CURRENT STATUS ON NURSING RESEARCH
DICOTOMY IN PHENOMENOLOGICAL APPROACH

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To address and to understand the central issues in nursing, it is general consensus that phenomenology and hermeneutics are considered valid approaches. Phenomenology and hermeneutics are entirely different entities but it is important to note that hermeneutic phenomenology is also encompassed in hermeneutic phenomenology. Nonetheless, I will focus on phenomenology only.

As is widely known, phenomenology began with Husserl's *Logisch Untersuchungen* in early 1900, criticizing logical and empirical approaches and also descriptive framing/direction, followed by realistic, constitutive, transcendental and existential phenomenology as well as hermeneutical analysis which is the center of this paper in which nursing and other human science are being studied largely as part of narrative approaches.

With respect to nursing, the issue I would like to discuss is the current dichotomous approach within the context of phenomenology for nursing paradigm. As Caeli (2000) pointed out, it appears that there are two existing phenomenological approaches - the American and traditional European.

According to Polifroni and Welch (1999), the nurses feel connected and identify themselves with Heidegger for his description on the meaning of being human from a phenomenological perspective. This phenomenology is being utilized by many nurses.

However, it is also conjectured that profoundness and obscurity makes this approach very difficult for some nurses. This may be the reason for the dichotomous approach within the context of phenomenology, namely two existing approaches, American and traditional European phenomenology. Hence, it is further necessary to address this problem within our domain.

Historically, phenomenology originated with Husserl, as well known fact. Welch (1999) considered that Husserl had two features. One is descriptive and eidetic reduction and the other is a priori science. Following Husserl, Heidegger and M. Merleau-Ponti took over. Heidegger abandoned Husserl's quest for universal structure of consciousness but he sought from epistemological to ontological, knowing as being and not understanding of the phenomena. Whereas, it was M. M. - Ponti who had expanded phenomenology into a different direction. M. M. - Ponti, emphasized perception, rather than consciousness, thus diverting phenomenology away from the original Husserl's.
It appears phenomenology originated in Germany and settled in France. By the time it reached Gadmer, phenomenology had become completely hermeneutic. Current status is that, there are two major approaches within the nursing domain, namely, Heideggerian American phenomenology and the European approach which is based on Husserl, as pointed out by Caeli (2000). Phenomenology is well adopted into the nursing domain; therefore I believe this is important to clarify for the understanding and future of nursing. Thus, there is a need for discussion.

Caeli considers, in her article (2000) that there is no discrepancy between European and American phenomenology as to the interpretation of Husserl, Heidegger and M.M.-Ponti. Rather, the difference derives from how they were introduced into America. In addition to this introduction, the participation of American philosophers on this matter contributed to different perspectives on phenomenology. It was not the nurses who modified and invented new methodology, but it was the philosopher who was and is sitting in the driver's seat and drove off a different exit. The nurses were merely in the back seat.

According to Walters (1995) and Caeli (2000), American phenomenology in which the stress is on experience, takes into account the role of culture. This is significantly different from traditional European phenomenology. European counterpart is more reflective in nature and seeks to describe or interpret phenomena objectively with a more universal meaning by attempting a critical examination of phenomena.

Which phenomenological approach is better, or has more relevance? It depends on what the researcher is seeking. I do not think this is a great controversy or concern. Off course, I will keep in mind that there is a different approach. Awareness of both paradigms is important. I think we can take both approaches depending on the situations. I have three reasons for this. The first reason is that if we borrow Kuhn's words, nursing is in a stage of normal science. Both Fawcett (1984) and Kim (1987) consider that the nursing paradigm has been established almost perfectly, and what is left is just a matter of which one to focus within different nursing areas. In this context, I can safely conclude nursing is in a normal stage. Assuming this, I can also say current nursing is in a stable mode. According to Kuhn (1970) when the science exhibits stability, many different approaches can be employed. And in this stage, normal science is cumulative (Kuhn, 1970) and if in a cumulative mode, the scope, the range, and precision of science, will be increased steadily. In this sense, nursing can be cumulative and the scope will be increased. By adding on our interpretation, if it does not fit, it will be discarded. Thus, I think we can add the interpretation of phenomenology into wide range of this scope. Because American phenomenology is not differing in essence from traditional European phenomenology, it should not matter. The difference lies, according to Caeli (2000), the interpretation of experience rather than the primordial form of experience. For the moment as long as we are still in the stage of normal science, we do not need to be so cautious regarding the application of methodology, provided we know what we are aiming for in...
research, and if we state these objectives clearly beforehand. It is similar to what we explain in a methodology, that is, the theoretical context. However if, nursing falls into crisis and revolution in Kuhn’s term, we may have to be more cautious.

The second reason is that I believe the fundamental essence of nursing does not change. Although as world's view and value changes, our perspectives, interpretation of nursing may change. Nursing is versatile in nature. Did we try to explain nursing only from one perspective? Did ever anyone succeed explaining nursing from one single aspect? I do not think so. Remember, once we tried from biomedical, positivistic view, but we failed. The world changes, so does the philosophy. I am stand firm that change is a constant occurrence, and nothing is permanent. Twenty years ago, we might have predicted some event, but the reality is that such predictions were often far off the mark.

Let's look back at philosophy, for example. Historically no single philosophy, school survived and lasted forever. There are many examples of philosophy which risen and fallen. The example of this is Marxism and Logical positivism. In the process of Logical Positivism, Popper was critically instrumental. His attempt of demarcation between empirical statements illustrates this example. As a fundamental principle of demarcation, he introduced the idea of falsification. By this falsification, he attempts to antagonize Logical Positivism. Eventually Logical Positivism fell into a different direction. Then, many other philosophical movements occured, such as Critical theory, Feminist and Post modernism to explain nursing. Thus, we do not, can not, rather, should not restrict nursing phenomena into certain criteria. Nursing is versatile, holistic, and comprehensive. Nursing can not be put into one single box, if we do, the box may burst.


The author would like to pose some view on current nursing from phenomenological view point. Our world has changed drastically in the last century, for example, particularly between 1980’s and 1990’s during which the Soviet Union slowly broke down in one of the most profound events in modern history. Such drastic political changes must affect human nature and thinking, opening up new perspectives. From this perspective, Husserl’s initial framing of nursing phenomenology has also been affected so that adopting these changes in the nursing domain, takes us to a greater or lesser extent in a new direction. Thus, in my opinion, current American phenomenology can overtake the traditional European approach. This is evident in the many new publications in narrative research which numbered 509 since 1990, 440 since 1995, 315 since 2000, and 175 since 2005 (Pub med), and already 4 in January of this year 2009. Although this narrative differs from a strict epistemological approach. By looking back those numbers, the author would contend strongly that American Phenomenology has substantial advantages over European approaches that render them better fitted for our changing world views.
During the last 30 years, nursing science has flourished and evolved into an undoubtedly scholastic stage, along with the nursing research. Since nursing is so versatile and holistic, many methodological perspectives can be employed. Phenomenology is one of them. Current issues on phenomenology focuses on its dichotomy between the American and traditional European approaches. Whether either one is the true phenomenology should not impose restraint on our research. Both are valid as long as the researcher delineates what he/she is aiming for, whether experience or reflection of the meaning, and with or without cultural context. However, the author would content that the American approach may be offer more versatility for future nursing research.

References

看護における現象学的研究の2つの流れ

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要約

看護研究の重要な研究方法ともいうべき現象学的研究に関して、現在、2つの流れが見られる。ひとつは、フッサールに源をもつ伝統的なヨーロッパ流の現象学的研究であり、もう一つはアメリカにおける新しい現象学的研究の流れである。いずれが現在の看護学研究にふさわしいのかを論じている。