Just experiences? Ethical contributions of phenomenologically-oriented research



Phenomenological research can be an important piece of the puzzle when current structural policy initiatives aim to narrow the gap between research and the society of fellow human beings, write Eli Natvik and Christian Moltu.

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Several European policy initiatives aim to strengthen the connection between research and society, such as the work program Science with and for society and the framework program for Responsible research and innovation (European Commission, 2016). These programs emphasize that research communities are responsible for addressing society's needs, and they aim to strengthen the relationship between research and society via inclusive and participatory approaches. In health and social care contexts, encounters involving service users, practitioners, and researchers incorporate various types of knowledge and practices. Here, the relationship between research and society can be understood as played out in human relationships and not merely at a policy level. In what ways may researchers meaningfully contribute to strengthening the relationship between research and society? What might be the responsibilities and contributions of empirical phenomenological studies into these broader values and objectives?

Engagement is paramount in involving societies of professionals and fellow human beings in dialogues about research and its relationship to our everyday lives. In this article, we reflect upon phenomenological empirical research and some important aspects of its potentials in health and social care contexts. As researchers with clinical experience in the practice of physiotherapy (EN) and clinical psychology (CM), we value phenomenology as a point of departure when reaching for in-depth understanding and new insights into human experience. Phenomenologically-based research and writing engage, recognize and relate to the other as an intentional and experiencing being who inhabits the power to engage.

In this article, we examine how phenomenological research can create ethical and inter-subjective engagement within health and social care contexts, and by extension we contribute to dialogues among research, practice, and professional communities.

Accordingly, we address ethical potentials and tensions in both phenomenological studies and researchers' responsibility. These are issues we hold to be significant for future phenomenological studies.

In the book *Illness* (2008), Havi Carel drew on her own experiences with serious illness and on insights from her work as a philosopher. She wrote:

I blow. My lungs are empty and I feel dizzy from the lack of oxygen. But I keep blowing as hard as I can, stretching the beleaguered membranes of my lungs well beyond their capacity. The needle, unresponsive, barely shifts. [...] I sit down, panting, I've done my utmost. I've blown myself away. But I know I failed. I know I declined (p. 38).

Carel closely recounted her own experiences from a lung function test, a part of the treatment process she went through. These evocative lines communicate a living and experiencing person, and they constitute a form of knowledge about lived illness experiences. Moreover, they are different, linguistically and experientially, from the forms of knowledge commonly dominating professional health care settings. We will argue here that such differences matter, and that they have potential for our reflections about the ethical meanings of phenomenological research.

Ethical, as we use the word here, reflects our pragmatic value and interest when it comes to research. We both are committed to clinical values, that is, what does good rather than bad, to individuals, to systems, or to society. As such, our pragmatic approach is deeply value-laden. In research aiming for new and insightful knowledge about human life, ethical practice goes beyond formal procedures that strive for the protection of research participants and respect of their integrity. Brinkmann and Kvale (2005) argue that ethical research interconnects with practical wisdom involving "the ability to see events in their value-laden contexts and judge accordingly" (p. 160). They highlight the importance of considering how the knowledge researchers produce might spread and be received in the wider culture and how they might possibly affect the society of fellow human beings. Ethical research practice is a personal virtue, meaning it is something we need to do in addition to something we need to know. Ethical and scientific values intertwine in research, and they belong in daily practice within the research community. Here, we aim to deepen the understanding of ethical meanings and potentials of phenomenological research. We do so through a discussion of engagement in lived experiences and engagement residing in the tensional field between knowledge based in the first-person perspective and the society of fellow human beings.

Phenomenological research and the lifeworld

In phenomenological research, lived experience and the lifeworld are important to limit the distance between science and life as it is lived. In other words, they are essential in understanding how research can be meaningful for human existence. Limiting distance means that research questions, methodologies, reflections, and writings intertwine with the lifeworld. van Manen expressed it like this: "The world of lived experience is both the source and the object of phenomenological research" (van Manen, 1997b, p. 53). Our understanding of the relationship between the lifeworld and science draws substantially on formulations and reflections by Husserl, particularly in *The Crisis of European Sciences* (1954/1970). Moreover, Merleau-Ponty (1945/2012) and Gadamer (1975), on embodiment and inter-subjectivity respectively, contribute epistemological concepts that underlie our reflections in this article.

The lifeworld is our immediate existence in the meaningful, social, and experiential world of things and others. And that world is a pretheoretical and pre-reflective one (Husserl, 1954/1970). It is familiar and known, but not fully graspable; hence the lifeworld is both explicit and unvoiced (Bengtsson, 2006). This ambiguity of being in the world is a fruitful point of departure for understanding lived experience. The first-person perspective lies at the core of research that aims to understand lived experience, and an attitude of sensitivity, openness, and reflectiveness is a prerequisite to such understanding (Dahlberg et al., 2008; van Manen, 2014). Wellwritten phenomenological texts have the power to give the reader sudden insight and immediate understanding. To experience such a sudden and intuitive grasp of something's meaning "may strike us at the core of our being" (van Manen, 1997a, p. 364). Phenomenological studies that explore lived experiences intend to bring readers into a mode of reflection and openness toward new insights rather than providing firm answers.

Professional organizations (e.g., <u>American Psychological</u> <u>Association, 2012</u>) point toward the need for more qualitative research in general. Moreover, the interest in phenomenologically-oriented research is on the rise, and acceptance of phenomenological studies is more readily available. However, greater acceptance in the research society should raise important self-reflective questions from a pragmatic perspective: Which functions can phenomenologically-based research perform within science and within societies of practitioners?

Just experiences and engagement

The Norwegian philosopher Hans Skjervheim made important contributions with his work on experiences, existence, and engagement. In his essays "Experience and existence" (1962), "Ethics and the morals of everyday life" (1976a), and "The Instrumentalist fallacy" (1996), Skjervheim developed an important critique of the modern in the human sciences. As a departure point, the essay "Experience and existence" started with one of the most basic points he made, which he presented by the example sentence: "Oh, that was just an experience" (1962, p. 44, our translation). Just an experience. In his subsequent contemplation of this saying, he used some further examples to illustrate the concept of commitment. If it is indeed possible to talk about an experience as "just an experience." Skjervheim made the argument that this particular experiential dimension of modern man also points toward something uncommitted. This is an important point in Skiervheim's argument: that it is a possibility to have an uncommitted relationship to one's own and others' experiences. He exemplified this notion by stating, "So, it might seem that we talk about just experiences when those experiences are uncommitted. But that also means that experiences in the everyday meaning of the word, when that *just* is not added, are committed" (1962, p. 45, our translation). Skjervheim thus established a dichotomy in the way of relating to experiences and continued:

Through experiences, we are open to a world. We can let ourselves commit to what we face there, to the truth and to other people. To the degree you interpret it as just experiences one cannot any longer transgress oneself, one is stuck in one's own subjective net (Skjervheim, 1962, p. 45, our translation).

By this dichotomy, Skjervheim described one way of relating that is open and opening, vital and fresh in dialogue and another way that is static, closed, and unimaginative. In this short example lies one central tenet of Skjervheim's philosophy. The dichotomy between seeing human experiences and life as objectified matters of fact on the one hand and as lived and living intentional engagement on the other hand serves as grounds for his critique of psychology in general and of *psychologism* in particular (<u>Skjervheim, 1976b</u>).

Engagement with the other as separate but connected subjectivity, irreducible to any static objectified thing or fact, is in no way a philosophical stance or perspective attributable to Skjervheim alone. Buber (1958) addressed similar interpersonal ethics in his concept of I-Thou relating, and Benjamin (1995) developed a comprehensive relational theory on similar theoretical grounds in which *thirdness* and *twoness of complementarity* mirror similar philosophical perspectives (Veseth & Moltu, 2006). However, because Buber conceptualized theological relationships and Benjamin addressed

the mother-infant dyad, their work builds on the phenomenon of interpersonal recognition. As such, their analytical field might be seen as constrained for our purposes.

We argue that Skjervheim's work, in particular his more pointed work on the ethical dimensions of everyday experiences, seems particularly important to phenomenologically-oriented empirical research's relationship to the society of fellow human beings. We will go on to argue that we have more potential to release within the engaged experiential form of practice, such as is understood by Skjervheim, and that phenomenology might indeed help us with that potential's delivery.

Empirical example: Tensions between engaged and disengaged ways of knowing

One of the participants in our phenomenological study on men's long-term experiences after weight-loss surgery was aged 40, a father of two, and married (Natvik et al., 2015). He worked full time as a project manager. Two of his family members lived with chronic illness and needed extra care. He expressed being pleased with the successful weight loss and improvement of weight-related comorbidity. Quite late in the interview, he brought up a profound concern:

It's my skeleton [pause].... Pain in the knees, pain in the hips, it's all over, in the back and so on. You think "Oh my God, how can I go to work?" but you take a shower, standing there for half an hour, and then you are fit to fight. It was never like this before.... I can feel my bones bruise easily. Rib fractures and the like [short laughter and pause] have happened to me many times. I can't do what I used to. When you have a container in the garden and just bend over to throw something into it; I can't do that anymore, because then they [the ribs] break or bruise. I just got confirmed that it is [pause] osteoporosis.... You know, when you just lean over a chair, and feel yourself bruise or break; it's not a good feeling.... I can't go running anymore, but I can still walk, which I also like a lot, so that's not a problem.... I'm skeptical about the future, because I struggle with my skeleton and my body. That's the heaviest burden [pause]. I really like working, and I fear that I might have to stop because I just can't do it. It's kind of scary. The biggest hindrance for me to the future is if I have more problems with my body and my skeleton (cited in Natvik et al., 2015).

This man's narrative leaves a strong impression, and we can recognize and engage with what it might be like to *live with* lacking knowledge about long-term effects and late complications after surgery. At this point, the illness carried a risk of falling out of employment or requiring disability leave, which was a severe and

uncertain situation to be in after surgery. From research, the interviewer (EN) knew about this complication, but in the interview, this knowledge transformed profoundly in form. Grasping, experientially, what living with osteoporosis after surgery might be like, the interviewer returned to the office and tried to communicate this insight to other researchers. They confirmed that this complication is something that happens from time to time, but it happens to so *few*, and the conversations ended there.

From this situation, one can sense and recognize an important difference between engaged and disengaged ways of knowing that changed our reflections immediately and profoundly. The tension between abstract knowledge about an issue and knowledge built on contact and genuine engagement with the person who shared the interviewee's lived experience became tangible. The dialogues in the interview gave birth to a new sense of engagement and an ethical responsibility to engage others. This is a core point we will elaborate on.

Poiesis and praxis

The preceding example illustrates a tension or non-communication between relating to experiences with engagement and relating to experiences as just experiences. If we contemplate this principle before moving on, we can recognize that the way we organize health care largely turns what is humanly lived and living into objectified matters of fact, aiming for predictive control. By psychologism, for example, Skjervheim referred to the tendency in research to understand human experiences from a distance, seeing them as objects or things (Skjervheim 1976b). We need to be thoughtful and reflective about when this is a good way of answering our research questions and when we need to work seriously against it.

In the essay "Ethics and the morals of everyday life" (1976a), Skjervheim employed Aristotle's concepts of *poiesis* and *praxis*, which correspond to the two ways of relating to experiences as previously presented. *Poiesis* refers to creative practices, either artistic or craft, or processes that results in creating *something*. The value of this resulting *something* can reflect back on the process of getting there, the means, and can justify it ethically by the goodness of the result. In poiesis, the ethical structure lies in the relationship between ends and means, both of which are objectified things. *Praxis* refers to the inter- and intra-subjective domain, the human. Skjervheim claims that most issues concerning human beings belong to praxis. Modern science, and the instrumentalist fallacies that lie in this field of practice within the humanities, has misunderstood these practices and understands them as poiesis, that is, ethically within an *end justifies means* structure. Our field of

practice, the humanities, psychology, and the health sciences, is really praxis, Skjervheim claimed. In *praxis*, the ethical dynamics are embedded in the concept of engagement.

Well performed phenomenologically-based research can, and thus should, help us move understandings, meanings, and practices from *poiesis* to *praxis*, from *just experiences* to experiences we openly can *engage ethically* and humanly with, from watching from a distance to being with. By so doing, we can open up tensional fields in knowledge areas that have collapsed into instrumentalist understandings. In modern science, the pole of the experiencesturned-things, the *just experiences*, has a systematic priority in research, policy, and everyday understanding (Malterud et al., 2016; Timmermans and Berg, 2010). By employing phenomenologically-based research toward strengthening the pole of engaged intersubjective understandings and meanings, we aim not to diminish the other pole but to allow for and strengthen a tensional field between the poles that might become home to a sounder ethical reflexivity.

Empirical examples: Potentials of phenomenological descriptions

For the mental health problem "Social Phobia," the diagnostic manual for mental health problems states: "Avoidant behavior is often pronounced, and can in extreme cases result in almost total isolation" (World Health Organization, 1992, p. 135). Both aspects of this statement are presented in an objectified language, with the avoidant behavior rather than the behaving person and with quantifiable "almost total isolation" rather than the isolated experience of the person. When preparing a paper from a phenomenological study of how people who qualify for the Social Phobia diagnosis experience their everyday lives, Hjeltnes, Moltu, Schanche, and Binder (2015) found "an important lack of qualitative studies of the actual experiences of [Social Anxiety Disorder] in the literature" (p. 2). A lack of first-person experiences of those suffering is known for many types of problems (Flanagan et al., 2007, 2010).

We consider some examples. In the paper, Hjeltnes et al. (2015) report finding a theme coined "Encountering loneliness as relationships fall away," which arguably has something to do with the objectified "avoidant behavior and almost total isolation" from the ICD-10. The authors illustrate this theme with the following quotes:

I have become quite lonely, because I actually love to be with other people. It's among the best moments I have, when I have good conversations, and then I can calm down and the social anxiety disappears a bit. It is absolutely the best moments I have in a given month (p. 7).

It is absolutely a feeling of being an outsider, really. It's a feeling I also experience in dreams. I see that it's exactly the same feeling I have, when I dream. It's like, you talk with a lot of people, and there are a lot of people around you, but you never experience connection. You are all alone (p. 7).

This example vividly shows the possible ethical difference between poiesis and praxis. In the first form, poiesis, the diagnostic language in the ICD, specifically behaviors of isolation, can be counted toward a threshold and a classification. The person suffering from these behaviors remains at a distance, obscured from what we call ethical engagement with any one person. The importance of such individuals to a field of practice can be defined by what is on their exterior, or their façade, and by their sheer number. Phenomenologically-based research can contribute to helping members of a diagnostic category come to life as real and intimate human beings. A person at the mental health clinic having read the paper qualitatively researching social anxiety disorder will have an alternative way of relating to the concept of "almost total isolation." He or she will have an opportunity to engage in the paradox that resides in the tension between self-reliance and longing for contact, a phenomenon that might underlie his or her "avoidant behavior." This propensity might create engagement and a sense of being with, being part of, and relating to. It may also give rise to a different form of ethics in which thresholds are less important. The phenomenological description might spark engagement and interest for what is, and what might be, in the lifeworld of the other. This potentiality we consider a vital ethical potential.

Moreover, the sensitivity and openness embedded in phenomenologically-oriented research make it possible to give voice to experiences and practices that currently are less accessible for ethical conversations because they somehow fall outside the current conversations in research, practice, and professional societies. For example, van Wijngaarden and colleagues have studied the lived experience of elderly people who consider their lives to be completed, that is to say no longer worth living, and who express a wish to die (van Wijngaarden, Leget, & Goossensen, 2015a, 2015b, 2016a). This phenomenological study provides new insight into experiences of existential suffering and the wish to die. It also opens up and contributes ethically to conversations about a phenomenon

not often put into words. van Wijngaarden with her colleagues highlight that phenomenologically-oriented research can inform policy and politics, mainly because of its connectedness to the lifeworld, its contribution of rich descriptions, and its sensitivity to context and situation (van Wijngaarden, Leget, & Goossensen, 2016b).

Developing conscious dialogues between research and society

Engagement is very different from activism. "Going native" as a researcher, or being captured within one limited set of perspectives, opinions, and ideas, does not lead to quality phenomenological research. Moreover, engagement is not compatible with a presentation of findings that leans heavily on elegant formulations, rhetorical points, sentimentality, or seductive elements (van Manen, 2014, p. 295). Examples of such an approach can be researchers pointing their readers in a certain direction through exploitation or overdoing the material's poetic and beautiful aspects or its dramatic and painful ones.

Most readers will have experienced the power of well-written phenomenological texts that are thoughtful, evoke new insights, and evocative. What we write about and how we put that content into words intertwine in important ways. When done well, the phenomenological text touches the readers emotionally, albeit not sentimentally. In so doing, it creates empathic connection and engagement. It can open us up to both the world and the phenomenon, and it initiates reflection about what this situation might be like if it happened to oneself. Phenomenological texts that reverberate with readers achieve a certain resonance. That means they can stir the readers' emotions and imaginative capacities (van Manen, 2014). In this sense, phenomenological descriptions have persuasive power within the interpersonal realm, or even on a societal level.

Research drawing on the first-person perspective is occasionally understood as a "good" and ethical approach in itself. However, no research design or tradition can vouch for an ethical practice per se (Brinkmann & Kvale, 2005). Therefore, we need to be reflective about what we do when we pursue evocative goals in research. We might consider the balance between the presentation of the study with respect to creativity and aesthetics and the empirical material/phenomenon we explore. It is easy to get lost in elegant formulations or extensive use of extreme examples. In dialogues about research, we often use empirical examples, such as quotations, as part of the communication to show nuances and

meanings connected to the study's essential findings. But what kind of feelings may such examples evoke and how do they represent the person, the group, or the phenomenon we have studied?

The study concerning long-term experiences after bariatric surgery indeed involved extreme examples. This tendency required reflections about how to present some powerful parts of the empirical material. Here, we provide some quotes with strong descriptions of how weight loss after surgery connected to previous painful embodied experiences:

When you remove half of your gastric pouch, you [set off] a huge process in your body. In fact, you [experience] your childhood in replay. I actually did. I've had a childhood that involved being molested, sexually molested. ... I thought it was so hard the year I lost weight. I could barely visit them [family]. Because he [molester] followed me with his eyes and said, "Yes, I'm proud of you; now you've turned stunning again". It was awful [with emphasis]. ... We were and we are no healthy family [laugh]. ... It didn't work out. You could count my ribs both at the back and front of my chest. I felt that I couldn't be that weak. Because I've been molested, I need to feel that I have the power to defend myself, even if I'm no longer in a situation where I have to defend myself with my fists (cited in Natvik et al., 2014, p. 1706).

I felt intense bodily pain when I was at my thinnest. I was feeling cold, I stumbled and fell. ... I was forgetful and whimsical. ... I felt transparent and had no [strong emphasis] self-confidence. And I had such high expectations of myself [lower voice]. ... Suddenly, I had to cope with so much. I couldn't find peace (cited in Natvik et al., 2013, p. 1207).

These quotes are powerful in a painful way and have an effect on their readers. When presenting preliminary findings to other research communities and colleagues from the clinic, these quotes made strong impressions on the audience. These examples were the ones people came up to talk about or discuss afterwards. Some suggested that people who had experienced sexual molestation should not have bariatric surgery. They questioned why the researchers had not made a stronger point of how weight loss after bariatric surgery might interact with previous experiences of being molested as a child.

In the study, these quotations expressed part of the variation in the phenomenon but not the core meaning of it. The responses from others during presentations illustrate a central ethical responsibility. Researchers need to reflect on what comes downstream from a phenomenological study, what these descriptions can do to readers,

and which meanings they might evoke (<u>Forssén et al., 2011</u>). Will they obscure, or will they illuminate via new insights? In this particular study for instance, might the descriptions be decontextualized and used for other purposes? For example, might access to bariatric surgery be limited for certain subgroups of patients? To us, this is an example of how what phenomenological researchers do can also have unintended consequences.

Conclusion

In this paper, we have highlighted phenomenological research's potential to engage others, support reflective processes, and hence kindle the relationship between research and its wider societal context. Phenomenological research can offer new insights and reflections based on the first-person perspective that are not easy to obtain in studies embedded in positivist epistemologies. Through the concept of engagement, phenomenological research and writing can contribute to establishing a tensional field between different knowledge forms, which carries ethical potentials. Thus, we suggest that phenomenological research can be an important piece of the puzzle when current structural policy initiatives aim to narrow the gap between research and the society of fellow human beings. Through prolific philosophical work, Carel aims to expand the naturalistic approach on illness with a phenomenological one. According to her, "The naturalistic approach provides protection from the personal, whilst the phenomenological approach requires precisely such engagement" (Carel, 2007).

References

American Psychological Association (2012). Resolution on the recognition of psychotherapy effectiveness: The APA resolution. Retrieved from http://www.apa.org/about/policy/resolution-psychotherapy.aspx

Bengtsson, J. (2006). En livsverdenstilnærming for helsevitenskapelig forskning [A lifeworld approach for health science research]. In J. Bengtsson (Ed.), Å forske i sykdoms og pleieerfaringer: Livsverdensfenomenologiske bidrag [Investigating illness and care experiences: The contribution of lifeworld phenomenology] (pp. 13–53). Kristiansand, Norway: Høyskoleforlaget.

Benjamin, J. (1995). *Like subjects, love objects. Essays on recognition and sexual difference*. New Haven: Yale University Press.

Brinkmann, S., & Kvale, S. (2005). Confronting the ethics of qualitative research. *Journal of constructivist psychology*, *18*(2), 157–181. doi:10.1080/10720530590914789

Buber, M. (1958). *I and Thou*. Trans. Ronald Gregor Smith. New York: Charles Scribner's Sons.

Carel, H. 2007. Can I be ill and happy? *Philosophical Quarterly of Israel*, 35(2), 95–110. doi:10.1007/s11406-007-9085-5

Carel, H. (2008). *Illness: The cry of the flesh*. Stocksfield, UK: Acumen.

Dahlberg, K., Nyström, M., & Dahlberg, H. (2008). *Reflective lifeworld research*. Lund, Sweden: Studentlitteratur.

European Commission (2016, June 23). Research and innovation. Science with and for society. Retrieved from https://ec.europa.eu/research/swafs/index.cfm?pg=about

Fangen, K. (2004). *Deltagende observasjon [Participant observation]* (2nd Ed.). Bergen: Fagbokforlaget.

Flanagan, E. H., Davidson, L., & Strauss, J. S. (2007). Issues for DSM-V: Incorporating patients' subjective experiences. *The American journal of psychiatry*, *164*(3), 391. doi:10.1176/ajp.2007.164.3.391

Flanagan, E. H., Davidson, L., & Strauss, J. S. (2010). The need for patient-subjective data in the DSM and the ICD. *Psychiatry*, 73(4), 297–307. doi:10.1521/psyc.2010.73.4.297

Forssén, A., Meland, E., Hetlevik, I., & Strand, R. (2011). Rethinking scientific responsibility. *Journal of Medical Ethics*, *37*(5), 299–302. doi:10.1136/jme.2010.038828

Gadamer, H. G. (1975). *Truth and Method*. London: Sheed and Ward.

Hjeltnes, A., Moltu, C., Schanche, E., & Binder, P. E. (2015). What brings you here? Exploring why young adults seek help for social anxiety. *Qualitative Health Research*, 1, 1–16.

Husserl, E. (1954/1970). The Crisis of European Sciences and Trancendental Phenomenology. An Introduction to Phenomenological Philosophy. Evanston, IL: Northwestern University Press.

Malterud, K., Bjelland, A. K., & Elvbakken, K. T. (2016). Evidence-based medicine—an appropriate tool for evidence-based health policy? A case study from Norway. *Health Research Policy and Systems*, *14*(1), 1. doi: 10.1186/s12961-016-0088-1

Merleau-Ponty, M. (1945/2012). *Phenomenology of Perception* (Trans. D. Landes). New York, NY: Routledge.

Natvik, E., Gjengedal, E., & Råheim, M. (2013). Totally changed, yet still the same patients' lived experiences 5 years beyond bariatric surgery. *Qualitative Health Research*, 23(9), 1202–1214. doi:10.1177/1049732313501888

Natvik, E., Gjengedal, E., Moltu, C., & Råheim, M. (2014). Reembodying eating: Patients' experiences 5 years after bariatric surgery. *Qualitative Health Research*, *24*(12), 17001710. doi:10.1177/1049732314548687

Natvik, E., Gjengedal, E., Moltu, C., & Råheim, M. (2015). Translating weight loss into agency: Men's experiences 5 years after bariatric surgery. *International Journal of Qualitative Studies on Health And Well-being*, 10. doi:10.3402/qhw.v10.27729

Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Thousand Oaks, CA: Sage Publications.

Roulston, K., & Shelton, S. A. (2015). Reconceptualizing bias in teaching qualitative research methods. *Qualitative Inquiry*, *21*(4), 332–342. doi:10.1177/1077800414563803

Skjervheim, H. (1962). Oppleving og eksistens [Experience and existence]. In A. Årnes (Ed.), *Deltakar og tilskodar og andre essays* [Participant and observer and other essays]. Oslo, Norway: H. Aschehoug & Co.

Skjervheim, H. (1976a). Etikken og dagleglivet sin moral [Ethics and the morals of everyday life]. In A. Årnes (Ed.), *Deltakar og tilskodar og andre essays [Participant and observer and other essays]* (pp. 137–151). Oslo, Norway: H. Aschehoug & Co.

Skjervheim, H. (1976b). Fenomenologi og psykologi [Phenomenology and psychology]. In A. Årnes (Ed.), *Deltakar og tilskodar og andre essays* [Participant and observer and other essays] (pp. 169–185). Oslo: H. Aschehoug & Co.

Skjervheim, H. (1996). The instrumentalist fallacy. In G. Skirbekk (Ed.), *Selected Essays. In Honour of Hans Skjervheim's 70th Birthday*, (pp.107–114). Bergen, Norway: University of Bergen. Department of Philosophy.

Timmermans, S., & Berg, M. (2010). *The gold standard: The challenge of evidence-based medicine and standardization in health care*. Philadelphia, PA: Temple University Press.

van Manen, M. (1997a). From meaning to method. *Qualitative Health Research*, 7(3), 345–369. doi:10.1177/104973239700700303

van Manen, M. (1997b). Researching lived experience: Human science for an action sensitive pedagogy. London, ON: The Althouse Press.

van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.

van Wijngaarden, E., Leget, C., & Goossensen, A. (2015a). Ready to give up on life: The lived experience of elderly people who feel life is completed and no longer worth living. *Social Science and Medicine*, 138, 257–264. doi:10.1016/j.socscimed.2015.05.015

van Wijngaarden, E. J., Leget, C. J. W., & Goossensen, A. (2015b). Till death do us part: The lived experience of an elderly couple who chose to end their lives by spousal self-euthanasia. *The Gerontologist*. doi:10.1093/geront/gnv060

van Wijngaarden, E., Leget, C., & Goossensen, A. (2016a). Caught between intending and doing: Older people ideating on a self-chosen death. *BMJ Open*, *6*(1). doi:10.1136/bmjopen-2015-009895

van Wijngaarden, E., Leget, C., & Goossensen, A. (2016b). Disconnectedness from the here-and-now: A phenomenological perspective as a counteract on the medicalisation of death wishes in elderly people. *Medicine, Health Care, and Philosophy, 19*(2), 265–273. doi:10.1007/s11019-016-9687-4

Veseth, M., and Moltu, C. (2006). <u>Tredjehet: grunnlagsproblemer i relasjonell psykoanalyse i lys av spedbarnsforskning [Thirdness: basic problems in relational psychoanalyses in light of infant research]</u>. *Tidsskrift for Norsk Psykologforening [Journal of the Norwegian Psychologist Association]*, 43, 925–933.

World Health Organization (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva, Switzerland: World Health Organisation.

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Abstract

Just experiences? Ethical contributions of phenomenologically-oriented research

How can phenomenologically-oriented research contribute ethically

to societies of practitioners? In this article, we discuss how firstperson research can create ethical and inter-subjective engagement and how it can contribute to conscious dialogues among practice, research, and professional communities. Phenomenology is our epistemological point of departure, and we illustrate practical ethical potentials through examples of phenomenologically-oriented research. To establish the conceptual groundwork for our examination, we primarily draw on the Norwegian philosopher Hans Skjervheim's work on experiences, existence, and engagement. We review empirical examples from phenomenological research and texts to illustrate tensions between approaching experiences with openness and engagement and approaching experiences as just experiences. We go on to consider the ethical meanings attached to these tensions. We argue that because phenomenologically-oriented empirical research inhabits the power to engage, it offers insights into lived experience and may be a promising approach to developing conscious dialogues among research, practice, and society of fellow human beings.

Keywords: ethical dialogues, lived experience, phenomenology, qualitative research, Skjervheim.

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