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What is This?

Descriptive Versus Interpretive Phenomenology: Their Contributions to Nursing Knowledge

Kay A. Lopez Danny G. Willis

A number of articles in the nursing literature discuss the differences between descriptive and interpretive approaches to doing phenomenology. A review of studies demonstrates, however, that many researchers do not articulate which approach guides the study, nor do they identify the philosophical assumptions on which the study is based. Such lack of clarity makes it difficult for the reader to obtain a sense of how the knowledge produced by the study is to be evaluated and used. In this article, the authors compare the philosophical components of descriptive and interpretive approaches to doing phenomenology and illustrate types of knowledge produced by each through reviewing specific studies. They focus on the various uses of phenomenology in generating useful knowledge for health care practice.

Keywords: qualitative; hermeneutic; critical theory; Husserl; Heidegger; existentialism; phenomenology

P henomenology offers nurse scholars and clinicians an approach to inquiry that has a good fit with nursing philosophy and nursing art: understanding unique individuals and their meanings and interactions with others and the environment. Because nursing is an art and a science that concerns itself with human responses to actual and potential health problems, specialized knowledge for the practice of nursing must reflect the lived, contextual realities and concerns of the clients for whom nurses provide care. It is important for nurse scholars to develop knowledge that is culturally relevant and respectful of the social realities of those living within the situation (Meleis, 1996).

A problem with many qualitative studies is the absence of linkage between the method used and a clear statement of the philosophical underpinnings that should guide the method (Stubblefield & Murray, 2002). Implementing a method without an examination of its philosophical basis can result in research that is ambiguous in its purpose, structure, and findings. The phenomenological method, which examines subjective human experience, is commonly used in answering questions that are foundational to sound nursing science. However, there is more than one philosophical school of phenomenology, and the research findings generated will depend on which philosophical approach is used. Because assumptions drive methodological decisions, the researcher should be cognizant of the values and claims associated with each approach before making a commitment to a choice of method.

QUALITATIVE HEALTH RESEARCH, Vol. 14 No. 5, May 2004 726-735 DOI: 10.1177/1049732304263638 © 2004 Sage Publications The two main phenomenological approaches evident in the nursing literature include descriptive (eidetic) phenomenology and interpretive (hermeneutic) phenomenology (Cohen & Omery, 1994). Our purpose in this article is to compare these two philosophical traditions and methods in phenomenology. Descriptive and interpretive phenomenology will be examined in relation to (a) their philosophical values and knowledge claims, and (b) the types of published research findings yielded by nursing studies that use these methods. We will critique illustrative studies using each type of methodology in relation to the type of knowledge produced and its utility in building nursing science that can guide and inform clinical practice. In this comparison, we will highlight the benefits and caveats of each approach, thus promoting more enlightened and thoughtful decision making by researchers who are planning a phenomenological study.

TWO SCHOOLS/TWO METHODS

As phenomenology has evolved as a philosophical context for nursing research and as a research method, the traditional data collection strategy has been the qualitative, in-depth interview. The output of the interview is a narrative account by the participant of his or her knowledge and experiences related to the topic of study. This narrative account provides a description of the lived, or subjective, experiences of the participant. The researcher then analyzes the narratives to generate the findings. Two of the primary differences between the descriptive and interpretive approaches are in how the findings are generated and in how the findings are used to augment professional knowledge. In this article, we address these differences.

Husserl and the Descriptive Tradition

Husserl's (1970) philosophical ideas about how science should be conducted gave rise to the descriptive phenomenological approach to inquiry (Cohen, 1987). An assumption specific to Husserl's philosophy was that experience as perceived by human consciousness has value and should be an object of scientific study. Husserl believed that subjective information should be important to scientists seeking to understand human motivation because human actions are influenced by what people perceive to be real. As human beings generally go about the business of daily living without critical reflection on their experiences, Husserl believed that a scientific approach was needed to bring out the essential components of the lived experiences specific to a group of people.

An important component of Husserlian phenomenology is the belief that it is essential for the researcher to shed all prior personal knowledge to grasp the essential lived experiences of those being studied. This means that the researcher must actively strip his or her consciousness of all prior expert knowledge as well as personal biases (Natanson, 1973). To this end, some researchers advocate that the descriptive phenomenologist not conduct a detailed literature review prior to initiating the study and not have specific research questions other than the desire to describe the lived experience of the participants in relation to the topic of study (Streubert & Carpenter, 1999). The goal of the researcher is to achieve transcendental subjectivity, a Husserlian concept. Transcendental subjectivity means that the

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impact of the researcher on the inquiry is constantly assessed and biases and preconceptions neutralized, so that they do not influence the object of study. Descriptive phenomenologists have proposed specific techniques to accomplish this end, such as bracketing. Bracketing involves the researcher holding in abeyance ideas, preconceptions, and personal knowledge when listening to and reflecting on the lived experiences of participants (Drew, 1999).

Another assumption underlying Husserl's approach to the study of human consciousness is that there are features to any lived experience that are common to all persons who have the experience. These are referred to as universal essences, or eidetic structures (Natanson, 1973). For the description of the lived experience to be considered a science, commonalities in the experience of the participants must be identified, so that a generalized description is possible. The essences are considered to represent the true nature of the phenomenon being studied. The assumption that essences generated through phenomenological research result in one correct interpretation of experiences of the participants represents a foundationalist approach in inquiry (Allen, 1995). In this view, reality is considered objective and independent of history and context. The belief that essences can be abstracted from lived experiences without a consideration of context is reflective of the values of traditional science and represent Husserl's attempt to make phenomenology a rigorous science within the prevailing tradition. This desire for scientific rigor underlies the use of the bracketing technique when doing descriptive phenomenology (LeVasseur, 2003).

Husserl (1970) articulated the idea of radical autonomy. This means that humans are considered free agents who bear responsibility for influencing their environment and culture (Cohen & Omery, 1994). The impact of culture, society, and politics on the individual's freedom to choose are not central to Husserl's thought.

Heidegger and the Interpretive Tradition

Phenomenology is often referred to as a philosophical movement, which indicates that seminal ideas have not remained static but, rather, have been modified by subsequent scholars. One scholar who modified and built on the work of Husserl was Heidegger, a student of Husserl who challenged some of his assumptions about how phenomenology could guide meaningful inquiry. Heidegger's ideas in this respect comprise the interpretive, or hermeneutic, research tradition (Cohen, 1987).

The word *hermeneutic* is derived from the name Hermes, a Greek god who was responsible for making clear, or interpreting, messages between gods (Thompson, 1990). Spielgelberg (1976) has identified hermeneutics as a process and method for bringing out and making manifest what is normally hidden in human experience and human relations. Hermeneutics has a long tradition as an academic practice in the discipline of theology through the interpretation of biblical texts (Gadamer, 1976). In relation to the study of human experience, hermeneutics goes beyond mere description of core concepts and essences to look for meanings embedded in common life practices. These meanings are not always apparent to the participants but can be gleaned from the narratives produced by them. The focus of a hermeneutic inquiry is on what humans experience rather that what they consciously know (Solomon, 1987).

A central tenet of Heidegger's (1962) thought was that the relation of the individual to his lifeworld should be the focus of phenomenological inquiry. Heidegger used the term *lifeworld* to express the idea that individuals' realities are invariably influenced by the world in which they live. Another term, *being-in-the-world*, was used by Heidegger to emphasize that humans cannot abstract themselves from the world. Therefore, it is not the pure content of human subjectivity that is the focus of a hermeneutic inquiry but, rather, what the individual's narratives imply about what he or she experiences every day.

A question that interpretive inquiry asks is How does the lifeworld inhabited by any particular individual in this group of participants contribute to the commonalities in and differences between their subjective experiences? For example, a descriptive phenomenologist studying what it is like to be a working wife and mother would ask the general question "Tell me what it is like to be a working wife and mother" and follow up with questions to arrive at common concepts integral to the experience. The interpretive phenomenologist, on the other hand, would be sure to obtain the participant's description of a typical day in detail as a working wife and mother, and would encourage the participant to describe interactions, workload, relations to others, experiences of the body, and experiences of time to place the lived experience in the context of daily work practices and socialization (Smith, 1987).

A concept important to interpretive inquiry is that of freedom. Heidegger (1962) asserted that humans are embedded in their world to such an extent that subjective experiences are inextricably linked with social, cultural, and political contexts. This concept is called situated freedom (Leonard, 1999). Situated freedom is an existential phenomenological concept that means that individuals are free to make choices, but their freedom is not absolute; it is circumscribed by the specific conditions of their daily lives. Existential phenomenologists such as Heidegger, Merleau-Ponty, and Sartre insisted that one is constantly faced with choices, even though the outcomes that will result from the choices are not clear (Solomon, 1987). Still, one has to make choices and act based on the decisions. Situated freedom is the existential reality of human beings from which all meaning arises (Sartre, 1993).

The concept of situated freedom is in direct opposition to Husserl's (1962) concept of radical autonomy. The hermeneutic phenomenologist, rather than seeking purely descriptive categories of the real, perceived world in the narratives of the participants, will focus on describing the meanings of the individuals' being-in-theworld and how these meanings influence the choices they make. This might involve an analysis of the historical, social, and political forces that shape and organize experiences (Smith, 1987). In interpretive phenomenology, it is the interpretation of the narratives provided by participants in relation to various contexts that is foundational.

Another philosophical assumption underlying the interpretive phenomenological approach is that presuppositions or expert knowledge on the part of the researcher are valuable guides to inquiry and, in fact, make the inquiry a meaningful undertaking. Indeed, Heidegger (1962) emphasized that it is impossible to rid the mind of the background of understandings that has led the researcher to consider a topic worthy of research in the first place (Koch, 1995). For example, a researcher's knowledge of the research literature is what leads him or her to the realization that research is needed in an area that is understudied. It is the researcher's knowledge base that leads to specific ideas about how the inquiry needs to proceed

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to produce useful knowledge. Therefore, personal knowledge, according to hermeneutic scholars, is both useful and necessary to phenomenological research (Geanellos, 2000). The technique of bracketing, as described by descriptive phenomenologists, is inconsistent and questionable within a hermeneutic approach (Annells, 1996; LeVasseur, 2003), although making preconceptions explicit and explaining how they are being used in the inquiry is part of the hermeneutic tradition.

Hermeneutic phenomenology differs from the descriptive approach, in that an interpretive approach does not negate the use of a theoretical orientation or conceptual framework as a component of inquiry. In a hermeneutic study, theory is not used in a formal way, that is, to generate hypotheses to be tested. Instead, a theoretical approach can be used to focus the inquiry where research is needed and is used to make decisions about sample, subjects, and research questions to be addressed. Use of an orienting framework by the researcher is also a way of making explicit study assumptions and the researcher's frame of reference. If a framework is used, the study should provide evidence that it does not have a biasing effect on the narratives of the participants. The framework, however, will be used to interpret the findings. Furthermore, the researcher has a responsibility to explain how the framework was used in the interpretation of the data and in generating findings.

An important concept that was articulated by Heidegger was that of coconstitutionality (Koch, 1995). This concept indicates that the meanings that the researcher arrives at in interpretive research are a blend of the meanings articulated by both participant and researcher within the focus of the study. Gadamer (1976) used the metaphor "fusion of horizons" to explain this act of intersubjectivity, understanding, and interpretation. The horizon to which Gadamer referred is the background of various assumptions, ideas, meanings, and experiences that one has in living. These backgrounds are fluid and open to change, based on world events in time and history. When one interacts with another in an act of understanding and getting to know each other, it is based on a personal horizon of experiences and meanings. This means that the act of interpretation is always bounded by the separate and intersecting horizons of human beings: both researcher and participant (Geanellos, 2000). Thus, there could be more than one interpretation of the narratives depending on the focus of the research. There is no one true meaning produced by any interpretive study, but the meanings that are stated in the research findings must be logical and plausible within the study framework, and they must reflect the realities of the study participants (Annells, 1996). Furthermore, the researcher must go further by interpreting the meanings for practice, education, research, and policy to create informed and culturally sensitive health care knowledge.

Critical Hermeneutics

A specialized application of the interpretive tradition in phenomenology is that of critical hermeneutics. This approach to inquiry is founded on the assumption that any act of interpretation is invariably influenced by socially accepted ways of viewing reality (Thompson, 1990). Because socially accepted worldviews reflect the values of privileged individuals within any given social context, the lived experiences and personal voices of persons who are not members of privileged groups are often discounted. The object of a critical hermeneutic inquiry is to make these voices heard. Stevens and Hall (1992) have suggested that as marginalized individuals and groups become critically aware of the various positions they occupy in relation to other groups, they begin the process of liberating themselves from oppressive and damaging conditions. As these groups gain insight and voice, they may plan social and political actions that can help remedy some of the historical and environmental conditions that affect their health and well-being.

When a researcher chooses a critical hermeneutic approach to investigate the experiences of a specific group of persons, he or she must be prepared to critique the historical bases of dominant ideologies and analyze in detail how these ideologies shape and organize the daily lives of study participants (Smith, 1987). The researcher specifically teases out how dominant belief systems serve to mask, gloss over, ignore, or trivialize the realities of the participants. Critical hermeneutics is often characterized as emancipatory research, as it opens our eyes to seeing reality in a new and useful way (Thompson, 1990).

Because it probes beneath the surface of participants narratives to ascertain embedded power issues, critical hermeneutics is often referred to as the hermeneutics of suspicion. Thompson (1990) referred to Freud's work as an example of this type of understanding and interpretation of human experiences. Guidelines for conducting this type of research can be found in the scholarship of feminist, Marxist, and other critical theorists (Campbell & Bunting, 1991; Thompson, 1990).

RESEARCH APPLICATIONS OF DESCRIPTIVE AND INTERPRETIVE PHENOMENOLOGY

Because researchers often do not discuss method in relation to philosophical foundations in their research reports, it is the reader's task to make inferences about these aspects from the way the study is described. Therefore, when reviewing research that claims to be phenomenology, the reader must ascertain if the thrust of the study meets the purpose of descriptive or interpretive methods in the way the study is conducted. In the following section, we will critique studies that use descriptive and interpretive approaches for their contribution to nursing knowledge. This critique will highlight what it means to conduct descriptive and interpretive research and will, we hope, stimulate further reading and reflection on the various research traditions.

Beck's (1992) study of the lived experience of women with postpartum depression is an example of research using the descriptive phenomenological approach. The research question posed is What is the essential structure of postpartum depression? This research question is consistent with the descriptive approach in assuming that there is an essential form to postpartum depression that can be abstracted from the data and that this structure is independent of context. No guiding framework is specified. Seven women who had experienced postpartum depression were asked to describe in detail a situation in which they had experienced this condition. Women's narratives were analyzed according to Colaizzi's (1978) method. Findings were reported as 11 theme clusters with examples of participant comments that supported the themes. Discussion of the relevance of the findings to practice involved a comparison of the 11 themes to the 21 items included in a standardized depression-screening tool, the Beck Depression Inventory. It was noted that only 3 of the themes in Beck's study were present in the Beck Depression

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Inventory. These themes included (a) contemplating death, (b) loss of interests, and (c) guilt. Study themes that were not represented in the Beck Depression Inventory included (a) unbearable loneliness, (b) thoughts of being a bad mother, (c) loss of self, (d) inability to concentrate, (e) feeling like a robot, (f) uncontrollable anxiety, (g) loss of control, and (h) need to be mothered. Beck concluded that research is needed to develop a screening instrument that identifies postpartum depression accurately.

Beck's (1992) study makes a valuable contribution to our understanding that women with postpartum depression might not be well served by research instruments that screen for depression in the general population. Note, however, that Beck did not link the women's experiences to context, nor are patterns in the data identified. The findings are used primarily as an aid to refining the measurement of the construct of postpartum depression, which is in accordance with the descriptive approach to phenomenology.

Svedlund, Danielson, and Norberg (1994) conducted a hermeneutical phenomenological study that described women's subjective experiences during the acute stage of acute myocardial infarction. Ten women were interviewed before discharge from the hospital. These researchers used the work of Ricoeur (1976) as the philosophical basis for the study. Ricoeur's work might be considered both an orienting framework and a methodology, as he advocated that narratives be scrutinized not only for content themes but also for what the narratives imply about the welfare of the participants. The aim of the analysis is a critical understanding of the experience. Three themes were generated from the data: (a) oneself as vulnerable, (b) oneself at a distance, and (c) oneself as making sense. Each theme had several subthemes that give a clearer picture of what the participants experienced. The researchers discussed at length these themes in relation to the problems and needs of women undergoing acute myocardial infarction. An important finding is that women experienced feelings of shame and guilt at being incapacitated in the illness role, and they were unable to share these feelings. Because these feelings were so uncomfortable, women tended to distance themselves from the reality of the illness and to avoid talking about it or discussing it with health care providers or with family.

Women picked up on anxiety signals from their husbands and were concerned about the impact of their illness on their husbands. Women felt that their communications during this time were inhibited and dysfunctional. Eventually, the participants were able to begin to make sense of the experience and to think about the lifestyle alterations they would encounter, but it took time to work through the feelings of shame and guilt. The researchers concluded that nurses who are cognizant of these common experiences of women in the acute state of myocardial infarction should be able to give more support to the women and their families by reaching out to them with empathy and information as needed. This support should enable women and their families to express their fears and receive emotional and informational support early on, which should increase effective communication and lessen the distancing process.

Svedlund et al.'s (1994) study adheres to the philosophical assumptions of interpretive inquiry. The narratives of the participants are analyzed with respect to what they can tell us about contextual features of the experience and their lifeworlds, and recommendations for practice are based on altering the behaviors of

nurses, who are the key persons interacting with these women during the acute stage of illness. The hermeneutic interpretations of the narratives tell us more than the abstracted themes imply. The result is a description of what a woman experiences during acute myocardial infarction and some clear directives for practice. Svedlund and colleagues did not address or analyze the context of hospitalization and its effect on the illness experience of these women. Such an analysis, if guided by a critical social theory framework, could uncover specific organizational practices that contribute to the type of emotional distress described in this study and would provide a different type of knowledge for practice (Campbell & Bunting, 1991).

Rather (1994) conducted a critical hermeneutic study that examined the lived experiences of 15 registered nurses (RNs) returning to school to acquire a bachelor's (BSN) degree. The need for the study was established through a literature review that documented a discrepancy between the returning RNs' view of themselves and educators' opinions of their capabilities. The literature also suggested that RNs perceived educational offerings in RN-to-BSN programs as boring and repetitious despite the efforts of faculty to make these programs innovative and nontraditional. The purpose of Rather's study was to provide a holistic account of this experience from the vantage point of the returning RN. The study was guided by Friere's (1970) critical social theory framework, which deals with the topic of oppressive pedagogy. This framework sensitized the researcher to look for evidence of oppressive themes in the narratives. Friere's framework is appropriate to the topic because a number of scholarly works have identified nursing as demonstrating characteristics of an oppressed group. Rather provided a thorough review of scholarship on the topic of oppression in nursing as well as the many paradoxes that exist in the ideology of professionalism in nursing as a discipline. This review set the stage for the type of analysis done in the study.

Study findings indicated that most RNs felt that ideal of professionalism was used as a club to force them to return to school and that the education that was provided was largely irrelevant (Rather, 1994). These nurses felt that their existing knowledge and skills were devalued or overlooked as important by their teachers, a theme that was conceptualized by the researcher as deskilling practices. These two experiences, coercion to return to school and deskilling, produced a strong but covert resistance in the RNs. Rather found that the practice of educators' valuing theoretical concepts over the practical knowledge and concerns of the RNs widened the gap between student and teacher. The covert resistance to the educational process on the part of the RNs can be interpreted as internalizing the oppressor within, a key concept in the literature on oppressed group behavior. When this internalization occurs, RNs might reproduce the oppression they feel within the teacher-student relationship by limiting their own intellectual growth through anger and resistance, or by suppressing their own autonomous thoughts and feelings. Educators, when they engage unwittingly in oppressive practices, perpetuate their role as oppressor and contribute to the perpetuation of nursing as an oppressed group. Based on the findings of this study, Rather proposed educational strategies that would be intellectually liberating to the RN. These strategies would actively involve RNs in thinking through issues and taking a more active role in their education as opposed to serving as passive recipients of ideologies and abstractions devoid of practical application.

SUMMARY

In this article, we attempt to identify critical differences between descriptive and interpretive approaches for doing phenomenological research in nursing. We have presented illustrative studies to show how each approach is operationalized and how each approach can contribute to nursing science and knowledge development that can inform practice. Although the purely descriptive approach has been demonstrated to be useful in uncovering essences of phenomena that have been incompletely conceptualized by prior research (Beck, 1992), the interpretive approach is useful in examining contextual features of experiences that might have direct relevance to practice (Svedlund et al., 1994). Moreover, a critical hermeneutic framework can enable the researcher to bring to light hidden features of an experience that would have been overlooked in a purely descriptive approach (Rather, 1994). It is up to the researcher to consider carefully the philosophical foundations of phenomenological research that inform each type of analysis. He or she must choose an approach to knowledge development that will achieve most effectively the objectives of the proposed nursing inquiry and add substance to what is already known or not known about a phenomenon of interest.

The authors expect this article to stimulate further thinking and dialogue about some of the central ideas regarding descriptive and interpretive phenomenological research and their relative utility for nursing science, knowledge development, and clinical practice. We believe that a reflective awareness on how we go about conceptualizing phenomenological studies in nursing, our choice of methods for doing phenomenological analysis, and what we might be able to do with the results of phenomenological studies in our practice are critical to improving our health care interventions with diverse persons.

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