

## Chapter 7

### Seeking Heidegger in research data: thinking about connections between philosophy and findings

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#### ***Abstract***

In this chapter I present a study exploring the meaning of the experience of kinship stigma in people with inflammatory bowel disease (IBD). We used individual unstructured hermeneutic interviews to collect data from 18 UK-dwelling participants. The phenomenon of kinship stigma (feeling stigmatised by close or intimate family members) was first identified in my PhD and challenged Goffman's (1963) assertion that 'the Wise' (those with a special or privileged relationship with the marked person) would be supportive.

A key tenet of hermeneutic phenomenology is the use of one's own - and others' - existing knowledge and experience within the study. We research the experiences that interest us *because* of who we are, not *despite* who we are. This invites a certain way that acknowledges the significance of where we are situated within a study, yet also guides us to manage the pre-understanding / prejudice we bring with us. Through reflection (looking back on a past event) and reflexivity (an active self-awareness of one's own judgements, beliefs and perceptions during an event) we demonstrate the credibility and trustworthiness of our work.

In hermeneutic phenomenology, we also draw on others' knowledge and experience - typically through reference to other published works - to illuminate meaning for the reader, but may overlook the opportunity to draw on

Heidegger's philosophy to help 'show forth' the meanings within our data and offer these to others for their consideration.

In this chapter, I explain how I came to do the kinship stigma study and how, in a secondary analysis of the data, the following three Heideggerian notions helped reveal another interpretation of meaning:

- **Pre-understanding:** the knowledge which exists before we fully understand it, which influences understanding and beliefs, and which we bring with us and draw on to make sense of new situations.
- **Thrownness:** our past is always before us: our historicity gives us a starting point such that we have somewhere or something that we come from and are already determined in where we go to.
- **Ready-at-hand / unready-at-hand:** the taken-for-granted availability of 'things' which go unnoticed, until these become unavailable.

I begin by reflecting on some aspects of my life story, and my prior engagement with phenomenology and stigma theory that led me to the study, before demonstrating how bringing Heideggerian notions with us into analysis adds philosophical depth to what 'shows forth'.

## ***Introduction***

I started my professional life as a Registered General Nurse caring for adults, before specialising as a Registered Sick Children's Nurse in the mid-1980s, moving into nurse education in the mid-1990s, and eventually finding my current home as an academic researcher in 2008. Throughout my nursing career, I developed an abiding interest in the everyday world of the chronically sick individual. I was also attracted, undoubtedly due to my identity as a gay woman, to the notion of 'Other'. Phenomenologically, the 'Other' refers to recognising

another as different from oneself and incorporating one's understanding of this difference into one's own sense of self – by recognising that we are different person from the other, we come to understand who we are ourselves (Hegel 1770-1831). Psychologically and sociologically, 'Othering' refers to identifying those not belonging to the (majority) in-group and using the differences to reinforce positions of preference, power and superiority (Canales, 2000; Johnson *et al.*, 2004). Othering is closely linked to prejudice, discrimination, and stigmatising attitudes (Young-Bruehl, 1996) and has, historically, been used in many contexts such as male dominance (McCann & Kun, 2003) HIV/AIDS (Petros *et al.*, 2006) and those with non-heterosexual identities (Carpenter, 2018). Since my first undergraduate dabble in research in the early 1990s, I had developed an interest in Heidegger's interpretive phenomenology. Via an MPhil phenomenological project on lesbian women's experiences of healthcare (Dibley, 2009) and extensive reading, I recognised that this philosophy reflected my own way of being in the world - all of which created a momentum such that my PhD topic would involve phenomenology, chronic illness, and Other.

I was, at the time, working as a research assistant in the field of gastrointestinal disorders, and particularly, inflammatory bowel disease (IBD); this chronic, incurable relapsing-remitting auto-immune condition affects an estimated 500 000 people in the UK (HDRUK, 2020) and millions worldwide, especially in Westernised countries (Ng *et al.*, 2017). It is accompanied by several challenging symptoms, including fatigue, pain and urgency / incontinence. It was the latter that interested me: under the mentorship of Professor Christine Norton at King's College London, UK, I completed several studies addressing IBD-related incontinence (Dibley and Norton, 2013; Norton *et al.*, 2015; Dibley *et al.*, 2016); I had a growing insight into the shame,

embarrassment and stigma experienced by many of those afflicted by this most antisocial of diseases. All of this - my fore-structures of understanding which comprised my personal history and the social influences as I grew up and entered adulthood, my being-in-the-world, my work as-researcher - combined to lead me towards the topic, and the research question, for my PhD: '*What is the experience of stigma in people with Inflammatory bowel disease, with or without incontinence?*' This work showed forth a complex insight into participants' own fore-structures and how these influenced and in some cases, mitigated against, feelings of stigma (Dibley, Norton and Whitehead, 2018).

### ***Thinking about stigma***

One of the aspects of undertaking hermeneutic phenomenological research is the necessity of being in the research oneself; by acknowledging the temporal relationship we have with our world, and that our knowledge, understanding and perceptions are necessarily situated in and influenced by that world, we can embark on a journey of discovery with others. We can, with care, use our knowledge, prejudices, and the insights we already own on the path to further discovery, but we must not assume that we 'know' the way. We need to be ready for surprising, unexpected, and often tantalising turns along our route. Thus, during analysis of my PhD data I encountered a surprising phenomenon, but one which called loudly: alongside the well-documented, reported and researched forms of stigma, I saw hints of something subtly different – stigmatising attitudes and behaviours being directed towards the person with IBD by close family members. These insights directly challenged one of the concepts of the leading stigma theorist of the 20th Century, Erving Goffman. Goffman's work, carried out in 1950s middle America, was based in symbolic interactionism (Blumer, 1986). By observing the micro-behaviours of ordinary

interactions in everyday social settings, Goffman described how humans routinely yet diligently manage and control their behaviours with others in order to 'fit in with the crowd' and give a good impression of self (Goffman, 1959). He then investigated the everydayness of those who did not fit in – the Others, leading to his seminal text on stigma (Goffman, 1963). While Goffman has been criticised for outdated language, an oversimplified approach, and a lack of methodological detail (Burns, 1992; Sumner, 1994; Falk, 2001) his definition of stigma remains, in my view, widely applicable. Goffman describes stigma as 'an attribute that is deeply discrediting' and that it is 'a language of relationships, not attributes, that is really needed' (Goffman 1963; p. 12). This latter point is important: Goffman identifies, and others have since concurred, that it is not the attribute (the mark, the feature of difference) that is stigmatising, but that stigma arises from the relationships with observers, onlookers, witnesses and how they respond to that mark, or difference. Anything, from skin colour, to disability, to having a criminal record, to visible and invisible illnesses and more, may be stigmatising in some relationships, and not others.

Since Goffman's work, numerous theorists have identified, labelled and presented various forms of stigma [Table 1], attaching a psychologically focussed ontic view, as if to say, stigma 'is' this.

<b>Term</b>	<b>Meaning</b>
Felt, Self or Internalised stigma	Internalised feelings of stigma; the individual stigmatises themselves independent of others' responses
Enacted, Public or Experienced stigma	Publics' (others') negative beliefs, feelings and behaviours expressed towards a person with a feature of difference; often seen as discrimination
Anticipated stigma	The expectation of being stigmatised by others
Perceived stigma	Believing oneself to be treated in a stigmatising way, even though this may not be the case
Courtesy stigma	Being stigmatised by association with someone

	who carries a feature of difference
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**Table 1: Types of stigma**

Reflecting on Goffman's assertion that stigma is relational, we start to appreciate an ontological view of stigma – its nature, its indefinable and situational qualities, the meaning it has to those who experience it. Classifying stigma in an ontic way ignores what it means to *feel* and *be* stigmatised, and the changeable nature of that meaning according to the situation that a person might find themselves in. For example, I do not feel stigmatised by my identity, but if I did, how could I measure it and say 'My stigma 'is' this? My experience of it would be very different if I were amongst a group of similarly identified women, of others with a variety of alternate identities, or of people who were, in every way, different to me. The ontic descriptions in Table 1 thus do not do justice to the existential qualities that are the focus of an ontological project using hermeneutic phenomenology, where we are drawn into an exploration of what a given experience means, and the how those experiences are understood.

### ***The emergence of the kinship stigma study***

Goffman considered that amongst the daily interactions of marked persons, there were two special relationships which afforded some protection against feeling stigmatised. He described these as the 'Own' (those with the same mark who have an allegiance of understanding) and the 'Wise' (those without the mark but whose special relationship with the person enables them to 'overlook' the mark and be supportive). For people with IBD, specialist clinicians and family members might be assumed to be 'The Wise' but what emerged from my PhD data, suggested otherwise.

Like other families, mine had skeletons in the cupboard. As I got older, I became increasingly aware of the efforts that family members, particularly my parents, employed to present a positive impression to the outside world. To all intents and purposes, we were an upper working-class family with a standard (for the time) structure of mother, father and two children, going about our business and contributing to the community through involvement with organisations such as Boy Scouts and Girl Guides, orchestras, and church events. On the inside, it was very different. But my parents, I realised, had perfected the art of projecting an image of social normality and powerful social capital so effectively that it was never questioned. Naturally, then, when the hint of this family stigma emerged from my PhD, my interest was piqued. Once again, in the phenomenological way, everything that I was, that I understood, that I had learned and experienced in relation to this interesting phenomenon, surfaced for me, and laid itself out as a path I had to follow. This then, was my '*thrownness*' (Heidegger 1962).

### ***Designing the project***

As a developing hermeneutic scholar, I wanted to build on my PhD experiences by engaging in a methodological aspect that I had not yet enjoyed. A PhD is primarily a lone endeavour, although in phenomenology studies, supervisors (including me) usually engage with 'some' aspects of data analysis. Neither of my otherwise excellent supervisors were phenomenologists, and philosophical guidance was therefore unready-at-hand (and I noticed its absence) during my PhD studies. I now wanted to work with other hermeneutic scholars and benefit from their experience, particularly during data analysis. I invited colleagues from the Heideggerian Hermeneutic Institute in the USA, and was honoured to welcome Professor Tricia Young, Professor Pam Ironside, and Dr Ellen Williams to my study team.

## **Demonstrating the need for the study**

The ‘hint’ of the phenomenon, which I tentatively labelled as ‘kinship stigma’ was not, by itself, enough to warrant investigation. I needed a sense of what had been done already, that the topic was sufficiently unique to pursue, and where the eventual findings would sit in relation to other literature. I conducted a systematic literature search (Dibley *et al.*, 2020) in which very few papers were located. One study on family stigma experienced by adult children caring for a parent with Alzheimer’s disease (Werner, Goldstein and Buchbinder, 2010) reported courtesy stigma [see Table 1], which arose for participants due to their association with those whose condition is often stigmatised. Another (mixed-methods) study on adolescents with mental health problems explored their perceptions and experiences (but not meanings) of stigma originating from trusted others including family (Moses, 2010). These works only identified ontic descriptive understandings of stigma experienced or instigated by family members. I could, find no hermeneutic phenomenological investigation of the topic. Family support is known to facilitate learning to live well with a chronic condition (Moskovitz *et al.*, 2000; Gallant, 2003; Altschuler *et al.*, 2009; Strom and Egede, 2012; Frohlich, 2014) and family are usually assumed to be supportive. We therefore sought to address the evidence gap through a hermeneutic phenomenological ontological inquiry into stigma instigated by family towards another family member.

## ***The research question***

The structure of the research question is important to convey the philosophy, methodology and focus of the study. Since this was to be a hermeneutic



phenomenological study, the research question was: *What is the experience and meaning of the social, emotional, and personal impact of kinship stigma in people with inflammatory bowel disease?* The word 'experience' in this title indicates the project is ontological, and 'meaning' highlights its interpretive focus; the core theme (kinship stigma) is identified, as are the areas of interest relating to this phenomenon (social, emotional, and personal impact).

Although the 'theme' of kinship stigma is stated in the question, we remained open to the possibility that this could change during the study, as the phenomenon - as understood and experienced by participants - revealed itself from the data. The research question is always just the starting point of hermeneutic inquiry as we hold ourselves open to the unbounded possibilities of ontological inquiry and what our question might reveal.

### **Sample size**

I am forever advising my MSc and PhD students delivering hermeneutic phenomenology studies, that they should explain their sample size, not excuse it. The latter is an unhelpful yet lingering notion from the 1990s when qualitative methodologists were emerging amidst positivistic researchers and were still establishing robust arguments to demonstrate the credibility and trustworthiness of their work (and the language to describe it). Sample size in hermeneutic research is typically small but depends on many factors, including the rarity or sensitivity of the topic, the available population, and whether there are any sub-samples in the design. Other factors such as timescale and purpose (i.e. educational qualification) are also influential. The aim, always, is to recruit enough people who can provide sufficient rich data with which to address the research question.

The kinship stigma study addressed a novel topic as it offered a counter-perspective to an assumed 'supportive family relationship'. Due to its methodological and philosophical approach, a wealth of rich data was expected. The lack of published evidence also suggested that it might be a reasonably rare experience, so the sample size was set at a minimum of 10. Offering an approximate rather than specific number of participants permits flexibility (and avoids the need for an ethics amendment) should the need to gather more data arise – for instance, the emergence of an unexpected yet potentially important topic which warrants further investigation. To accommodate variety across the narratives, we interviewed 18 participants.

### **Data collection**

In hermeneutics, language is central to how we understand, make sense of, and share experiences. Addressing the hermeneutic relationship between speech and understanding, Gadamer (2003, p.188) states that 'every act of understanding is ... the inverse of an act of speech, the reconstruction of a construction'. We construct and reconstruct meaning through external dialogue with others, and internal dialogue with our existing knowledge and understanding – the back and forth of conversation fuses with our internal yet silent active thinking as we seek to interpret what is being said – and brings us to a new point of understanding. As humans, we do this naturally and subconsciously; we do not decide 'to understand' – we are *always-already* 'in the midst of what is, always listening and [already] responding' (Smythe *et al.*, 2008:p.1396).

Techniques involving language, that enable participants to tell their story as they understand it and in their own words, are therefore philosophically necessary in hermeneutic phenomenological research. The hermeneutic 'interview' is a

dialogue: a spoken conversational exchange of ideas, opinions, or perceptions directed towards the exploration of a chosen subject. The purpose is to understand, rather than force an opinion or change the other participant's perspective. In hermeneutic phenomenology, the interview/conversation becomes a dialogue of understanding between data collector and participant, to co-create a 'fusion of horizons' (Gadamer 2003) as the new shared understanding is developed.

Our kinship stigma study therefore employed unstructured face-to-face individual interactions ('interview' is too formal a word) with participants who self-defined with a psychologically (ontically) orientated definition of stigma as *'being, or feeling that you are being treated differently and perhaps negatively, because of your IBD, by those close to you from whom you might expect to receive full support.'* As is typical in hermeneutic phenomenological research, there was no pre-set or structured topic guide; this aspect can be challenging for novices presenting their studies for ethical review boards who require some evidence of how participants will be interviewed. The trick is to detail the trigger/opening /indicative questions, and give examples of prompts and, crucially, to explain why this approach is methodologically sound. In the kinship stigma study, participants were invited to *'Tell me about a time when you felt stigmatised by a member of your family'* and follow up prompts and probes, such as *'You mentioned X, can you tell me more about that? ...'* and *'What did it mean to you when X happened?'* were guided by the participant's narrative.

All participants were UK residents, and I conducted all interactions. This decision was primarily pragmatic: a single data collector provided a degree of consistency

and being in the same country as participants avoided the need to juggle time zones.

### ***Data analysis and findings***

Data were analysed using a modification of Diekelmann and colleagues' (1989) guidance (see Dibley, Williams and Young, 2019). We conducted all team analysis sessions online and from the 235 single-spaced A4 pages of narrative data, three relational themes emerged: *Being Visible/Becoming Invisible*, *Being the disease/Having the disease*, and *Amplification, Loss and Suffering*, all woven together under the constitutive pattern: *Lacking Acknowledgement/Being Acknowledged*.

Overwhelmed with the richness and depth of the data and focussed on navigating our way to a meaningful representation of participants' experiences, we overlooked the potential presence of Heideggerian concepts in the findings. This does not mean that our initial analysis was flawed, or 'wrong' – but that further analysis would align this work with its philosophical underpinnings. The present chapter therefore provided a welcome opportunity to revisit and undertake a secondary analysis of that data. Three of Heidegger's philosophical notions were revealed within participants' accounts: *pre-understanding*, *thrownness*, and *ready-at-hand/unready-at-hand*. There may of course be others, as the same data can be analysed through multiple lenses.

### ***Preunderstanding***

According to Heidegger (1962) our preunderstanding (or fore-structures of understanding) refers to fore-having (social, cultural and individual issues that exist already in our world before we come to understand them), fore-sight (what

we are directed to pay attention to, based on our fore-having) and fore-conception (something we grasp, an opinion, bias, or meaning we ascribe, in advance). Our culture, the world we are born into, the social group we find ourselves in, our history and life experiences – all these aspects are already in our world before we come to know them, and before we come to think about them in relation to a particular experience. In a seminal text, Koch (1995, p.831) explains that *'these stories are already within our common background understanding ...pre-understanding is a structure of our 'being-in-the-world.' It is not something we can eliminate, or bracket, it is already with us in the world.'* This is *fore-having*. Fore-having then influences *fore-sight*, which Heidegger describes as a definite decision to turn our sights towards understanding our fore-having, leading ultimately to *fore-understanding (or fore-conception)*, an interpretation of how this understanding should be conceived:

*'Whenever something is interpreted as something, the interpretation will be founded essentially upon fore-having, fore-sight and fore-understanding'* (Heidegger, 1962. p.191).

These fore-structures give us a starting point, and influence the way we perceive and understand the experiences we later find ourselves in.

In the kinship stigma study data, these fore-structures were expressed in the story of a young woman with ulcerative colitis, who experienced a flare up of her condition with acute abdominal pain and significant rectal bleeding, on her wedding day:

I think (my mum) genuinely thought I was exaggerating (about my illness), particularly on my actual wedding day. We were late because I couldn't get off the toilet because there was so much

blood. And she just said it was nerves. And I was like, “Really, when you’re nervous, do you have blood pouring out of you? Is that what happens, Mum?” (Dibley, Williams and Young, 2019, p.1204)

Her mother not only attributed this outpouring to ‘wedding day nerves’ but was more concerned about being late to the church than her daughter’s wellbeing. Later, afflicted by the fatigue that commonly occurs in IBD, the participant was not permitted to leave early and rest:

The family wouldn’t let me (leave) ... ‘People have come from miles, we’ve paid a

fortune, make the most of it.’ (Dibley, Williams and Young, 2019, p.1205)

This data informed our ‘Lacking Acknowledgement/Being Acknowledged’ constitutive pattern by highlighting the powerful influence of social norms and expectations that likely drove the family responses. However, it also constitutes Heidegger’s fore-structures. The traditional social rules and expectations that pre-exist this woman’s experience of her wedding are that the bride, arriving fashionably late, makes her grand entrance to eagerly waiting guests. A lengthy delay creates anxieties for the groom, the officiating person, the bride’s family, and the guests. The ceremony is followed by photographs, reception, speeches, party – a long and exhausting day in which the bride is expected to gleam and shine and be perpetually perfect. This is *fore-having* – the pre-existing cultural view of what a wedding is in Western cultures.

For those responsible for the planning and organising, there is a subtle and often unspoken pressure to “put on a good show” which creates, for them, a preliminary view of how the day should proceed. This is *fore-sight*. These two

structures then influence the third: based on cultural rules (fore-having) and personal expectations (fore-sight), the family create an understanding of what they must provide - not being late to the church, putting on a good show to reward people for the effort they have made to attend, and getting every last penny of value out of the money they have paid out to ensure guests have a good time. This is *fore-understanding* - the actual presentation of the wedding in the way that the family understand and believe their guests want to experience it. All of which can be anxiety-provoking, and by classifying her daughter's symptoms as anxiety, the mother doesn't have to consider the larger and potentially more problematic issue of her daughter being ill, on this day of all days. These three Heideggerian structures - fore-having, fore-sight, and fore-understanding - help us appreciate, the deeper meaning revealed by the family's behaviours.

### ***Thrownness***

Heidegger's thinking on thrownness is complex. It appears to present almost as a pre-destiny - we do not end up in the world we are in by accident or chance, but because of a history that precedes us and over which (particularly at the point of our birth) we have no control:

'As something thrown, Dasein has been thrown into existence. It exists as an entity

which has to be as it is, and as it can be' (Heidegger, 1962. p.321)

Withy (2014, p.62) explains that '*we are thrown into something, delivered over to something, given over to something from which we have to start and with which we must deal.*' For better or worse, the situation and context into which we are thrown at birth will, in some way, influence our path through life. Yet

situatedness is not everything that Heidegger meant by thrownness. As Withy explains (2014, p66) something thrown travels *from* somewhere *to* somewhere else. This thrownness - our 'landing' in a place, space and time - also sets us on a path such that our past is always before us. In other words, we travel the paths we do, because of the paths we have already travelled - we are thrown forward to something, because of where we are thrown from. Our historicity gives us a starting point such that we have somewhere or something that we come from, and this already determines where we go to. Heidegger explains the direction in which we travel as a 'calling':

The call is precisely something which *we ourselves* have neither planned nor prepared  
for nor voluntarily performed, nor have we ever done so. 'It' calls, against our  
expectations and even against our will. On the other hand, the call undoubtedly does  
not come from someone else who is with me in the world. The call comes *from me*  
and yet *from beyond me and over me* [emphasis in the original]  
(Heidegger, 1962.  
p320)

Thrownness also plays into our philosophical 'travelling' - how and why we move from one point of understanding to another - how we attune ourselves to the daily experiences we find ourselves thrown into unexpectedly - sleeping through the alarm clock, getting a puncture in the car tyre, running out of milk. These are our micro journeys, where what we learn from past experiences gives us skills to attune ourselves to new experiences - to solve, to challenge, to question, to overcome, to adapt. Thrownness is a complex multifaceted concept involving many different ways of travelling through life.



In the kinship stigma study, thrownness was evident in May's experience of stigma from her sister and mother:

‘ Very soon after diagnosis, it kind of confirmed their view of me as somehow having caused it or created it or there was an inevitability about it, which led from damaged goods ... something broken and not quite right’  
(Dibley, Williams and Young, 2019.  
p.1203)

May had endured the unwanted attentions of her late abusive father. For her mother and sister, May's diagnosis of Crohn's disease in her early 20's was a direct consequence of her childhood experiences. For them, she was *thrown* forward into a damaged body and a life of chronic illness *from* a childhood that was damaged by abuse. May's mother and sister blamed her for the abuse and for the later illness, perceiving she had brought both forms of damage upon herself. Quite apart from the stigmatisation inherent in this attitude, it suggests a fatalistic view that there is nothing we can do to influence our thrownness. Superficially, we might consider the whence (where from) and wither (where to) of thrownness as irrefutable ... we *will* end up where we end up *because of* our past, but this demands some intricate thinking. Whilst thrownness projects us towards a certain situation, we can make orientate to our new location by having a sense of 'how' we arrived ... in other words, we have a path that has taken us from where we came from, to where we now are ... a sense of 'having-got-there-from-somewhere-else' (Withy 2014, p.67) – in May's case, a traumatic and abusive past. It is also important to reflect that we can have agency on our path (albeit potentially curtailed by biopsychosocial and cultural factors) ... so whilst

thrownness projects us, we do have choices that we can make. We are constantly 'thrown' into situations whereby a range of different possibilities and projections – different routes through – are possible.

For May's family, this intricate thinking is missing: their perception was 'she came from bad – she's arrived at more bad' – but instead of acknowledging it sympathetically, they are critical of what they see as her failure to change the course of her life. Were it true that humans cannot influence their paths, no one would break out of poverty, no stories of 'first in my family to attend university' would arise, and millions of people would not overcome childhood adversity. Thrownness is always informed by what has been, and what is to come; it provides starting points and waypoints on our life course, but we can have influence by making choices.

### *Ready-at-hand / unready-at-hand*

At its simplest, Heidegger's thinking around ready-at-hand/unready-at-hand (or ready-to-hand/unready-to-hand) is a consideration of convenience and availability – an observation that the 'things' we need in life are either readily available to us or not, and how our attention switches according to their availability. Of course, being Heidegger, it is not that simple ... ready-at-hand and unready-at hand encompass the *mode* of the thing under consideration; a hammer, lying on the bench for the carpenter to use, is ready-at-hand because it is available, but this readiness-at-hand also includes the capacity of a hammer to be a hammer – which it becomes through the action involved in using it to hammer:

The less we just stare at the hammer-thing, and the more we seize hold of it and use it, the more primordial does our relationship to it become, and

the more unveiledly is it encountered as that which it is ... (Heidegger 1962, p.98).

We can recognise a hammer by its constitutive features, but we also know it as a hammer when it functions as we expect it to. However, if the hammer is mislaid, breaks, or fails to function as expected, it becomes 'unready-at-hand'. This notion means that when something becomes unavailable to us, we really 'notice' or consider the missing item in more authentic ways. The absent or broken hammer now sets us on a path of thinking with heightened awareness about how we will achieve our intended task without this core tool to help us - we thus begin to think more authentically about its purpose, and our needs. Unready-at-hand is also termed 'present-at-hand' - reflecting the change in our thinking from the unconscious (un-present - 'ready-at-hand') to the conscious (presence) of heightened awareness of the object we are unable to use.

Can extend the thinking about these concepts beyond using them in relation to inanimate objects such as tools and equipment help us understand the meaning of experiences? Willerslev (2004) has applied the concept of ready-at-hand to spirits and dreaming, and Breivik (2010) - who also offers a nuanced interpretation of unready-at-hand as more than just unavailability - has addressed both in a detailed consideration of the experience of sky-diving. Thomson (2011) uses these concepts in relation to women's conceptions of their body following a traumatic birth, and a PhD student of mine used it in relation to couples' infertility (Gale, unpublished PhD thesis). We can, then, also perhaps consider ready-at-hand / unready-at-hand in respect of people, and of emotional support.

In the kinship stigma study, we see the expectation of ready-at-hand, and the distress of unready-at-hand, in the account of one participant who felt his parents were unavailable to him:

It's the lack of support from something you came from. You're half of them —that's what it is. There should be more than just "I don't believe you!" Is that the best you can do? — It is a deeper feeling. It's somewhere down here in the gut. You need to be connected. The person with the disease needs to be accepted, especially from the parents. Without it, it's almost like an abandonment thing, I suppose. (Dibley et al. 2019, p.1205)

For this young man in his early 30's with ulcerative colitis, the emotional absence of his parents equated to being cast adrift - emotionally deserted and neglected - and left to deal with his situation alone. The expectation of readily-available emotional support leads to an acute awareness and distress when it is unavailable - when it is unready-at-hand. We also see the role of expectation in respect of ready-at-hand and unready-at-hand in Simon's comments. His father had left the family home when Simon was a very young child, and had never witnessed or experienced any of his son's illness which had been diagnosed after his departure:

'My mum and my dad are divorced. My dad lives in the Middle East. So when I was ill, I never saw him, never heard from him. So that's good. But in terms of my mum, it was a, it was a bit difficult in the sense that whenever I was in hospital for treatment, which was pretty regularly the whole time, she's a teacher and she would always bring her coursework to the hospital with her. And I always felt guilty that I was pulling her away from work or that she had other things to be doing' (Unpublished study data)

Simon dismisses his father's absence with 'so that's good' -his father had never been ready-at-hand and wasn't expected to be, but his response to his mother is

different. His mother was both ready-at-hand by being physically present, but unready-at-hand due to not being emotionally connected with or focussing on her son. He always felt she '*had other things to be doing.*'

The impact of family being unready-at-hand - unavailable or not offering support as expected - is profound. We may not think about the unconditional 'ready-to-hand' love and support within our important and intimate relationships if what they provide is consistent - it is just 'there', available whenever we need it. It only becomes noticeable in its absence - and then all we see is what is not there. The absence thus becomes 'present at hand' - taking front stage in our consciousness as we think and reflect on what this absence means to us. In our study, parental 'unready-at-hand' was interpreted and understood by participants as stigmatising.

### **The joys, challenges and pitfalls of undertaking hermeneutic phenomenological research**

Delivering hermeneutic phenomenological research is both a joy and a challenge. Engaging with a research methodology that 'sits comfortably' with me, enables deep exploration of human experiences in the world, celebrates and values my connectedness with the subjects I explore, and provides a philosophical, theoretical, and practical challenge which continues to inspire and motivate me, is a joy. I like that it is not easy, that it invites me to think deeply and authentically - that it hands me a responsibility to authentically foreground the voices of participants. It is what Smythe and Spence (2019; p.7) describe as 'the gift of the struggle.' Working with others in a hermeneutic team is uplifting, inspiring and encouraging: a well-chosen team creates a safe environment in which to acknowledge one's own biases, weaknesses and prejudices - and from

which new insights, paths and adventures unfold. We are always 'on the way towards' something – a new insight, realisation, awareness and understanding of our own self - as well as journeying towards addressing the research question.

The biggest challenges for me lie in data collection and analysis. Engaging others in conversation is easy enough but engaging them in a hermeneutic manner is a different thing entirely. It took me ages to learn the art of hermeneutic interviewing – of pointing participants towards a phenomenon of interest and creating the space for them to explore that at their own pace - my enthusiasm often (especially in early years) led me to talk too much, guide too closely, jump in with my assumed understandings. At the Hermeneutic Institute in the USA, I recall being invited by Pam Ironside and Sherrie Sims to 'demonstrate' the art of interviewing. I was to interview Sherrie, whilst my peers observed. I thought I was helping to teach them (and there was probably an element of that) but on reflection, it taught me so much more. Sherrie didn't play ball, and the dialogue brilliantly and expertly demonstrated how easy it is to fall into non-hermeneutic traps. It completely changed my way of interviewing, and now I 'have' it, I find it difficult to do it any other way. Reverting to standard approaches when I am invited to add my qualitative experience to other non-phenomenological studies becomes its own challenge – I always want to know more, to explore further, even though the study may not require that. It is difficult to not be phenomenological when it is fundamental to one's own being. Collecting data is as much about what you do say, as what keeps you silent. Enthusiasm can cause one to leap ahead (take over) by blurting out the thinking going on in one's head instead of waiting patiently, giving the participant time, and creating the space for them to (more often than not) verbalise the very thing that is

showing up for you, desperate to be released. Technique, and patience, challenge me constantly.

I love doing data analysis –the processes of working with others, of combining thinking, of generating early ideas together and seeing those grow, move and reshape organically. I love the moments when someone tentatively offers an emerging idea, and everyone else has ‘seen’ the same thing. The excitement and sense of honesty towards the kinship stigma study data that emerged when we realised we had all settled on one single powerful image was extraordinary.

Yet at the same time, data analysis is challenging. I do not mind that it is time-consuming, but it can be very difficult to find the time – not just to work with the data, but to think. I always advise my students to schedule in more time for analysis than they usually think they’ll need – because to do it well means not rushing. Time is needed – time to think, dwell, sit with the data, to allow oneself not to try too hard – and in relaxing, to trust that meaning will show itself. Fitting that into a busy schedule is not easy.

A related challenge is to know when data analysis is ‘done’, though perhaps a better phrase would be ‘done enough.’ Analysis can never be claimed to be complete because you can never ‘know’ that you have seen and understood all the data could offer – but we need to be able to demonstrate thoroughness in our hermeneutic processes. For me, a sure sign that data analysis is not ‘done enough’ is when I am unsettled with things as they are, and the data is still invading my thinking, because there are still things to be thought about. I learnt – from Nancy Diekelmann – to expect loose ends because experiences, and the data arising from them, are not neat packages. Yet having a coherent shape to the data – and thus to the experience – is a pre-requisite to describing that

experience to others. If the data are still 'messy' and I cannot visualise the shape of it clearly, then it is not 'done enough.'

Pitfalls can mostly be avoided by careful planning, by ensuring a solid relationship between philosophy, methodology and method so that at all stages, rationale can be given for what was done, and why, and the study can be reported robustly. Careful attention to detail in the selection of participants, collection and analysis of data, reflexivity and management of self predisposes to a smoother study experience and transition to publication. Diligent record-keeping is also important - for example, labelling data extracts in preparation for analysis enables an easy return to the original transcript to relocate key quotes, whenever necessary.

### **Final reflections**

Doing hermeneutic phenomenological research means carrying Heidegger along with us through all phases of our project, and - where and when appropriate - using his thoughts to help reveal insight and meaning in the data. Heidegger is not the only way of revealing meaning, but where his work can add insight, offer another way of understanding, or augment the contribution of extant literature, it should be used. Doing so adds authenticity to our work.

Thinking about Heidegger's philosophy, and the research methodology that is hermeneutic phenomenology, brings me to a point of realisation: I feel 'at home' with it all. Jacobson explains this perfectly when she writes that:

'being-at-home is essentially an experience of passivity [but] ... also a way of being *to which we attain*. In other words, we are active in our being passive: we are beings whose experience of home is that of an *essential*



and *inherent* background and foundation, but this foundation has been *developed* through our very efforts of *learning* how to dwell' (Jacobson, 2009, p.356, emphasis in the original).

I feel both passively and actively comfortable at-home with Heidegger; it is where my own spirit and way of being-in-the-world feels welcome and as though it belongs. There is space here for me to be unique, to be different, and I am happy that this is where – philosophically – I dwell. Yet I have also had to learn *how* to dwell – how to make space for thinking, to open myself to the possibility of other, and to embrace, explore and understand. Hermeneutic phenomenology gives me the space I need to think, and to consider, welcome and respect any number of other possible explanations and interpretations. And in thinking I find myself, my focus, and my way of dwelling.

### **End note**

Secondary analysis of data collected in hermeneutic phenomenology studies is not problematic, because there is no such thing as one meaning, or one truth. Other interpretations will always surface from the same experience when a new reader with a different gaze, casts their eye – and this can challenge the novice hermeneutic researcher hoping to present the final and complete 'interpretation' of their data. I urge the novice to relax – there can never be a definitive interpretation, only what you – at this moment in time and space – see and understand in your participants' experiences.

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