



Analytical movement - Heideggerian hermeneutics: methodological possibility for nursing research

Movimento analítico-hermenêutico heideggeriano: possibilidade metodológica para a pesquisa em enfermagem

Movimiento analítico-hermenéutico heideggeriano: posibilidad metodológica para la investigación en enfermería

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ABSTRACT

The objective was to describe the analytic-hermeneutic movement applied in investigations with the child who had Acquired Immunodeficiency Syndrome by vertical transmission, and who is in transition from childhood to adolescence, sustained in the Heideggerian theoretical-philosophical and methodological framework. The modes of conducting the stage of analysis are described, since the research question related to the interpretative analysis of meanings, culminating in the proposition of the assistance possibilities in caring for the study population. This framework proved to be coherent with the principles of humanistic nursing and with its object of study, and contributed to the approximation between theory and practice of care, by means of the comprehension of the phenomena that permeate the lived experience of health of individuals, families and society.

Keywords: Qualitative research; Philosophy, nursing; Nursing research; Adolescent health, Health children (Public health); Acquired immunodeficiency syndrome; Infectious disease transmission, vertical

RESUMO

Objetivou-se descrever o movimento analítico-hermenêutico aplicado em investigações com a criança que tem a Síndrome da Imunodeficiência Adquirida por transmissão vertical e que está em transição da infância para a adolescência, sustentada no referencial teórico-filosófico-metodológico heideggeriano. Os modos de condução da etapa de análise são descritos, desde o questionamento de pesquisa até a análise interpretativa dos significados, culminando na proposição das possibilidades assistenciais no cuidado à população do estudo. Este referencial mostra-se coerente com os princípios humanísticos da Enfermagem e com seu objeto de estudo e contribui para aproximação entre a teoria e a prática do cuidado, por meio da compreensão dos fenômenos que permeiam o vivido de saúde das pessoas, das famílias e da sociedade.

Descritores: Pesquisa qualitativa; Filosofia em enfermagem; Pesquisa em enfermagem; Saúde do adolescente; Saúde da criança; Síndrome de imunodeficiência adquirida; Transmissão vertical de doença infecciosa

RESUMEN

Este estudio tuvo como objetivos describir el movimiento analítico-hermenéutico aplicado en investigaciones con un niño que tiene el Síndrome de la Inmunodeficiencia Adquirida por transmisión vertical y que está en transición de la infancia hacia la adolescencia, sustentada en el referencial teórico-filosófico-metodológico heideggeriano. Los modos de conducción de la etapa de análisis son descritos, desde el cuestionamiento de investigación hasta el análisis interpretativo de los significados, culminando en la proposición de las posibilidades asistenciales en el cuidado a la población del estudio. Este referencial se mostró coherente con los principios humanísticos de la Enfermería y con su objeto de estudio y contribuye para la aproximación entre la teoría y la práctica del cuidado, por medio de la comprensión de los fenómenos que permean lo vivido de salud de las personas, las familias y la sociedad.

Descriptores: Investigación cualitativa; Filosofía en enfermería; Investigación en enfermería; Salud del adolescente; Salud del niño; Síndrome de inmunodeficiencia adquirida; Transmisión vertical de enfermedad infecciosa

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INTRODUCTION

Phenomenology, as a line of thought, focuses on the meaning of life experiences for people, by meaningful-fulfilling known object⁽¹⁾. As a method, it enables us to capture, understand and interpret the phenomena of reality manifested itself⁽²⁾.

It is concerned with the understanding of the investigated phenomena, which develop based on uniqueness, which is from humans in their lived world and their entire existentiality⁽³⁾.

The impetus for research emerges not from theory or method itself, but from problems or even things themselves in the way they are daily shown. The investigator has the intention of questioning towards an object to grasp their meaning. It shows that consciousness is always consciousness of something, and the object is always the object-to-one-subject. This correlation has overcome the dichotomy reason-experience in knowledge construction^(2,3).

Nursing investigations of phenomenological nature have unveiled obscurities of care to enlarge possibilities of the view for being human, transposing the Cartesian, reductionist and fragmented model of the human being. By unveiling the experienced phenomenon, it enables the understanding of human beings in their multiple facets, in their experiences and relationships in everyday world⁽⁴⁻⁹⁾.

The knowledge resulting from investigations which have as deponents professionals, family members and children/teenagers have unveiled facets of existential dimension of everyday life experienced by children and teenagers who have Acquired Immunodeficiency Syndrome (AIDS)⁽¹⁰⁻¹⁶⁾.

In this article, we present the hermeneutic analytical movement developed in a Doctoral Thesis research with children who have AIDS through vertical transmission and who are in transition from childhood to adolescence, sustained in Heideggerian philosophical theoretical and methodological referential. After the approval by the Research Ethics Committees of three hospitals in Rio de Janeiro-RJ (approved protocols EEAN/UFRJ 096/06; IPPMG/UFRJ 09/07; HUGG/UNIRIO 36/07), eleven children from 12 to 14 years, who knew their diagnosis, were interviewed⁽¹⁴⁻¹⁶⁾.

The applied hermeneutic analytical movement

The research carried out in the Doctoral Thesis created opportunities for interviewees to reflect on their experience, with the possibility to understand the dimensions of their being that were veiled and open themselves to changes in self-care having AIDS and being growing up. This linguistic game of being, to be and to have lies the study in the

comprehensive dimension of Heideggerian philosophical thought, which seeks the "how" and not "what" of the objects of research. Its concern is the display of the object of study in the movement of veiling and unveiling.

The Heideggerian methodological reference presents two instances: *ontical* and *ontological*. The *ontical* seeks the description of the fact and refers to the *entities*, a known *what*, that we can determine and conceptualize. *Entity* is "everything we talk about, understand, behave, and it is what and how ourselves are"⁽¹⁷⁾.

The *ontological* seeks to understand the phenomenon and refers to a *being*, an unknown *being*. This is the relational instance between subjects, based on empathy and intersubjectivity, through the reduction of assumptions.

The relationship between the *being* and world seems to clarify that there is no distance between them, as the being is adherent to the world, proposing the expression: being-in-the-world, presenting the phenomenon of unity and totality⁽¹⁷⁾. Thus, the investigation started from being-in-the-world (the child being infected by vertical transmission of HIV) on the horizon of everyday life (to be growing up and to have AIDS).

Humankind is a questioning *entity*, who speaks to the world. The questioning unfolds in three Poles: questioned: the *Dasein*; asked: the *being*; interrogated: the *entity*. Therefore, the questioned was the teenager-being who has AIDS, the asked was the possibility of self-care, and the interrogated was the child who has AIDS through vertical transmission and who is growing up.

To develop the questioning, Heidegger considers a move in the investigation since the *previous position*, constituting a *prior vision* and articulating a *preconception*⁽¹⁷⁾ (Figure 1).

The *previous position* refers to the scientific *tradition* and it was developed based on the constitution of the study object of the state of art.

The construction of *prior vision* occurred in an analytical movement of understanding the *meanings* (first Heideggerian methodical moment called vague and median comprehension) and interpretation of the *being* (called second moment of interpretive comprehension or hermeneutic)⁽¹⁷⁾.

This analysis was developed based on what was expressed in the statements: speeches, silences and behaviors. Comprehend is to capture the *meanings* as a way-of-being in everyday life. Interpret is the phenomenon show up in itself. That is, *meanings* leading to the *beings*. The *meaning* is what sustains the comprehension, an existential that demonstrates to be more accessible in everyday life, located on the *ontical* dimension of facts. The *being* is what sustains the interpretation, is an existential that is behind, located on the ontological dimension of the phenomenon⁽¹⁷⁾.

To this end, it is necessary a trajectory from the questioning of the *whom*, comprehension of the *meanings*, to then, reach hermeneutics, through *being* interpretation.

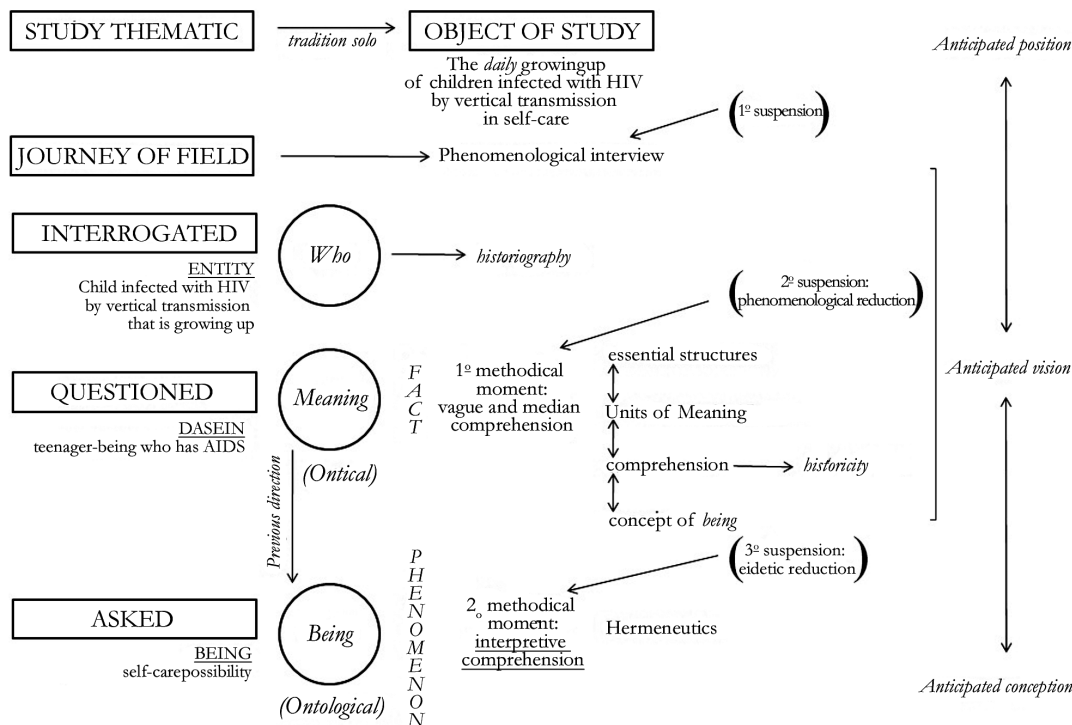


Figure 1. Heideggerian hermeneutic-analytic movement: methodological possibility for nursing research

Therefore, the prior vision unveiled the everyday life of teenager-beings, who have AIDS, and their ability to care for themselves.

A *preconception* “consists in grasping this set of previous positions and visions” (17) and allowed the Heideggerian hermeneutics, based on what we think on welfare possibilities to teenager-beings who have AIDS.

In this trajectory of questioning, there are three suspensions. Suspension is the philosophical act of reducing assumptions, prejudice and pre-judgments. It opens the possibility to show the phenomenon essence, putting the natural and immediate consciousness in parentheses (1). The first suspension of assumptions, happens in the data’s production, in the listening of recording audios of the statements and in the attentional reading of the transcripts. The second suspension is called phenomenological reduction or *epoché* and it happens at the first methodical moment of meanings analysis. The third suspension is called eidetic reduction and it happens in the second methodical moment of senses analysis.

The first analytic moment - vague and median comprehension - seeks to understand daily facts, what beings show directly and most often for all (17). It started with careful listening and reading of the statements. It developed the highlight of *meanings* contained in the testimonials, which began in historiography and historicity.

Historiography is composed by the ontical dimension of events that contextualize the whom of the growing up-being: family composition (parents conjugal status, orphan hood and responsible caregiver); development

configuration (age and educational level) and biological (inception and ART situation and diagnosis revelation).

The historicity analysis announces the phenomenal dimension when considering the living human in their daily lives, revealing subjectivities and expressing the intersubjectivity of the meeting. It began with the listening of the statements in its entirety and without interruptions, to recall the meeting in its totality. After, were transmitted what was said and the behaviors expressed by interviewees: silences, pauses in speech, looks, tears, laughter. The way of talking to each interviewee was held, with grammatical errors, slang and incompleteness, seeking the allegiance of each response as part of its uniqueness.

All interviews were transcribed by the researcher considering an important moment to relive the meeting towards analysis. An attention listening was developed to accompany the reading and review what had been transcribed, making necessary corrections and additions. The researcher prioritized transcribes which were as close to its event as possible; to make the writing more faithful to what had been experienced. Some interviews mobilized feelings; in these situations, a time off was needed.

A preliminary analysis was intended to assess the adequacy or adjustments needs in guiding questions: Tell me how it is to become teenager. The question - How is your daily routine with this disease? - mentioned only when the interviewee spoke about their serologic condition. It was used the term “disease” because AIDS was mentioned in interviews in this way, being referred, but not nominated. This preliminary analysis also assessed the construction of

empathic questions (those that the researcher constructed based on the speech of adolescents themselves, in order to seek a deepening of the statements). Besides analyzing the understanding of these issues by the deponents, it allowed to expand the testimony and attended to the object and purpose of the research. It was possible to notice that the questions were appropriate. There was also the intention of analyzing if the statements revealed facets of the phenomenon and essential structures in order to sustain the focus of existential perspective, the framework of the Phenomenology and the Heideggerian theoretical-methodological referential.

The process of comprehensive analysis involves a logical, intellectual and objective knowledge, as well as personal, experiential, subjective and intuitive knowledge⁽¹⁸⁾. Considering that “the researcher should not always impose the presence outlined categories” for the first idea⁽¹⁷⁾, the researcher seeks essential structures, not on the *previous position* or based on it, but in what emerges from its own statements.

In this movement in search of meaning, it is indicated that the routine “should not draw occasional and accidental structures, but essential structures [...] that remain ontologically determinants in the way of being of attendance”^(17:44). The exercise of distinction was made in which manifested

as essential to answer the objective of this research. It was sought, then, what teenager shows as being him/her and how he/she understands his/her being “as first of all and most of the time”⁽¹⁷⁾. Who does that meaning is the teenager himself/herself; he/she is the one who points out in his/her living what is essential. Then, the researcher dedicated to extract these significant structures from the testimonials.

A chromatics coding was used to highlight the expressions of the *way-of-being* in *daily* teenagers-beings who have AIDS and their possibilities to care for themselves. When speaking about themselves: the pronoun I was highlighted in bold; of their relations, purple; their daily chores, brown; among other colors which indicated other essential structures. These structures indicated *meanings*.

The constitution of the conducting thread of analysis was developed as follows: adding *meanings*; agglutinating, and synthesizing (Table 1). The synthesis is that culminates in Units of Meaning (UM) themselves. The *caput* (uttered) of the UM is elaborated with parts of the deponent’s own speech as significant structures to understand the object of study.

Based on the *caput* of the UM, the “conducting thread with the development of the concept of being” is conquered⁽¹⁷⁾, which shows how the teenager-being who has AIDS understood himself/herself: the teenag-

Table 1 – Analytical Framework: composition movement of conducting thread

1° conducting thread	2° conducting thread	3° conducting thread	Conducting thread of Thesis
	→ additions	→ agglutinations	→ synthesis
The teenager-being who has AIDS...			
show up and announces themselves	show up and announces who they are recognize themselves as teenagers: in the way they act, behave, look or in their mood	announce who they are and recognize themselves as teenagers, but sometimes, they still want to be children	(UM1) announces themselves, they recognize themselves as teenagers and, sometimes, they still want to be children
relate to people around them	still want to be children relate to people around them: family, school, hospital	relate to people in the family, school, hospital	(UM2) relate to family and friends, consider school as important and they have daily activities and recreation
recognize themselves as teenagers	describe how their daily routine is: at home, at school and in the hospital	describes how their daily routine is and express their leisure	(UM3) reveal that they have a “virus” and that it is bad to have this “problem”, and think about: study, work and dating
describe their tasks and leisure	express their leisure	think about: dating, studying, working and having children	
know the diagnosis and that it should not be discussed with anyone	think about: dating, studying, working, choosing a career and having children know that they have the same “problem” as their mother	know that they have a “problem”, which acquired from their mother	(UM4) know that acquired it from their mother; having relatives who are sick or who have died is difficult and cause for sadness
know it’s a disease that has prejudice	having relatives who are sick is bad and difficult, specially if someone has already died	have relatives who are sick or that have died, which is bad, difficult and reason for sadness	(UM5) recall how they knew and how it was said that they should not tell anyone because of prejudice
know that they have the same mother’s illness	recall how they knew they had the “virus”	understand themselves as being “normal” despite the “virus”	(UM6) understand themselves as being “normal” despite the “virus”
establishes a help relationship with the mother	few people know the diagnosis and they know that they cannot tell anyone	recall how they found out the “disease”	(UM7) take care of their health is something they have to do and need to want to do because it’s for their own good
think about dating and studying	know that people turn away from those who have this “disease”	a few people know, it was said that they can not tell anyone because of prejudice	(UM7) take care of their health is something they have to do and need to want to do; because of the disease they have to go to the hospital and take medicine, but it is difficult and they need the help of someone
speaks about medications, exams and hospital	must want their own good have to go to hospital	take care of their health is something they have to do, and need to want to do because it’s for their own good	
	taking medications is important for their health, so they need to commit to treatment, but maintaining it, is difficult and sometimes they need help	due to the disease, they must go to hospital and take medicine need to commit to treatment, but keeping it is difficult and sometimes they need help from someone	

er-being recognize himself/herself as a teenager, and, sometimes, still want to be a child; relates to family and friends, considers the school important and has daily activities and recreation; reveals that he/she has a virus and that is bad to have this problem, and thinks about: studying, working and dating; acknowledge that he/she acquired his/her mother's illness; have relatives who is sick or have died and it is difficult and cause for sadness; recalls how he/she knew and how it was said that he/she should not tell anyone because of prejudice; take care of your health is something he/she has to do and need to want to do; because of the disease he/she has to go to the hospital and take medicine, but it is difficult and he/she needs the help of someone.

The concept shows facets of everyday life and makes up the conducting thread of the second Heideggerian-

methodical moment: hermeneutics, which is developed by the interpretive comprehension.

The **interpretive comprehension** seeks to reveal the phenomenon (*ontological* dimension) - which is not shown directly in fact, but it is veiled, pointing to the need for factual deconstruction to bring at light the *meaning* of being.

“From the clarity of the concept and ways of understanding explicit inherent in it, it must be decided what is this comprehension of the obscure being and still unclear” (17). To this end, it was developed the analytic movement of meanings contained in the factual dimension, without seeking the explanation, but, inaugurating the unveiling of meaning located in the phenomenon dimension. This movement corresponds to Heideggerian hermeneutics (Table 2).

Table 2 – Table of the analytic movement of comprehension to hermeneutic

(meanings) ONTICAL	(sense) ONTOLOGICAL
The teenager-being who has AIDS...	
(UM1) announce themselves , they recognize themselves as teenagers and, sometimes, they still want to be children	<i>being-there coming-to-be facticity impersonality</i>
(UM2) relate to family and friends, consider the school as important and they have daily activities and recreation	<i>public world being-with-others occupation</i>
(UM3) reveal that they have a “virus” and that is bad to have this “problem”, and think about: studying, working and dating	<i>own world being-with-themselves authenticity being-of-possibilities</i>
(UM4) know that acquired their mother's illness; have relatives who are “sick” or who have died and it is difficult and cause for sadness	<i>fear</i>
(UM5) recall how they knew and how it was said that they should not tell anyone because of prejudice	<i>authenticity inauthenticity</i>
(UM6) understand themselves as being “normal” despite of the “virus”	<i>ambiguity gabble</i>
(UM7) take care of their health is something they have to do and need to want to do; because of the “disease” they have to go to the hospital and take medicine, but it is difficult and they need the help of someone	<i>facticity occupation solicitude pre-occupation being-of-possibilities</i>

A Heideggerian hermeneutic has enabled the interpretation of the being, revealing that teenagers-beings who have AIDS experience in their *daily* an existential movement which part of *inauthenticity*, manifested by *fear* and *ambiguity*, toward *authenticity*, mediated by *anguish*. Project themselves as *being-of-possibilities*, not limited by the double-*facticity*: to be growing up and to have AIDS. It reveals the movement to *be-cared-by* to *be-cared-with*, because in childhood family care was required full time, already in the transition from childhood to adolescence there is a comprehension of the need to care for themselves, by the responsibility *with*-himself and *with*-familiar and *with*-professional help (14-16).

CONCLUSION

A description of the experience with the phenomenological investigation with application of the Heideggerian hermeneutic analytic movement showed one possibility for methodological research in Nursing. This is a reflexive and also theoretical movement, which begins on the construction of the research project, when the need for locating the object of research and the pursuit for a theoretical-methodological reference converge.

The development of Heideggerian referential of ontical dimension enables the understanding of the

meanings indicated by the deponents in their daily living. Culminating in the ontological dimension, which allowed us to unveil the meanings of lived and expand the possibilities of healthcare and nursing.

The Heideggerian philosophical theoretical and methodological referential have shown to be consistent with the humanistic principles of nursing and its object of study, by the tendency of researchers to turn

their eyes to subjective situations of human beings and care. Contribute to rapprochement between theory and practice of care through the understanding of the phenomena that underlie the impact of individuals, families and society health status. Herein, are located, especially the emerging population of children who have AIDS through vertical transmission and that are transitioning from childhood to adolescence.

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