

Personal documents and nursing theory development

Personal documents, notably autobiographical accounts, supply a compelling realm of phenomenological data for nursing theory, providing insight and understanding into the nonnormative nature of health and health-related experience. Personal documents occasion a discussion of empathic understanding as an analytical component of human science and illness as an occasion of heightened personal awareness. Triangulation research strategies are advocated as a means of incorporating personal experience data in nursing research.

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THE REDUCTIONISM and pathology-centered emphasis of professional scientific literature eclipse the primary focus of any human condition—specifically, the individual living the experience. Hence, beyond normative generalization, there is need in nursing science to integrate the notion of reality as a personal, complex, subjective construct and to develop theory with understanding and insight into the experiences of well-being and illness.

Textbook depictions of any given health state do not address the complex myriad of human versions of being sick or being well. In consequence, incongruities between health care professionals and clients are repeatedly cited. Recently, Smith¹ identified nursing research studies that found ambiguities of meaning between nurses and clients, thus underscoring the need for including the client perspective in theory development.

Personal documents provide firsthand descriptions of human experience. Their focus is the individual's definition of

meaning and reality. As such, they represent phenomenological data of singular, subjective, "lived experience." As a category of human data, personal documents include expressive products in the words of subjects, such as letters, diaries, life histories, autobiographies, and depth interviews. Their use originated in the case study method of social science, which aimed for holistic understanding of a single complex entity in most complete detail.

Personal documents were introduced in *The Polish Peasant in Europe and America*,² a five-volume work of American sociology that appeared between 1918 and 1920. In addition to its contribution to social theory, the work was a methodological innovation with its inclusion of subjective factors using personal documents. In their portrayal of the experience of Polish immigrants, the authors incorporated family letters, the life-history technique, and case records to illustrate feelings and other emotive states.

To dismiss personal documents as biased and scientifically irrelevant is to overlook the traditional distinction in scientific domains that originated within the 19th century German academic tradition. On the basis of all individuals having the unique attributes of emotion and spirituality, subjectivity became the premise of human science, differentiating it from natural sciences. Thus originated the intention of human science to understand the dimension of consciousness underlying human acts and social behavior.

In human science, personal documents provide evidence that yields insight and understanding of act meaning^{3(p32-33)}—that is, meaning from the participant actor's

frame of reference, devoid of investigator-imposed interpretation. They supply a running commentary of consciousness to the individual life. As illustrations of intrinsic feeling and motivation, they uphold the "insider's" perspective of reality and thus represent an emic approach, ie, one that gives the cultural point of view of an insider.⁴ Essentially, personal documents reflect personal meaning, the subjective core of awareness that is the elemental context of all health and illness experience.

Personal accounts of health and illness are classifiable as topical autobiographies,^{5(p81)} that is, value-laden reports of particular experience. They are likewise holistic products in that putting together a coherent life account presupposes rationality and the ability to synthesize. As distillations of experience, they represent conscious selections of the most meaningful and dramatic aspects of the experience from the actor-author's point of view. The autobiographical medium affords opportunity for after-the-fact "gloss"—description, reflection, reanalysis, and other creative refinements, all part of a sustained process of "making sense." In all, autobiographical work represents the creation of a lasting metaphor and an assignment of permanent meaning to significant personal experience.

As sourcebooks of phenomenological

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description, personal documents have an immediacy of style, attributable to their realism, emotion, and candor, unlike the succinct reportage of professional scientific writing. The desire to recapture past experience is typically the precipitant for an account's production. Personal documents enable the author to freely include life style—notably the interplay of cultural and historical factors—and other dimensions of context in the narration of major experience.

Significantly, the personal structuring of meaning in autobiographical forms parallels the development of plot in fiction and follows a similar design:

As a rule, autobiographical writing seems to be preoccupied with conflict, with the "personality-making" situations in life. Happy, peaceful periods of time are usually passed over in silence. A few lines may tell of many serene years whereas pages may be devoted to a single humiliating episode or to an experience of suffering. Writers seem driven to elaborate on the conditions that have wrecked their hopes and deprived them of satisfaction.^{5(p78)}

The conflict inherent in a health alteration experience such as disease or disability can be the impetus of sharpened existential awareness and thus the occasion of heightened personal experience.

With regard to health experience, then, the optimal personal document, whether it is a complete or partial life account, will be expansive, consisting of detailed description of the multiple contexts of everyday life, including the customary ways of life prior to the manifestation of conflict, ie, illness. Context will include elaborations of persons and events. Other interpretive commentary will endeavor to explain the why's and how's underlying certain behav-

ior, including origins of values and meaning. Unanticipated aspects of experience are a noteworthy dimension of recollected experience as are recollections that indicate paradox, ambiguity, and contradiction. Since conflict and emotional turbulence are a basic theme in autobiography, there should be adequate illustration of the origins and emergence of conflict, including processes whereby the conflict was resolved or neutralized.

APPLICATIONS

Becker^{6(pix)} observed that the most advantageous use of personal documents occurred when several accounts, grounded on a universal theme, contributed to a mosaic of composite meaning that exemplified the similarities and diversity of human experience. Accordingly, this technique entails comparing and contrasting such materials from subjects living within a similar sociohistorical context, describing a common lived experience. In the following excerpt, an octogenarian woman comments on her personal experience of age:

I prefer to call old age, this time of vintage, an adventure, while others may call it a calamity. The difference is that a calamity has to be endured passively; an adventure must be accepted. In both there are the same dangers; those that can be anticipated and those that are unexpected. To accept the challenge of adventure means freedom; though every adventure involves risks. At the same time, it is the unexpected, the new, the surprise, and for those who are brave enough to consent, a strong temptation.^{7(pp19-20)}

The account is ostensibly optimistic, although with an undercurrent of uncertainty and tenuousness. Examination of a

second woman's lived experience of age reinforces some impressions of the earlier writer, yet introduces completely original notions as well:

The crucial task of age is balance, a veritable tight rope of balance; keeping just well enough, just brave enough, just gay and interested and starkly honest enough to remain a sentient human being. Talking of one's health, which one wants to do, is generally full of risks. Ill health is unpleasant to most healthy people as it makes them feel helpless, threatened, and it can feel like an unjustified demand for sympathy. Few believe in the pains of another, and if the person in pain has nothing to show, can forget the pain when interested, then where is the reality of it? In one's self, where it ought to be kept I suppose. Disabilities crowd in on the old; real pain is there, and if we have to be falsely cheerful, it is part of our isolation.^{8(p36)}

Continuing review of personal documents along similar existential themes culminates in a strong realization of the dialectical complexity and multiple levels of meaning inherent in the contents of personal documents.

An alternate version of the comparative technique is to juxtapose professional literature with a patient's account of specific experience. For example, a review of the section pertaining to arteriography in a nursing textbook reveals information addressing the diagnostic procedure, its purpose, and its potential risks to bodily systems already compromised by pathology.^{9(pp812,817,966)} The personal account focuses on the patient's pain and anguish:

"Well," they said, "now we're going to pour in iodine and it will go all through your arteries and up past your lungs and heart and that is the reason for the operation. And as it passes your

lungs and heart we photograph it and we will have to leave the room because it's X-ray."

"Now," said the assistant at my end, "no pain, no pain but great heat. You will feel great heat and you mustn't be surprised. Don't move. Don't move anything, not your head, not your neck, not your shoulders. Keep perfectly still for the camera."

"I'll try," I said. "Trust me."

"Certainly," she said. And with that somebody—I think a man—took a two-inch-wide surgical tape and placed it across my face and head, across the upper lip, taped it flat to the table and then took a two-inch-wide surgical tape and taped it across my chin. I couldn't move a lip or a nostril. You can't scream with your mouth gagged. Anybody knows that.

What I actually thought about at the moment with astonished wonder yet overwhelming clarity was what made the doctors ever think of doing this. How did they find they could? What poor wretch was first experimented on? What poor, poor animals came first? The first time they probably poured something in that was not harmless and that made the patient feel a great deal more than just heat.

"Now, here goes," said the surgeon and, I guess, poured in iodine. I could, of course, feel nothing. And then they ran for it, literally scrambling, and slammed the door shut and were behind glass, safe, watching the death chamber, leaving me alone.

And the medicine mounted in my bloodstream at the rate of my blood flow. And it's pretty fast, faster than I had thought; that much I could feel. One, two, three, four . . . Gone! The roof lifted. The lid was off. There was no top.

Help! Help! My teeth went. The eyeballs held by a string. Air! Help! No top. No head.

They were coming back into the room. Somebody yanked off the adhesive.

"Well, that's fine. That's absolutely fine."

I was panting.

In came Dr. Plum and took my hand, the

one I could feel with, and said, "You're just marvelous. You photograph like a Hollywood star. Nobody has ever photographed better."

"Oh, good girl," said the assistant. "Good girl! You didn't move."

"I couldn't. You know I couldn't. I tried. I couldn't. You fixed it so I couldn't."

"There, there now. That's marvelous," said the surgeon. "Simply wonderful."

"Now," said the assistant, "now, you see, we only have to do it two more times."^{10(pp124-126)}

At the very least, there is no duplication of content in the two writings. Recognition of the profound difference in emphasis heralds the necessity for client-centered knowledge such as personal accounts of illness to be incorporated into the theory construction endeavors of nursing.

SCIENTIFIC RIGOR

Despite their value-laden "bias," the reliability and validity of personal documents can be systematically appraised, even when documents portray experience that is alien to that of the investigator. The blind spots of selective perception are noteworthy for the clues rendered about the author's value system; however, they need not confound the issues of validity and reliability.

Quantity of detail does not in itself guarantee interpretive sensitivity. Recalling that ultimately, personal documents clarify the meanings of human experience, the central issue in the appraisal of validity addresses the accuracy, truthfulness, and adequacy of the rendition of the author's thoughts and feelings.

Basic issues in the appraisal of authenticity include noting the author's declared intentions in creating a document and

whether the author addresses any specific audiences. Documents with acknowledged authorship are generally viewed as more valid, although there are instances in which controversy surrounding an experience argues in defense of author anonymity.

An essential and singular aspect of validity for human phenomena is an intersubjective process characterized by the concept of *Verstehen*.¹¹ Referring to the apprehension of meaning, ie, interpretive understanding,¹² *Verstehen* is a hallmark of the convergence of phenomenology in human science.¹³ Although the scientist can never completely apprehend another's meaning, the experience can be empathically approximated using speculative processes such as introspection and identification.^{3(pp141-144)} Thus meaning can be apprehended through comparison of one's own subjective repertoire (emotions, values, and experience) with those represented in the personal document. Like the phenomenological concept of a "Life World," referring to an intersubjective process of constructed meaning,¹⁴ *Verstehen* calls for a bond of empathic recognition between the author and human scientist.

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meanings portrayed in the document, similar in proportion to parallel experiences of the investigator. Although the investigator may not have comparable firsthand experience, those in the document must seem

plausible in common-sense terms. The document must support the impression of being consistently honest and reasonably thorough in the presentation. External validity, regarding the generalizability of meaning, occurs when personal documents receive endorsement from individuals or groups with similar experience, thus signifying some degree of affirmation for the experiences contained in the account.

THEORY DEVELOPMENT

In their Jungian typology of scientific orientations (sensing, thinking, intuition, and feeling), Mitroff and Kilmann¹⁵ identify the feeling orientation, defined in terms of individuation and valuing, to be most conspicuously absent and underdeveloped in contemporary sciences. This orientation seems most relevant to the development of a unique domain of knowledge for nursing, the human science concerned with promoting awareness, empathy, and concern. Stevens¹⁶(pp278-279) forecasts the advancement of nursing theory to be contingent on the incorporation of the patient's unique area of expertise—specifically, the particularized meaning of the patient's experience as a patient and client. Smith¹⁷(p43) likewise emphasizes the need to incorporate individual experience in her assertion that essential knowledge for nursing resides in participant definitions of problematic situations.

Systematic incorporation of the client experiential perspective, using personal documents, enables theory development to proceed by a process of intension, whereby an area of knowledge gains more intricacy in the specification of detail and nuance.³(pp305,320) As noted by Kaplan,³(pp118-119)

individual cases provide a clarity of meaning that directs the subsequent formulation of hypotheses and specification of variable interrelationships. They likewise provide direction for continued theory elaboration.

Grounded theory adds a systematic process to the analysis of personal documents. Along with the deciphering and coding of meaningful themes, memos are written to record developing ideas contributing to eventual conceptual elaboration and conceptual sorting.¹⁸ A way to initiate the incorporation of personal documents as a standard data source occurs in relation to the core concepts (nursing, human beings, society, environment, and health).¹⁹(p81) Using personal documents to extend the empirical base, a subconcept of personal experience might be developed for each. This would likewise reinforce the contrast in emic (insider) and etic (cultural point of view of an outsider) perspectives in concept development. Likewise, the process could be the basis of cluster studies elaborating archetypal themes and images of nursing practice, using personal accounts of nursing experience in various circumstances of client health and illness.

Regarding the contribution of personal documents to hypothesis testing, one outstanding research question relates to personal well-being as it occurs in illness, long-term impairment,²⁰ and disability.²¹ Significantly, personal illness experience has been variously characterized in terms of heightened emotion and spirituality. Sigerest²²(pp9-22) described illness as an elemental state of solitary suffering and spiritual intensity. Likewise, Lieb²³ depicted insular self-absorption and alienation as living inside an illness, while others have

likened illness to a lived-through episode of transcendence and self-actualization.²⁴ Illness has also been described as an interval of heightened existential awareness,²⁵ a moral opportunity,^{26,27} and in terms of a progressive dialectic between self and body.²⁸

Personal documents have decisive contributions to make in the theoretical advancement and refinement of nursing. Essentially, an epistemological decision is involved,²⁹ to the effect that firsthand evidence of health experience and health alteration experience is integral knowledge for nursing science. In turn, the selection of knowledge will influence the choices of methodology.

Methodological shifts, including erosions in the foundations of logical positivism and empiricism, have marked the evolution of nursing research,^{30,31} evidenced by the groundswell of inquiry premised on inductive methodology.³²⁻³⁴ For any of these approaches, personal documents comprise a relevant category of data. Con-

temporary science advocates triangulation strategies that combine multiple theories, methods, and data into unified research endeavors.^{35,36} Thus, used in concert with other data, personal documents facilitate research outcomes with fuller and stronger contributions to make in nursing theory of human health and illness experience.

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Personal documents are singular reflections of client experience and extend the traditional theoretical paradigm. As a cache of personal meaning, they call for a broadening of the scope of nursing inquiry to incorporate the phenomenological realm of client experience. Moreover, in reinforcing the tradition of *Verstehen* in human science, they afford a cogent antidote to reductionist and dehumanizing tendencies. They are integral to theory development in a practice discipline that is committed to the uniqueness of each person.

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