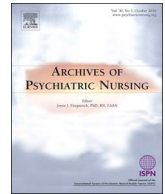




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Finding Inspiration From the Philosophy of Maurice Merleau-Ponty for the Practice of Psychiatric-mental Health Nursing

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ABSTRACT

The philosophy of Maurice Merleau-Ponty, a unique blend of existentialism and phenomenology, deserves to be better known in psychiatric-mental health nursing. This philosophy is particularly pertinent to the contemporary recovery movement that seeks to dispel the therapeutic nihilism regarding conditions such as schizophrenia, borderline personality, and substance use disorders. This paper provides an overview of Merleau-Ponty's life and work, with emphasis on selected elements of his philosophy that are inspirational for the clinical practice of psychiatric-mental health nursing.

"As long as we are alive, our situation is open"

"It is I who give a direction, significance and future to my life"

Merleau-Ponty, 1945/1962, pp. 442, 447)

These words, from French philosopher Maurice Merleau-Ponty, depict a hopeful future-oriented stance that is consistent with foundational principles of psychiatric-mental health nursing practice (e.g., Peplau, 1952) yet seem freshly relevant to person-centered and recovery-oriented practice in the 21st century. Recovery—defined as a “process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”—is now widely promulgated in official government policy documents in the USA, Australia, and other countries (Substance Abuse and Mental Health Services Administration, 2012, p. 3). Clinicians are exhorted to eschew paternalistic practices and encourage patients to personally define recovery, including “their own needs, goals, dreams, and plans for the future” (Le Boutillier et al., 2011, p. 1474). However, recent studies indicate that barriers to recovery-focused practice remain (Byrne, Happell, & Reid-Searl, 2015). Patients report lack of respect from providers and lack of participation in decision-making (Velligan, Roberts, Sierra, Fredrick, & Roach, 2016). Psychiatric nurses in hospital settings report high levels of burnout (e.g., Madathil, Heck, & Schuldborg, 2014) and remain less optimistic about client recovery than providers in the community (Tsai & Salyers, 2010). Some clinicians simply do not believe in the concept of recovery (Byrne et al., 2015; Moran, Russinova, Gidagu, & Gagne, 2013)—despite research evidence that even patients with severe schizophrenia make remarkable gains through recovery-oriented and goal-focused therapy (e.g., Grant, Reisweber, Luther, Brinen, & Beck, 2014).

Because of its deep respect for individual whole persons who have

potential for growth “as long as [they] are alive” (Merleau-Ponty, 1962, p. 442), phenomenological philosophy refutes cynicism and therapeutic nihilism regarding conditions such as schizophrenia, borderline personality, and substance use disorders (Liberman & Kopelowicz, 2005). In this paper, I propose that contemporary psychiatric-mental health nurses may be inspired as persons and clinicians by reading and reflecting on the philosophical writings of Merleau-Ponty (1945/1962), which plumb the mystery, ambiguity, depth, and meaning of lived experience. The philosophy of Merleau-Ponty, a unique blend of existentialism and phenomenology, deserves to be better known in our specialty. Noted Thorarinsdottir, Bjornsdottir, and Kristjansson (2017, p. 220), “existentialist phenomenological philosophy is particularly ill suited for gathering dust in academic ivory towers; it is meant to be a philosophy for real life.”

Earlier, as a researcher, I have used a phenomenological approach that was inspired by Merleau-Ponty's philosophy (Pollio, Henley, & Thompson, 1997; Thomas & Pollio, 2002) to shed light on the meaning of psychiatric-mental health patients' experience of being inpatients in a hospital (Shattell, Andes, & Thomas, 2008; Thomas, Shattell, & Martin, 2002); longing for connectedness and (sometimes) having a relationship with nurses and other care providers (Gaillard, Shattell, & Thomas, 2009; Shattell, Starr, & Thomas, 2007); and receiving psychotherapy after being convicted of perpetrating child sexual abuse (Thomas, Phillips, & Blaine, 2015). In this paper, I argue that Merleau-Ponty's philosophy can directly inspire clinicians as well as researchers. A solid grounding in philosophical tenets can feed our “intellectual and moral hunger” (van Manen, 2014, p. 14) when discouraged by barriers to recovery-oriented practice. Because Merleau-Ponty's philosophy blends tenets of existentialism and phenomenology, we turn now to a brief

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overview of the evolution of each school of thought, showing how they are intertwined in Merleau-Ponty's work and how they are germane to clinical practice.

Brief overview of existentialism and phenomenology

Existential philosophy

The origin of existentialism is attributed to Kierkegaard in the 19th century, who proposed that life must be lived passionately and with commitment to one's own truth and purpose—despite confronting anxiety, fear, loneliness, dread, and despair (Bretall, 1946). Existentialist thought was broadened and deepened by 20th century European luminaries such as Heidegger (1927/1962), Sartre (1943), Marcel (1951), and Camus (1965). According to existentialist thought, humans are responsible for shaping themselves through their choices and actions, and capable of achieving personal growth as they grapple with life's challenges and obstacles. In this view, imbuing one's life with meaning is an individual responsibility. Existentialists also insisted on personal freedom, which will become an important thread in our later discussion.

Existentialism and nursing

Existentialism enjoyed a surge of interest in the nursing literature in the 1960s, as shown in classic papers by Vailliot (1966) and Ferlic (1968). Vailliot (1966, p. 501) contended that “every [nurse] needs the foundation provided by a coherent philosophy,” and viewed the role of the nurse as helping the patient to “become an authentic person, and to use his situation, the illness, for doing so” (p. 505). Ferlic (1968, p. 30) asserted that “existential thought...seems the best philosophical foundation for the contemporary nursing profession.” These early nurse writers drew mainly from the work of Marcel (1951); they did not mention Merleau-Ponty, perhaps because his seminal work *Phenomenology of Perception*, written in 1945, was not translated from French into English until 1962.

Tenets of existentialism permeated psychiatric nursing course content with the writings of Paterson and Zderad (1976), who depicted nursing as an existential experience of nurse and patient being together and working together. Irving Yalom's (1980) book on “existential therapy” was widely read and influenced the thinking of psychiatric nurses such as Jean Watson (1985), although Yalom compared existential therapy to “a homeless waif who was not permitted into the better academic neighborhoods of...psychiatry and psychology” (p. 21).

The phenomenological movement within philosophy

Originating with German philosopher Edmund Husserl's (1913/1931) call for a rigorous new philosophical approach for discovering essences of the phenomena of the Lebenswelt (lifeworld), a phenomenological movement like a “set of waves” (see Reeder, 1987) captured European thinkers. To accomplish Husserl's new procedure for investigating a phenomenon, previous knowledge and theoretical formulations must be set aside (bracketed) to reflect on an event or object, then produce a faithful description of it, and eventually accomplish a “reduction” of experience to its essence. Merleau-Ponty was initially enchanted by Husserl's *essences* which “bring back all the living relationships of experience, as the fisherman's net draws up from the depths of the ocean quivering fish and seaweed” (Merleau-Ponty, 1962, p. xv). He envisioned himself as continuing the development of Husserl's ideas, but ultimately he moved beyond the Husserlian perspective to develop a *phenomenology of life* (Barbaras, 2005). He was attracted to Heidegger's emphasis on practical everyday activity, but his thinking ultimately diverged significantly from Heidegger.

The blend of existentialism and phenomenology

How did a blend of existentialism and phenomenology take place? Existentialism appropriated the phenomenological method as a rigorous and systematic way to begin conducting its philosophical investigations. To wit, Merleau-Ponty retained Husserl's emphasis on a meticulous description of phenomena, with inclusion of the existentialist ideas of his French contemporaries such as Sartre and Camus (Priest, 1998). Bear in mind that we are now talking about what philosophers in Europe were thinking and doing as the continent struggled to deal with two horrific world wars fought on their own soil in the early 20th century. It is understandable that they were disillusioned with traditional philosophy and driven to seek new methods and new answers to questions regarding the meaning of existence; it was a frightening time in which nothingness seemed imminent (Thomas & Pollio, 2002).

Existential phenomenology in clinical psychology and nursing

We turn now to the ways in which these European philosophical ideas began to exert greater influence on clinical psychology and nursing in America. In 1962, Duquesne University began a doctoral program in “existential-phenomenological psychology,” based in Husserlian philosophy, for the training of clinical and counseling psychologists. Subsequently, a research method developed by Giorgi was used in many Duquesne dissertations on mental health/illness topics, such as adolescent suicidal ideation and expectations regarding psychotherapy (Wertz, 2005). Unlike the solitary examinations of phenomena by European philosophers, the phenomenological research procedures developed at Duquesne involved interviewing people to elicit descriptions of their lived experience, procedures which soon were adopted by other researchers who were dissatisfied with the experimental paradigm and/or the inadequacy of questionnaires for assessment of complex and multi-faceted human experiences (Valle & King, 1978).

Phenomenology as a research method became popular in nursing after the publications of Omery (1983), Benner (1984), Diekelmann (1992), Munhall (1994), Thomas (2005), and others. According to Finlay (2009), over half of the qualitative studies published in nursing and therapy journals in the past decade were phenomenologically inspired. To date, nurses are more familiar with the ideas of Husserl and Heidegger than with those of Merleau-Ponty, but I believe that Merleau-Ponty's ideas are actually more relevant to clinical practice, especially in psychiatric-mental health nursing. Clinical applications of Merleau-Ponty's philosophy are beginning to appear, as exemplified in the development of the Hermes assessment tool, the first tool in nursing developed through application of existential phenomenological philosophy, with specific acknowledgement of Merleau-Ponty's influence (Thorarinsdottir et al., 2017). The developers of the Hermes tool, which elicits patients' own narrative descriptions of their health concerns, point to its potential for “facilitating the transfusion of phenomenology into nursing practice” (p. 207). As an advocate of such a “transfusion” into practice, I aim to heighten your interest in Merleau-Ponty's unique phenomenology in the following section of the paper.

Who was Maurice Merleau-Ponty? A brief biography

I was introduced to Merleau-Ponty's work in a 1981 course taught by my mentor Howard Pollio. We non-philosophy majors were urged to approach his work like poetry, finding passages in *Phenomenology of Perception* (Merleau-Ponty, 1962) that “sang” to us. And so we did. Slowly, we began to grasp what he meant by the plentitude of being, the primordial knowledge of the “real,” and the profundity (and ambiguity) of human experience. As I became more immersed in his philosophy, I became curious about who he was as a person. A philosopher's ideas are shaped by his or her culture and position in the tableau of history as

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