# 13 THE SECOND-PERSON PERSPECTIVE IN NARRATIVE PHENOMENOLOGY

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## INTRODUCTION

> INTERVIEWER: Well, we were talking about saying good-bye to your breast . . .
> RESPONSE: Yes. No, perhaps, well, I have been standing before the mirror once or twice saying to my husband, "Look, soon I will be flat." Yes, but apart from that, no, not really, no. No, but I did imagine what it would be like to be flat. (Kathy)

What is it that happens in interviews that aim at exploring people's lived experiences? In a recently conducted empirical study, we interviewed women just after they were surgically treated for breast cancer.[1] In these interviews we focused on how they gave meaning to bodily changes and to their scars, thus employing a phenomenological approach. Phenomenology is mostly seen as an investigation of the first-person perspective, because it seeks to make explicit the process of world-disclosure.[2] Because of its sensitivity to the way patients experience their illnesses, phenomenology has been developed as a research method in its own right that is increasingly used in the field of health, illness, and quality-of-life research.[3] It has been embraced readily by health and nursing studies that seek to develop a more humanistic approach to care, and it fits well within the current move to provide more "patient-centered care."[4] Since a phenomenological approach starts from the position of the patients in their lifeworld instead of treating them as isolated individuals, it can help to reduce the risk of patient-centered care deteriorating into "consumer-driven care."[5]

We believe, however, that phenomenology should not just concentrate upon the first-person perspective but should also consider the second-person perspective. As can be seen in the above dialogue, in giving meaning to their





stories in a narrative way, interviewees do not necessarily talk spontaneously, and narrating can involve searching for words and ambivalent sayings. The interviewer plays a maieutic role in this process. In this essay we explore this second-person perspective of the interviewer, which is significant for revealing experiences from a first-person perspective. We will do so while drawing on the in-depth interviews we conducted with nineteen women who had undergone breast amputation or lumpectomy. Rather than analyze the content of these interviews, we will instead provide a reflection on our own research practice.[6]

In this essay we explore how sense-making comes about in the practice of research interviewing. We scrutinize the process of wording experience, thereby concentrating upon the role of the interviewer. What we would like to show is that the interviewer—far from being a neutral researcher (as if that were at all possible)—is central because her presence and interest (and sometimes pretended ignorance) invite respondents to talk about and make sense of their experiences.[7] Hence, the interviewer adopts a second-person perspective while being engaged in a dialogue with another person. In reflecting upon the interviews, we came to realize that the interviewer facilitates the process of sense-making for those interviewed. Bringing to the fore this second-person perspective helps us to argue that phenomenological research in health and medicine should not be seen as an investigation into how patients think and feel about things as opposed to the perspective of the medical professional. We indeed believe that the medical perspective does not necessarily entail a third-person perspective—that is, a detached, neutral perspective. Sense-making is not the work of an individual, but takes place in joint narrative work. We therefore think that our analysis can also contribute to a further understanding of so-called narrative medicine. Narrative medicine argues for the importance and relevance of narrative training in reading and writing for health-care professionals, because there are healing effects for patients in giving voice to what they endure and in being able to frame and give meaning to their illnesses.[8] But until now, little to no attention has been paid to the role of the medical professional as interlocutor. Our analysis of research interviewing as narrative practice may thus also be useful for the narrative practice in patient-physician encounters.

## INTERVIEWS AS NARRATIVE PRACTICES

In order to clarify the setup of the specific narrative practice in research interviewing, we first provide a brief description of our research design. The central question was how women who have undergone breast surgery—both breast amputation and breast saving—habituate to their altered bodies. Since our aim

was to capture the process in its temporal development, we initially chose to enroll participants who would keep diaries over a longer period of time. During the recruitment period, however, it appeared that most women were rather reluctant to write about their experiences. Therefore we decided to change our data collection plan and replaced diary keeping with multiple in-depth interviews. In total we recruited nineteen women (breast amputation, N = 10; breast saving, N = 9). Each woman had either two or three interviews. In addition to the interviews, two women kept a diary for us (another woman also kept a diary but only for herself). Only one of these two women kept her diary conscientiously, almost daily, over a period of about eight months and decided to continue to do so (just for herself) after the concluding interview.

All interviews started with the open question: "From the information I have, I know that you were surgically treated for breast cancer *xx* weeks ago. Can you tell me in your own words what happened?" The interviews were subsequently structured by taking into account the following topics: options and choices for treatment; experience and perception of one's body after treatment; change and continuity in daily activities and habits; role of partner, family, friends, fellow sufferers, and medical professionals in the process. Also, all respondents were explicitly asked to describe their normal routines of care for their bodies (including dressing habits, use of cosmetics, sports and leisure habits, bathing and sauna habits) and to describe whether they endorsed a certain ideal of feminine embodiment.

We refer to our analysis as exploring "close to the skin" in the sense of employing a meticulous analysis and in this analysis touching upon the patient's body as well as her relations with others. There was one surprising outcome from this form of exploration and analysis that involved asking respondents about their experiences in such a way that intimate and sometimes emotional issues were neither circumvented nor avoided: the interviewer, not always knowingly, encouraged interviewees to reflect on their experiences, to the extent that sometimes the interviewees became aware of certain thoughts and ideas that until then they had not reflected upon. After the oral accounts had been transcribed verbatim and we were reading and analyzing them, we recognized rather quickly that putting one's experience into language, finding words for events, also has a formative character.

## THEORETICAL FRAMEWORK

To explain how language is co-creative of experience, we have interpreted the interviews through the work of Paul Ricoeur. We believe that the distinction between mimesis[1], mimesis[2], and mimesis[3] that he makes in *Time and Narrative* helps us to understand how respondents in the first person made sense of their illness and recovery, and how this was not only received but also called up by the second person, the interviewer. After the interviews, the process of analysis began. We discuss that process here in terms of the notions of "text" and "discourse" that Ricoeur develops in *From Text to Action*.



It is particularly through narrative that we make events into "our own." The women who were diagnosed with breast cancer had gone through a series of events they did not choose. By telling about these events, they humanized them; they gave sense to them and put them into a meaningful order. In appropriating time, and giving specific meaning to what happens, narratives humanize time.[9] In the interviews the respondents put into their own words what happened to them from the moment they were diagnosed with breast cancer, including how they were diagnosed, how they experienced further treatment, and how those around them responded. These narratives can be considered as first-order sense-making of the events in which they were engaged.

The respondents created a coherent narrative out of the heterogeneous events that happened to them. Doing so is possible on the basis of what Ricoeur calls mimesis[1], which implies that human action is prefigured in a narrative sense. The field of human action is already structured in such a way that it can be captured in a narrative. Actions have beginnings and endings; we can answer questions about them, such as "what," "who," "why," "with whom," "how," and they are symbolically mediated—that is, within specific contexts actions receive their meaning and can be evaluated. Mimesis[1], or *prefiguration*, refers to this pre-understanding of human action with which one beholds the world. As Rita Charon explains in *Narrative Medicine*, "The beholder brings to that which is beheld categories of thought—in semantics, symbols, and temporality—that endow the perceived with the *potential* that meaning may emerge from it, and even more fundamentally, that understandable event or action can be configured from it."[10] It is posited on a shared realization of what might deliver meaning.

When this pre-understanding of action is put into words, Ricoeur speaks of mimesis[2], or *configuration*. This is the level of the interviews themselves, the oral interactions between interviewee and interviewer. Mimesis here refers to the act of narrative plotting (or emplotment), in which events are converted into something tellable or representable. Form is conferred onto experience, which makes it receivable. The diverse elements of a situation are brought into an imaginative order in just the same way as the plot of a story orders events. Emplotment configures heterogeneous elements such as events and agents and

renders those elements meaningful as part of a larger whole in which each takes a place in the network that constitutes the narrative's response to the first open question asked in the interviews: "Can you tell me what happened? The whole trajectory?"

In the interviews, apart from the act of configuration, telling one's story, mimesis$^3$, is also a concern. Mimesis$^3$, or *refiguration*, refers to the consequences for the reader of receiving what another composes. While reading and analyzing the transcribed interviews, we researchers "refigurate" the data and thus perform mimesis$^3$. The traversal of mimesis receives its fulfillment in the reader. It marks the intersection of the world of the text and the world of the reader.[11]

Apart from the three forms of mimesis, which are both sequential and simultaneous, Ricoeur's distinction between "discourse" and "text" is also relevant for the analysis of what happens in the interviews. While discourse is closer to oral exchange and relates to the situation in which it is spoken, text is closer to written accounts. In discourse "reference is determined by the ability to point to a reality common to the interlocutors."[12] Discourse takes place here and now, which facilitates mutual understanding because both interlocutors are engaged in a common reality. Text, however, does not have this relation with the common situation in which both interlocutors are present. In what follows, we also examine the difference between listening to the interviews and reading them—in other words, between the interviews as discourse and as text.

## ANALYZING "CLOSE TO THE SKIN"

We consider the interviews as narrative practices in which the women have told the interviewer about what happened to them and what they experienced. The interviewer in this process functions as a second person who, as addressee, listens to the interviewee and receives her oral account, but who also activates the process of recounting the experiences. In this section, on the basis of the interviews, we discuss the role of the second person, the interviewer, by distinguishing three different ways in which the dialogue between interviewer and interviewee brought about lived experience:[13] (1) While posing a rather unusual question—that is, the question of whether respondents had explicitly performed some kind of farewell ritual before surgery—some women retrospectively configured an account of a certain action or performance they had not yet recognized as a farewell ritual. (2) In the course of the interviews, interviewees sometimes said they had not yet thought about certain issues but all the same started talking about them and, while talking, constituted coherent accounts. (3) One respondent who kept a diary constituted a secondary reflection on what she had said during the interviews. What follows in this section are examples of these three aspects. In the next section, they will be analyzed with the help of the Ricoeurian concepts developed above.



### *Invitation to Respond to a Somewhat Unusual Question*

One question addressed in all the interviews was the question of parting from one's "old" body before the surgery. Most frequently the respondents did not address the issue spontaneously. The majority of the respondents said they had not performed such a ritual, they had not thought about performing one, nor had they felt any need to do so. Moreover, in hindsight, they did not regret not having done so. Only one respondent (Simone) spontaneously recounted the benefits she had received from an explicit farewell ritual she had performed. However, in her case the ritual had not been her own idea; she had not thought about it herself. It was her niece (who is a therapist) who had suggested it to her. Because the very idea of this ritual is not at the foreground in breast cancer consultation and information, the issue was introduced by the interviewer, who mentioned that it might involve a bit of an odd and unusual question:

> INTERVIEWER: And I have another question that I usually ask, uh, a bit odd perhaps, but did you say farewell to your breast?

For Simone the ritual and especially talking about the signification of her breast was very important. It gave her a grip on the situation, and she wanted everyone to know about it.

> SIMONE: And I do find it so important that everyone knows about it, it has meant so much for me. Not with touch or so, no, just talking about it, eh. And to name it and what does your breast mean for you, yes a bit motherhood, whether you have breastfed or not, a bit femininity, a bit intimacy and those things, eh, just deepened and so. And at a certain moment after three hours of intensive talking, I kind of started to think, "well, this is what they call a breast, it has been with me for 62 years, and now it is ill, and it has to go." That. So uh it was also from that moment on that I felt it was not something just happening to me, but also uh a large part my own decision eh. Because I had talked to her [her niece] so intensively that I was also that strong then that I could have decided, no, perhaps I will die, but I will not do it, that breast stays on me.

In addition to Simone, there was Ann, who had explicitly parted from her old breast, although in a less distinct way than Simone. When the interviewer asked her about it, she became very emotional, as if talking about her silently performed ritual reinforced the experience of parting.

ANN: [emotional] Two days before I was operated upon, I went to the mirror more often and felt my breast more carefully, how it felt and how that was. And touched it and looked at it, and my husband also. And now that is more emotional than it was at that moment.

Some women responded to the question by saying they had not consciously performed a farewell ritual, but then went on to say that they did something that could be interpreted as a kind of farewell:

ELLEN: No, I didn't? Not consciously.

I: No?

ELLEN: Before the operation I looked once oh yes you didn't make it, so. But whether that is saying good-bye, I don't know. But further, no not really consciously, no.

And Judith, who eventually had a breast-saving surgery said:

JUDITH: Yes, beforehand, when I took a bath, then I kind of thought—while pressing it [the breast] a bit—"perhaps this will be gone soon." Yes, that is what I did until I knew for sure that I could have a breast-saving treatment. Then I tried to imagine what that would look like. But I did this only when I took a bath, then you see both breasts and, yes, then I did think about it for a moment.

Also Kathy reconstructed for herself the very idea of "saying farewell" while talking about it.

KATHY: Well I think that farewell, that was immediately when I discovered the lump. For me the switch was immediately flipped. Then eh, I also said to John immediately, eh, I know that it is cancer, because I felt it then, swollen, uh with a little hard pit in it, and then I stood up and looked in the bathroom and I also saw a little indent, exactly as it is described in the literature, so that you know, and then I knew. I said [to] John, "well my decision is whatever happens, those breasts will go." So, at that moment it happened. Yes.

In asking an unusual question, the interviewer invited the women to take another look at their experiences, to consider them in terms of saying farewell to their breasts.

*Invitation to Configure an Account while Talking*

Sometimes the interviewees responded to questions while saying they had not really thought about the issue at hand but then, all the same, continued to talk about it.



INTERVIEWER: And at which moments, say, are you most conscious of your breast operation. That you are being treated for breast cancer?

DIANE: Phew. That I do not know, yes when you are washing yourself and changing clothes, then you see your scar and then I think oh yes. But very often I take it for granted completely. And I never did this before, but I started to put body lotion or cream or whatever on because the skin in the beginning, because of radiation, has become much drier. . . . So I do that, and then I see it every day. But it is not that I have a lousy feeling about it every day but okay it is there. I can look at it in the same way I look at the scar on my arm [which I have already had for several years]. But there are also days that you get up in the morning and haven't seen anything and then suddenly feel brrr, it is not feeling well today. And then you are down, or uh, and then, you cannot give a clear reason for anything.

Another example of composing an account of something that the interviewees said they had not really thought about was provided by Ruth. To the question of whether she would plan to go swimming with or without her prosthesis, she first responded by saying that she did not know yet. When the interviewer subsequently remarked, "So you have not yet reflected on this?," Ruth said:

RUTH: I have not thought about it, yes I did think about it, because they [nurses] explained that there are special swimsuits, which cover it [the asymmetry], but, I don't know. Maybe I won't go swimming; that is also a possibility, when it is very crowded or something with kids. . . . It is easier in the sea, then we go off the boat right into the sea. And then you don't have any trouble, even without a prosthesis and the people living there they know about it.

In both cases, the respondents were facilitated by the interviewer to reflect upon something they had not thought about before.

*Invitation to an Explicit Secondary Reflection*

Donna, the only respondent who conscientiously kept a diary, at a certain point used her diary to explicitly reflect on a previous interview with the interviewer.

DONNA: I told Jenny Slatman that I don't mind touching my breast, but to be honest, I do find it rather unpleasant to touch the scar, since it is swollen. (diary extract)

Here an interview gave rise to second-order reflections. In her diary Donna mentioned her answer to a question in the interview and then reflected upon her own answer.

## MAKING SENSE: PUTTING EXPERIENCE INTO WORDS

The three examples from the interviews above show in what sense the interaction between interviewer and interviewee can lead to the recounting of experiences that have not been put into words before, as well as the effects that the interview can have for the interviewee. In this process the role of the interviewer was not only the passive one of being an addressee of the story, but she was also active in initiating the reflection. In this section we further analyze the role of the interviewer and the meaning of interviewing or, more generally, the meaning of putting experiences and actions into words.

First, we consider the *Invitation to respond to a somewhat unusual question*. It is Simone in particular who expressed the importance of recounting what had happened to her. The farewell ritual and talking about her breast allowed her to make the events in which she passively participated into her own. At first the diagnosis overwhelmed her and made her feel like a victim, but after the ritual the amputation felt like her own decision.

> SIMONE: But my feeling then is, eh, I was not a victim anymore and after the conversation with the oncologist I only felt a victim. Do you understand? And that switch, that is what I also grant other people eh, that they have that opportunity to pause for a while before the breast is removed.

For Simone, talking about the events that happened to her, what Ricoeur calls mimesis$^2$, or configuration, implies making them her own and becoming active instead of passive. Language functions as an intermediary between experience and self. It enables the women to take a distance from their experiences, as the interview with Simone shows.

But most women who were interviewed did not engage in a farewell ritual and did not talk extensively about the breast they were about to lose. For some of them, the interview itself was the moment of putting into words what happened, which can in itself be an emotional experience. Ann said, "And now that is more emotional than it was at that moment." The distance that recounting the event of parting from her breast implies the moment of reflection and evokes emotions she did not experience while parting from her breast. The interviewer here takes the role of facilitating this moment of secondary parting.

In the case of Kathy, the realization that she has parted from her breast is evoked by the question of the interviewer. It is as if she says: if I parted, it must have been at that moment. But she also claims that she took a distance from her breast at the moment she knew it was ill. The parting, in fact, has already taken place and was initiated by the diagnosis of cancer.



The interviews with Ruth and Kathy show that the realization of having parted from the breast—that is, the awareness of their experiences—can also come about through the questions of the interviewer. Here the interview is constitutive for the interviewee's realization of what she experienced and how she acted. By putting their experiences and acts into words, the interviewees configure their experience. The interviewer here has an active role in asking the question that leads to this reflection.

Also the second aspect, the *Invitation to configure an account while talking*, alludes to mimesis$^2$, or configuration. The interviewer's question in this case leads to a new awareness of what the interviewee experiences or thinks. Both Diane and Ruth had not explicitly thought about the issue at hand, but while talking they started to reflect upon it. They think the issue through while talking—without coming to a firm conclusion. The interviewer's question plays an important role in evoking an awareness of their body, as, for instance, Diane's account of her washing ritual demonstrates. In the case of Ruth, the interviewer's question leads to contradictory statements, which express that she has not yet made up her mind about swimming. The interview in this case makes her formulate her doubts, the pros and cons of swimming in public.

The interviews, as narrative accounts of the women's experiences, can also allow for further reflections upon the narrated experiences. In this case the interviewee herself is the reader of her own text. Ricoeur speaks of mimesis$^3$ in this case, the completion of the text by the reader. It is the reader who fills in the holes, lacunae, and zones of indetermination in the text, and who in the end "carries the burden of emplotment."[14] Next to Donna, who reflects upon her own experiences in her diary, we, the researchers, also perform mimesis$^3$ while interpreting the interviews.

The addressee of the interviews, the second person, after having held the interviews also analyzed them and reported on them. These reflections are second-order reflections upon the first-order reflections of the interviewees. The interviews were coded, the codes were categorized, and so forth. These second-order reflections do not in themselves contribute to the experiences of the interviewees, but are directed to a scientific and medical audience.

## ORIENTING ONESELF IN NEW SITUATIONS

Returning to Ricoeur's threefold mimesis, we can conclude that in the above analysis, we have not referred to mimesis$^1$. The reason is that it pertains to the capacity to think about actions and experiences in terms of "what," "why," "who," and "how," and to the capacity to put actions into words.[15] This capacity is presumed rather than articulated in the interviews.

With respect to mimesis$^2$, we need to make a distinction between speaking about actions and experiences of which the interviewees were already aware and coming to awareness through speaking about them. We can see that configuration has a double function, especially in the second aspect described above, the *Invitation to configure an account while talking*, but also in the examples of Kathy and Ruth identified in the first aspect, the *Invitation to respond to a somewhat unusual question*. This double function at once implies putting into words what the interviewee had already experienced and was aware of that is now *shared* with others, and also functions as a *recognition* for the interviewee of what had happened, or what she had done or thought. In that sense the interview helps those interviewed to better understand and to orient themselves in the new situation. The questions in this respect function as "triggers" and lead not only to explicating what was not before explicit but also to a renewed awareness of their actions and experiences. Ricoeur's "ontological presupposition of language" sheds light upon this process. Here, he aims at language as a means of orienting ourselves in the world. Language is not a world in itself, nor does it constitute a world. Rather, "Because we are in the world and are affected by situations, we try to orient ourselves in them by means of understanding; we also have something to say, an experience to bring to language and to share."[16] In the interviews both aspects of language were brought to light: sharing with others and orienting oneself in situations.

Mimesis$^3$ in our project pertains to the second-order reflection that the interviewee undertakes in further reflecting upon her experiences on the basis of the first-order reflection in the interview. But also the analysis of the interviews by the researcher can be seen as mimesis$^3$. In this phase of analysis, the interviews are no longer first-person oral accounts but become written accounts that are coded and cut into pieces. Ricoeur distinguishes between "discourse"—as that which "intends things, applies itself to reality, expresses the world"—and "text."[17] Whereas in discourse the interlocutors share a unique spatiotemporal network (the "here" and "now" of the situation of discourse), texts do not have a situation that is common to both writer and reader. Direct references to the situation in which a conversation takes place are not present in texts. On the one hand this leads to distancing from concrete individual intentions and meaning, but on the other hand it implies the option of interpreting texts as proposed worlds that one could inhabit and in which the reader could project her own possibilities. Seen in this light, the interviews are unique texts that propose a world (the text unfolds, reveals, discovers a world[18]) that the reader—the researcher, but also the interviewee when she reads the text of the interview—can inhabit.



The role of the interviewer as a second person in this process is not only to be the receiver and facilitator for the account of the experiences of the interviewee, but with her questions she also evokes experiences and reflections upon these experiences. In this way, the interviewer supports the process of both taking a distance from events by means of the intermediating function of language, as well as relating to them.

## CONCLUSION AND DISCUSSION

In this essay we have shown that in the narrative practice of interviewing within empirical-phenomenological research, the second-person perspective contributes to the configuration of a person's "lived experience." The respondents in the interviews gave voice to their experiences. For that reason, the interviews can be seen as narrative practices that not only expressed the respondents' experiences but also were (partly) constitutive of their experiences. The interviewer, as a second person in this process, played an important role. Our explicit focus on the constitutive role of the second-person perspective has repercussions for how to consider and use phenomenology within the field of health and medicine. Phenomenology has been welcomed in this field because of its presumed focus on the individual patient's voice. In the philosophical literature on the phenomenology of the body in health and medicine, it is often emphasized that the body, as it is lived (*le corps vécu*)—that is, the body from the patient's first-person perspective—should be distinguished from (and opposed to) the body as an object, a thing, as it is considered from the medical professional's perspective, which implies a third person's perspective on the body.[19]

We believe that it is not productive to stick to this dichotomy in medical practices. It seems to set and frame the scene for combat between two parties who presumably are not able to share their views. If patients' lived experiences are considered as personal and idiosyncratic to the extent that they can be shared only with fellow sufferers who have gone through similar experiences, a phenomenological approach can be easily misused to build a "power block" against the medical establishment that is based upon the body-as-object paradigm, the third person's perspective.[20] What we argue for, in contrast, is that the voice of the patient—his or her first-person perspective—and the interaction between medical professionals and patients should be considered as a narrative practice. In medical settings the medical professional not only represents a third person's perspective on patients but is also involved in narrative practices with patients. Even if a physician talks about a patient from

an external point of view, from a third person's perspective—for instance, in talking about lab results—she or he is at the same time in conversation with the patient, addressing the latter as an interlocutor. It is especially in this last role that a medical professional can assist in letting the patient voice her or his lived experience.

The idea that patients should be able to tell and frame their stories has been increasingly adopted in medicine. It is especially narrative medicine that has brought attention to this issue. Narrative medicine argues for the importance and relevance of narrative training in reading and writing for healthcare professionals because of the healing effects for patients of giving voice to what they endure and of being able to frame and give meaning to their illnesses. However, also in narrative medicine we come across the distinction between the medical professional as "scientist" and the medical professional who has narrative capabilities.[21] In other words, in this context the third person's perspective of the medical professional is firmly opposed to his or her function as interlocutor. Instead, we suggest that every interaction between medical professional and patient is inherently narrative in the sense that patients as well as medical professionals aim at making sense of the situation and at mutual understanding. We do not mean to imply that further developing the narrative capacities of medical professionals—which is Charon's main aim—is not important, but we do suggest that opposing too strongly the third- and second-person perspectives in the interaction between medical professional and patient is not very productive. Instead of understanding narrative medicine as a distinct field of medical practice, we would rather understand all oral dialogues as narratives. In these dialogues, not only is the first-person perspective articulated, but the interlocutor, the second person, plays a vital role as well in evoking, co-constituting, and receiving the first-person accounts of their experiences.

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## NOTES

1. This project, "Bodily Integrity in Blemished Bodies" (2011–2016), was funded by the Netherlands Organization for Scientific Research (NWO-VIDI-276-20-016).

2. Dan Zahavi, *Subjectivity and Selfhood: Investigating the First-Person Perspective* (Cambridge: MIT Press, 2005).

3. See Max van Manen, *Researching Lived Experience: Human Science for an Action-Sensitive Pedagogy* (Albany: State University of New York Press, 1990); and Linda Finlay, *Phenomenology for Therapists: Researching the Lived World* (Chichester, West Sussex: John Wiley and Sons, 2011).

4. Havi Carel, "Nursing and Medicine," in *The Routledge Companion to Phenomenology*, ed. Sebastian Luft and Soren Overgaard, 623–32 (London: Routledge, 2012).

5. Karin Dahlberg, Les Todres, and Kathleen Galvin, "Lifeworld-Led Healthcare Is More Than Patient-Led Care: An Existential View of Well-being," *Medicine, Health Care, and Philosophy* 12, no. 3 (2009): 265–71.

6. See, for the results of this study, Jenny Slatman, Annemie Halsema, and Agnes Meershoek, "Responding to Scars after Breast Surgery," *Qualitative Health Research* (2015). DOI: 10,1177/1049732315591146.

7. All interviews for this study were conducted by Jenny Slatman, the second author of this paper. We chose to write about "the interviewer," thus referring to one of us in the third person, because It is not our aim to explore specifically her personal role in the interviews, but rather her role as interviewer.

8. See especially Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford University Press, 2006).

9. Paul Ricoeur, *Time and Narrative*, trans. Kathleen Blamey and David Pellauer, vol. 1, (Chicago: University of Chicago Press, 1984), 3.

10. Charon, *Narrative Medicine*, 138.

11. Ricoeur, *Time and Narrative*, vol. 1, 71.

12. Ricoeur, *From Text to Action. Essays in Hermeneutics II*, trans. Kathleen Blamey and John B. Thompson (London: Continuum, 1991), 82.

13. Ethical clearance for this empirical study was obtained from the ethical review board of Maastricht University Medical Center. All included respondents gave written consent to participate in this study. To protect the anonymity of our respondents, we have used fictional names. The fragments from the interviews in this section are translations of the oral interviews in Dutch, transcribed verbatim, and translated into English by the authors. To remain close to the oral accounts, we did not mend flaws and peculiarities in syntax.

14. Ricoeur, *Time and Narrative*, vol. 1, 77.

15. Ibid., 55–57.

16. Ibid., 78.

17. Ricoeur, *From Text to Action*, 81.

18. Ibid., 84.

19. Compare Drew Leder, "A Tale of Two Bodies: The Cartesian Corpse and the Lived Body," in *The Body in Medical Thought and Practice*, ed. Drew Leder (Dordrecht: Kluwer Academic Publishers, 1992); S. Kay Toombs, "Illness and the Paradigm of the Lived Body," *Theoretical Medicine* 9, no. 2 (1988): 201–226; and S. Kay Toombs, "The Temporality of Illness: Four Levels of Experience," *Theoretical Medicine and Bioethics* 11, no. 3 (1990): 227–41.

20. See also Jenny Slatman, "Multiple Dimensions of Embodiment in Medical Practices," *Medicine, Health Care, and Philosophy* 17, no. 4 (2014): 549–57.

21. See, for instance, Charon, *Narrative Medicine*, 3.

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# 14 HANNAH ARENDT AND PREGNANCY IN THE PUBLIC SPHERE

KATY FULFER

## INTRODUCTION

Although reproduction was once thought to be a paradigmatic private activity, it seems common now to accept that it is part of the public realm. Pregnancy often takes place in public institutions of hospitals or other medical facilities. Public policy may regulate reproduction and infertility services in places where health care is provided by the state, or in places that seek through legislation to restrict or protect women's access to reproductive and sexual health services. Further, as Amy Mullin has emphasized, pregnant people not only make physical adjustments to their changing bodies, but they also must make accommodations within the public sphere.[1] Climbing the stairs in the public library may no longer be feasible for a pregnant person, and parental leave from work might need to be arranged. A person's context plays an important role in the public accommodation of reproduction as well: secure jobs with paid leave better support women's financial stability than those without it.

Because society seems to readily accept that pregnancy, at least partially, is situated within the public sphere, Hannah Arendt's insistence that reproduction is not a public activity may seem surprising. It cannot be a political activity, in Arendt's view, because political activities are public—that is, they are the topics of speech and action. Arendt's main concern is political agency within the public sphere. Reproduction is private because it is aimed at the maintenance of life, and as such it is unable to disclose the "who" of a person. Unsurprisingly, many feminists have been skeptical of using Arendt to discuss embodied subjectivity and reproductive justice, because she relegates reproduction to the private realm.[2] For the purposes of this essay, a firm definition