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Exploring phenomenological interviews: questions, lessons learned and perspectives

"Who is the expert when it comes to understanding people — the detached scientist or the ordinary person in everyday life?"

(Vasu Reddy 2008, p. 5).

Phenomenology is becoming increasingly important in the field of psychopathology and psychiatry thanks its novel methodological approach and its development of insights into various forms of human experience (Stanghellini et al., 2019, Parnas et al., 2011; Sass, 2014). Phenomenology's unique contribution to qualitative approaches is that it helps to focus on the person as a whole – making it a vital element of effective psychiatric research and practice for a growing number of researchers and health practitioners.

This special issue focuses on a recently developed tool for collecting qualitative data about the patient's experience and situation: the phenomenological interview. Usually, this is a semi-structured interview informed by phenomenological concepts (such as temporality, corporeality, intersubjectivity, etc.) that allow clinicians and researchers to grasp the experience of a person as it is actually lived through by her and to analyse it within the theoretical framework of phenomenological philosophy. The benefit of the phenomenological interview lies in the specific access that it gives to the subjective experience of persons involved in the clinical encounter (Nordgaard, Sass, Parnas, 2012). This shift helps to overcome a mere biological perspective on psychiatric illness and to arrive at a more comprehensive view of psychiatric diagnosis and treatment: "any serious study of the mind, or 'psyche' must involve the consideration of consciousness, subjectivity, or the first-person point of view" (Parnas et al., 2012, p. 5).

Today, various researchers and practitioners share this view regarding the advantages of the phenomenological interview, especially since Høffding and Martiny in their paper "Framing a phenomenological interview: what, why and how" (2015) investigated the procedure from a systematic-methodological perspective for the first time. However, the term "phenomenological interview", used in its singular form, may be misleading because it would be impossible to pinpoint a single form of an interview

that should be defined as phenomenological. Instead, there have been various attempts to bring together phenomenological philosophy and interview techniques to develop innovative approaches to the analysis of human experience: the microphenomenological interviewing technique (Petitmengin, Remillieux, Valenzuela-Moguillansky, 2018); semi-structured, phenomenologically informed interviews focused, on the one hand, on the patient's self-experience (EASE, Parnas, et al. 2005), world experience (EAWE, Sass et al. 2017) and imagination (EAFI, Rasmussen, Stephensen, & Parnas, 2018) or, on the other hand, the psychiatrist's own feeling of the situation (ACSE, Pallagrosi, Fonzi, Picardi, & Biondi, 2014) or caregivers' experiences (Murakami, 2020).

All of the authors seem to agree that the advantages of adopting a phenomenological approach are both methodological and practical. From a methodological perspective, phenomenology focuses on subjective experiences and not only on symptoms. Thus, in diagnostics or psychotherapy applications, the psychopathological approach studies the person and her/his subjective experiences. This becomes possible thanks to the features of phenomenological interviewing, such as consideration of the centrality of a person's situation; speaking freely and rarely interrupted, conducting the interview in a conversational atmosphere and asking open questions; to try to find essential features of the experience (both in form and content); suspending standard assumptions about time, space and causality; using a second person perspective; and being genuinely interested in the answers of the patient (favoring an empathic understanding).

From a practical point of view, phenomenology helps hypothesize therapy (Doerr-Zeggers & Stanghellini, 2013) and create the relationship between the clinician and the patient, which becomes an empathic attitude where clinicians' primary purpose is understanding what it means to be in a certain psychopathological state, not merely in terms of brain disruptions, but a more existential manner. The neurobiological causality, which belongs to a descriptive account, works together with the explanation of the first person subjective experiences (Sass, 2010). The result is a person-centered approach (Stanghellini & Aragona, 2016) which prioritizes patients' experiences and allows the clinician to consider them as individuals in their own right.

No systematic account has yet been developed despite the growing interest in this topic. The present special issue is an attempt to contribute to such an account. It is a result of an international workshop that we organized in 2019 at the Research Center for Phenomenological Psychopathology and Psychotherapy of Heidelberg University, bringing together scholars who already worked on designing or using various types of phenomenological interviews in their practice and researchers who are currently elaborating new ways of applying phenomenology in psychiatric research and practice. With the increasing interest in phenomenological interviews in psychiatry and other fields, it appeared important to study phenomenological interviewing from a critical perspective to explore its potential for psychiatric practice further.

Our reflection on the use of phenomenological interviewing in the psychiatric field opens with the paper by **Henriksen, Englander and Nordgaard** "Methods of data collection in psychopathology: the role of semi-structured, phenomenological interviews". The authors argue that the key to understanding why a phenomenologically informed interview should be implemented in psychiatric practice

lies in grasping the specificity of the object of psychiatry, its *Gestalt* nature–that a mental disorder can be conceived only as a complex whole. Meaning, that one should not identify a mental disorder with certain experiences, feelings, expressions, beliefs, or actions because it would mean to reduce what happens in a mental disorder to its manifestations. What it means for a person to be affected by mental illness consistently exceeds such observable elements. According to Henriksen, Englander and Nordgaard, this is why a phenomenologically informed interview is the most appropriate method to employ in psychiatric practice. Unlike any other approach, the phenomenological one allows for grasping the interconnectedness of different elements and, more importantly, "assessing the relationship between parts (symptoms and signs) and the wholes (Gestalts) in which the symptoms and signs partake".

In this issue's second paper, keeping on with the work done in 2015 by **Høffding and Martiny**, the authors focus again on the "what, why and how" of the phenomenological interview and confront the skeptical argument that is sometimes used to question the validity of phenomenological interviewing. The authors emphasize that this kind of method comprises two different but intertwined moments: the interview itself, that needs to be prepared *before* by the interviewer, and the collection and analysis of the collected reports that take place *after* the interview. With this in mind, the so-called skeptical argument is faced and challenged through different layers: ontological, epistemological and methodological. First, the *ontological* objection claims that experience is an improper scientific explanandum and that we should take into account its psychological, cognitive, and biological underpinnings. In other words, there is a gap between the experiential self and the narrative one as well as the lived experience itself and what has been told by the interviewee. Accordingly, we cannot trust what is said. Second, the *epistemological* objection states that bias and flawed episodic memory makes interviewees unreliable. Third, the *methodological* objection claims that no valid method exists for using interviews. In response to these objections, the authors explore how the researcher who analyses the interviews draws on her knowledge of phenomenology and psychology and tries to understand and interpret something about psychological and cognitive, although not biological, underpinnings of experience. The interactive collaboration, the attention on the non-verbal language of the interviewee, and the fact that phenomenological interviews seem to have both transparency and consistency make them scientifically worthy of trust.

Of course, the objections can be even more substantial if we address the challenges specific to interviewing persons with or at risk of developing schizophrenia-spectrum disorders. **Pienkos, Skodlar and Sass** commit their paper to the analysis of these difficulties, focusing in particular on the role of language and expression in the clinical and research interview and their unique manifestations in schizophrenia. Here, the language undergoes deep changes, creating difficulties in the intersubjective dialogue. In fact, it may have a more playful or creative quality, opening up possibilities for inventing new words that can even come to seem strangely thing-like or powerful for the subject. Of course, this influences the perception of the experience itself. The phenomenological interview can be structured accordingly. And also in this case, as it happened with Høffding's et al paper, the advantages of a semi-structured interview are shown: rather than simply characterizing the subject's expressions as delusions, the interviewer would ask more questions to understand the way the world appeared to the participant. Another advantage provided by the phenomenological interview lies in the principle of *imaginative variation,* or *eidetic reduction,* thanks to which the

interviewer uses descriptions and examples from the interviewee to depict essential invariants of a phenomenon. In this way, she can understand the main features of a specific experience. Accordingly, the authors describe the overall interviewing process as an expressive, interpersonal and intersubjective event. These features should be considered in the analyses of the collected report (or, in Høffding's et al. words, in the second stage of the interview process) because the interviewer must be aware of the different epistemological and experiential perspectives levels that are involved.

Therefore, we can claim that there is no one standard phenomenological interview but various forms of possible inspiration of psychiatric and clinical investigation that combine interviewing techniques with the phenomenological approach. This means that the phenomenological approach's potential to understand the clinical situation is still to be fully explored. Such inspiration guided the work of **Stanghellini et al.** in creating a project for a new tool that aims at assessing abnormal time experiences - Transdiagnostic Assessment of Time Experience (TATE). This tool is meant to comprehensively "facilitate large scale empirical investigations of ATE in persons with abnormal mental conditions regardless of the diagnosis" and aims to be comprehensive. This is why it was conceived as a structured interview that could be easily administrated by the persons without phenomenological background and used without topographical constraints, potentially for all types of mental disorders. While the development of TATE is still in its preliminary phase, and is yet to be tested, it appears promising for both psychiatric practice and psychiatric research. It draws on the phenomenological tradition in describing the object of study – in this case the temporal lived experience – and at the same time, it opens an interesting discussion about the form that phenomenological investigation in a clinical setting could take and that up until now was associated with semi-structured methodology.

Another interviewing technique inspired by phenomenological tradition is a micro-phenomenological explicitation that Vermeersh conceptualized in 1994. In this special issue, **Depraz** proposes a study of how this interviewing technique could be combined with a biographical narrative technique to provide an even richer understanding of the person's experience. This new approach was experimented with by the *Adochroniq* research program conducted in Rouan (France) and directed by Depraz herself. This research focused on the lived experience of chronic diseases, such as diabetes, anorexia nervosa, and schizophrenia in adolescents and used an interview that combined these two techniques that appear to be fundamentally different as a method. Indeed, while the micro-phenomenological explicitation allows patients to go back to a past experience and relive it with the help of the memory, the biographical narrative technique appeals to our imagination. However, as Depraz argues, the analysis of a specific moment in a human experience (provided by phenomenological analysis) should not make abstraction of a bigger narrative as the latter embeds the former and "confers, as the authors says, a thickness and depth" to it. This paper thus allows us to reflect on the framework of phenomenologically informed interviews and whether and how it should be combined with other interviewing techniques to refine our understanding of normal and altered structures of the human experience.

For **Fonzi et al.,** to expand such an understanding implies the development of new tools to investigate the structures of human experience. These new tools should also help us answer one of the fundamental questions about the clinical situation, that is "how can we know the patient's subjective world?". Such a formulated question shifts

the attention from the object of the investigation (the patient's subjective world) to the subject of the analyses (*we* who strive to know it). During recent years, this group of Italian researchers has been doing pioneer work by drawing attention to the clinician's subjective experience as a source of knowledge about the patient's inner condition. The clinician's subjective experience has been usually disregarded in the analyses of intersubjective dimension in classic psychiatric assessment. Inspired by both phenomenological and psychoanalytic traditions, they developed a unique tool for grasping the spontaneous relational experience at play in the clinical encounter the *Assessment of Clinician's Subjective Experience (ACSE)* (2010). Strictly speaking, the ACSE is not a "phenomenological interview". Nevertheless, they share a theoretical framework of understanding how the intersubjective dimension is structured and defines the patient-clinician relationship. In their paper for this special issue, Fonzi et al. go back to the grounding principles of the ACSE questionnaire in order to situate it in relation to the phenomenological philosophical tradition and the clinical research and practice.

What is the future of phenomenological interviewing in psychiatry? In her paper, that closes our special issue, **Sholokhova** reflects on how we can teach phenomenology today, and how phenomenology can change the psychopathological field and influence the psychiatrist's attitude. The phenomenological interview can indeed represent a powerful tool in the mediation between phenomenology and psychiatry. By focusing on the lived experience of the subjects, the effects and the changes that certain processes may produce on and in the lived experience introduces researchers to both the *terminology* and specific *techniques* (such as *epoche* and *reduction*) proper to the phenomenological method. As described by the author, this can be regarded as a real "teaching through practice": in this way, we don't focus only on what phenomenological psychopathology *is* but mainly on what phenomenology *does*. In this view, a huge contribution of phenomenology is to consider the psychiatrist herself as an embodied agent, a non-judgemental mediator, and not a neutral observer. Accordingly, to familiarize with phenomenology should become synonymous with a huge effort from psychiatrists: they should work together and implement the study of phenomenological notions with a genuine *praxis* that takes into account the idea of interpersonal relationship that is at stake in the clinical meeting by finally making it (through phenomenological interviews) the main therapeutic tool.

We hope that the papers presented in this issue will contribute to deepening contemporary psychiatry's interest in the dialogue with philosophy and phenomenology in particular. Despite the apparent dilemma that the epigraph might suggest, phenomenology does not intend to eliminate the psychiatric framework. Instead, it proposes to study the problem from another angle — the subjective one — and to reflect on how psychiatric knowledge may benefit from it. However, the subjectivity in question should be understood based on the idea of the relationship between the clinician and the patient is "a fusion of horizons" (Fuchs, 2007), a participatory experience in which two embodied subjects resonate with one another, trying to extend "the patient's lived space and change his implicit relationship patterns" (Fuchs, 2007, p. 424). It is this participatory "we-subject" that should become a starting point for any psychiatric research or practice.

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