Using conjoint interviews to research the lived experience of elderly rural couples

Understanding the experiences of elderly rural couples in accessing health services can assist nurses and other health professionals in their roles as advocates, service providers, educators, programme planners, and policy makers. In this paper, Frances Racher explores phenomenology as methodology, and its fit with the unstructured conjoint interview as method, in planning for a study to seek knowledge of elderly rural couples’ experiences in accessing health services. It is argued that phenomenology is an appropriate approach for gaining an understanding of the experiences of elderly rural couples. In addition, conjoint interviews provide opportunity for the partners to negotiate and jointly construct their responses, when the couple is the unit of study and the couple experience is the topic of interest. As health professionals strive to situate themselves in the everyday worlds of their clients, they are integral in the development and application of new research methods such as the conjoint interview.

**Key words**
- elderly couples
- conjoint interviews
- phenomenology
- dyads
Introduction
Rural elders, like their urban counterparts, wish to remain living in their own homes in their own communities (Everitt 1994, Kelley and MacLean 1997). Ageing marital partners strive to continue residing together as long as they are able (Cantor 1991, Racher 2002). The health of elderly spouses and the couple’s access to health services can be key factors in determining their ability to stay together in the community (Racher et al 2000). Substantial research has been conducted on rural elderly persons’ access to health services (Congdon and Magilvy 2000, Dwyer et al 1990, Himes and Rutrough 1994, Nemet and Baily 2000, Rosenthal and Fox, 2000). Some researchers have explored health service use among married elderly persons (Iwashyna et al 1998, Neese et al 1999, Rankin and Monahan 1991), but more often these studies focus on health services related to spousal caregiving (Allen et al 1999, Tennstedt et al 1993) or the institutionalisation of an elderly spouse (Gladstone 1995, Mittelman et al 1993, Rosenkoetter 1996, Rosenthal and Dawson 1991). Rarely is the elderly couple considered the unit of inquiry, data collection, and analysis (Padula 1996, Racher et al 2000). Understanding the experiences of elderly rural couples in accessing health services can assist nurses and other health professionals in their roles as advocates, service providers, educators, programme planners, and policy makers.

In this paper, I explore phenomenology as methodology, and its fit with the unstructured conjoint interview as method. Further, application of the methodology and method are discussed in planning for a study to gain understanding of elderly rural couples’ experiences in accessing health services.

Phenomenology as methodology
Methodology refers to the philosophic framework, that is, the fundamental assumptions and characteristics, of a human science perspective (Koch 1995, van Manen 1997). Method pertains to the way the research is carried out (Caelli 2001). Three methods are used to gather evidence in the course of all research: listening to or questioning research participants, observing, and examining records (Ford-Gilboe et al 1995). Methodology, in its classic sense, is the study of the epistemological and ontological
assumptions that specify how a method will be applied to gather the evidence. It is the theory behind the method.

Phenomenology is portrayed as the study of essences (Merleau-Ponty 1962), the science of phenomena (van Manen 1997), and the exploration of human experience (Polkinghorne 1989). The literature is replete with depictions of phenomenology by nursing researchers (Annells 1996, Benner 1994, Caelli 2000, Cohen and Omery 1994, Koch 1995, Lawler 1998, Munhall 1994, Oiler 1986). Although influenced by this literature, my perspective is primarily based upon interwoven components from the phenomenological stances of Husserl, Heidegger, Merleau-Ponty and van Manen. My decision to use conjoint interviews as the research method for my study is consistent with the methodological themes of van Manen and his position that the research method should be uniquely suited to the particular research question.

**Husserl’s phenomenology**

Husserl rejected the extreme idealist position (the mind creates the world) and the extreme empiricist position (reality exists apart from the passive mind). He sought to forge a path that would ground and confirm the objectivity of human consciousness as it relates to the lifeworld (Kearney and Rainwater 1996). He stated, in his effort to develop a science of phenomena, that sciences of experience were sciences of fact, of essences as they appear through consciousness (Husserl 1952).

Husserl’s goals were strongly epistemological and he considered experience as the fundamental source of meaning, of knowledge. Three key concepts of Husserlian phenomenology included essences, intentionality and phenomenological reduction. He stated that phenomenology should return ‘to the things themselves’, to the essences that constitute the consciousness and perception of the human world, the very nature of a phenomenon that makes a some ‘thing’ what it is – and without which it could not be what it is (Husserl 1952). In Husserl’s transcendental approach, he believed that the mind is directed toward objects, consciousness was ‘to be the consciousness of something’ and this directedness he called intentionality (Koch 1995). Husserl (1952) devised phenomenological reduction or bracketing as a tech-
nique to hold subjective private perspectives and theoretical constructs in abeyance, allowing the essence of the phenomena to emerge.

**Heidegger’s phenomenology**

Heidegger shifted from the epistemological emphasis of Husserl to an emphasis on the ontological foundations of understanding reached through ‘being-in-the-world’ (Annells 1996). For Heidegger, the primary phenomenon that phenomenology should cover was the meaning of Being (sein or presence in the world) as opposed to being, or being there (dasein or people who comprehend this presence) (Cohen and Omery 1994). Heidegger agreed with Husserl’s statement ‘to the things themselves’, but criticised his emphasis on description rather than understanding.

Heidegger’s concept of ‘Being-in-the-world’ necessitated a view that the person and the world are co-constituted, an indissoluble unity as a person makes sense of the world from within existence and not while detached from it (Annells 1996, Koch 1995). He repudiated science as merely developing what is already known, and focused on interpretation and reflective thinking by beings on Being as the only possible source of knowing (Omery and Mack 1995).

Heidegger founded hermeneutics on the ontological thesis that lived experience is an interpretive process. Understanding and possibilities are the outcome of interpretations and are linked to cultural norms (Cohen and Omery 1994). The person and world are co-constituted; humans are constructed by the world in which they live and at the same time are constructing this world from their own experience and background (Koch 1995). People are self-interpreting beings and interpretations occur in contexts involving everyday experiences. Interpretation is based on a person’s background understanding, in its ‘historicality’ (Heidegger 1962). Understanding is a reciprocal activity, and the present may only be understood in terms of the past and the past in terms of the present. Heidegger devised the concept ‘hermeneutic circle’ as a metaphor to illustrate this reciprocal undertaking (Koch 1996). Interpreters participate in creating data because the hermeneutic circle cannot be avoided; co-constitution demands that primary data be regarded as contextualised life events with the individual’s and the researcher’s perspectives specified (Koch 1995).
Merleau-Ponty and phenomenology

Building on the work of Husserl and Heidegger, the philosophical work of Merleau-Ponty provided a constant reminder of the insoluble link between consciousness and the world (Keamey and Rainwater 1994). Consciousness is always embodied consciousness, and perception interpreted by humans elicits meaning. For Merleau-Ponty (1962), ‘the real has to be described, not constructed or formed’. Reflection is necessary to bring the awareness of the world into reality. The objective and subjective are inseparable. ‘The world is not what I think, but what I live through. I am open to the world, I have no doubt that I am in communication with it, but I do not possess it; it is inexhaustible’ (Merleau-Ponty 1962). The world is assumed; experience in it and knowledge of it come through the subjectivity of being-in-the-world, embodiment. Individuals assume a position in the world. The body gives access to the world and perception is the access to experience as it is presented before reflection. Perception needs access to reality and human experience is actualised in the four lifeworlds: space, time, body, and human relation (Merleau-Ponty 1964).

The objective of phenomenology, from Merleau-Ponty’s perspective, is to describe human experience. Lived experience is layered with meanings, and the aim of description in phenomenology is to peel away the layers. Through phenomenological reduction, presuppositions and common sense must be suspended to recover original awareness. During inquiry, the researcher and participants suspend or bracket their knowledge, common sense, beliefs and habits.

Van Manen’s phenomenology

Van Manen (1997) uses the terms human science, phenomenology and hermeneutics interchangeably. These concepts, he claims, are consistent with the term ‘hermeneutic phenomenology’ and its two methodological components: descriptive (phenomenology); related to how things appear and speak for themselves; and interpretive (hermeneutic); consistent with the claim that uninterpreted phenomena do not exist.

In van Manen’s (1997) methodological assumptions, he claims that phenomenological research is the study of lived experience, the study of the world as immediately experienced, not after conceptualisation, categorisa-
tion or reflection. Consciousness is the only access human beings have to the world and to be conscious is to be aware of some aspect of the world. Reflection on lived experience is always retrospective, on experience that is already passed or lived through. The essence of a phenomenon is universal and phenomenology is the systematic attempt to uncover and describe the structures or the essences of lived experience. Phenomenology is the study of meanings as experienced in our everyday existence, described and interpreted with some degree of depth and richness.

Phenomenology is scientific in a broad sense as it is a systematic, explicit, self-critical, and intersubjective study of its subject matter, our lived experience. It is intersubjective in that the researcher needs the ‘other’ in order to develop a dialogue relation with the phenomenon, and thus validate the phenomenon as described. Phenomenology requires attentive thoughtfulness, a heedful, mindful wondering of what it means to live a life, what it means to be human.

Van Manen (1997) stresses the belief that the method of phenomenology and hermeneutics is that there is no method. Instead he sets out his assumptions as methodological themes and directs the researcher to:

(a) focus on a phenomenon of serious interest
(b) investigate the phenomenon as we live it
(c) reflect on the essential themes that characterise it
(d) describe the phenomenon through writing and rewriting
(e) maintain a strong pedagogical orientation to the phenomenon
(f) balance the research by considering the parts and the whole.

His aim is to enable the reader to select or invent appropriate research methods, techniques and procedures to address the particular problem or question. This advice sets the stage for the development of a research method that will be most appropriate to gain an understanding of the experience of elderly rural couples in accessing health services.

**Conjoint interviews as method for inquiry**

Historically, health services have focused on the individual caregiver or care recipient. As the family or couple more often becomes the client and focus of care (Wright and Leahey 2000), the needs, priorities, and perspectives of that
client must be understood (Tanner et al 1993), and reflected in programme planning and policy development. To gain this understanding, the data must be representative of the family, the couple as a unit (Bell et al 2000).

Selection of the research method should be based on the research purpose, the research question and the proposed unit of study (Ganong 1995, Gilliss 1983, Uphold and Strickland 1989). In seeking to understand experiences of couples and develop services useful to couples, it is appropriate for the research method to focus on the couple as the unit of study. Conjoint interviews or conversations with the couple, where partners jointly construct and negotiate their dialogue, is a way to gain understanding of the experience of the larger unit and the interdependent, or collective perspective of the partners (Gilliss and Davis 1992). The conjoint interview is useful when attempting to focus on the couple unit and maintain that focus during data collection and analysis.

The conversation of the couple when responding to questions provides information regarding the content of the dialogue and the process used to construct the dialogue (Thompson and Walker 1982). Observing verbal and non-verbal communication assists in understanding the interaction of the couple (Chesla 1995). Conjoint interviews may also improve the trustworthiness of studies pertaining to couples. The content and depth of interviews are altered as husbands and wives corroborate and stimulate their partners’ memories to expand the information generated (Allan 1980, Padula 1996). Elderly marital partners build better memories through collaboration (Bower 1997).

The conjoint interview is an appropriate research method to gather information from the couple as an entity or about the perspectives of the couple as a unit. This method is useful in phenomenological research when the couple experience is the topic of interest. The conjoint interview is an appropriate method for the proposed study, as the elderly rural couple is the unit of study and the topic of interest is the experiences of couples in accessing health services.

**The fit between phenomenology and conjoint interviews**

Traditionally in phenomenological research, the individual is the unit of study. Chesla (1995), however, recommended the use of phenomenology
and family interviews to move beyond the bounds of the individual. She identified a congruency between phenomenology and family interviews, as the process among family members requires an ontology that recognises intersubjective, shared or common meanings. The ontology must also focus on significant experiences of family life. The same conclusion can be drawn about phenomenology and couple interviews, recognising the couple as a sub-unit of the family, or in the case of elderly couples, the couple as the nuclear family unit.

Chesla (1995) suggested that four central themes of phenomenology affect the approach taken in the study of families, or in this case of couples. Phenomenological research must consider the way the unit of study is situated in the world; constituted by that world; engaged in everyday activity; and moved by its concerns in day-to-day life. Husserl (1952), the father of phenomenology, considered experience to be the fundamental source of meaning and knowledge. Conjoint interviews, designed to seek knowledge of experience, offer an appropriate method for phenomenological research.

According to Heidegger (1962), the person and world are co-constructed. When a couple is situated in or exists in the world as a unit, it would follow that the couple is constructed by the world in which it exists and at the same time the couple is constructing its world from its experience and background. It is recognised that each partner contributes to that couple construction from his or her unique past, which is both similar and profoundly dissimilar. Through negotiation, sharing, and interdependency of the partners, couples come to exist, are capable of experiencing, and of interpreting those experiences.

The world is assumed; experience in it and knowledge of it come through the subjectivity of being-in-the-world, embodiment (Merleau-Ponty 1962). Merleau-Ponty spoke of individuals assuming a position in the world; having access to the world and perception of it. He also stated that perception needs access to reality and human experience is actualised in the four lifeworlds: space, time, body, and human relation (Merleau-Ponty 1964). It is in the human relation that the couple comes to exist. This relationship exists over time and through space. It follows that couples, like individuals, assume a position in the world, have access to it and perception of it. Marital partners
exist in an interdependency, an interdependency that creates a whole larger than and different from the parts: the couple in its capacity as a unit. Consistent with phenomenology as methodology, the conjoint interview offers a research process to investigate the experiences of the couple, the perceptions of the couple, and the understandings of the couple as a unit.

The experience of elderly rural couples in accessing health services

MacKinnon et al (1984) suggested that spouses construct shared perspectives of reality. Conjoint interviews, in which elderly couples describe concrete specific experiences in accessing health services, offer researchers the opportunity to understand those experiences. ‘Narratives that have arisen in family life include the context and history of the episode, how the situation presented itself and evolved over time, the family’s concerns and actions throughout the episode, and its retrospective thoughts about the situation’ (Chesla 1995).

Becker and Useem (1942) stated that a dyad is a relationship that extends over time, is enduring, has patterns of mutual action and engages personal elements of the two participants. Levinger and Snoek (1972) posited that for a dyad to exist, mutuality must be present, with each partner’s actions and attributes being markedly influenced by the other’s actions, views and experiences in the relationship. Kenny and Kashy (1991) suggested that ‘people in dyadic social interaction coordinate their thoughts, feelings and behaviours. At the extreme, this coordination represents the merging of two people into one. The two people transcend their own identities and become something together that never was before’. Pair relatedness, be it called interdependence, reciprocity or mutuality, is the focus of dyadic research (Thompson and Walker 1982). This study will seek to maximise the understanding of the elderly rural couple as a unit, by providing the opportunity for the partners to negotiate and construct their conjoint responses, to reflect their experiences in accessing health services.

The participants are elderly couples, interdependent marital partners. As marital partners age, their interdependence increases (Cantor 1992). This interdependence is especially relevant for elderly rural couples, as their lives have been intertwined not only in commitment to family, but often in work (Keating 1991) and community roles (Kulig 1999).
Padula (1996) conducted conjoint interviews with elderly couples to determine the decision making process they used regarding health issues. In previous research, I facilitated joint interviews with elderly rural couples to identify the resources that supported their ability to remain living together in the community (Racher et al. 2000). In Bower’s (1997) work, he concluded that elderly couples build more complete memories through collaboration. The goal of this research is to seek understanding from elderly rural couples about their experiences, perceptions, and thoughts related to accessing health services. Nurses and other health professionals will use this knowledge in their efforts to deliver health services, develop and modify programmes, and generate policies in a more effective manner.

**Conclusion**

The goal of nursing practice is to contribute to the health of individuals, couples, families and communities. Understanding relationships between people and healthcare environments is essential if nurses and other health professionals are to construct theory that informs their practice. As nurses strive to situate themselves in the everyday world of their clients, they are integral in the development and application of new research methods. Phenomenology is an appropriate approach for gaining an understanding of the experiences of the elderly rural couples. The conjoint interview is an effective approach for the proposed research, when the elderly rural couple is the unit of study and the topic of interest is the experience of couples in accessing health services. Conjoint interviews will maximise data collection by providing the opportunity for the partners to negotiate and jointly construct their responses. This method is particularly useful in phenomenological research when the couple experience is the topic of interest.

In conclusion, phenomenology and the conjoint interview offer an exciting approach through which to understand the experiences, the needs, and the priorities of the client, when the client is the couple.

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