

The Changing Face of Phenomenological Research: Traditional and American Phenomenology in Nursing

Kate Caelli

In recent years, phenomenological researchers in nursing have become concerned about the differences between traditional European phenomenology and the way phenomenology is frequently conducted in nursing. Indeed, Crotty asserts that much of the phenomenology conducted by nurses cannot be phenomenology because it does not espouse the constructionist epistemological position regarded by Husserl as essential to phenomenology. This article explores the differences between traditional European and American phenomenology and argues that the latter approach extends the phenomenological project in valuable and meaningful ways that are particularly appropriate for the health sciences.

In recent years, several writers have contended that the way traditional phenomenology has been interpreted by phenomenological researchers in nursing is erroneous (Crotty, 1996b; Paley, 1997, 1998). Crotty (1996b) goes so far as to assert that nurse researchers have misinterpreted European phenomenological philosophy and that a new, less critical approach to phenomenology has evolved in the discipline of nursing. Paley (1997, 1998) goes even further and insists that nurses have not only misread both Husserl and Heidegger but, in their misinterpretation of Heidegger's ontology, have also derived a new Cartesian split between reality and experience. Among qualitative researchers in Australia, the discussion about the differences is fast becoming a contemporary issue. Recently, Lawler (1998) indicated that problems exist when she said that "nurses are sometimes required to invent methodology and design [in phenomenological research] in order to manage unexpected events or issues on which the textbooks are silent or unhelpful" (p. 105). Such a statement together with the recent number of critical analyses about the way phenomenology has been conducted in nursing research (Crotty, 1995, 1996b, 1997; Holmes, 1996; Paley, 1997, 1998) indicate that a reexamination of the way phenomenology is used in nursing research is necessary.

Speaking about philosophy and phenomenology in North America, Silverman (1987) clearly differentiates between American and European phenomenological philosophy, asserting that "continental philosophy has come to describe quite precisely what we do here in America" (p. 1). To avoid confusion in this article, I refer throughout to the philosophy and phenomenology that Silverman calls *continental* as American because the word continental generally pertains or relates to the



AUTHOR'S NOTE: This research was funded by a Curtin University postgraduate award, Curtin University of Technology, Perth, Western Australia.

QUALITATIVE HEALTH RESEARCH, Vol. 10 No. 3, May 2000 366-377
© 2000 Sage Publications, Inc.

continent of Europe (*Collins Cobuild English Language Dictionary*, 1987). Silverman maintains that European philosophers and researchers are frequently surprised to find that American philosophers take directions and conduct research in ways that diverge quite significantly from their original sources. He adds that, although a common language makes communication easier, American philosophy stands apart from European philosophy and that these philosophical differences also apply to phenomenology. Hamilton (1994) also discusses the changes that occurred when European philosophic and scientific thought encountered "homegrown Progressive ideals" (p. 65) in America. These statements make it clear that it is not nurses who have changed the way phenomenology is conducted in America, Australia, and sometimes in the United Kingdom, but rather, it is American philosophy that has changed and adapted the traditional phenomenologies developed in Europe.

Although Silverman (1987) offers a comprehensive discussion about the way in which the tenets of European phenomenology fit with structuralism in American philosophy, this discussion does not reveal the precise changes that have occurred in phenomenology in the American tradition. That these changes differ for the many different types of American phenomenology (at a recent conference in Colorado, 18 different forms of phenomenology were identified) is undoubted. However, two major differences exist between the American and traditional European approaches to phenomenology. The first of these is that American phenomenological questions do not generally seek the prereflective experience but include thoughts and interpretations of the experience in the data collection and analysis. Second, American phenomenological analysis focuses on describing participants' lived experience within the context of culture rather than searching for the universal or unchanging meaning of it.

This article attempts to describe the main differences between traditional European and American phenomenologies. Its intention is also to show how American phenomenology has the ability to extend the phenomenological project in valuable and meaningful ways that are particularly appropriate for the health sciences. It should be noted that the phenomenological work of Gadamer (1975, 1976) is not included in this discussion for two reasons. First, it cannot be categorized as traditional (see Crotty, 1998, pp. 100-106), and second, Silverman (1987) does not acknowledge it as instrumental in the construction of American phenomenology, which mostly preceded Gadamer's work. Because this article primarily makes use of phenomenological research and writings that relate to nursing, an assumption has been made that these are consistent with the requirements of American phenomenology in general. This assumption would appear to be supported by Dreyfus (1994), who, in writing the preface for a recent text on phenomenology in nursing, said that the nursing writers represented in the text "demonstrate the power of Heideggerian or interpretive phenomenology for areas of study related to lifeworld, meanings, skilled know-how, clinical knowledge and everyday skilled ethical comportment" (p. vii).

REASONS FOR CONFUSION

The focus on meanings, know-how, and clinical knowledge common in nursing research differs in type from the focus of traditional European phenomenology,

which is frequently used to explore abstract phenomena like consciousness (Husserl, 1931, 1970), being (Heidegger, 1927/1962), and perception (Merleau-Ponty, 1945/1962). Despite the difference in focus, this is not the reason given for the confusion between the two different forms of phenomenology. Silverman (1987) maintains that confusion arises for the following reason:

because the proponents of American phenomenology cite European reference texts more than they cite [American] philosophy . . . not because they are not significant, but because the [American] style is less argumentative and disputative. [American] philosophers are more concerned with extending the understanding of an issue as it has been initiated in the methodology. (p. 6)

According to Paley (1997), another reason for confusion in phenomenology in nursing lies in the way it has been imported into nursing. He describes three tiers in phenomenological literature in nursing. Husserl (1931) himself makes up the first tier. Important philosophical commentators like Spiegelberg (1982), Merleau-Ponty (1945/1962), and Ricoeur (1981) form the second tier. The third tier is occupied by philosophically minded social scientists such as Giorgi (1970), Natanson (1973), and van Manen (1990). Paley describes this as significant because it means that the methodological and conceptual chain leading back to Husserl has at least three links in it, which increases the chance of misinterpreting Husserl's meanings.

Taking into account the viewpoints of Silverman (1987) and Hamilton (1994), it would seem to be more important to note that all of the social scientists in the third tier might have been influenced by their participation in the North American philosophical discussion. Thus, the differences exhibited by these writers are possibly not the results of misinterpretation, but rather, they may represent new ways of applying phenomenological philosophy to inquiry. In fact, it is more than probable that changes to methodology reflect philosophical and methodological choices made by researchers. Reinforcing this, Silverman makes the point that such changes as have occurred in phenomenology mean that a new generation of phenomenologists is marking out "clear and original paths" (p. 6) in American phenomenological research.

In spite of the fact that several writers (Crotty, 1996b; Paley, 1997, 1998; Silverman, 1987) indicate that there are differences between the two approaches to phenomenology, only Crotty (1996b) attempts to analyze what those differences take. Even then, his discussion focuses mainly on the deeply philosophical issues of the phenomenological reduction and his assertion that American phenomenology cannot be phenomenology because it does not espouse the constructionist epistemological position regarded by Husserl as essential to phenomenology. For this reason, phenomenological researchers in nursing are left with many practical, but unanswered, questions about where and how the two approaches may differ from each other.

EXPLORING THE DIFFERENCES: PREREFLECTIVE EXPERIENCE OR EXPERIENCE PER SE

Although the works of the traditional European phenomenologists offer diverse approaches to phenomenology, Spiegelberg (1982) contends that they share a com-

mon core, which is the search for the objective reality of the things themselves. He further states that this common core is essential if the label of *phenomenology* is to be given to them all. Because this notion of objective reality is the basis of the difference in the way that experience is viewed, it requires examination.

In Husserl's (1931) terms, phenomenology involves a searching critique of inherited and prevailing meanings of phenomena. He maintains that

they are attempts at genuinely executed fundamental work on the immediately envisaged and seized things themselves. Even when they proceed critically, they do not lose themselves in discussions of standpoint, but rather leave the last word to the things themselves. (Husserl, 1970, pp. 44-45)

Accordingly, European phenomenology seeks to objectively examine the subjective reality of phenomena in our experience, what Willis (1996) refers to as "objectivising subjectivity as apart from subjectivising subjectivity" (p. 219).

In traditional European phenomenology, lived experience is used as a tool to access descriptions of phenomena in their primordial or original form, that is, their everyday physical reality (Husserl, 1931). Descriptions of phenomena may then be subjected to objective scrutiny by asking the question, "Is this what the phenomenon is really like?" (Husserl, 1931; van Manen, 1990). Schuhmann (1985) explains this further when he states the following:

[European phenomenology] does not simply restate the popular view, but makes comparisons and asks for legitimacy. . . . In the answers to these questions about legitimacy, in these demands, a determinate, objective world, the world pertaining to the senses as it surrounds us, becomes constituted. This is a totally pure and pre-suppositionless reflection upon givenness and the phenomena that hover before us and that we are unambiguously aware of in perceiving and thinking. (p. 11)

In European phenomenology, this focus on the primordial form, the "immediate, original data of our consciousness" (Pickles, 1985, p. 95), removes it from self-conscious thinking processes: "It is not our experience after we have developed or applied ways of understanding or explaining it. It is experience as it is before we have thought about it" (Crotty, 1996b, p. 53). As such, it requires that descriptions of experience be sought as it occurred before reflection. In other words, descriptions of prereflective experience, as it was lived, are solicited as a means of accessing real descriptions of phenomena.

In contrast to this, a considerable amount of phenomenology in the American mode has demonstrated that the focus is on the exploration and description of everyday experience itself (Henderson & Brouse, 1991; Kellett, 1997; Marr, 1991; Wondolowski & Davis, 1991). Such descriptions are considered integral regardless of whether they are about immediate experience or about experience that has already been reflected upon and interpreted by the person who does the describing. Unlike traditional phenomenology then, descriptions of experience, rather than being primordial, may also include the thoughts and interpretations of the experience that occurred after the immediate experience was over. The following example, taken from a study of critical care nurses' lived experience of unsuccessful resuscitation, highlights the difference:

Phenomenologists are able to learn the meaning of a phenomenon when the participants share stories and reflect upon their experiences pertaining to the phenomenon. . . . The participants' stories were obtained by means of paradigm exemplars and interviews. A paradigm case exemplar has been described [by Benner (1984, p. 296)] as "a clinical episode that alters one's way of understanding and perceiving future clinical situations." (Isaak & Paterson, 1996, p. 690)

This example makes it clear that the nurses interviewed for this study were not asked to describe prereflective experience but to explicate an episode that had, in their judgment, changed the way they viewed their clinical practice. The exemplar that was requested of them was already an interpreted experience rather than one described in its primordial form.

In many of its various American forms, phenomenological research does not insist on an objective scrutiny of the phenomenon under examination. A review of some recent phenomenological studies (Carpenter, 1995; Hallett, Williams, & Butterworth, 1996; Saltonstall, 1993) shows that an exploration of the subjective experience of the participants in the study, rather than a searching critique of that experience, is the aim: "What is important is the experience as it is presented, not what anyone thinks or says about it" (Carpenter, 1995, p. 35). Such research does not, therefore, require participants to reexamine their experience of the phenomena subsequent to describing it or to ask themselves, "Is this what it was really like?"

In removing the notion of a searching critique or objective examination of subjective experience, the various American approaches to phenomenology have undergone modifications that have taken them away from the common objectivizing task of European phenomenology and into the realm of the exploration of the experience itself. In other words, they seek to explore the reality of phenomena in human experience, to allow the person's experience to speak so that it may be understood. Such explanations as "the interpretation was based on a phenomenological paradigm which focused on the subjective perceptions of students and supervisors" (Hallett et al., 1996, p. 578) indicate that the core task of American phenomenology is to understand the reality of their experiences *to the person* as they engage with the phenomenon rather than the more objective reality of the nature of the phenomenon itself.

It must be made clear, however, that seeking to understand the reality to the person, often called the subjective reality of a phenomenon, does not necessarily mean that one is working in a subjectivist epistemological mode.

THE ROLE OF CULTURE

Originally, phenomenology was intended as a radical beginning, a return to philosophical questioning, and a way to see the world anew as it really is rather than as it is constructed through acculturation (Husserl, 1931). To do this, it seeks to reach beyond cultural and learned understandings of phenomena. Both Husserl (1931) and Heidegger (1927/1962) were severely critical of the effect that culture and tradition might have on a true examination of phenomena:

When tradition thus becomes master, it does so in such a way that what it transmits is made so inaccessible, proximally and for the most part, that it rather becomes

concealed. Tradition takes what has come down to us [through culture] and delivers it over to self-evidence; it blocks our access to those primordial "sources" from which the categories and concepts handed down to us have been in part quite genuinely drawn. Indeed it makes us forget that they have had such an origin, and makes us suppose that the necessity of going back to those sources is something that we need not even understand. (Heidegger, 1927/1962, pp. 41-42)

Distrust of the role that culture might play in attempting a return to philosophical questioning has been made explicit by various writers:

In order to see the world and grasp it as paradoxical, we must break with our familiar acceptance of it. (Merleau-Ponty, 1962, p. Xiv)

Phenomenology is a determined effort to undo the effect of habitual patterns of thought and to return to the pristine innocence of first seeing. (Spiegelberg, 1982, p. 680)

Phenomenology asks us not to take our received notions for granted but . . . to call into question our whole culture, our manner of seeing the world and being in the world in the way we have learned it growing up. (Wolff, 1984, p. 192)

From these, it is clear that traditional European phenomenology seeks to describe the universal or unchanging aspects of phenomena as free as possible from the cultural context, which is the task of phenomenology as initiated by Husserl (1931).

In its American forms however, participants are rarely asked to make a determined effort to undo their habitual patterns of thought and objectively examine their experiences to see whether they have been colored by culture and tradition. This position results from more recent philosophical thinking about the role of culture and the recognition that it is impossible for humans to think aculturally because our understandings of the world are constructed by the language and traditions of our heritage. As a result, contemporary interpretive phenomenology seeks to understand the situated meanings of phenomena in the sense that such knowledge is to be understood within the specific environment or problem domain of the participant (Slezak, 1994). Phenomenology in this mode has been described as "engaged reasoning and imaginative dwelling in the immediacy of the participants' worlds" (Benner, 1994, p. 99), a description that effectively distinguishes American phenomenology from the objectivizing projects of the traditional European phenomenologists. In reasoning within the context of the worlds or cultures in which people live and have their being, this approach to phenomenology places within the reach of nursing the means to understanding the lifeworlds of the people for whom nursing exists.

Many contemporary phenomenological studies also focus on the everyday understandings of experience rather than on the way that phenomena present themselves in original everyday experience and thus demonstrate a move away from traditional European phenomenology. In European phenomenology, exploration is directed toward the phenomenon as it is experienced in the everyday world, but every effort is made to remove the cultural and inherited understandings of the phenomenon so that it might be seen as it really is. A search for everyday understandings lessens the effect of the phenomenological reduction that seeks to eliminate traditional and cultural understandings. In doing so, it demonstrates some change in the way that culture is viewed within American phenomenology.

Crotty (1996b) asserts that this subjective or situated focus of American phenomenology eliminates the phenomenological reduction entirely. He argues that a

move away from an objective examination of phenomena indicates that the new phenomenology espouses a subjectivist epistemological position that is in direct opposition to the constructionist position of traditional European phenomenology. This argument gains credence from the fact that many nursing authors in phenomenology fail to state their epistemological stance while emphasizing the subjective nature of their data and analysis. However, several circumstances bring this argument into dispute. First, the epistemological position of nursing itself is clearly a constructionist one because nursing knowledge cannot be understood to be individual and based on personal experience because much of nursing is the result of scientific reasoning (Benner, 1984; Tanner, Benner, Chesla, & Gordon, 1993).

Constructionism holds that knowledge is constructed out of human engagement with objects that are already in the world rather than meaning being discovered or created anew by each person, which is a subjectivist epistemological position (Crotty, 1998). Merely because one looks at the reality of phenomena in human experience does not mean that those phenomena came to be known and understood in subjectivist ways. Indeed, experience shows us that it is rare for humans to challenge the status quo of the meanings already given to objects in the world. In addition, a subjectivist epistemological position (as that taken in deconstructive research) generally seeks to challenge existing understandings of phenomena, and participants are frequently asked to rethink their own understanding of situations or events.

If nurses who engage in phenomenological research were indeed working from such a position, one would expect that many of the phenomenological studies in nursing would describe phenomena in ways that are radically different from the manner in which they have previously been understood. However, this is not the case in phenomenology in nursing, and most studies in this genre attempt to deepen and broaden already existing understandings of particular phenomena. In addition, most phenomenological studies in nursing explicitly state that they seek to understand rather than to challenge. Following in Benner's (1984) footsteps, many nurse researchers also specifically describe the constructionist epistemological position in reports of their studies. Consequently, although individual studies may vary in their epistemological positions and the focus in American phenomenology in nursing is somewhat more situated than that of traditional European phenomenology, it can be shown that the epistemological position still generally lies within the constructionist paradigm.

In much recent phenomenological research, the increased emphasis on subjective or situated experience, which by its very nature is explored within the context of culture, means that there has been some change in the epistemological stance of phenomenology in the American mode. It is, to some extent, irrelevant to the argument that this arises from the proposition that experience is and can only be subjective and culturally constructed and that objectivity about human experience is an insubstantial proposition at best. Taking into account the epistemological position of nursing, the accepted task of phenomenology, and the many descriptions of the phenomenological reduction, the epistemological change appears to be more a matter of a slight change in interpretation rather than a move toward the entirely subjectivist position as indicated by Crotty (1998). It can reasonably be argued that the constructionist epistemological position that is central to traditional phenomenology, although it is not precisely the same in American phenomenology in nursing, is not so different as to make it untenable.

AMERICAN PHENOMENOLOGY: A MEANS OF EXTENDING THE PHENOMENOLOGICAL PROJECT

As a general rule, traditional European phenomenology seeks to describe or interpret phenomena objectively, and no organized approach to such description has been advocated. In the phenomenological work of van Manen (1990), however, the search for both the differences and commonalities in the textual descriptions of phenomena is specifically described. Benner (1994) offers further insights into American phenomenology when she describes the fact that this approach respects both commonalities and differences. Nevertheless, Benner makes it clear that saying something is not (its absence or opposite) is an insufficient endpoint for phenomenological research in this mode. She asserts that "accounts of difference without accounts of commonalities . . . set up false dichotomies and oppositions" (p. 100). This is in stark contrast to what Crotty (1996a) has to say about the search for commonalities: He disputes vehemently the idea that such a search is even remotely a goal of traditional European phenomenological description.

It is critically important to note, however, that until analyses of data are undertaken in both phenomenological modes, few commonalities in the way that phenomena are presented to participants are obvious among phenomenological data (Caelli, 1998). Set as they are in the midst of story, participants' descriptions of experience appear fresh and original until the task of simplifying lengthy descriptions is begun, a process that is necessary for conducting a thematic analysis in the American mode. Coding data or arranging them side by side to detect similarities is extraordinarily revealing and can lead to a deeper and broader understanding of the phenomenon (Caelli, 1998). These are important points because the aspects of the phenomenon thus revealed may pass unnoticed if analyses of data are not undertaken in both the traditional and the American modes. Critics of American phenomenology would do well to reflect on the fact that changes to methodology may well have resulted from the fact that the approach is being used for research rather than for the solitary philosophical reflection of Husserl and Heidegger.

In the words of van Manen (1990), "Human life needs knowledge, reflection, and thought to make itself knowable to itself, including its complex and ultimately mysterious nature" (p. 17). For that reason, thoughtful, reflective, and previously interpreted descriptions of experience given by research participants provide a broader canvas on which to paint a description of a phenomenon than is provided by traditional phenomenology alone. Crotty (1996b) observes that a phenomenological moment occurs when one is open to the possibilities of meanings of a phenomenon that is offered to our experience. If one is to be fully open to such moments, one must necessarily explore phenomena as experienced in every way possible.

DISCUSSION

Contemporary phenomenological research in nursing has been criticized as not being true to the intent of traditional European phenomenology (Crotty, 1996b; Paley, 1997, 1998). Although Silverman (1987) does not detail the nature of the

changes in American phenomenology, Silverman indicates that this is a philosophical change rather than a change instigated by nursing researchers.

Crotty (1996b) maintains that the newer version of phenomenology serves as an illustration rather than as a critical examination of phenomena. This proposition is upheld by Silverman's (1987) statement that American phenomenology is more concerned with understanding than with objective examination and description. Undoubtedly, both the traditional European and the American approaches to phenomenology have value to nursing. The traditional European approach has value in that critical, objective analyses of phenomena as they present in nursing are necessary for a deeper understanding of the universal meanings of nursing phenomena. American approaches have merit for two reasons. First, they are in keeping with the philosophical trend toward a more situated study of the postmodern world where people live and where research is conducted. In addition, the reorientation of phenomenology toward human science rather than the more critical approach of traditional phenomenology (Crotty, 1995) clearly addresses the needs of a discipline such as nursing, given that a requirement of nursing is to understand the human condition rather than phenomena as such.

Discussing methodological change, Morse (1996) makes the point that such changes must involve "conscious deliberate decisions [and] a clear rationale" (p. 468). Although there are many recent works in phenomenology that would appear to substantiate the changes that have occurred, few of them even acknowledge that such changes have taken place much less address with any clarity the nature of the changes. Nevertheless, the evolution of research methodology that has occurred in phenomenology is very much in keeping with the academic tradition. Silverman (1987) affirms that the criteria described by Morse have been met through his discussion of American philosophy and its effects on phenomenology. Simultaneously, he affirms the reasonableness of the foundations for American approaches to phenomenology. In particular, he points out that phenomenological hermeneutics in American philosophy takes its lead from Heidegger (1927/1962), Schleiermacher (see Kimmerle, 1977), and Dilthey (1988) and that it has come to stand in its own right. In addition, the changes that have occurred in American phenomenology have resulted from the blending of perspectives (Hamilton, 1994) from the respected, albeit sometimes nonphenomenological, philosophical traditions of North America.

The second argument for the use of American phenomenological methodology is advanced by Crotty (1996a), who acknowledges the value of such an approach to a discipline like nursing. Except for when he discusses studies that he describes as methodologically flawed (a description with which Silverman might take issue), Crotty's (1995) critique of the new phenomenology is based on the observation that the particular type of critical analysis called for in the traditional European approach is not used. The focus of American phenomenology is, however, different from that of European phenomenology, which is aimed at understanding the phenomenon objectively. Rather than using lived experience merely as a tool to access phenomena, as in the traditional approach, the American approach allows a fuller investigation of the experience itself. For this reason, such research can uncover the meaning of lived experience from the situated perspectives of the people who participate. In nursing, this approach has particular value in that it allows us to understand the perspectives of others in ways that have previously been closed to us. The American approach, therefore, has the ability to foster an understanding of many of

the complex and perplexing conditions in which humans find themselves and thus address nursing's central concern, which is caring for people.

Nursing is concerned with what it means to be well or ill, what it means to be in care, and what the experiences of patients are like:

What is important is the experience as it is presented, not what anyone thinks or says about it. Therefore, investigation of phenomena important to nursing requires that the researcher study lived experience as it is presented in the everyday world of nursing practice. (Carpenter, 1995, p. 35)

For this reason, the emergence of the various American approaches to phenomenology appeared at a fortuitous time for nursing: "Nursing today, with its individualistic approach to care, shares many of its underlying beliefs and values with the school of philosophical thought known as [American] phenomenology" (Jasper, 1994, p. 309). The focus on experience in and of itself places the examination of phenomena within the context of the culture in which it is examined. Such an approach has the ability to foster an understanding of others as they experience life events within the context of their culture and is of great value to nursing. This is particularly true when "phenomenological perspectives of the human experience can offer nurses creative methods for enhancing holistic care" (Kretlow, 1989, p. 9).

CONCLUSION

Two major differences exist between the American and the traditional European approaches to phenomenology. First, there is a different emphasis on experience within each approach, with traditional phenomenology insisting on prereflective experience and American phenomenology allowing for the exploration of experience *per se*. Second, there is a different approach to the role of culture. American analysis focuses on describing participants' situated experiences, which are within the context of their culture, rather than on searching for the universal or unchanging meaning of experiences outside the cultural context. The examination of phenomena from both within and outside the cultural context, insofar as the latter is possible, can only extend the phenomenological project in ways that add to nursing knowledge.

Although each approach claims traditional phenomenological thought as their foundation, the differences in the way culture is viewed indicate that some of the assumptions that underlie traditional and American phenomenology are different. In traditional phenomenology, the assumption appears to be that phenomena may have universal meanings that may be inherent in phenomena from culture to culture, almost a universal truth value, as it were. In American phenomenology, although it is not stated, the underlying assumption appears to be that phenomenal meanings are culturally constructed and therefore may be found in descriptions of experience *per se*. Aside from these differences, each of the approaches espouses the other central elements of phenomenology that are not discussed in this article, such as the notions of intentionality and some form of the phenomenological reduction. In addition, each of them advocates an intense reflection on the phenomenon, which is the hallmark of phenomenology, to determine the nature of the things themselves.

REFERENCES

- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Benner, P. (Ed.). (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage.
- Caelli, K. (1998). *Health to health promotion: Transforming health experience into nursing practice*. Unpublished doctoral dissertation, Curtin University of Technology, Perth, Western Australia.
- Carpenter, D. (1995). Phenomenological research approach. In H. J. Streubert & D. Carpenter (Eds.), *Qualitative research in nursing: Advancing the humanistic imperative* (pp. 29-49). Philadelphia: J. B. Lippincott.
- Collins Cobuild English language dictionary. (1987). Birmingham, UK: University of Birmingham.
- Crotty, M. (1995). Phenomenology as radical criticism. In F. Kretlow, D. Harvey, J. Grubb, J. Raybould, G. Sandhu, & H. Dosser (Eds.), *Proceedings Asia-Pacific Human Science Research Conference* (pp. 87-97). Gippsland, Australia: Monash University.
- Crotty, M. (1996a). Doing phenomenology. In M. Parer & Z. Unger (Eds.), *Proceedings of qualitative research methods workshop* (pp. 6-12). Melbourne, Australia: Office of Continuing Education, Monash University Clayton Campus.
- Crotty, M. (1996b). *Phenomenology and nursing research*. Melbourne, Australia: Churchill Livingstone.
- Crotty, M. (1997). Tradition and culture in Heidegger's *Being and time*. *Nursing Inquiry*, 4, 88-98.
- Crotty, M. (1998). *The foundations of social research*. Sydney, Australia: Allen and Unwin.
- Dilthey, W. (1988). *Introduction to the human sciences: An attempt to lay a foundation for the study of society and history* (R. Betanzos, Trans.). Detroit, MI: Wayne State University Press. (Original work published 1883)
- Dreyfus, H. (1994). Preface. In P. Benner (Ed.), *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness* (pp. vii-xi). Thousand Oaks, CA: Sage.
- Gadamer, H. -G. (1975). *Truth and method*. New York: Seabury.
- Gadamer, H. -G. (1976). *Philosophical hermeneutics*. Berkeley: University of California Press.
- Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*. New York: Harper and Row.
- Hallett, C., Williams, A., & Butterworth, T. (1996). The learning career in the community setting: A phenomenological study of a Project 2000 placement. *Journal of Advanced Nursing*, 23, 578-586.
- Hamilton, D. (1994). Traditions, preferences, and postures in applied qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 60-69). Thousand Oaks, CA: Sage.
- Heidegger, M. (1962). *Being and time* (7th ed.) (J. Macquarrie & E. Robinson, Trans.). Oxford, UK: Basil Blackwell. (Original work published 1927)
- Henderson, A., & Brouse, A. (1991). The experiences of new fathers during the first three weeks of life. *Journal of Advanced Nursing*, 16, 293-298.
- Holmes, C. A. (1996). The politics of phenomenological concepts in nursing. *Journal of Advanced Nursing*, 24, 579-587.
- Husserl, E. (1931). *Ideas: General introduction to pure phenomenology*. London: Allen and Unwin.
- Husserl, E. (1970). *Logical investigations* (Vol. 1). Atlantic Highlands, NJ: Humanities Press.
- Isaak, C., & Paterson, B. (1996). Critical care nurses' lived experience of unsuccessful resuscitation. *Western Journal of Nursing Research*, 18, 688-702.
- Jasper, M. A. (1994). Issues in phenomenology for researchers in nursing. *Journal of Advanced Nursing*, 19, 309-314.
- Kellett, U. M. (1997). Heideggerian phenomenology: An approach to understanding family caring for an older relative. *Nursing Inquiry*, 4(1), 57-65.
- Kimmerle, H. (Ed.). (1977). *Friedrich Schleiermacher, 1768-1834, Hermeneutics: The handwritten manuscripts* (J. Duke & J. Forstman, Trans.). Missoula, MT: Scholars Press.
- Kretlow, F. (1989). A phenomenological view of illness. *The Australian Journal of Advanced Nursing*, 7(2), 8-10.
- Lawler, J. (1998). Phenomenologies as research methodologies for nursing: From philosophy to researching practice. *Nursing Inquiry*, 5(2), 104-111.
- Marr, J. (1991). The experience of living with Parkinson's disease. *Journal of Neuroscience Nursing*, 23, 325-329.
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London: Routledge Kegan Paul. (Original work published 1945)

- Morse, J. (1996). What is a method? *Qualitative Health Research*, 6(4), 468.
- Natanson, M. (1973). *Edmund Husserl: Philosopher of infinite tasks*. Evanston, IL: Northwestern University Press.
- Paley, J. (1997). Husserl, phenomenology and nursing. *Journal of Advanced Nursing*, 26(1), 193-197.
- Paley, J. (1998). Misinterpretive phenomenology: Heidegger, ontology and nursing research. *Journal of Advanced Nursing*, 27(4), 817-824.
- Pickles, J. (1985). *Phenomenology, science and geography: Spatiality and the human sciences*. Cambridge, UK: Cambridge University Press.
- Ricoeur, P. (1981). *Hermeneutics and the human sciences*. Cambridge, UK: Cambridge University Press.
- Saltonstall, R. (1993). Healthy bodies, social bodies: Men's and women's concepts and practices of health in everyday life. *Social Science and Medicine*, 36(1), 7-14.
- Schuhmann, K. (1985). Structuring the phenomenological field: Reflections on a Daubert manuscript. In W. S. Hamrick (Ed.), *Phenomenology in practice and theory* (pp. 3-17). The Hague, the Netherlands: Martinus Nijhoff.
- Silverman, H. (1987). *Inscriptions: Between phenomenology and structuralism*. New York: Routledge Kegan Paul.
- Slezak, P. (1994). Situated cognition: Empirical issue, "paradigm shift" or conceptual confusion? In A. Ram & K. Eiselt (Eds.), *Proceedings of the 16th Annual Conference of the Cognitive Science Society* (pp. 806-811). Hillsdale, NJ: Lawrence Erlbaum.
- Spiegelberg, H. (1982). *The phenomenological movement: A historical introduction* (3rd ed.). The Hague, the Netherlands: Martinus Nijhoff.
- Tanner, C., Benner, P., Chesla, C., & Gordon, D. (1993). The phenomenology of knowing the patient. *Image: Journal of Nursing Scholarship*, 25(4), 273-280.
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Canada: The Athlone Press.
- Willis, P. (1996). Representation and interpretation in phenomenological research. In P. Willis & B. Neville (Eds.), *Qualitative research practice in adult education* (pp. 215-250). Ringwood, Victoria, Australia: David Lovell Publishing.
- Wolff, K. (1984). Surrender-and-catch and phenomenology. *Human Studies*, 7(2), 191-210.
- Wondolowski, C., & Davis, D. (1991). The lived experience of health in the oldest old: A phenomenological study. *Nursing Science Quarterly*, 4, 113-118.

Kate Caelli, R.N., R.M., Ph.D., is an associate professor at the University of Alberta and an adjunct research fellow at Curtin University of Technology in Perth, Western Australia.