

Applying Heidegger's interpretive phenomenology to women's miscarriage experience

Annsophie Adolfsson^{1,2}

¹School of Life Sciences, University of Skövde, ²Department of Obstetrics and Gynecology, Skaraborgs Hospital, Skövde, Sweden

Abstract: Much has been written about measuring the feelings and impressions of women regarding their experience of miscarriage. According to the existential philosopher Heidegger life experiences such as the experience of a woman having a miscarriage can be interpreted and explained only in the context of the totality of the women's experiences in the past, the present, and the future. Thirteen in-depth interviews with women about their experiences of miscarriage were interpreted with respect to Heidegger's "Being and Time". By using his interpretive phenomenology the essence of the miscarriage experience was explored and defined. The women's feelings and impressions were influenced by past experiences of miscarriage, pregnancy, and births. Present conditions in the women's lives contributing to the experience include their relationships, working situation, and living conditions. Each woman's future prospects and hopes have been structurally altered with regard to their aspirations for their terminated pregnancy. The impact of miscarriage in a woman's life was found to be more important than caregiver providers and society have previously attributed to in terms of scale. The results of the interviews reveal that the women believed that only women who had experienced their own miscarriages were able to fully understand this complex womanly experience and its effects on the woman who had miscarried.

Keywords: miscarriage, Heidegger, interpretive phenomenology, life experience, woman, emotional response

In Sweden nearly 20% of all known pregnancies end in miscarriage before 20 weeks.¹ If we take into consideration all pregnancies that have terminated before the second week this ratio may rise to as high as 50%.² In a review of several studies the frequency of miscarriage was determined to be between 12% and 32%.³

The miscarriage experience, although not uncommon, is an unwelcome event and can be traumatic for a woman.⁴ Many women describe the experience of miscarriage as if they had actually lost a baby⁵ or a part of themselves.⁶⁻⁸ Women who experience a miscarriage acknowledge that it is a source of increased stress and they describe the experience in terms of sorrow,⁹⁻¹⁷ depression and anxiety,^{4,11-14,18-23} and self blame and guilt.^{7,8,25} Between 25% and 50% of the women who have experienced a miscarriage have been determined to have posttraumatic stress symptoms.¹⁰

Support from a woman's partner and her social network enhance the possibilities and likelihood that the woman can effectively resolve the loss associated with the miscarriage.²⁶⁻²⁸ Women who receive professional support in the form of follow-up visits with caregivers have been determined to be significantly more able to deal with the depression and grief that result from the miscarriage, compared to those women

Correspondence: Annsophie Adolfsson
School of Life Sciences, University
of Skövde, P.O. Box 408, SE 541 28
Skövde, Sweden
Tel +46 500 44 84 73
Fax +46 50044 84 99
Email annsophie.adolfsson@his.se

who did not receive the same follow-up.²² The absence of social support and the lack of appropriate care and follow-up consultation from the caregiver were found to contribute to prolonged emotional stress.^{11,28–30}

Why Heidegger's interpretive phenomenology?

To Heidegger, "being" refers to our existence as human beings and it implies that we are in it, that is, a state of being. He further states that human beings can best represent their world and their interpretation of reality through words and language. This means that the words of a written text, which in this case are a set of interviews, can be used for the purpose of understanding and examining lived experiences. In this case, the interview questions are significantly important in order to understand the "being" with regard to the experience of women who have had a miscarriage. In order for others to understand a woman's experience of miscarriage her answers to the interview questions must be interpreted through the interview process of the researcher.

Within Heidegger's interpretive phenomenology is the relevant concept of time. Heidegger maintains that being is influenced by the past, the present, and the future and he further maintains that these three distinct time frames are connected. Time has an important influence in the interpretation of the lived experience.³² According to Heidegger, to understand a phenomenon you must interpret the three different time perspectives.^{31,32}

Method

Interpretive phenomenology based on the work of Heidegger (1996) was used to address the aim of the study, identifying and describing women's experiences of miscarriage. To evaluate this as being a human experience we must examine it in the three different time frames of the past, present, and future. By listening to responses from the interview questions and then interpreting the lived experiences of multiple people who have experienced the same condition, the investigator can better understand the condition and its effect upon the woman.³¹

Selection of participants

During the study period from January 15, 2001 to April 30, 2001 all women (N = 42) who were treated for miscarriage at the hospital emergency ward in a medium sized city with a population of approximately 50,000 in southwestern Sweden were considered for this study. The inclusion criteria included age of over 18 years, pregnancy of less than 16 weeks, and fluency in Swedish (N = 31). A letter was sent inviting them to

participate in the interview study. The women were informed of how they were selected, what the aim of the study was, and that their answers would be kept confidentiality. They were also given a telephone number that they could call should they have any questions. The women were asked to indicate whether or not they would be willing to participate in the study and returned their answers in a stamped, self-addressed envelope. There were 12 women who were unwilling to participate and a further five did not submit their answers and therefore did not participate. The remaining women (N = 15) meeting the inclusion criteria were contacted by telephone and interviews that were scheduled at a time and place of convenience. Before recruitment was undertaken, study approval was obtained from the Committee on Research Ethics at the University of Gothenburg.

Data collection

Five women were interviewed in their homes and 10 were interviewed in a secluded consultation room at the hospital. Before each interview the interviewer engaged in some small talk in order to establish a rapport and a comfortable relationship with the interviewee. The general interview-guide approach was used.³⁴ The guiding questions which were posed to each interviewee were: "Tell me about what you felt when you knew that you were pregnant", "Tell me about your feelings and what happened in connection with the miscarriage", and "Tell me about how things have been for you since you had the miscarriage". The questions were posed in this manner in order to utilize the Heidegger interpretive phenomenology of the past, present, and future time frames.

The verbal information obtained from the women's answers was recorded so it could be used later in the preparing process for identifying and describing the women's lived experiences of miscarriage. The women were encouraged at times, with a few words from the interviewer, so they would continue to talk about their experiences. The audio tape interviews varied in length from 45 to 100 minutes. After each interview there was a discussion and reflection about the interview between the participants.^{33,35} The total time required per interview ranged from 85–150 minutes. Fifteen interviews were conducted and in the end 13 interviews formed the basis of the present study.

Data analysis

All interviews were transcribed verbatim and the transcriptions were reread and reviewed many times. During this process words or phrases each woman used were selected that best described their interpretation of the lived experience

of miscarriage. These words and phrases were designated as meaning bearing units and were interpreted as having additional value in the totality of the interviews. From intensively reviewing and by discussing the women's description of their lived experiences of miscarriage in the context of Heidegger, the "essence" of the experience of was identified and clarified.^{32,34} An experience is invisible and cannot be seen, but the words and language of the one who has the experience can give others understanding of the experience.

The interpretive phenomenology by Heidegger was carried out in several steps to analyze the interviews.^{31,33,34} First, the tape recorded interviews were transcribed word for word. Other nonverbal expressions of emotion or of the thought process such as periods of silence, crying, and laughing were included in the transcription.³⁴ Heidegger stated that human beings represent their world through words and language, and that is why the transcribed words of the interviews were included for the purpose of understanding the women's lived experiences.³¹

Results

Past perspective

A woman's thoughts and feelings about becoming a mother and prospective motherhood provide a positive sense of identity in society and these feelings usually manifest themselves soon after conception. In this study the women had had plenty of time to prepare in anticipation of their pregnancies. Each woman had their own unique set of expectations and differing housing, employment, and family circumstances. They had recently been married, or they had experienced several years of infertility, or their friends and family had expectations of their own for the prospective child. Looking back they felt that they had come to a place in their lives with the right partner where everything made sense to attempt to have a child. For the most part the women had either completed their education or were well along in the process of doing so. They had gainful employment and possessed the necessary benefits and access to good healthcare within the Swedish system to support them and to provide for their prospective child. In addition the Swedish society provides for up to one year of parental leave for couples bearing babies.

Besides the planning aspect and preparation phase of anticipating a new addition to the family, other past experiences in the course of the woman's life may have influenced her feelings about a miscarriage or the manner in which she experienced the event. Such events included recent deaths in the family or, in the case of one woman, losing her mother at

an early age. The miscarriage could aggravate an unfinished grieving process or cause the woman to have a flashback about deaths in her past.

Another issue from the past that several of the women mentioned as having had a bearing on their emotional state or their ability to resolve their recent miscarriage was the subject of abortion. Issues surrounding the events that led to abortion emerged from the past to the present as a result of the miscarriage. In one circumstance a fetus was aborted because of abnormal development. One woman did not want to bring a child into the world because domestic violence was present in her previous relationship, and another woman had an abortion because she was too young to have a child. It is posited that they may have interpreted the miscarriage as some form of punishment from God.

Present perspective

Generally speaking, the experience of miscarriage was a very vivid and physical experience for the women in the study. All of the woman talked about the pain and the bleeding. The painful contractions and the presence of bleeding were symptoms that brought on the revelation that they were losing their pregnancy. The realization that they had no control over what was happening to their bodies coupled with the fear of losing their pregnancy was an overpowering sensation which caused them to feel panic or experience a state of shock.

Each of the women knew exactly where they were when the miscarriage was starting. One woman recalled that she was on a train and started to experience heavy bleeding. Another woman was in a meeting with her boss drinking coffee when the pain commenced. Other recollections involved women who were home with their other children, or women whose husbands were away and unable to be there physically present for support.

After the onset of the miscarriage symptoms, the trip to the hospital further traumatized the women in the study. Even as they were experiencing the anguish and pain they somehow had to transport themselves to the hospital. Once at the hospital, their fears and discomfort were often not immediately resolved because miscarriage is not considered the highest of priorities in the emergency room and the prolonged waiting time was unbearable for the women. Often the women were in denial about their miscarriage state until they were able to physically see the results of the ultrasound procedure. Too often they felt that the caregivers in the emergency room were not as sympathetic or empathetic as they needed them to be.

Future

The last time frame to interpret the women's responses of the interview according to Heidegger's interpretive phenomenology was the future. From the interviews, when the women referred to their thoughts and feelings regarding the future about their miscarriage, their concerns generally fell into two categories; i) they expressed their disappointment about not realizing their future expectations for their pregnancies, and ii) they expressed their fears for what the implications were for the possibility of their becoming pregnant again.

All of the women expressed a profound sense of disappointment about the loss of becoming a prospective mother, whether it was for the first time or in addition to their existing families. In Swedish culture, women have the right and the responsibility to make many choices in their lives including their friends, education, work, sources of recreation and social events, and travel. It came as a rather bitter disappointment to realize that becoming a mother was not entirely one of the choices that they could voluntarily make. Even a future pregnancy will not compensate for the loss of this baby or the future plans for this child.

If the women already had children, their future plans for the caring of these children together disappeared with the miscarriage. After the miscarriage the other child or children potentially will have to go to a daycare center instead of having their mother at home with them, as the year of maternity leave ends.

The experience of suffering a miscarriage made many of the women insecure about their chances of becoming pregnant in the future and carrying a baby to full term. They worried that there was something wrong with their bodies physically that would prevent them from doing so. In some cases, the women were afraid of being too old to become pregnant again and, consequently, too old to become a mother. Some women felt that the experience of miscarriage was the worst thing they had experienced in their lives and they did not want to go through the experience again. They thought it was better not to become pregnant again rather than the risk of experiencing another miscarriage in the future.

Discussion

Application of Heidegger's interpretive phenomenology in research

In this study the interviewer used the time frame influences of the past, present, and future on Swedish women's lived experiences of miscarriage with the aim of understanding and analyzing interviews using Heidegger's interpretive phenomenology.³¹

The context of the interviews as well as the different time frame perspectives must be considered when interpreting and understanding the reality of the women's experiences. This interpretation gives a more complete understanding of women's lived experiences when everything she recounts is blended with her verbal assessment of her experience relative to the past, present, and future. With interpretive phenomenology the findings of this study can be used to elucidate the complexity of miscarriage in the living world.

Each interview transcript illustrated that every one of the women's interpretations of the world is unique. When using the interpretive phenomenology method the interviewer asked one main research question relative to the three time frames, which was "tell me about your miscarriage". Every experience was unique but all of the women felt similar emotions and feelings with regard to the past, present, and future. The loss of the embryo or fetus always occurred in a greater context to the women that were influenced by their respective past, present, and future experiences in life. In order to gain an authentic and deeper understanding of their experience in the greater context, as Heidegger theorizes, we must take this into account.

Conclusion

The philosophy of Heidegger was applied for the conversion of the transcripts that were taken through the interview process with women who had experienced a miscarriage into academic language where subcategories were formed. By interpreting the subcategories we can more accurately describe the essence of a complex event. With Heidegger's interpretive phenomenology where the past, present, and future influence the experience of miscarriage, the reality of a woman's lived experience can be more easily and more completely understood. A women's feelings of being inconsolable may have been influenced by an earlier miscarriage or a death in the family or other influences in her past. At the time of the miscarriage the pain and bleeding gave the women a sense that they were not in control. The women feared that it may be difficult to become pregnant in the future or that the time lapse between children may become too great. This interpretation provides a more complete understanding of women's lived experiences when everything they recounted is interpreted in order to understand the experience.

Disclosure

The author reports no conflicts of interest in this work.

References

1. Adolffsson A, Larsson PG. Cumulative incidence of previous spontaneous abortion in Sweden in 1983–2003: a register study. *Acta Obstet Gynecol Scand*. 2006;85:741–747.
2. Kline J, Stein Z, Susser M. Conception to birth: epidemiology of prenatal development. New York: Oxford University Press; 1989.
3. Cramer DW, Wise LA. The epidemiology of recurrent pregnancy loss. *Semin Reprod Med*. 2000;18:331–339.
4. Beutel M, Deckardt R, von Rad M, Weiner H. Grief and depression after miscarriage: Their separation, antecedents, and course. *Psychosom Med*. 1995;57:517–526.
5. Madden ME. The variety of emotional reactions to miscarriage. *Women's Health*. 1994;21:85–104.
6. Adolffsson A, Larsson PG, Wijma B, Bertero C. Guilt and emptiness: women's experiences of miscarriage. *Health Care Women Int*. 2004;25:543–560.
7. Bansen SS, Stevens HA. Women's experiences of miscarriage in early pregnancy. *J Nurse Midwifery*. 1992;37:84–90.
8. Frost M, Condon JT. The psychological sequelae of miscarriage: a critical review of the literature. *Aust N Z J Psychiatry*. 1996;30:54–62.
9. Adolffsson A, Larsson PG. Applicability of general grief theory to Swedish women's experience after early miscarriage, with factor analysis of Bonanno's taxonomy, using the Perinatal Grief Scale. *Ups J Med Sci*. 2010;115:201–209.
10. Brier N. Grief following miscarriage: a comprehensive review of the literature. *J Women's Health*. 2008;17:451–464.
11. Cecil R, Leslie J. Early miscarriage: preliminary results from study in northern Ireland. *J Reprod Infant Psychol*. 1993;11:89–95.
12. Friedman T, Gath D. The psychiatric consequences of spontaneous abortion. *Br J Psychiatry*. 1989;155:810–813.
13. Hutti MH. Parents' perceptions of the miscarriage experience. *Death Studies*. 1992;16:401–415.
14. Lee C, Slade P. Miscarriage as a traumatic event: a review of the literature and new implications for intervention. *J Psychosom Res*. 1996;40:235–244.
15. Maker C, Ogden J. The miscarriage experience: more than just a trigger to psychological morbidity? *Psych & Health*. 2003;18:403–415.
16. Scheidt CE, Waller N, Wangler J, Hasenburger A, Kersting A. Mourning after perinatal death – prevalence symptoms and treatment-a review of the literature. *Psychother Psychosom Med Psychol*. 2007;57:4–11.
17. Worden JW. Sorgerådgivning och sorgeterapi. En bok för alla som har att göra med sörjande människor [Grief counselling and grief therapy: a handbook for the mental health practitioner]. Lysekil: Slussens Bokförlag; 1999.
18. Lee C, Slade P, Lygo V. The influence of psychological debriefing on emotional adaptation in women following early miscarriage: a preliminary study. *Br J Med Psychol*. 1996;69(1):47–58.
19. Neugebauer R. Depressive symptoms at two months after miscarriage: interpreting study findings from an epidemiological versus clinical perspective. *Depress Anxiety*. 2003;17:152–161.
20. Prettyman RJ, Cordle CJ, Cook GD. A three-month follow-up of psychological morbidity after early miscarriage. *Br J Med Psychol*. 1993;66:363–372.
21. Swanson KM. Predicting depressive symptoms after miscarriage: a path analysis based on the Lazarus paradigm. *J Women's Health and Gender-Based Med*. 2000;9:191–206.
22. Swanson KM, Chen HT, Graham JC, Wojnar DM, Petras A. Resolution of depression and grief during the first year after miscarriage: a randomized controlled clinical trial of couples-focused interventions. *J Womens Health*. 2009;18:1245–1257.
23. Thapar AK, Thapar A. Psychological sequelae of miscarriage: a controlled study using the general health questionnaire and the hospital anxiety and depression scale. *Br J Gen Pract*. 1992;42:94–96.
24. Adolffsson A, Larsson P, Wijma B, Bertero C. Guilt and emptiness: women's experiences of miscarriage. *Health Care Women Int*. 2004;25:543–560.
25. Adolffsson A, Bertero C, Larsson PG. Effect of a structured follow-up visit to a midwife on women with early miscarriage: a randomized study. *Acta Obstet Gynecol Scand*. 2006;85:330–335.
26. Ney PG, Fung T, Wickett AR, Beaman-Dodd C. The effects of pregnancy loss on women's health. *Soc Sci Med*. 1994;38:1193–1200.
27. Swanson K, Karmali Z, Powell S, Pulvermakher F. Miscarriage effects on couples' interpersonal and sexual relationships during the first year after loss: women's perceptions. *Psychosom Med*. 2003;65:902–910.
28. Puddifoot JE, Johnson MP. The legitimacy of grieving: The partner's experience at miscarriage. *Soc Sci Med*. 1997;45:837–845.
29. Wojnar D. Miscarriage experiences of lesbian couples. *J Midwifery and Women's Health*. 2007;52:479–485.
30. Wojnar DM. Miscarriage experiences of lesbian birth and social mothers [Doctoral dissertation]: University of Washington; 2005.
31. Heidegger M. Being and time. New York: State University of New York Press, Albany; 1996.
32. Berterö C. Altered sexual patterns after treatment for prostate cancer. *Cancer Pract*. 2001;9:245–251.
33. Patton MQ. Qualitative evaluation research methods. 2nd ed. Newbury Park: Sage; 2002.
34. Kvale S. Interview An introduction to qualitative research interviewing. Lund: Sage Publication; 1996.

Psychology Research and Behavior Management

Publish your work in this journal

Psychology Research and Behavior Management is an international, peer-reviewed, open access journal focusing on the science of psychology and its application in behavior management to develop improved outcomes in the clinical, educational, sports and business arenas. Specific topics covered include: Neuroscience, memory & decision making; Behavior

Submit your manuscript here: <http://www.dovepress.com/psychology-research-and-behavior-management-journal>

modification & management; Clinical applications; Business & sports performance management; Social and developmental studies; Animal studies. The manuscript management system is completely online and includes a quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.