



Examining the Lived World: The Place of Phenomenology in Psychiatry and Clinical Psychology

by **Bruce Bradfield**

Abstract

This paper aims to explore the validity of phenomenology in the psychiatric setting. The phenomenological method - as a mode of research, a method of engagement between self and other, and a framework for approaching what it means to know - has found a legitimate home in therapeutic practice. Over the last century, phenomenology, as a philosophical endeavour and research method, has influenced a wide range of disciplines, including psychiatry. Phenomenology has enabled an enrichment of such practice through deepening the way in which we can come to know the experiences of the other. This knowing-of-the-other is explored here within the context of psychiatric and clinical assessment. The question asked is: How best can we come to know those we work with? What method of engagement can be used to most completely come to understand and narrate the experiences of the individual, and how can this be applied in the context of an assessment aimed at psychiatric or psychological intervention? Elements of phenomenological praxis are presented as definitive of the most integral way of approaching the human subject. Husserlian and Heideggerian notions are explicated and related to phenomenological conceptions of intersubjectivity, in an effort to describe a phenomenology that can be used effectively within the psychiatric setting.

The intention of this paper is to propose the phenomenological method as an important attitudinal stance, which could lend a greater degree of consideration to the position of individual subjectivity within the systematics of diagnostic assessment and psychiatric intervention. As broadly intended in this paper, the notion of phenomenology as an “attitudinal stance” envisages phenomenology as an attendance to the lived world of the experiencing individual that is grounded in the individual’s narrations of that experience. The attitudinal stance of phenomenology is further conceptualised as an openness to the full potential of the world-disclosive capacity of an individual’s descriptions. In this sense, phenomenology’s approach to the individual’s narrative of experience is conceived of as fundamentally invitational. Further to this, and in relation to

phenomenology as invitational methodology, is phenomenology’s welcoming of ambiguity or ambivalence as an important constituting factor in the individual’s narration of his or her being-in-the-world.

In arguing for a phenomenologically informed approach to psychiatric assessment, I shall firstly present an outline of the psychiatric assessment process as it emerges in common practice. I shall then describe a model of phenomenological praxis so as to acquaint readers with the specific phenomenological tenets considered most applicable to psychiatric assessment. Edmund Husserl’s phenomenology will be explicated more centrally, with some commentary on the notions of Martin Heidegger. This explication will precede an account of phenomenology’s potential

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space, as it were, within psychiatric practice. A consideration of empathy as a valid intersubjective experience, which could contribute to a solid, phenomenologically informed psychiatric assessment, will conclude the argument presented in this paper.

A Sketching of the Psychiatric Assessment Process

Insofar as this paper is intended as a phenomenologically informed critique of the psychiatric assessment procedure, it is necessary to clarify the nature of this procedure as it is commonly shaped in clinical practice. Psychiatric assessment unfolds in clinical practice as a fairly rigidly structured attempt on the part of the clinician to formulate an understanding of an individual, focused on diagnosis and prognosis. The assessment process is structured as a motion towards gleaning information regarding situationally relevant aspects of the individual's world. The assessment process opens with an exploration of what is termed the "presenting problem", and is geared towards establishing the emerging difficulties experienced by the individual, as those difficulties have been disclosed chronologically in the individual's world. The presenting problem should be shaped as an open-ended exploration of the individual's experience, as the individual narrates that experience. However, it is noted that the presenting problem is often explored in relation to the clinician's attempt to elicit the clinical symptomatology with which the individual presents.

The family history is then explored, with significant emphasis placed on any historically emerging psychiatric or general medical symptomatology. Typically, individuals are asked to respond to specific questions determined by the clinician, which questions are crucially disclosed as the clinician's attempt to establish the aetiology of the individual's mental illness, as that aetiology relates to the individual's membership of his or her family. The clearly channelled exploration of family history is followed by a rigidly structured exploration of the individual's personal history. The exploration of childhood unfolds primarily as an attempt to elicit any developmental delays, anomalies, neuroses and illnesses. The individual is once again asked specific questions, which are intended to provide an indication of the possible emergence of mental ill-health in the course of the individual's childhood. Importantly, the salience of various aspects of the individual's life is determined by the clinician, and this determination of salience relates to the specific questions which the clinician asks the individual. This element of the assessment process will be specifically criticised as manifesting a lack of phenomenological integrity within that process.

The examination of the individual's mental state follows the exploration of familial and personal history. Less important in terms of its impact on the phenomenological astuteness of the assessment process, the mental state examination is shaped as an objective assessment of the individual's behaviour, speech and appearance, his or her cognitive functions, such as memory, and his or her executive functions, such as abstract reasoning. The mental state examination further assesses the individual's capacity for insight and judgement, as well as his or her perceptual faculty. The overriding aim of the mental state examination is to contribute to established notions regarding the presence, absence, or nature of mental illness with which the individual presents.

A Model of Phenomenological Praxis Outlined

I shall now proceed with an explication of the phenomenological methodology proposed here as having the potential to contribute to the integrity of the assessment process. Phenomenology, as a philosophy devoted to an attempt to clearly reveal human experience, is seen as a tool that can be successfully applied to research and practice in the human sciences. In an attempt to validate this claim, it is necessary firstly to articulate an understanding of Husserlian phenomenology, relating it to clinical practice. In essence, Husserl attempted to develop a theory of knowledge that did not rely on psychological explanation. Most essential to Husserl's phenomenology, and most debated, is the notion that human experience can be best explored by describing the immediate and lived world in which that experience takes place (Husserl, 1913/1972). Human subjectivity is grasped within the phenomenological stance as living beyond the self, and in the space between self and world (Kruger, 1988). Subjectivity is therefore seen solely in terms of its being-in-the-world, as constituted by the objects of the world which fill individual consciousness (Valle & Halling, 1989). As it was intended by Husserl, phenomenology emerges as primarily descriptive: "The phenomenologist is obsessed by the concrete" (Van den Berg, 1972, quoted in Brooke, 1991). In their approach to the experience being explored, phenomenologists must thus attempt to disqualify accepted prejudices which may disrupt apprehension of the experience being observed and described.

Immediate lived experience is given informative priority in phenomenology, and is disclosed in phenomenological practice as a necessary return to the lived world, and a return to the disclosure of the phenomenon being observed in its lived world (Giorgi, 1971). To describe the essence of an

observed phenomenon is to return to the disclosure of that phenomenon in lived experience, such that it may reveal itself in deeper and subtler ways. In this light, phenomenological description is grasped as something other than a mere interpretation of a phenomenon. As understood phenomenologically, description is not opposed to interpretation, but interpretation must be thoroughly descriptive in order to preserve the integrity of the essence being described (Spiegelberg, 1972). This notion relates to the primary phenomenological axiom that reality is not so much experienced as interpreted. Accordingly, it is suggested that what we experience as real is in fact a constitution of a variety of informed interpretations (ibid.). Phenomenology essentially has its origins in the realisation of the possibility that these interpretations can be wrong, and thus the phenomenological investigator of experience aims his or her project at pure description rather than potentially misinformed interpretation.

Fundamental to description, as grasped phenomenologically, is the notion of *reduction* as the foundation of observation and interpretation within the context of describing lived phenomena. In research and practice, the phenomenological reduction emerges as the researcher's attempt to bracket off from awareness those knowledges - linguistic, cultural, historical, scientific, or ideological - which may prejudice or incorrectly inform their observations of the phenomenon being described (Giorgi, 1970; Husserl, 1913/1972). This reduction, or bracketing, languaged phenomenologically as the *epoché*, is most specifically focused as an attempt to disconnect from the natural scientific attitude (ibid.). Husserl's main target in imposing the *epoché* was to negate naturalism, which he perceived as an unjustified faith in positivist philosophy as being the ultimate source of truth (Martin, 2002). Husserl felt that science could not comprehend and narrate the human and lived experience of being-in-the-world. It was in response to his perception of a gaping hole in scientific and humanistic practice that Husserl aimed to generate, through phenomenology, an essentially presuppositionless philosophy (Ashworth, 1996). In Husserl's method, pure phenomenology is disclosed methodologically as a suspension of belief in those things which can be doubted, and a dismantling of those prejudices which could misdirect our description of the essence of a phenomenon. In his attempt to avoid the essential colonisation of naturalism in relation to coming to know the essence of human experience, Husserl moved towards empiricism, intending an appeal to experience as being the more rational repository of truth. Husserl proposed a radical empiricism, in which pure experience is given as the most essential source of

truth. Husserl's method does not doubt that there is an external truth. Through the phenomenological reduction, he simply aims to prevent external truths from interfering with and invading his descriptions of the experiencing individual (Husserl, 1927/1971). As a way of containing the force of presupposition, the *epoché* thus enables a focus on, and a description of, the phenomenon from within that phenomenon's lived world (Maloney, 1986).

Grasping the phenomenon as a pure essence within its immediately lived world permits a method of being-with the individual, and narrating that individual's experience, without embellishing upon the essence. Fundamental to the phenomenological return to the essence is the notion of intuition within the intersubjective analytical space (Natterson & Friedman, 1995). Essential intuition, for Husserl, amounts to an attempt to come to know the pure phenomenon as it is subjectively experienced. The essence is not perceived, but intuited. Objects in the world are revealed through our intuition, and intuition is grasped within phenomenology as enabling the most integral description of the phenomenon as it presents itself to the examiner of human experience. Intuition is further understood as emerging prior to presupposition, and is therefore framed phenomenologically as the most accurate method of narrating the lived world of the individual. In order to provide a theoretical grounding for this notion in phenomenology, Heidegger's conceptualisation of the lived world will now be presented briefly.

Heidegger structures the lived world as the world immediately experienced: the world as it is revealed to individual consciousness in every moment of being. An investigation of the lived world of an individual is therefore not grasped as a conceptually bound exploration of a specific phenomenon, but rather as an attempt to make intelligible the full range of experience which the individual lives at every moment of being (Heidegger, 1927/1962). The lived world is understood as that which can be disclosed through the projection of one's vision onto the full range of possibilities of world disclosure with which the individual is presented. The Heideggerian phenomenologist's vision should be given as an openness to the experience of the other, for the other to narrate the manifold possible world-relations which are his or her being-in-the-world (ibid.). At the same time as being fully present to the untold array of possibility which is the individual's lived world, Heidegger points to the importance within the phenomenological stance of realising our inter-relatedness with the other (Moran, 2000). In this sense, the investigator of experience, as a self in relation to the other, is incorporated into the other's

lived world to the extent that the reality of that lived world is altered. And so, in terms of coming to know the individual, being-fearful, being-domineering, being-mild or being-proud in relation to the other are all ways of being-with which constitute the other's experience of self. Therefore, in the context of aiming at a phenomenologically astute description of the other, being with the other changes the nature of that description. It is for this reason, again, that phenomenologically oriented practitioners must aim towards a bracketing in their descriptions of the other, and must question the extent to which their external and subjective truths shape and inform, or misinform, their understanding of the individual's narration of his or her own lived experience. In asking this question, it is important to focus on how engaging in the process of attempting to understand a specific phenomenon is impinged upon by the construction and imposition of external truths onto that phenomenon.

Apart from the tenets of description and the epoché, described here from within Husserlian and Heideggerian frameworks, there is one final principle, that of horizontalisation, that needs to be explicated. Horizontalisation as a phenomenological practice encourages an avoidance of imposing any initial hierarchies of meaning onto the individual's narrative of his or her experience (Moustakas, 1994). Horizontalisation is aimed at treating the entire narrative as being comprised of units of meaning, all of which hold equal importance in terms of describing and coming to know the individual from within his or her lived world. This principle is founded on the notion that, through avoiding assumptions of hierarchy, the examiner of experience is better able to describe that experience, with less prejudice, and greater subtlety. We can now proceed to consider the phenomenological methodology presented in terms of its potential application to psychiatric assessment.

Applying the Phenomenological Method: An Answer to a Problematised Assessment Process

As previously noted, this paper intends to show that phenomenology can hold a legitimate space in psychiatric and clinical practice. This intention is grounded in a rich academic history of works aimed toward establishing the utility of phenomenology in the human sciences (Boss, 1979; Kiesler, 2000; Kraus, 1987; Szasz, 1973; Van den Berg, 1987). As we have established, part of phenomenology's multifarious intention is to enable a method of coming to know essential human experience by disallowing the intrusion of interpretations that are informed by an ever-widening gyre of knowledges (Knaack, 1984). To do this, we are given the tools of description and epoché, which are aimed at narrating

the essence of experience as it is most immediately grounded in the world. But how could a phenomenological methodology be utilised in a problematised psychiatric assessment procedure? In applying the phenomenological method, one would firstly need to set aside any biases or assumptions which may predispose the assignment of particular meanings to the phenomenon being described. Instead, it is necessary initially to remain open to the manifold possible meanings which could be being disclosed through the individual's interrelation with his or her world. This would suggest putting into abeyance, insofar as is possible, the variety of knowledges which may infiltrate and interrupt our hearing of the narrative (Spinelli, 1989). It would imply allowing the story to speak for itself, without attaching or enforcing onto that story a system of expected truths which may misshape it (Moustakas, 1994). Secondly, in being open to the untold range of possible self-world disclosures, the focus of attention is forced away from theoretical explanations of the phenomenon, and attendance to the immediate lived experience becomes enabled. It is through attending initially to the immediate experience, and through describing the experience as concretely as possible, that one is able to assign to that experience some form of interpretation. The third practical step towards imposing the phenomenological method relates to the principle of horizontalisation, and is focused on at least initially giving equal importance to each unit of meaning expressed in the description of lived experience (Spinelli, 1989).

Consideration of the horizontalisation rule is particularly germane to this paper's aim to reveal phenomenology's importance within psychiatric practice. As has been noted, the psychiatric assessment process is typically defined by the clinician's search for specific behaviours, described in the psychiatric lexicon as symptoms. These behaviours, or symptoms, are given weight in terms of their contribution to the clinician's identification of a psychiatric disorder, as indicated by the recognition of symptoms. Behaviours identified as symptomatic of illness are given explanatory weight in terms of the individual's presentation. These behaviours are focused upon, emphasized, and given priority. In relation to this, those behaviours not seen as symptomatic are given less consideration. It can be seen how this process may devalue and ignore non-symptomatic behaviours. It is thus evident that a more phenomenologically informed approach, which encourages placing equal priority on all emerging behaviours, may facilitate a fuller and more accurate understanding and description of the individual.

It is suggested that, once these three steps have been implemented, one is enabled to arrive at a narrative of the lived experience that is accurately derived from the immediacy of that experience. It is now necessary to evaluate phenomenology in terms of its place in psychological practice and psychiatric assessment. Although not intended to delineate phenomenological praxis as a stepwise process, the simple clarification as presented in this paper serves as the platform upon which phenomenology's entry into the psychiatric arena is staged. From there, it is appropriate to proceed with an exploration of current conceptions of phenomenology from within psychiatric and institutional practice.

The meaning of phenomenology has been transformed in psychiatric parlance to denote the symptomatic descriptions of the diagnostic system (Gupta & Kay, 2002). Practitioners in psychiatric settings undertake diagnostic assessments to describe, apprehend and aid those who seek help. The practitioner attempts to identify signs and symptoms which would indicate the presence of a specific diagnosis. Through a process of gleaning information regarding the individual's family and personal history, as well as a systematized observation aimed at describing the individual's mental status, the practitioner is enabled to arrive at a diagnosis of the presenting problem, and is further enabled to formulate ideas regarding aetiology. Gupta and Kay suggest that this assessment process is described in psychiatry as being phenomenological in its method.

In light of the phenomenological method described above, I propose to challenge the notion that the psychiatric assessment procedure can be considered phenomenologically rigorous. It has been argued that psychiatric diagnosis, as formulated within the DSM system, manifests a theoretical predisposition towards a behavioural mode of describing experience (Gupta & Kay, 2002). As such, it is suggested that the *Diagnostic and Statistical Manual of Mental Disorders* takes mental disorder as being inherently located in behavioural deviance. In this light, it is self-evident that a diagnostic system that bases its descriptions of human experience in a behavioural predisposition cannot be considered to be presuppositionless, as it directly presupposes the priority of the behavioural in terms of its understanding of being-in-the-world (ibid.). Further to this, DSM diagnosis is challenged as being phenomenologically unsound insofar as it manifests as criteriologically based, and is therefore considered inconsistent with the phenomenological approach. Kraus (1994, in Gupta & Kay, 2002) questions the potential for a subjective description of human experience in the context of psychiatric diagnostic

assessment, and differentiates between the criteriologically diagnostic system and a more strictly phenomenological approach. Kraus's argument is based primarily on the proposition that the criteriologically approach to diagnosis predefines the individual's experience. "Rather than allowing the individual to define his or her own subjective experience, experiences are accepted or rejected only insofar as they correspond to operationalized criteria that are accepted as defining the disorder. Behavioural criteria tend to render the individual's subjectivity subservient to diagnosis. Patients' histories are primarily useful for providing corroborating information from which psychiatrists can identify and select symptoms to match against diagnostic criteria" (Kraus, 1994, quoted in Gupta & Kay, 2002, p. 78). In this process can be seen a methodological emphasis on specific elements of the individual's narrative, which is noted in contrast with the phenomenological principle of horizontalisation proposed here as a potential contributor to the rigour and integrity of the assessment process.

Empathy, Intersubjectivity and Phenomenological Psychiatry

In light of the phenomenological agenda, as presented in this paper, it is now necessary to pose the question: What could phenomenology offer psychiatry and clinical psychology? It is proposed here that phenomenology could hold a legitimate space in clinical practice. It is suggested that phenomenology may be used to complement and enhance the process of assessment within psychiatry and clinical psychology (Hersch, 2003). In terms of the possibility for a phenomenologically astute application within psychiatric intervention, I shall now explore phenomenology's conception of intersubjectivity, specifically focusing on the disclosure of empathy and understanding within the intersubjective context.

Intersubjectivity emerges as an important aspect of phenomenological philosophy, and unfolds as enabling the emergence of knowledge regarding human experience (Natterson & Friedman, 1995). It is here proposed that the phenomenological conception of understanding, or *verstehen*, emerges as an empathically led method of engaging intersubjectively with the other, which can give credence to the psychiatric assessment process. Most simply defined, empathy emerges as an attempt by the self to come to know the subjectively lived experience of the other. Importantly, phenomenology holds that empathic responsiveness must occur whilst maintaining the distanced stance of the objective observer. Husserl describes empathy as an intuitive reliving of the experience of the other,

whilst acknowledging that the experience “belongs” to the other. Further to this, empathy emerges as a way of attending to the lived experience by existing in relation to the other in the imaginal, intuitive mode (Churchill, 1998; Willis, 2001). This method of understanding has thematic similarities to aspects of hermeneutic phenomenology, in which understanding emerges as a phenomenal re-experiencing of the individual from within his or her world of lived experience (Hein & Austin, 2001). This focus on re-experiencing an event aims at intuiting the structure of an event from within the experiencing individual’s frame of reference. Empathy is therefore depicted phenomenologically as an intersubjectively framed position in which one can come to know the lived experience of another through intuition, whilst acknowledging the empathic response as one’s own private experience. From this perspective, it is important to acknowledge the limits inherent in the process of coming to know the other. The intention is to attempt to prevent our limits in understanding from impeding our descriptions of the phenomenon being observed. Phenomenology thus depicts the empathic experience as one fundamentally shared between self and other, and yet one in which the self acknowledges its separateness from the other with whom it is engaging in an intersubjective empathic communication.

Empathy and the phenomenological conception of *verstehen* are proposed as potentially facilitative of clinical practice. Empathic responsiveness could enable and deepen psychiatric assessment by allowing for an intersubjective apprehension of individual lived experience, beyond the confinement that is diagnostic description. As a way of being-with the other intersubjectively, empathy could enable our knowing of individually lived experiences such as anxiety, depression, trauma and even psychotic breakage, by generating a richer and more authentic apprehension of such experiences as the individual lives them. Through attending to the intersubjective space, and through engaging imaginatively (Churchill, 1998) in an intuitive, empathic mode, the clinician may become able to further describe and narrate individual experiences of psychopathological presentations. Gupta and Kay (2002) suggest that such an empathically led apprehension of the individual, if infused in the psychiatric assessment process, may allow for more accurate and sensitive predictions of prognosis, and more appropriate treatment plans, with both of these thoroughly informed by the immediacy of the individual’s lived experience.

It is important, however, to problematise Gupta and

Kay’s focus on empathy as a phenomenologically rigorous mode of engagement. As was noted earlier, phenomenology encourages a bracketing off of one’s subjectivity with respect to one’s apprehension of other beings-in-the-world. With this in mind, then, it could be argued that empathy, as a deeply subjective experience, falls short of phenomenological aspirations in respect of applying the epoché. How can empathy, as a subjectively informed experience, be reconciled with the aim of phenomenological methodology in encouraging a degree of bracketing? It is suggested that empathy, as an intuitive and intersubjectively grounded apprehension, needs to be held within the clinician’s awareness, put at bay, considered, and reflected upon. In this sense, empathic responsiveness must be considered as always and only a potential enabler of description. Empathic intuition must be reflected upon by the individual, and checked for validity. Empathy must therefore be approached imaginatively as a potential apprehension. In relation to the individual presenting with symptoms indicative of psychiatric illness, then, clinicians must necessarily extend their empathic apprehensions invitationally, asking the individual whether such apprehensions are accurately reflective of his or her own experience. Kvale’s (1996) notion of intersubjective validation within the research interview context can be considered here as an apt model in terms of employing empathy to enable phenomenologically sound description. Kvale encourages researchers to hold their empathic intuitions reflectively, acknowledging how their own ideologies may have informed such intuitions. Further to this, Kvale encourages a mutual validation process, in which the researcher asks the interviewee whether his or her (the researcher’s) intuitions are accurate in terms of the interviewee’s experience. It is suggested that this approach to phenomenological research, if applied to the process of psychiatric assessment, could enable a phenomenologically valid assessment approach.

By way of concluding this paper, it is suggested that phenomenology’s return to the essence, and its attendance to the “things themselves” as disclosed within the lived world (Willis, 2001), gives to clinical assessment a descriptive density which could enhance criteriological diagnosis, such that it may become more truly reflective of lived experience. This enhancement, it is suggested, would be characterised by phenomenology’s facilitating a fundamentally causal diagnostic description. Further to this, in aiming towards a phenomenologically rigorous methodology, the assessment process would yield information about the individual that is unclouded by the variety of knowledges which may impinge upon and obfuscate our knowing of that

individual. The adoption of the phenomenological reduction through the epoché, as well as horizontalisation, would enable a subjective description which, combined with the variety of clinical assessment tools available, could render a clinically thorough description of a particular individual, as situated uniquely within his or her own lived world. The focus on empathic immersion

within the assessment process, as advocated by the phenomenological method proposed in this paper, could further deepen our knowing of the individual by enabling an intersubjective apprehension of experience from within the world in which that experience is occurring, whilst preserving the integrity of that experience.

About the Author



Having completed an MA in Psychology in 2003, with his thesis exploring the impact of psychiatric labelling on the individual's intersubjective experience, Bruce Bradfield worked for two years in the field of psychiatric rehabilitation in the United Kingdom (in Oxford) before returning to Rhodes University to commence clinical training, completing his Master's degree in Clinical Psychology in 2006. Currently, he is based in Port Elizabeth, South Africa, and working as a Clinical Psychologist in the field of community psychology while reading for a PhD in Psychology at the University of Cape Town. The focus of his doctorate is on the chronic impacts of traumatic rupture. Bruce's research interests include phenomenological psychological praxis, trauma research and narrative approaches to mental illness. His theoretical orientation is towards psychoanalytic and phenomenological interpretations, with a developing interest in narrative psychological approaches.

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