



## ‘Writing the Pain’: Engaging First-Person Phenomenological Accounts

by Linda Finlay

### Abstract

*One way to teach or communicate embodied-relational existential understanding is to encourage the writing and reading of first person autobiographical phenomenological accounts. After briefly reviewing the field of first person phenomenological accounts, I offer my own example – one that uses a narrative-poetic form. I share my lived experience of coping with pain and hope to show how rich poetic phenomenological prose may facilitate lived understandings in others (be they our students, clients or colleagues). I argue that first person accounts can powerfully evoke lived experience, especially where they focus on existential issues, use personal-reflexive and/or relational-dialogal forms, and draw on the arts.*

### Introduction

In a reflexive narrative Kiser (2004) offers an existential analysis of his experience of having a psychotic episode. He describes the episode as involving such internal devastation that it

...leaves in its wake scars like canyons that can never be erased ... When the wasteland of nothingness came to claim me yet again, I was utterly helpless and undone. (Kiser, 2004, p. 433)

Work such as this, where researchers use their own experiences to examine the quality and essences of a phenomenon, exemplifies first person approaches. Such approaches follow the path of the original philosophers like Husserl, who pioneered phenomenology as the reflective study of structures of consciousness as experienced from the first person point of view.<sup>1</sup>

In this article I would like to suggest that one way to teach or communicate embodied-relational existential understanding is to encourage the writing and reading of first person autobiographical phenomenological accounts. As Richardson (1994) suggests, learning to write can be seen as part of a process of enquiry. According to Richardson (1994) a researcher's self-knowledge and understanding of a topic develops through writing. She therefore seeks to “encourage individuals to accept and nurture their own voices” (Richardson, 1994, p. 523).

Greek Stoics in the third Century BC who believed in non-dualism, formal logic, rationalism and naturalistic ethics. They developed personal examination, confession or self-disclosure as a tool for increasing self-knowledge. In the East there is a long history of non-dualist philosophies, spirituality and reflective-meditative practices. The term ‘phenomenology’ began to be commonly used in philosophy after Hegel’s (1807) seminal work *The phenomenology of Spirit*. Later in the 19th Century, Brentano (Husserl’s teacher) advanced the notions of phenomenological philosophy as an exact science and ‘descriptive psychology’

<sup>1</sup> However, the use of introspection and personal reflection has a much longer history in philosophy and inquiry into the human condition. In the West it can be traced back to the

In addition to autobiographical enquiry, I would also like to celebrate the use of reflexive depth-full and compelling poetic-creative forms, following the Utrecht tradition of Van Manen's (1990) hermeneutic action-sensitive pedagogy. "Textual emotion, textual understanding can bring an otherwise sober-minded person (the reader but also the author) to tears and to a more deeply understood worldly engagement" (Van Manen, 1990, p. 129). I also follow the Embodied Enquiry work of Todres (2007). Todres' (2007) project is to restore a poetic heart to academic writing. According to Todres (2007) balancing a concern with 'texture' and 'structure' in our qualitative enquiry into human experience allows us to retain more holistic, embodied, resonant forms of knowing that are not fixed. Todres (2007) argues for an inner poetry to the qualitative research undertaking:

Poetic language with regard to experience is 'truthful' in that it attempts to retain the pre-reflective qualities of experiential structures – concrete, embodied, mooded, sensed, interrelated, and always full of the imagination gathered from other times and places. In poetic discourse, one's relatedness to existence is revealed in that it asks the listener to move towards the speaker or the text and to find the body of the occasion, its taste, and mood in his or her own. (p. 12)

After briefly reviewing the field of first person phenomenological accounts I offer my own autobiographical example – one that uses a narrative-poetic form. I share my lived experience of coping with pain and through this I hope to show how poetic phenomenological prose may facilitate lived understandings in others (be they our students, clients or colleagues).

This account of pain experience was initially written for myself as part of helping me voice and work through (make sense of) my experience. Later I intended others to read it, particularly physical therapists and other health professionals who, for all sorts of understandable reasons, can sometimes be inured to the pain and suffering of their clients. Such first person writing has the potential to remind professionals of what an experience is like from the 'inside'. The subjective reality of the lived experience can, through the writing, be brought closer – both to the writer and to others through engendered empathy.

The reality of lived experience is there-for-me because I have a reflexive awareness of it, because I possess it immediately as belonging to me in some sense. (Dilthey, 1985, cited in Van Manen, 1990, p. 35)

## First person phenomenology

The aim of first person phenomenological approaches is to provide rich, compelling, thought-provoking descriptions of lived experience. In this section, I first suggest how to approach and craft a first person account. I then explore how to move beyond straightforward descriptions in order to explicate implicit meanings.

### Crafting first person accounts

In contemporary research practice there are many wonderful literary accounts of lived experience that draw on personal reflection rather than participants' descriptions. In healthcare research, for instance, this involves an individual's narrative of what it is like to live with a disability<sup>2</sup>. Researchers also engage a first person approach when they employ reflexivity within a broader study and critically focus on their personal experience of the phenomenon or research process. Other types of first person description can be found by turning to literature. For example, Van der Bruggen and Widdershoven (2004) analysed material in autobiographical novels in order to explore the experience of being a Parkinson's patient. They highlighted an existential paradox where life simultaneously appears immobile and unpredictably whimsical. All these forms of first person writing can enrich teaching/learning and guide practice in a wide range of disciplines.

There is no set methodology that dictates how these first person autobiographical accounts should be presented. Writers generally offer written narratives that include concrete descriptions of events, which may be interspersed with theoretical discussion. It is also possible to use other creative, self-expressive media such as reflexive writing, photography, drama, poetry and painting. In this regard, phenomenologists can learn from the range of presentations offered in auto-ethnography.

Van Manen (1990) offers advice concerning how to approach first person accounts:

To conduct a personal description of a lived experience, I try to describe my experience as much as possible in experiential terms, focusing on a particular situation or event. I

<sup>2</sup> There is a tradition where authors offer deeply personal accounts of their illness experiences using autobiographical narrative research methodology (e.g. Robert F. Murphy's (1987) *The body silent* where he recounts his life as a quadriplegic). While not explicitly utilising phenomenological methodology, these narratives can be regarded as phenomenologically-inspired as they offer rich, descriptive accounts of lived experience.

try, as Merleau-Ponty says, to give a direct description of my experience as it is, without offering causal explanations or interpretive generalizations of my experience. (p. 54)

These direct, concrete 'experience-near' descriptions then become the 'data' with which to work further if that would be valued. In other words, the personal account can become the basis of a more generalized phenomenological analysis. For example, some researchers use and interrogate their personal diary accounts as if they were 'transcripts' from participants. Regardless of how it is conducted the concrete first person description probably needs to be crafted further. This could include, for instance, working through it more deeply to pull out implicit meanings and to bring the phenomenon of focus closer.

The question then becomes: Beyond giving a rich description, how do we find the words (or use other art forms)? Evans (2011), a counsellor and writer herself, offers some advice:

I invite would-be writers to exercise their writing muscles little and often with free writing; find the joy and playfulness in writing; and explore (through writing or another creative activity like art or drama) their critical voices and creative ebb and flow. And above all, not to try and get it right or be perfect, but allow for messiness and incoherence. (p. 8-9)

Evans (2011) suggests an image of the potter throwing clay onto a wheel. In this metaphor the initial words we throw onto paper are the raw materials that can be crafted and further edited later. To provide an immediate example, this article is a case in point. I started by writing my first person account, an account I reshaped over several successive iterations. The rest of the article was then built piece by piece around this account, once I had a sense of the argument I wanted to make and the journal in which it would appear.

The type and level of crafting engaged clearly depends on the intended audience or source of publication. Considerations include whether or not the first person account requires literary embellishment, whether it needs to be decorated with a few academic references and what argument can usefully be made.

#### *Transforming description into explication*

The extent to which a purely descriptive phenomenological account is sufficient and whether more analysis and/or interpretation is required is a matter for debate and depends on whether descriptive or

hermeneutic variants of phenomenology are being embraced (Finlay, 2011). All phenomenologists do require that participants' naïve descriptions are transformed in some way into a 'phenomenological description' that explicates meanings.

First person writing does not usually involve an off-the-cuff description akin to the more straightforward accounts offered by participants in research. Instead the description needs to be transformed in some way, such as by identifying themes or explicating existential points of interest. Alternatively, the transformation might involve embellishing the description in a literary-metaphorical sense.

The challenge then for first person phenomenological writers is to engage and encompass both description and analysis in order to allow something more of the experience to be revealed in thick description. In other words, phenomenologists (be they teachers or researchers) utilising first person accounts often include concrete descriptions of significant events perhaps interspersed with theoretical discussion and/or literary flourish. Personal reflection thus becomes a springboard for broader, deeper analyses and new insight. As Van Manen (1990) notes "A phenomenological text succeeds when it lets us see that which shines through, that which tends to hide itself" (p. 130).

As an example, consider the way in which Broyard (1992, pp. 4-5) offers his experience of cancer using the surprising metaphor of intoxicating desire. He recognises how in this phase of the disease he is "infatuated" with his cancer and how it "stinks of revelation".<sup>3</sup>

The way my friends have rallied around me is wonderful. They remind me of a flock of birds rising from a body of water into the sunset ... They are not intoxicated as I am by my illness, but sobered. They appear abashed or chagrined in their sobriety. Stripped of their playfulness these pals of mine seem plainer, homelier – even old. It's as if they had all gone bald overnight.

Yet one of the effects of their fussing over me is that I feel vivid, multicoloured, sharply drawn. On the other hand – and this is ungrateful – I remain outside of their solicitude, their love and best wishes. I'm isolated from them by the grandiose conviction that I am the healthy person and they are the sick ones. Like an existential hero, I have been

<sup>3</sup> I am grateful to Peter Willis for drawing my attention to this wonderful work as well as for introducing me to the practice of 'listening reading'.

cured by the truth while they still suffer the nausea of the uninitiated.

The challenge for phenomenologists using first-hand experience is to engage personal reflection and revelation not just as an end in itself but as a springboard for more general insight into the phenomenon of concern. Importantly, this requires an open phenomenological attitude (Finlay, 2008), which aims to focus on the phenomenon with fresh, curious eyes. Rather than showing “straightforward, unreflected absorption in the objects of experience ... the phenomenological approach involves reflection *upon* experience” (Toombs, 1993, p. xii, emphasis in original):

The task is to elucidate and render explicit the taken-for-granted assumptions of everyday life and, particularly, to bring to the fore one's consciousness-of the world. In rendering explicit the intentional structures of consciousness, phenomenological reflection thematizes the meaning of experience. (Toombs, 1993, p. xii)

As an example of this use of a reflective springboard, Toombs (1995) writes of her experience of living with multiple sclerosis and describes her experience of navigating airports. This is the start of a broader discussion about her changing relations between self-body-world, her bodily intentionality, shame, and so on.

To live with multiple sclerosis is to experience a global sense of disorder – a disorder which incorporates a changed relation with one's body, a transformation in the surrounding world, a threat to the self, and a change in one's relation to others. (Toombs, 1995, p. 12).

In another of her works, *The meaning of illness*, she describes her bodily experience as part of a wider critique of the objectifying medical/professional gaze and the need for more healing relationships and she urges physicians towards better understandings of patients' lived experience (Toombs, 1993).

#### **An autobiographical example: The lived experience of pain**

In 2004 I (Linda) fell down some steps and smashed my shoulder (a complex fracture of the head of the humerus). I had no inkling then that it would change my life, or of the trauma that would be involved. Three major surgeries over three years were probably the least traumatic aspects of the process towards shoulder replacement and a new way of life. Each surgery was followed by a period of intensive rehabilitation involving ever more complex exercises

and agonising stretching which, at its heights, consumed five hours a day. I would scream with pain as my physiotherapist or husband forced my arm into nearly impossible positions. Domestic and work responsibilities had to be curtailed while I hung by a thread to a modicum of activity and my life projects; I was literally hanging on to ‘me’.

I nurtured my damaged shoulder/arm and I learned to incorporate its strange, new, heavy, uncanny presence back into my world. Rather than my ‘enemy’, pain became a familiar companion. Slowly, I returned to life. Against the odds I have regained almost full movement and strength in my arm. Most of the pain has receded.

However, I still re-member the months of my pain-world. The following narrative of those early days has been constructed retrospectively from memory and using odd notes I produced at the time, in the moment of pain. I share it now in order to give physical therapists, who work in taken for granted ways with patients in pain, a greater appreciation of what it is like from the ‘inside’. I write, too, for the millions of patients in remedial clinics around the world who are casually instructed to do exercises without being given sufficient emotional support to face the trauma of the process.

I'm aware of layers of different types of pain. There is the surface burning/pulling/stinging pain around my surgery wound. At a deeper level there are the throbbing pulsing waves coming from traumatic damage that cries from deep within. Then there is the acute spasm fire-pain, pain which violates me when I move. The tearing of fibres makes me want to cry out, and sometimes I do. Always there is the continual, lingering dull ache of pain that resides away from my shoulder – my back in particular, aches constantly. Pain killers promise oblivion but never deliver.

Burning, throbbing, spasm ... These words don't capture the experience, the layers, the colour, the flavour, the noise, the assault ... Brown, black, red, grey ... Molten lava with hard black crusty edges and endless grey ash beyond ... A poisonous lemon fire-water with bitter aloes codeine-fuelled aftertaste ... The high-pitched screech of an electric saw on metal, a pneumatic drill which will not be silenced ...

Movement is the worst. Any movement is preceded by dread and a sense of vertigo. Anxious anticipation of pain to come causes a struggle within to resist. Forcing myself, I throw my body into movement. A faint

threatens as screeching, sheering pain overwhelms me. Can a body bear this agony? As movement ceases, the screeching turns to fire-y ache. Somehow I welcome its constancy with a glimmer of relief which knows the worst has passed (is past), for now.

The horizon of anxiety is a continual presence: Fear shrouds the pain. A helpless anxiety gnaws. What does the pain mean? Should I stop exercising? Am I doing myself damage? What of the future? Can I endure this another minute, hour, day, week, another month, year, years? How disabled am I going to become? I scare myself. When I think about it, the pain gets louder, the red-blacks darken.

Time slows; there are only periods of more or less pain. With the distractions of the day some relief is to be had; at night a lonely black fear of endless waiting descends. Pain keeps me awake yet I'm bone weary from coping and too dopey to wake properly.

Being scared, or resisting the pain, only makes it worse. Somehow observing its forms - tolerating it and letting it be - brings its own curiosity. It's as if I'm in a prison with a potentially violent enemy or torturer. I resolve to know him. If we're locked here together for life I need us to build some kind of companionable relationship - one not based on fear. "Come," I say to the pain, "Time to exercise".

Sensitive to my body's every reaction, I learn to be still, to relax and not resist the pain. I learn to stop fighting, to go with it. When I succeed, sometimes the pain transforms into an interesting sensation. I'm aware of a burning, or a dull ache, or of simultaneous layers. It is not so bad. It is just there. It is me and not an enemy to fight. Perhaps it is the quelling of fear that reduces the pain ... Ignore it. Just exercise Linda.

Life as I have known it collapses and my world is reduced to minimal essential activity. Projects are abandoned as beyond possibility and replaced by just two new driving projects: Exercising and learning to cope (with the pain, with performing one-handed activities). My world becomes a technical problem to be struggled with and solved. I tell myself it's only an arm; others know worse; I can do without; I am lucky, I can afford to be idle. I work at my exercises ... Just exercise Linda.

I am diminished. Tears come to my eyes

unbidden. A new shadow 'disabled shame-self' has replaced me: Weak, vulnerable, handicapped, dependent, pathetic, needy. Where are my resources? I can't cope. Exhaustion overwhelms. I have no energy left over for life. All I can do is lie on the sofa and half-watch 'crap TV'. It is too much effort to be with others. Relating serves only to nourish the weak dependent me. I become reclusive and withdrawn. I cope better when I'm just quiet and at home. At some point, I realise this shadow-self is the new me; my old-self a faint memory. Is this forever? The spectre of uselessness and disintegration haunts me and I am tempted to give in, give up. But I don't. I exercise harder ... Just exercise Linda.

I re-learn the meaning of pain. Once it meant, 'stop'. Pain meant something was wrong and the body was protecting itself, signalling for me to stop doing whatever it was that I was doing. Now, it just is: Pain is the body and pain is the world. Little space is left for anything else. I learn a new way of moving in my world, one that involves minimal movement so as not to jar my arm. I am alert to possible harm. I become wary and protective of my arm, shielding my body from external threat. Ironically it is I who most threatens my body - my exercises only have value if they cause pain, tearing pain. I push forth, knowing I have to continue, force my arm beyond natural positions. I cause the pain in me. From somewhere I find the courage to invite pain in even more ... Just exercise Linda, just exercise ...

## Discussion

In order to deepen this exploration of first person phenomenological accounts, in this section I reflect analytically on both my narrative and the process in which I engaged. I then critically evaluate the use of first person accounts in general.

### Reflections on my narrative

The poetic narrative above is more than the kind of naïve description of experience given by participants in research interviews or protocols. It is more literary, as shown through the metaphorical flourishes and poetic-prose form. It is also more phenomenological in the way that lifeworld themes of embodied identity, sociality and temporality/spatiality are implicitly worked and explicated. It is moot whether further analytic embellishment is necessary or useful. However, to illustrate how the description can be further deepened, in the section below I begin to engage the explicit theme of 'body-world disunity'

and widen the focus to embrace a more theoretical field. There are of course a myriad of ways the narrative could be re-worked, elaborated and re-presented.

With the double-trauma of surgery and pain, my world had abruptly and traumatically changed. My pain was an ontological assault (Kleinman, 1988). The unproblematic, balanced body I had previously 'passed over in silence' had now become a screeching-sheering red-black pain which was all I could focus on. The violence of the experience bled into all my senses. "Visual and auditory experiences...are pregnant – one with the other, and their expressive value is the ground of the ...unity of the perceived world" (Merleau-Ponty, 1962, p. 235).

With this new way of being-in-the-world, I lost my previous existence. My previous bodily and social identity and relationships had been wrenched away. Tossing on a sea of pain, I became disconnected from familiar lands – cut away at literal and existential levels. Heidegger's concept of 'uncanniness' or 'not-at-homeness' (*unheimlichkeit*) truly applied<sup>4</sup>. I was existentially alienated from myself as well as others. My lived body was something 'other than me' and my pain remained both me and out of my control. "Illness is an uncanny and unhomelike experience since the otherness of the body then presents itself in an obtrusive, merciless way" (Svenaeus, 2000, p.131).<sup>5</sup>

While feeling alienated and cut adrift, as my life was (literally) threatened by the major surgery, I got in touch with some existential anxiety. Subsequently I began to value the new possibilities that opened up for me and became

<sup>4</sup> As we confront life's meaninglessness and the abyss of nothingness that awaits us when we die we experience angst, we feel unsettled, alienated, homeless (*unheimlich* – literally not-at-home). We can flee from this radical insecurity and deny our existential anxiety by 'falling' into the attractions of a mindless, anaesthetising 'they'. But Heidegger calls us to authentically own our self and situation. For Heidegger it is precisely this being-towards-death that gives life its intensity, urgency, meaning and potential for authenticity.

<sup>5</sup> In health, Svenaeus says, we feel at home and take our bodies for granted. In illness we experience our bodies as uncanny, we feel 'not-at-home'. But there is also a paradox here as the homelikeness of health can constitute an inauthentic mode of living and comes at a cost while illness can help us actively grasp possibilities for living. This is why people who have experienced life-threatening or chronic health conditions may well talk about positive transformative benefits.

inspired to embrace a more authentic life. The first step was to accept this pain-exercise world of "restrictive potentialities" as mine (Merleau-Ponty, 1962, p. 143).

#### Reflections on the process

In both parts of my narrative I have tried to describe my lived experience in as rich detail as possible. My goal was to attend to the intense multi-modal sensory experience that constituted my pain experience. I sought a form of prose that would hopefully be poignant, compelling and would impact on others at a visceral, 'experience-near' level. I wanted to evoke a response in readers and specifically to challenge the current understandings of health care professionals who have forgotten how to empathise with their patients' pain.

The account provided above is a retrospective construction. The notes I had scribbled at the actual time of my pain helped me to anchor the narrative more immediately in the here-and-now. Later on in my rehabilitation process, when I was out of my screeching-sheering pain place, I was able to shape my notes into a more organised structured account. According to Van Manen (1990) the process of depthful writing cannot be "accomplished in one straightforward session [instead] the process is more reminiscent of the artistic activity of creating an art object that has to be approached again and again, now here and then there, going back and forth ... to arrive at a finely crafted piece" (p. 131).

This narrative was not easy to write. I am not a gifted professional writer/artist and therefore attempting to finely craft a piece in a compelling way to stir the sensibilities of others threatened to be a struggle too far. I fell back on familiar techniques such as expressing myself by explicitly using metaphors as a way of giving my writing a literary edge. It was also helpful to draw explicitly on the different senses of taste, smell, sight, touch, sound and the way they co-mingle in order to bring words alive (such as when I suggest that the pain screeches). Another reason it was a struggle to write this narrative is that the writing process took me back to the 'then' – where my body 're-membered' the trauma (at a body memory level). It is unsurprising that a part of me resisted such 're-minders' (at head and heart levels). I was aware at times of the need to focus myself. I had conversations in my head where I 'interviewed' myself:

Remember that moment when he put my arm in that position Linda? How did you feel in that moment? What were you aware of? Just describe that ... What did the experience smell/taste/sound/ look like? What was it like

before – during – after?

By asking these types of prompting questions, my resistance eased and was able to write.

It is now some months since I wrote that account. Looking back, I give it Buytendijk's "phenomenological nod" (Van Manen, 1990, p. 27), as it recognises the 'truth' of the experience. I say to myself: "Yes, that is exactly how it was!" I believe that, despite my literary limitations, I have captured and communicated something of my experience. I showed the account to my husband and a friend. They both shared with me how they struggled to read it; "It was excruciatingly painful to read," my husband said and my friend concurred with that sentiment. (I recognise how reading an account can evoke such empathy that it is hard to read. I reflect how my own resistance might be paralleled in readers).

Having heard my readers responses I feel satisfied that I have managed to 'write my pain' and that they have witnessed my experience. If they can be impacted at a visceral level, so might others. I push through my hesitation at sharing personal material and resolve to share it even more publically in this journal issue.

### Evaluating the use of first person accounts

Personal accounts of the lived experience of health and well-being, illness, disability, pain, emotional trauma, and so forth, are often poignant and powerful. Such accounts offer us a way to get 'up close and personal' with specific experiences, to better understand and empathise with what others may be going through. They challenge our blind-spots and taken-for-granted assumptions. Reminding us of our own fragile existence, they can resonate and touch us in unpredictable ways.

These accounts also have value in that they offer an empowering 'voice', a way in which individuals can express, work through and share their existential journeys with others. Often the journeys described focus on some transformational component and these can be inspiring to both self and other. For myself, writing and reading my narrative account reminds me of how I learned to cope and began to transcend the pain. I know now how to live with the pain and get through my next shoulder surgery (planned for a few years' time).

However, above and beyond giving voice, first person accounts invite others to 'witness' – and be enriched by – stories of the individual's struggle/achievement. Willis (2010) expresses this point when he invites readers to engage a 'listening reading' attitude, which involves reading with a reflective, attentive, empathic

silence that allows authors to speak to the imagination, heart and soul. He describes his current project of pursuing

... a number of 'life with illness' stories so that the poets, novelists and philosophers who had so honestly and lyrically spoken of their life with illness could discover in the witness of listeners (rather than critics) how their stories had been heard and taken to heart by at least one other living soul. (p. 23)

Of course, any account can only begin to capture the actual lived experience. Phenomenological accounts paradoxically both draw us closer while also distancing us from the lifeworld (Van Manen, 1990). Any account by definition always remains partial, incomplete and tentative. As Van Manen (1990, p. 18) notes, "To do hermeneutic phenomenology is to attempt to accomplish the impossible: To construct a full interpretive description of some aspect of the lifeworld, and yet to remain aware that lived life is always more complex than any explication of meaning can reveal" (emphasis in original).

Personal accounts also run the risk of being self-absorbed and self-indulgent. They can be unduly preoccupied with the clichéd banalities of everyday life. Phenomenologists taking the first person route need to keep the purpose of their study and the phenomenon in mind. As Van Manen (1990, p. 54) puts it, "The phenomenologist does not want to trouble the reader with purely private, autobiographical facticities of ones' life". Reflexive revelations probably have greatest value when one's own experiences shed light on others' experiences, such that the account goes beyond the personal.

To write means to write myself, not in a narcissistic sense but in a deep collective sense. To write phenomenologically is the untiring effort to author a sensitive grasp of being itself – of that which authors us, of that which makes it possible for us to be and speak ... in the first place. (Van Manen, 1990, p. 132)

In going beyond the personal, first person accounts offer understandings that may be generalizable (or at least applicable or relevant) to others. Such first person accounts thereby constitute valuable qualitative evidence; whether this is as 'data' or as 'findings' in themselves.

### Conclusion

In this paper, I have examined the use of first person narrative-poetic phenomenological prose and shared something of my own experience. I have tried to

demonstrate how both writing and reading accounts in this mode can be a valuable way of teaching as well as communicating embodied-relational existential understanding. Ideally, the first person account can go beyond the personal to offer understandings about the nature of being that may be generalizable (or at least applicable or relevant) to others.

I value the communicative power of teaching/research that reverberates or strikes a chord with our everyday experience of life, as well as that which challenges and unsettles. I want to be touched by the captivating, allusive power of forms that evoke lived experience. I believe that phenomenology best achieves this when it focuses on existential issues, uses personal-

reflexive and/or relational-dialogal forms and draws on the arts. This form of phenomenology turns reading/writing and doing research into a compelling experience in itself. I agree with Wilkinson (2009) when he says:

It is indeed timely to turn to poetry now, to correct the one-sidedness of medicine, to correct the one-sided ministrations of psychological science, but also because, thus, we can enjoy a psychotherapy [or teaching/learning practice] which is a creative servant of life and laughter and love. (p. 236)

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