USING HEIDEGGERIAN HERMENEUTIC PHENOMENOLOGY

FOR MIDWIFERY RESEARCH STUDIES



SUMMARY

The aim of this article is to encourage midwives to reflect on hermeneutic studies in relation to their own practice or to consider using it for qualitative research, discussing the applicability of Heideggerian hermeneutic phenomenology. Hermeneutic approaches take into account the subject's prior experience and knowledge, making it useful for working with women and understanding their perspectives. This article is grounded in my experience of undertaking my own PhD - a study on the transition to parenthood for couples with an in vitro fertilisation (IVF) pregnancy. It explains some of the broad concepts of hermeneutic phenomenology and how they align with the practice and underlying theoretical concepts of midwifery.





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INTRODUCTION

Many readers may be wondering why a midwife would choose to use the work of a white, middle-class male philosopher from 1930s Germany (moreover, one with troubling associations with the political climate of the time) to study the experiences of pregnant women in contemporary Britain. Within this article, I hope the rationale for that becomes evident as the work of Heidegger is explored and its applicability to both my own study and midwifery research will be demonstrated.

IDENTIFYING AN APPROPRIATE METHODOLOGY

On commencing my PhD six years ago, I knew what I wanted to study but had no firm methodology underpinning how.

The study focused on the experiences of couples with an IVF pregnancy through the transition to early parenthood, so by definition, it had to be qualitative. In working through a range of possible methodologies - all of which could have been utilised for the study - I found that I was being drawn between a more sociological perspective – social constructionism or ethnography, for example - or a more psychological one such as interpretive phenomenological analysis. In considering methodologies, it is useful to reflect upon what exactly is the focus of the study – differing methodologies are better suited to drawing out different aspects to a study, or indeed to different researchers' personalities. Thus, there is no one correct or ideal methodology, only the one that best fits both the research question and the researcher

themselves. When I was first reading about Heideggerian phenomenology, there was an immediate resonance with it; a sense of I also think like that. Phenomenology is the study of phenomena and the experiencing of that, whilst also recognising the socio-cultural environment in which the experiencing takes place.

Take for instance, a Pinard stethoscope. Some people may not recognise one if asked, 'What is its purpose?', they may struggle. Is it a toy telescope? Could you put it on a shelf with a plastic flower in it? Others may recognise it as a medical instrument that is used by practitioners to hear a fetal heart. Yet for ourselves as midwives, it represents our profession we recognise it as not just a tool we use regularly, but a historic symbol of our profession; its meaning for us embraces our personal psychosocial understanding. Phenomenology seemed to reflect the balance between psychology and sociology that I had been seeking, and that I'd argue midwives also recognise within their work. It does not seek to give answers or build a theory, but to aid understanding of how an experience may affect an individual.

DESCRIPTIVE AND HERMENEUTIC PHENOMENOLOGY

Phenomenology may be either descriptive or hermeneutic (interpretive). Descriptive phenomenology comes from the work of Husserl. A key aspect of descriptive phenomenology is 'bracketing' – being able to identify and suspend prior beliefs and suppositions to avoid contamination of the data, which may initially appear an appropriate, if difficult, aspect. However, within hermeneutic phenomenology, prior beliefs, whilst also being acknowledged, are used rather than ignored completely and form, together

with the data from participants, a coconstitution of findings. Dahlberg² refers to this acknowledgement as 'bridling' - recognising and managing prior experience for the benefit ofthe study. This concept derives from Gadamer's³ acknowledgement of prejudice, not in the contemporary understanding of the word as pejorative, but as 'prejudgement' or prior understanding. As midwives, we bring with us a wealth of previous experience as well as prior reading and research which may be pertinent to a study. Within hermeneutic phenomenology that is considered of value and, whilst not overwhelming the insight and experiences of participants, is used to extend understanding in a 'fusion of horizons'.3 This is an aspect familiar to midwives in working with women and birthing people – listening to them and formulating an individualised plan of care together that recognises an individual's situation and expectations.

Existing hermeneutic phenomenological studies of midwifery highlight the importance of working with women, as they uncover women's experiences and feelings beneath previous assumptions. From my own study of couples becoming parents following IVF, the tentative nature of pregnancy and the differing points at which they felt back on the planned trajectory to parenthood were significant; through understanding a parent's perspective, one can start to address their needs. Similarly, Feeley's4 study of freebirthing was able to uncover how freebirthing enabled women to claim their birth as their own and highlighted perceived coercion; a finding which may challenge midwives to reflect upon their own practice of information sharing.

Heidegger was a student of Husserl's, and whilst Husserl considered that experience

could be understood in isolation from context, Heidegger emphasised the importance of time and place as influences on our experience (exemplified in the title of his major work Being and *Time*).⁵ In considering our previous suppositions, he refers to forestructures as the basis of interpretation which include: forehaving - our familiarity and understanding of the phenomena; foresight – the interpretive approach; and foreconception – our expectation of what may be found reflecting the past, present and future of our thinking. This links with a reflective approach that underpins our professional development.

Whilst acknowledging the influences on our thinking, it is important that subjectivity should not unduly influence the gathering of data through interviews. Within hermeneutic methodology, interviews should be open-ended and unstructured using only occasional 'encouragement' prompts such as 'tell me about when...', 'could you tell me more' to elicit the participants' understanding of what mattered to them. For my own study, I used couple interviews which revealed a specific perspective; not his, nor hers, but theirs. This may differ from the responses that just the mother or just the father may offer, but hermeneutic phenomenology recognises that there is no absolute truth - everything is subjective and dependent upon time and place. For example, within midwifery, a woman's perspective on epidural analgesia may change from the antenatal period, during labour and in her postpartum reflections - one would not dispute that she was expressing the truth of how she felt at those differing points in time. Similarly her accounts will change if she is discussing it with her own mother, a pregnant friend or her midwife - one would not claim that they were untruthful accounts.

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PHILOSOPHY AS A RESEARCH METHOD

Heidegger was a philosopher; he did not propose methods of research, and it lies with researchers themselves to consider appropriate data analysis. For my own study, I used Diekelmann et al.6 which I adapted to reflect the time point and longitudinal trajectories of the data. Whilst focusing on individual interviews it also considers the whole – reflecting the concept of the whole being made up of constituent parts and the parts making up the whole. This reflects person-centred care. Themes arising do not relate to how often an idea is mentioned, but instead to its significance of meaning, with interpretation beginning during the interview itself in the areas that are encouraged and followed and those that are not. Data analysis requires technical process and rigour, but also intuitive insight in considering meanings; thus it is both a science and an art - reflecting the midwifery profession itself.

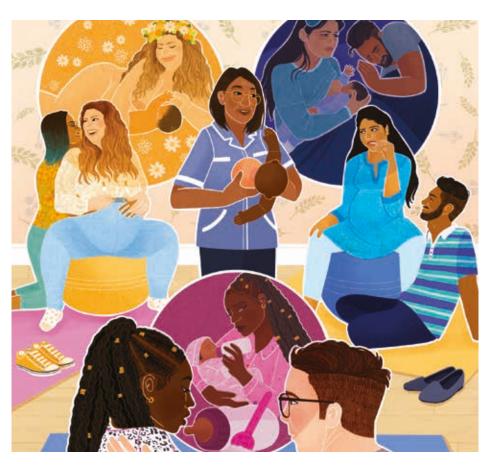
Heidegger and his philosophy encourage us to think for ourselves, not replicating others' views. This 'dwelling with' the data, whilst initially daunting, can enable differing insight than that gained by traditional thematic analysis.

The concepts behind the meanings arise from Heideggerian philosophy with findings comprising participants' insight, the researchers' understanding and application of philosophical ideas. Thus, it is a unique piece of work itself and its applicability is evidenced in the 'phenomenological nod' as others relate to and acknowledge the resonance within the findings. Hermeneutic work is not supposed to develop theory, nor prove a point - instead it is about suggesting how individuals may perceive and interpret their experience, assisting the intuitive health professional to understand and propose support for a mother or parents. Hermeneutic studies of midwives' experiences⁷ enhance management and understanding of possible support needed. Rather than broad data of retention rates and sickness levels, it can drill down to indicate how midwives feel, prior to how they may then respond, to enable proactive intervention. This is why it is useful for midwifery research and knowledge.

Heidegger makes no differentiation about the roles of women or men – only of people, and rarely directly refers to healthcare. The value of using his philosophy within research is that it encourages deeper thinking, maintains a focus on meaning rather than responses and provides a structure in which application to practice becomes possible. As a research methodology it is immersive and reflective, which can appeal to those midwives who seek insight into what may lie behind an individual's actions or behaviours. The person Heidegger was may not seem relevant to contemporary midwifery studies, but the concept of the nature of being is pertinent to any study seeking to understand experience.

PRACTICE AND CRITICAL LEARNING POINTS

- Consider how your own experiences and perspectives influence the care you provide – in acknowledging this, recognise how it may influence the advice and guidance you may offer women in your care.
- Reflect upon how you interact with those in your care – do you always consider how they may perceive their past and current experiences?
- When reading or undertaking research, maintain a critical approach and consider the synergy between underlying methodology and research aims. TPM



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