; at a particular phase, such as the analysis of data; or throughout the research (Tufford and Newman 2010). Husserl (2004) said that bracketing is a fundamental aspect of phenomenological enquiry that enables researchers to examine their own preconceptions; by setting their prejudices aside, they become more open to acquiring new knowledge and new conceptual possibilities. Heidegger developed interpretive phenomenology, believing that interpretation is an inevitable part of researcher involvement when making sense of the research participants’ descriptions (Heidegger 1927; Fleming et al 2003). As a result, in interpretive phenomenology, researchers then interpret participants’ descriptions contextually, particularly socially and linguistically (Heidegger 1927). Finally, they analyse the experiences for the predominant structures so they can expand them further (Moustakas 1994). Drawn from descriptive phenomenology, interpretive phenomenology’s analytic methods (Giorgi 1997, Anderson and Eppard 1998, Martins 2008) systemically guide the researcher to identify the commonalities between participants’ accounts. These are then categorised into structural elements and themes that are essential to the core meaning that best describes the participants’ experiences and can be drawn on to contribute to theoretical understanding (Pringle et al 2011). But as interpretive phenomenology is more critical than descriptive phenomenology, it examines the participants’ descriptions to identify contrasting themes as well as similarities (Heidegger 1927, Chang and Horrocks 2008, Pringle et al 2011).

### **Maintaining quality**

A criticism of phenomenological research is that it lacks rigour compared to quantitative research (Cope 2014). In response, Englander (2012) argued that phenomenological research should be critiqued not from a positivistic perspective but from a phenomenological theoretical viewpoint. Consequently, to produce high-quality studies with credible findings, phenomenology uses an assurance framework different to quantitative research's (Cope 2014). This framework includes ensuring the philosophical methodological approach is congruent with the methods used to conduct the research and is explicitly reported. However, often research methods are chosen to answer a research question with little consideration of the underlying methodological approach. Zolnierrek's (2011) review of 35 phenomenological studies, including 15 nursing studies, demonstrated that methodological frameworks are vaguely reported: only four of the studies cited the methodological philosophy used. Ten of the studies also showed inconsistencies between the philosophical frameworks and the methods used, casting doubt on the credibility of the studies' findings (Zolnierrek 2011). For phenomenological studies to be credible and trustworthy, their underlying methodological assumptions must be better reported, to provide transparency that allows for scrutiny.

### **Applying a phenomenological approach**

Phenomenological research is usually inductive and frequently collects data using semi structured interviews. This gives participants the freedom to express themselves fully (Englander 2012, Morse 2012). Interviews become more of an intimate exploration of participants' consciousness, one over which they still have considerable control. The researcher is an enquiring listener, the interview divulging more of a participant's thinking than would asking specific questions that required narrow responses (Corbin and Morse 2003). In mental health research, the benefit of giving the participant control of the interview is that new knowledge emerges that is unknown to the researcher but that a person with a mental illness knows intimately (Morse 2012).

People who experience auditory hallucinations hear voices or sounds that others do not hear in everyday life. The most severe hallucinations are experienced by people with psychotic symptoms of schizophrenia and can be disruptive to daily functioning (Longden et al 2012). Historically, care and treatment focused on distracting the consumer and avoiding any discussion about what the voices were saying. Yet, more recent approaches, such as cognitive behaviour therapy, have used dialogue and engagement to reduce the consumer's distress at their hallucinations (Smailes et al 2015).

Kalhovde et al's (2013) hermeneutical phenomenological study used in-depth interviews to examine participants' experiences of hearing voices. It used Fleming et al (2003)'s framework to analyse the participants' transcribed interviews, the researcher following the steps in the framework to identify several themes. This design is well suited for people who experience auditory hallucinations, as they are often marginalised and falsely represented through generalisations. There is a growing acknowledgement that the content, form, rate and intrusiveness of derogatory voices heard by people are linked with past traumatic life events or ongoing psychosocial stressors (Beaven and Read 2010). This acknowledgement supports the Kalhovde et al's (2013) assertion that the study provides insight into the participants' experience of their voice hearing and the linkages with stressful life events. This has significant therapeutic value and can help

nurses to build the skills and confidence to collaborate with consumer to explore what the voices they hear ‘echo and amplify’.

Kalhovde et al (2013) and Martins (2008) showed that using phenomenology influences the types of research questions asked and the forms of knowledge generated. As phenomenology is the study of the perceptions of people experiencing a phenomenon rather than the empirical study of the phenomenon itself (Giorgi 1997), it is highly appropriate for exploring the experiences of people with mental illness and how they consciously reflect on those experiences. Researchers can listen to participants’ narratives then reflect on hidden meanings, after which they can describe what they perceive as the core meaning of the experiences or phenomenon (Moustakas 1994, Van Manen 2014).

### **Mental health recovery**

Historically, quantitative research’s objective positivistic perspective has strongly influenced the type of knowledge generated (Kutney 2006, Pringle et al 2011). The scientific knowledge that informed mental healthcare had its advantages but has disempowered consumers by ignoring their perspectives of having a mental illness and of their care and treatment (Deegan 1988, Anthony 1993). Consumers were often not involved in decisions about their treatment, and were disempowered, marginalised and unheard (Glover 2012). Internationally, over the past 30 years, consumer driven socio-political reform embedded in a strong ethos of human rights has led to the redefinition of mental healthcare to be inclusive of people with mental illness and have a personal and holistic view of recovery (Department of Health 2012; Slade et al 2012). Significantly, phenomenological research not only aims to answer research questions but also embraces the principles of mental health recovery. Deegan (1996) and Glover (2012), the authors of which have had mental illnesses themselves, asserted that mental health recovery is an intimate journey to a state of wellness that consumers define for themselves. Glover (2012) therefore argued that service providers should create empowering environments conducive to mental health recovery, enhanced through a person-centred approach and the inclusion of people with experiences of mental illness.

Mental health nurses are expected to assist with mental health recovery (Chang and Horrocks 2008, Department of Health 2013). Picton’s (2015) descriptive phenomenological study examined how people with mental illness experienced ‘immersive therapeutic recreation’. Using van Kaam’s ‘psychophenomenological method’ as the analytical tool (Anderson and Eppard 1998, Stubblefield and Murray 2002) to draw from participants’ descriptions of their experiences, the themes and structural elements identified involved increased self-determination and physical and social participation. The overall theme that emerged was ‘empowerment’, with participants saying the most important aspect of the intervention was the forming of social relationships and that they were now resolved to live more active and fulfilling lives (Picton 2015, Picton et al 2016). Picton (2015) strengthened and substantiated the quantitative studies concerning the benefits of the intervention for self-determination (Patterson et al 2016, Taylor et al 2017). This typifies how combining qualitative and quantitative research can improve the quality of the evidence concerning mental health recovery. Kutney (2006) recommended using a blended approach to complement the

knowledge generated from the objective and subjective perspectives and this is increasing being adopted by mental health researchers.

## **Conclusion**

The old adage ‘nothing about me without me’ should apply to care and treatment. It is also applicable to research. This paper explored the justification for and benefits of recognising and acknowledging the experiences of people with mental illness to inform mental healthcare through research. The use of phenomenology recognises the importance of representing the experiences of people with mental illness (Byrne et al 2013). Listening to consumers and ‘giving voice’ to them empowers those who would otherwise be marginalised or silenced, positively influencing the individual and consumer-driven reform (Slade et al 2012, Tew et al 2012). This is a hallmark of phenomenology and its growth in nursing mental health research in the past 15 years is therefore predicted to increase (Pringle et al 2011).

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