Phenomenology for Therapists

Researching the Lived World

Linda Finlay

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Contents

About the Author

Linda Finlay is an integrative psychotherapist, occupational therapist and freelance consultant who offers training and mentorship on how to apply qualitative research in health care. In addition to her psychotherapy practice, she teaches psychology and writes with the Open University. Her books include *Groupwork in Occupational Therapy* (1993), *The Practice of Psychosocial Occupational Therapy* (3rd edition, Nelson Thornes, 2004), *Qualitative Research for Allied Health Professionals: Challenging Choices* (co-edited with C. Ballinger, John Wiley & Sons, 2006) and *Relational-centred Research for Psychotherapists* (with K. Evans, Wiley-Blackwell, 2009).

Preface

A personal reflection: As I sit down to write this book, hesitation takes hold of me. It's as if a fog has descended, a wary presence whispering words of caution. I take a moment to dwell with the sensation – I feel warned off. In all probability it springs from my own experience of negotiating the muddy mire of phenomenological theory, of knowing there is not one phenomenology but many . . . I want to navigate a simple path that will guide my readers sure-footedly through this shifting, boggy landscape with its myriad contested ideas and experiences. My shame-voice asks, 'Am I up to the task?' . . . All too easily your own hesitancy and reluctance are summoned: why, after all, should you follow? Then I remember the unexpected and perplexing delights that lie ahead, the strange and irresistible beauty of the phenomenological universe. I want so much to share them with you. The mist of hesitancy lifts a little . . .

Therapists (allied health professionals and psychotherapists alike) are increasingly called upon to do research. Many are drawn to phenomenology; its holistic appreciation of everyday human experience resonates for them. Yet, as novice researcher-practitioners engage the field they are frequently brought up short, baffled by the language and sheer depth of ideas in this strange new world. Soon the novice is faced with bewildering choices. What version of phenomenology should they employ? *Descriptive or hermeneutic? Idiographic or normative? Realist or relativist?* When I engaged my own PhD, I was similarly bamboozled. Just what was phenomenology? And more urgently, how was I supposed to use it for my research?

Phenomenology studies taken-for-granted, everyday examples of the lived world, making explicit the meanings we attach to our human experience. In this book – *Phenomenology for Therapists* – I have tried to show how phenomenology approaches this study and to map the territory (the names, ideas and methods). Rather than being a 'how to' book, I offer a glimpse of the extraordinarily rich and varied terrain of phenomenology, aiming to help budding researchers find their preferred path. Rather than honing in on one particular approach or methodology to the exclusion others, I want to honour the wealth of choices to access and evoke lived experience. I give pointers and examples of how to handle data collection and analysis but I do not spell out the mechanics of the process. I want to show, as Merleau-Ponty expresses it, that phenomenology is 'a problem to be solved and a hope to be realized' (1945/1962, p. viii).

In my writing I have drawn heavily on many *practical examples* of phenomenological research – attempting to show phenomenology in action rather than just talking about it. I invite you to dwell with these examples and feel the register, style and sheer poetry of what is possible. At the end of each chapter I offer some *personal reflections* where I invite you to 'dialogue' with me about the issues and debates at stake.

I belong to three professional communities: occupational therapy, psychology and psychotherapy, but it is in the world of phenomenology that I feel at 'home'. Here I am able to bring my professional identities together, for example, through my research on the life world of the therapist and on the lived experience of disability. And so it is that the process of writing this book has been an integrative and healing project for me. The exercise of explicating phenomenology as a whole has also helped me better understand, and to feel easier about, the apparently divergent voices which have risked sundering the phenomenological world. Phenomenology is not either–or. It is not either 'descriptive' or 'interpretive'; it is both. It enjoys both structure and texture. It is concerned with individuals' experience and with more general phenomenon.

Many people have helped with the evolution of this book. I want first to acknowledge my husband Mel Wilder whose loyal encouragement and judicious editing has helped me to find my 'voice'. Extra special thanks needs to go to David Seamon, Les Todres, Ken Evans and Steen Halling who have so generously given me their time and support, and whose work so inspires. I also would not have been able to write this book without the nourishing conversations over many years with my friends and colleagues in the human science community, particularly: Chris Aanstoos, Rosemary Anderson, Peter Ashworth, Scott Churchill, Karin Dahlberg, Virge Eatough, Kate Galvin, Andy Giorgi, Kevin Krycka, George Kunz, Darren Langdridge, Ilja Maso, Bep Mook, Jim Morley, Eva Simms, Jonathan Smith, Fred Wertz, Peter Willis and Aki Yoshida. The misunderstandings, omissions and all

inelegancy within the book are, of course, mine alone. Finally, my thanks needs to be extended to Sue Ram for her invaluable editing and to Andrew Peart (commissioning editor), Karen Shield (project editor), Suchitra Srinivasan (production editor) and the rest of the publishing team for seeing the manuscript through to publication.

Linda Finlay
October 2010

Part I

The Phenomenological Project: Concepts, Theory and Philosophy

Introduction to Part I

Phenomenology invites us to slow down, focus on, and dwell with the 'phenomenon' – the specific qualities of the **lived world** being investigated. 'Our world is our home, a realization of subjectivity' (1972, p. 340), says the philosopher van den Berg. To understand another person, phenomenologists do not inquire about some inner, subjective realm. Instead, understanding comes from asking how the person's *world* is lived and experienced.

Unlike other research approaches, phenomenology does not categorize or explain behaviour nor does it generate theory. It seeks solely to do justice to everyday experience, to evoke what it is to be human. In his celebrated rallying cry, '***Zu den Sachen selbst!***' ('Back to the things themselves!'), Husserl exhorted phenomenologists to go all out to capture the richness and ambiguity of the 'thing'. The process he laid down was one of reflecting on the visceral texture of experience, the sensuous perceiving of life, as it is 'given' to the experiencer, pregnant with layers of implicit meanings.

The introductory chapters which follow seek to present the key concepts as well as the philosophical base of phenomenology. *Chapter 1* invites you into the world of qualitative phenomenological research, which I see as offering a bridge across the **chasm between practice and research**. From my own experience I know that while therapists are exhorted to carry out research and draw on evidence-based practice, many find the lofty world of research far removed from their work at the 'coalface.' Phenomenology, I argue, offers the opportunity to draw these two worlds together.

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Chapter 2 lays out the **basic principles** of phenomenology, helped by illustrations from actual research projects. I define and explore what I see as the six essential features that make phenomenological research specifically *phenomenological*.

In *Chapter 3*, examples from everyday life, therapy, philosophy and research are used to explore the idea (central to phenomenology) that **body and world are intimately intertwined**.

The **philosophical foundations** of phenomenology are laid out in *Chapter 4*. I try to map the key names and main ideas relevant to research in order to give a feel of the richness and complexity of the field. Although the language is frequently dense and obscure, I hope your soul, like mine, will be stirred by what the philosophers in the phenomenological tradition have revealed.

The fifth and final chapter of Part I explores '**the phenomenological attitude**': the special stance – open and non-judgemental – that researchers endeavour to adopt and maintain. In adopting this stance, researchers seek to put aside pre-existing ideas and assumptions (Husserl's 'reduction') and ready themselves to be filled with curiosity and wonder as they engage in what I describe as the 'reductive-reflexive dance'.

Chapter 1

Phenomenology: Bridging the Practice–Research Divide?[i]

> We need an imaginative, even outlandish, science to envision the potential of human experience . . . not just tidy reports. (Braud & Anderson, 1998, p. xxvii)

Therapists of all modalities are increasingly exhorted to undertake research. We are pushed to be accountable, to provide evidence of our effectiveness and to draw on 'evidence-based practice' to improve the quality of our services. We may even be threatened with funding cuts and the withdrawal of our services if we fail to use and produce research.

But research can seem remote from, even irrelevant to our practice. Dry language and impenetrable jargon can make academic journal articles confusing, even boring. Much research around seems to be carried out by postgraduate researchers far removed from everyday experiences of work with patients and clients. Clinicians are often short of time, research experience, support and confidence; and this makes the very thought of undertaking research a daunting prospect.

How can the chasm that lies between clinical practice and academic research be bridged? How can research be made relevant to practice so that clinicians actively rejoice in the integration of research findings into their practice? How can research benefit from the insight and understanding of experienced clinicians?

These are wide-ranging questions and only partial or provisional answers can be offered here. There is not the space to address the politics involved to

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do with money and power (such as the way that policy-driven research may be more about cost cutting and ideologically driven research may be more to do with defining one group as more deserving than another).[ii] Instead, this chapter seeks to demonstrate how phenomenology might build helpful bridges between practice and research.

I start by considering some general **links between practice and research**. The 'chasm' may be smaller than it sometimes feels. The following two sections discuss the implications of using **qualitative research** and **phenomenology** to bridge the divide. Phenomenology, I argue, focuses on issues of concern to therapists and therefore offers valuable knowledge to the profession. Also it nests easily with the skills and professional values of our practice. A research example is offered to demonstrate the potential of phenomenology as a research methodology for therapists.

Research For and In Practice: Linking Therapy and Research

I had a client recently who was challenged by chronic fatigue and struggling to cope with her life. In my effort to better understand her needs and experience, I investigated what current research was saying about the condition, with its profound interlacing of physical and emotional factors. My client was also seeing a complementary therapist and I wanted to learn more about how we could work together. I began by conducting a *literature search,* with the aim of finding out more about chronic fatigue.

My client had explained the impact of her condition on her daily life activities. She told her story and I listened – both to what she was saying and to her *underlying meanings*, to the things she was not saying. I checked out my own evolving understandings with her, and sought to help her describe the experience in richer detail.

In short, I engaged a process of **reflective enquiry**. Together we were 'doing therapy' but there was also a sense in which it was 're-search', or *searching again*. McGuire (1999) well captures these twin dimensions:

> Every counsellor is a researcher: for every time we form an understanding of what is going on for a client, and work with that, we are testing out a hypothesis, and altering our activity in the light of evidence (1999, p. 1).

Here McGuire is referring specifically to counselling but in my view the words apply to every therapy field. Every time we seek to know and understand more about our service users, we are doing research. Every time we reflect upon and evaluate our therapy practice, we are doing research. Every time we take part in auditing our service, we are doing research.

These therapy skills and qualities are directly transferable to the research domain – and vice versa. Both therapy and phenomenological research involve a journey of evolving self–other understanding and growth. They involve similar skills, values and interests, like interviewing skills; critical, reflexive intuitive interpretation; inferential thinking; bodily awareness; and a capacity for warmth, openness and empathy: these are all qualities needed in both therapy practice and qualitative research (Finlay & Evans, 2009). The spirit of the holistic goals we strive for, such as enabling people through rehabilitation to re-enter their 'real world' away from hospital or clinic, and our focus on an individuals' everyday ways of being, doing and functioning are entirely phenomenological in spirit.

The reverse applies too. Some research approaches offer techniques and concepts that can be usefully imported back into therapy. For example, Moustakas (1990) sees his heuristic phenomenological research method, utilizing techniques of self-searching and self-dialogue, as being directly applicable to practice in the form of '*heuristic psychotherapy*'. Gendlin's concept of '*felt-sense*' has a direct application in both therapy and research. Narrative-phenomenological methods have been applied as a form of enquiry in therapy (e.g. Angus & McLeod, 2003) and have influenced the evolution of occupational therapists' *clinical reasoning* (Mattingly, 1998; Mattingly & Fleming, 1994). Also, practice in narrative research has morphed into the practice of *narrative therapy*[iii] (White & Epston, 1990).

Therapists like us, therefore, have distinct advantages over other professionals when it comes to learning about and doing research. With the valuable professional competencies we bring to qualitative or phenomenological research (Finlay & Evans, 2009) we are indeed wanted and needed in research. Further, research stands to be enhanced considerably by our contribution.

If you have been hesitating to cross the bridge between therapy practice and research, I urge you to stride forth. But be warned, you need to choose your route through research territory with care. As for any journey, you need to plan and perhaps get some advice before starting off as there are challenging choices to make (Finlay & Ballinger, 2006). Thinking through the following questions should help you plan your route: What kind of evidence would best show the value of the work you do? What type of evidence should service users and funders rely on to make their choices? Perhaps most importantly, what kind of research are you drawn to and do you want to do?

Choosing the Qualitative Route

The prevailing view of the *evidence-based practice movement*[iv] is that evidence should be 'scientific' and that the best – indeed the only – way to

achieve this is through rigorous measurement of (observable) behaviour and the use of standardized protocols and quantification.

This view is erroneous; in fact there are other choices that can be made. While quantitative outcome studies have much to recommend them, they are not the *only* ways to evaluate our practice and explore the value of therapy. As therapists, we know instinctively that some things cannot be sensibly measured or quantified. Measured outcomes do not necessarily reflect the value of our work or inform our practice. Our interests go beyond simplistic behavioural evaluations and qualitative research provides a possible answer.

Qualitative research illuminates the less tangible meanings and intricacies of our social world. Applied to the therapy field it offers the possibility of hearing the perceptions and experience of service users. How do service users experience their health and well-being? What does their illness or disability mean to them? How do they understand and experience therapy? What factors do they see are beneficial? How can in-depth understanding of one patient's experience be presented so as to give insight that informs future practice? And, what do therapists think and feel? What is their experience? How do they understand the processes involved in therapy?

In order to better understand the value of qualitative research we need to begin by considering the ways in which it differs from research based on quantitative methods and approaches – see Table 1.1.

Qualitative research **aims** to be inductive and exploratory, typically asking 'what' and 'how', and posing questions related to description and understanding. Quantitative research, in contrast, seeks to explain and 'prove'. Hypothesis-testing is used with the aim of proving or disproving:

Table 1.1 Contrasting qualitative with quantitative research.

	Qualitative	*Quantitative*
Aims	Inductive and exploratory aiming to describe or explain experience and meanings of the social world	Investigates causal relationships and tests hypothesis aiming to prove or disprove scientifically
Method	*Human* science: interviews, participant observations, creative media, groupwork, etc.	*Natural* science: primarily experiments and surveys
Researcher's role	Research is more subjective: relationship between researcher, participants and the social world acknowledged	Researcher is objective, neutral and detached
Findings	Uses words and creative arts	Uses numbers

it asks, for example, 'why' or 'whether' one treatment is more effective than another.[v]

In **method,** too, there are important differences. Qualitative research is a *human science* rather than a natural science. It explores the textured meanings and subjective interpretations of a fluid, uncertain world. It uses interviews, participant observation, focus groups, creative/projective techniques, reflection and first person writing or diary studies. Quantitative research, in contrast, strives for objectivity. The methods employed are more straightforward and usually involve either experiments (for instance, comparing the results of treatment group A with control group B) or attitude surveys and questionnaires.

The **researcher's role** differs too. In qualitative research the relationship between participants, researchers and their wider social world is actively acknowledged. The researcher recognizes his or her central role in a co-construction of tentative data and is required to explore these dynamics reflexively. Quantitative researchers, on the other hand, assume themselves objective outsiders looking in and obtaining hard data to analyse. The researcher strives for objectivity, detachment and neutrality. In short, qualitative approaches celebrate researcher subjectivity and quantitative ones see subjectivity as 'bias' and claim to eliminate it.

Unsurprisingly, these different aims and methods generate different kinds of **findings.** Qualitative research findings tend to be complex, rich, messy and ambiguous. They are usually expressed through words or through creative arts. Quantitative research favours specific, numerated outcomes with emphasis on scientific rigour (which can sometimes prove reductionist) (Finlay, 2006a).

To help illustrate the special qualities of qualitative research, consider the research of Qualls (1998) into the phenomenon of 'being with suffering'. Nine individuals who had travelled to Eastern Europe to work as volunteers with children in a Romanian orphanage wrote descriptions of their own internal worlds. This was followed by a 'walk-through interview' where they were able work through their accounts with the researcher. On analysing the data phenomenologically, the researcher found that the experience of seeing children being inhumanely treated had drained the participants' personal reserves and challenged their sense of the world and their faith in God. The participants experienced powerful and ambivalent emotions, including simultaneous feelings of love, fear and disgust. Strong supportive bonds with colleagues and a sense of community helped them cope, both during the experience and for years afterwards. This research revealed with clarity and poignancy the struggles and long-term trauma of volunteers in challenging situations. Finding that volunteers required debriefing and long-term support also brought clear policy implications.

The research undertaken by Gilbert (2006) into the impact of the death of a child on social services staff reveals the ability of qualitative research to tap into powerful emotions. As Gilbert recalls the experience:

> I was aware of carrying the feelings of shame, that we should not be talking about C's death and that in raising the issue I was breaking a taboo . . . co-researchers may not have been aware of its presence, projecting it outwards so I carried the feelings for them. (2006, p. 6)

By drawing on her subjectivity, Gilbert was able to offer valuable 'evidence' to better inform practice and policy regarding the staff support.

To explore other relevant studies see the lists on these useful websites:

http://www.artfulsoftware.com/humansciencesearch.html and
http://www.phenomenologyonline.com/articles/articles.html.

Choosing Phenomenology as the Qualitative Method of Choice

I hope these examples have reinforced your inclination to consider the qualitative research route. If you have chosen to read this book, you are probably interested in qualitative research already. But what has phenomenology to do with all this? What exactly does it involve, and what does it offer therapists?

The aim of phenomenology is *to describe the lived world of everyday experience*. Lived experience can be general, such as what being a therapist is like, or else specific, such as being pregnant, dying of cancer, or having a sense of 'losing one's footing' after a trauma. Phenomenological research into individual experiences gives insight into, and understanding of, the human condition. Sometimes it languages things we already know tacitly but have not articulated in depth. At other times quite surprising insights reveal themselves. Phenomenology also deepens our understanding of therapy practice and processes helping us in both our personal and professional development.

Phenomenological research is potentially **transformative** for both researcher and participant. It offers individuals the opportunity to be **witnessed** in their experience and allows them to '**give voice**' to what they are going through. It also open new possibilities for both researcher and researched to **make sense of** the experience in focus.

In order to demonstrate the special value of phenomenology, I offer an extended quotation from a published study – see Example 1.1. I conducted this research collaboratively with my co-researcher, Pat, to explore her lived experience of her rehabilitation following a cochlear implant. Drawing on data from participant observation, interview and email correspondence over the course of several months, the resulting analysis focused on Pat's dramatically evolving sensory experience as she learned what sound is and how to hear it.

Example 1.1 A phenomenological study of a changing lifeworld following a cochlear implant[vi]

All her energy was poured into coping with the hyper-noise. As Pat put it, "Everything is so noisy! Putting on a coat, trousers, writing on paper. It is so noisy! Sometimes I can't bear it".

On good days she relished her explorations of the new world unfolding before her . . . She felt a thrill each time she was able to distinguish a sound and hear it for the first time in 50 years . . .

On *bad* days, the surreal quality of all these strange crackling sensations in her head, together with her altered perceptions, made her feel "distracted" and "confused, out of control". It was all so big and overwhelming. With her previous habitual way of being-in-the-world now under constant challenge, her self-confidence took a battering. She struggled to put her deafness in context, experiencing her existence as what she called a "messy limbo":

> ". . . How many mistakes have I made in my work and interactions that are based in the wrong interpretation of information? I cringe when I think about it . . ."

As Pat learned to map an expanding range of sounds, she also had to confront the fact that her relationships with people were changing. People somehow *felt* different, but Pat recognised that she was in fact the one who was changing . . . "Everything has been affected", Pat said, ". . . my body, my thinking". . . Pat found herself wanting to withdraw from social contact, to hide from the gaze of others. She craved solace from the tensions of her deafness which continue to be revealed to her in her disrupted interactions . . .

> "I don't want to face deafness, disability, implants anymore. I don't like deafness as other people see it . . . I cannot follow things like others do even with the implant."

. . . The full extent of her profound level of deafness, which she felt she had kept hidden [from her self and others], is now uncovered. She feels that she's been caught out and left unprotected in the eyes of the public. She feels this shame both in relation to her present disability and to what she now understands as her past deep-going hearing disablement . . .

She is struggling to accept herself (both her hearing self and her deaf self) while simultaneously seeking to hide from herself. (This extract has been reproduced from Finlay, L. and Molano-Fisher, P. (2008) 'Transforming' self and world: A phenomenological study of a changing lifeworld following a cochlear implant. *Medicine, Health Care and Philosophy*, 11, 255–267, with the kind permission of Springer Publications.)

This research had a major impact on both Pat and myself. For Pat, the process of being witnessed was a powerful and beneficial experience. She valued the opportunity to talk through, and make sense of, the surgery and rehabilitation she felt had derailed her life for a time. On several occasions we recognized a 'therapeutic' element to our research – an unlooked for outcome. For my part, I gained from a deepening friendship with Pat and a new perception of the world.

On a more professional level, the research had an influential 'spreading the word' effect. People considering the option of cochlear surgery have expressed their gratitude to us and the research has affirmed their experience. Doctors and audiologists from different parts of the world have been in touch to thank us for providing a glimpse into their patients' experience. In one case, a somewhat surprised doctor unfamiliar with qualitative research told us 'I have found this very illuminating and I will now give this information to my patients considering the surgery.' Could there be a better validation of the use of qualitative, phenomenological methods?

Reflections

In this chapter I have suggested that qualitative research in general, and phenomenological approaches specifically, offer a bridge across the gulf that separates research from clinical practice within the field of therapy. In addition, I would also argue for small-scale, 'practitioner research' (McLeod, 1999) and **practice-based evidence** to study the value, processes and challenges of therapy. While such practitioner research does not rule out the use of quantitative approaches, I am a strong advocate of qualitative research that explores what health or illness means to individuals and the ways in which they experience therapy. Qualitative research also enables us to hear about practitioners' own views, theories, approaches to, and intuitive hunches about practice allowing us to draw on their experience.

As I see it, phenomenology has a special role in all of this. I want to do and hear about research that teaches me something new and, ideally, moves me in some way. I want research with the potential to contribute something to my practice, to help me to better understand the therapeutic process and my clients' needs. I seek research that enables them to make sense of their own experiences and have this witnessed. I also want to spread the word to others. All this, I argue, can be made possible through recourse to phenomenology, with its enriching and transformative possibilities.

For me, phenomenology has become more than a research methodology. It is a *way of being.*

Between 1977 and 1991, I practised as an occupational therapist (and/or was in the therapeutic field) and then returned to clinical practice in 2008. I spent the intervening years studying phenomenology, getting my PhD and then retraining as an integrative psychotherapist. As I began seeing clients again, I was curious about how 'rusty' my skills would be. Somewhat to my surprise, I realized that I had become a vastly better therapist, more aware of myself, more 'present' with my clients, and far better attuned to their experience. Becoming a phenomenologist has transformed my being and doing.[vii] My capacity to *be-with* an Other has grown. I can sustain an approach to the Other that is open, respectful, non-instrumental and relationally oriented. I can dwell with them as they seek to describe their journey in all its richness and complexity.

Phenomenology has given me these *gifts.* She is a generous friend. You, too, will be richly rewarded if you come with me and cross the bridge.

Notes

[i] Some of the material in this chapter has been drawn from Chapter 4 of Finlay, L. and Evans, K. (2009) *Relational-centred Research for Psychotherapists: Exploring Meanings and Experience*, and has been reproduced here with kind permission of the publisher, Wiley-Blackwell.

[ii] A key politically orientated question to ask about any research is '*In who's interests is this?*' There is a danger that therapy knowledge as published in books/research becomes ever more dominated by academic and policy-driven (and ideologically driven) research. This can only open up the divide between practice and research even more. It also means that practitioners at the coalface who are less engaged in the research world may be silenced, marginalized and undervalued (McLeod, 1999).

[iii] The recognition that humans use narrative structure as a way to organize the events of their lives and to provide a scheme for their own self-identity is of importance for the practice of psychotherapy . . . The telling of the story in itself is held to have therapeutic value, and sharing one's own narrative with others helps bring cohesion to the support group (Polkinghorne, 1988, p. 178).

[iv] I prefer the concept of **practice-based evidence** instead of 'evidence-based practice'. This approach enables relatively small-scale research in natural, everyday clinical settings. It places staff and service users' experiences of therapy at the core of research (Finlay & Evans, 2009; Mellor-Clark & Barkham, 2003). Practice-based evidence can draw on both quantitative and qualitative research approaches. In practice-based research, clinicians are usually the main researchers (perhaps in collaboration with academics) and the research is usually integrated within a therapy programme (or the research is, itself, therapeutic). In such research, practitioners might offer detailed descriptions of some aspect of their clinical case work, perhaps including descriptions of the context and the work with patients/clients. Clinical or narrative **case studies** and/or studies that **audit** particular facets of practice are typical examples of practice-based evidence.

[v] Akihiro Yoshida (2010) offers a detailed explication of the implications of 'why' versus 'what' questions in a teaching context and suggests that both are needed in collaboration.

'Why questions' produce more focused patterned answers providing *explanation* while 'what questions' invite more freeing creative reflections towards understanding.

[vi] This extract has been reproduced from Finlay and Molano-Fisher (2008), 'Transforming' self and world: a phenomenological study of a changing lifeworld following a cochlear implant, in *Medicine, Health Care and Philosophy*, *11*, 255–267, with kind permission of Springer Publications.

[vii] Phenomenology has also impacted on my way of *being-in-the-world* more generally. I think and act phenomenologically: I use my bodily intuitions more readily and I have a greater awareness of the existential issues calling me. I find that when I go to a new place now, I will 'feel myself into' that space. Even the decisions taken in the design of my house were assisted by taking a phenomenological approach!

Chapter 2

The Phenomenological Project

> Phenomenology begins in silence . . . Rushing into descriptions before having made sure of the thing to be described may even be called one of the main pitfalls of phenomenology. (Spiegelberg, 1982, p. 693)

Phenomenologists seek to capture **lived experience** – to connect directly and immediately with the world as we experience it. The focus is on our personal or shared meanings, as distinct from the objective physical world explored by science. The aim is to clarify taken-for-granted human situations and events they are known in everyday life but typically unnoticed and unquestioned (Seamon, 2000).

Some phenomenologists talk about lived experience in terms of the nature of 'consciousness' and how experience arises in (or is 'given to') our consciousness. Others favour the concept of 'lifeworld' which is the world that is subjectively lived. However expressed, there is an engagement with, and a faithful commitment to, describing experience in all its richness and layers.

What does this mean in practice? How is lived experience researched? In this chapter I explore and illustrate six facets of what is involved in the phenomenological project. I contend that some measure of each of the following facets needs to be present in every research project if a researcher is really 'doing phenomenology':

1) A focus on lived experience and meanings;
2) The use of rigorous, rich, resonant description;

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3) A concern with existential issues;
4) The assumption that body and world are intertwined;
5) The application of the 'phenomenological attitude';
6) A potentially transformative relational approach.

These ideas are introduced here and developed in subsequent chapters. Here, I offer numerous illustrative examples and invite you to dwell with these in order to get a feel for the phenomenological project.

A Focus on Lived Experience and Meanings

Phenomenologists are interested in *embodied* lived experience and the meanings held about that experience. The aim is to describe the phenomenon (i.e. an event, object, situation, process) as it is known through our everyday experience of it.

The phenomena that are open to phenomenological research are many and varied. The sheer range can bemuse novice researchers trying to grapple with what a phenomenon represents. In practice, research can be focused on specific phenomena such as 'the moment of insight in therapy' or 'experiencing the rush of doing a bungee jump' at one end of the spectrum, to broader studies such as those exploring 'the experience of first love' or 'the lifeworld of a therapist'. Often, studies will focus on specific moments of experience and yet from such seeds a whole 'world' can sometimes be discovered. (We see this in psychotherapy when a focus on the *here-and-now* in the therapy encounter also seems to contain a *there-and-then* of the client's wider history and world.)

Phenomenologists vary in the degree to which they focus on the specific as opposed to the general. Mostly phenomenologists attend to specific instances of a phenomenon as part of a larger project to describe its more general qualities. Instances of lived experience get transformed, through in-depth analysis, into textual description of the essences of the phenomenon – a description which hopefully resonates and evokes the experience. In other words, analysis typically moves from individual experience to general insight. The challenge here is to break free of the basic data (e.g. participants' accounts) and **focus on the phenomenon**. A further challenge is to break free of literal meanings of what participants say is their experience and to intuit **implicit meanings**.

The following example shows how individuals' stories of lived experience may be merged into an overarching general description. It comes from my PhD research exploring lifeworld of 12 occupational therapists (Finlay, 1998a). Here I summarize one dimension of the therapists' lifeworld: their