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Nixon’s exposition of Gadamer’s philosophy and the importance of reflexivity within the interpretive tradition have resonance to the work I am presently involved with. Using narrative inquiry, I am interested in understanding the lived experience of delirium following a neurological event, from both the patient’s and carer’s perspective. My position both as a nurse and a researcher with a clinical background and an empirical ‘view’ of the research subject poses a methodological challenge. Whilst this priori experience was formative in shaping my initial research interests, I am conscious as to how I ‘situate’ myself in the research trajectory such that my personal constructs and assumptions as a nurse do not unduly influence both the researcher – participant relationship and the emerging dialogue. I need to remain respectful of the primacy and immediacy of the participant’s narrative and whilst acknowledging that participant – researcher dynamics will exist, the utterances, descriptions and dialogue of the participants need to remain dominant and authentic. This methodological challenge between the relative merits of research methodologies and the pursuit of rigour and objectivity has been debated at length. However Crotty (1998, p17) rightly acknowledges that throughout the research journey, there is an inevitability that the assumption and ‘situatedness’ of the researcher will shape ‘for us the meaning of research questions and the purposiveness of research methodologies’.

Indeed, as discussed by Stephens (2011, p67) the interviewer is ‘not a neutral bystander and their direct contributions to shaping the narrative, as well as their representation of a broader social world in which the narrative is orientated, cannot be minimised or ignored’.

To remove the very essence of my practice experiences in an attempt to strengthen rigour and objectivity and lose a perspective of self appears not only naïve but unattainable. As Gadamer posits we already ‘belong to the tradition’, we already have a relationship with the case. My ‘situatedness’ and relationship not only with patients but with the ‘life-world’ of nursing, the culture and tradition to which I belong should be viewed as an important contribution to the research and a valuable guide to enquiry, not a distraction or encumbrance.

For Gadamer, the position of the researcher is paramount, he is always located in a situation, and because we are inevitably influenced by a historical position, then the interpreter must adopt as Nixon examines, a ‘historical horizon’ whereby there is a conscious intention and acknowledgement of bias which may influence the interpretation. Gadamer refers to this as ‘consciousness of being affected by history’. An acknowledgement of these prejudices is necessary so that as Austgard (2012 p 830) posits ‘the text, as another’s meaning, can be isolated
and valued on its own’. Nixon (2014, p4) advocates that the very essence of the researcher is a powerful tool for interpretation, indeed we ‘understand the world in and through our experience of the world ....’

The iterative process within the hermeneutic process, defined by Ezzy (2002, p24) as ‘the art & science of interpretation’ actively engages the researcher in the interpretive process and recognises that an awareness of the researcher’s ‘starting position’ as a sense-maker inevitably contributes to the research ends. It is not that the a priori position which influences the interpretation but rather that a new meaning arising from the data analysis which may shift the overall understanding.

Reflexivity involves the realisation of an honest examination of the values and interests of the researcher that may impinge upon research work (Primeau, 2003). Fischer’s (2009, p584) position is possibly more enviable in that in challenging the notion of objectivity recognises that ‘it is not possible to view without viewing from somewhere’. Indeed it could be argued that the prejudices of the researcher are in themselves a ‘view’ which inevitably bestows meaning and is the very source of our repertoire of knowledge. I believe the negative attribution of researcher ‘prejudice’ should be redefined and seen rather as a positive influence on the explication of meaning derived in the interpretive paradigm. As a nurse I will inevitably bring knowledge and my own reality to this interpretive work, which I propose will undoubtedly shape the research questions and the very purpose of my work.


Fischer CT (2009) Bracketing in qualitative research: Conceptual and practical matters. Quantitative and Qualitative Methods for Psychotherapy Research Volume 19, Issue 4-5, 583-590


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