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Honouring the opening: Unfolding the rich ground between the philosophical thinking of Martin Heidegger and practice-based empirical work

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ABSTRACT: The aim of this article is to bring philosophical thinking closer to practice-based empirical work. Using Martin Heidegger's philosophy, it offers a bridge between these two worlds, attempting to provide philosophical depth to the findings of a hermeneutic phenomenological study. This process unfolded through the appearance of three intertwined, potential, meaningful modes of being in the lifeworld: space as a condition for being and being for worlding the world; temporal and spatial self-being, the existence of multiple selves in time and space; and suffering and thriving as modes of being. The article extends the dialogue and concludes with key reflections and insight for research practice.

KEYWORDS: authenticity, being-in-the-world, dwelling, falling, stroke, thrownness

Introduction

In a range of phenomenologically inspired inquiry, researchers have produced shared understandings or synthesised findings across different perspectives (Borg Xuereb et al., 2015; Loaring et al., 2015; Sundström et al., 2018). Larkin et al. (2019) propose this can provide insights into relational aspects of experience, a thickening out of complexity and add breadth to depth.

The starting point for this article was a hermeneutic phenomenological study which looked to understand how the experience of being on an acute stroke unit was meaningfully lived through by stroke survivors and health care practitioners (Suddick et al., 2019; 2020a). Bringing together the accounts from two separate groups of people to understand their lived experiences from a unifying perspective was not the aim of the original research. However, the hermeneutic phenomenological work that brought forth the phenomenon engendered a dialogue in between these two horizontal perspectives that could not be silenced. This article presents the potential insights that were illuminated through this ongoing hermeneutic phenomenological work.

The purpose here is to draw upon philosophical notions of falling, thrownness, being-in-the-world, dwelling and authenticity in the work of Martin Heidegger so as to unfold a sense of meaningful modes of being. By doing this, we aim to bring the empirical findings and philosophical thinking closer together so as to harness their full potential for deeper understanding and insight.

In the first part of this article, we introduce the philosophical foundations drawn upon, and give consideration to modes of being-in-the-world, including thrownness, falling, authenticity and dwelling. The second part introduces the empirical study

and briefly articulates the understanding that emerged. The third part provides a unified representation of the hermeneutic phenomenological dialogue that unfolded as the empirical research was drawn together with the philosophical thinking of Martin Heidegger. We cannot do justice to the substantive work underpinning these philosophical ideas here, and would direct readers to other key texts/authors for more detailed coverage (i.e. Heidegger, 1993; 2003; Mugerauer, 2008; Withy, 2014). We present what we acknowledge is an abridged form, but which functions as a position from which to project, unfold and draw closer to lived-through experience and meaningful modes of being in a deeper, philosophically attuned way (later in this article). Although co-authored, this work draws on a doctoral study undertaken by the first author. Congruent with this and hermeneutic phenomenological research principles, the first person will be used where appropriate.

Phenomenology

Phenomenology attends to the fabric of human experience as a means to understand the human world and living, and from Heidegger's perspective, the ontological and existential question of Being (*Dasein*) (Caputo, 1997). *Dasein* is a "*kind of Being* which belongs to those entities that we ourselves are" (Heidegger, 2003, p. 75; emphasis in original), one distinct from other entities and whose very being can disclose Being.

Heidegger (2003) considered attending to the passed-overness that gives itself to us pre-reflectively as a way to unfold how *Dasein* is encountered and revealed through the everyday. However, he did not presuppose that *Dasein's* everydayness was superior to other modes of being for exploring its possibilities. Rather, that it required consideration should be the starting point for the analytic, and in doing so, offer an open encounter

less distorted by preconceived ideas and philosophical traditions (Mulhall, 1996).

The lifeworld provides the ground on which phenomenological inquiry and thinking stand. It is the prerequisite for our lived and worldly experience, providing the "where" and "how" we grasp experiential meaning amid the flux and encounter between self, world and *other*. In and through this shared lifeworld and its dimensions/fractions/existentials of temporality, spatiality, intersubjectivity, embodiment, identity/self-hood, moodedness or emotional attunement (Ashworth, 2016), discourse, sociality and project (Ashworth, 2016; Galvin & Todres, 2011), we have the potential to meaningfully understand Being-in-the-world and disclose Dasein's possibilities.

Thus Dasein's understanding of Being pertains with equal primordially both to an understanding of something like a "world", and to the understanding of the Being of those entities which become accessible within the world (Heidegger, 2003, p. 33).

The world and modes of being-in-the-world

For Heidegger, the world and its ontological significance were not pre-given, nor was the world an entity existing on its own, ready to be discovered:

The world itself is the totality of involvements within which Dasein works out its everyday worldly concerns, a world within which Dasein always finds itself already situated, and toward which Dasein reaches out in projective understanding (Caputo, 1997, p. 134).

As such, Heidegger's analytic attended to the worldhood of the world and how the world is worlded and disclosed through the ontological attunements or moods of Dasein (Alvis, 2016). He proposed that not only had the ontological question of Being been forgotten, so too had the presencing of the unspectacular and inconspicuous nature of the world:

Entities in the world reveal the world, and therefore reveal the depth of the whole of being, not just parts of it, and our world is such that it is "charged" with a mysterious character; not merely a neutral ground or shared space in time. The world, as a playground for Being, is inconspicuously full of wonder and potential meaningfulness (Alvis, 2016, p. 670).

In "Building dwelling thinking", Heidegger (1993, p. 359; emphasis in original) asked us to return anew and consider human *dwelling* in the spaces of the world:

Spaces open up by the fact that they are let into the dwelling of man. To say that mortals *are* is to say that *in dwelling* they persist through spaces by the virtue of their stay among things and locations. And only because mortals pervade, persist through, spaces by their very nature are they able to go through spaces. But in going through spaces we do not give up our standing in them.

Heidegger contends that *falling*, building and foregrounded activities detract and conceal from us the nature and meaning of dwelling. Dwelling is rooted in Dasein, our being-in-the-world, and encompasses a peaceful sparing and preserving, a free and open presencing and staying among and with things for unconcealing/unfolding Being (Heidegger, 1993).

Dasein is always in and of the world, through its involvements, care and concern. However, in the everyday, dwelling and the worldhood of the world are invariably passed over and Dasein and the world's phenomenological nature undisclosed. *Thrownness* is reflective of entities thrown into the world: "We are thrown into dealing with a particular set of entities, into a particular life, and into a particular culture or tradition" (Withy, 2014, p. 65). Being (Dasein) is at the same time both closed off and constituted through that from which we are thrown (whence), and to which (whither) we project (Withy, 2014). The temporality of Dasein is a historical-futural care structure. Being already situated in the world and coming to *be* are brought forth, as Dasein presses ahead into its future possibilities (Brough & Blattner, 2004).

Heidegger's *falling* belongs to a mode of Being-in-the-world where Dasein's state of inauthentic Being and the being of entities in the world are covered and closed off. Their disclosedness and possibilities are lost and diverted in the world that is being absorbed and unconcealed in the "they" and *Das Man* (Heidegger, 2003). *Das Man*, "the they" or "the one" have no unique mineness or self-hood, but reflect the public world of conformity and averageness (Heidegger, 2003; Svenaeus, 2011).

Dasein is an entity that can understand the being of entities, and for whom its own being is an issue for it. Importantly and distinctly, in *Being and Time*,

Heidegger claims *both* that Dasein is the being uniquely possessed of an understanding of Being, and that its enquiries into Being constantly and systematically misunderstand it. Claims which together imply that Dasein is constantly and systematically out of tune with that which it is nonetheless most fundamentally attuned (Mulhall, 1996, p. 31; emphasis in original).

Phenomenology as ontology is therefore a "study of how those entities *are* and can *be*" (McManus, 2017, p. 527; emphasis in original). Phenomenologically, attunement and moods are not chosen but come upon us, open up the world and have significance for Dasein (Svenaeus, 2011). Mood reveals Dasein, how we find ourselves in the world, encounter things as mattering, and can illuminate our projective possibilities (Ratcliffe, 2013).

Heidegger (2003) discusses anxiety and guilt as authentic modes of being. *Authenticity* as forerunning resoluteness is reflective of coming into one's own being through sensitive responsiveness to disclosive authentic modes of being and their possibilities (Carman, 2006).

For authentic, futural Dasein, the past is not over, not "past", nor is it a dead weight, but a simmering potentiality whose latent possibilities are seized upon, opened up, and disclosed by authentic resoluteness (Caputo, 1997, p. 135).

Misunderstanding (McManus, 2017), concern, moods/attunement, inauthenticity and authenticity thereby offer insight into modes of being within which Dasein exists (Caputo, 1997), and the question of being which is one of possibilities intertwined with our freedom and finitude (Withy, 2014).

We will return to these philosophical ideas and their relevance and usefulness in the context of the empirical study described below. This article aims to open up the rich ground that exists

in between the two worlds of philosophy and empirical research when they are brought closer together.

The empirical study context for the philosophically informed dialogue that follows

The study that provided the springboard for the philosophically attuned dialogue drew on Heidegger's phenomenological philosophy and Gadamer's (2008) philosophical hermeneutics. The methodology acknowledged the ontological and epistemological relevance of dialogue within the hermeneutic circle and provided the theoretical foundation for how understanding took place through the fusion of horizons. This was operationalised by the adoption of a phenomenological and hermeneutic attitude (Suddick et al., 2020b) which involved intentionally reflecting between part and whole, pre-understandings and the unfolding of meaning, the text's alterity, and my understanding and horizontal perspective as they altered and changed. This attitude was concerned with open, patient, attentive questioning on what was given, emerged, meaningfully signified, and the manner in which this was brought forth. I initially worked with each individuals' experiential description, then across each collective whole (stroke survivors and health care practitioners). More detailed descriptions of methods and findings can be found elsewhere (Suddick et al., 2019; 2020a; 2020b).

The following sections briefly explain the emergent understanding of what being on an acute stroke unit was like from each perspective. Alongside a brief account of my position, this provides a foundation for what follows: an articulation of the dialogue that emerged in between these perspectives and meaning that was brought forth, teased out and deepened using the philosophy of Martin Heidegger.

How being on the acute stroke unit was meaningfully lived through

For the stroke survivors (Andrew, Sally, Sarah and Jane), the acute stroke unit emerged as a space that was meaningfully signified through how they felt held (holding space) and how they transitioned (transitional space) within it. The acute stroke unit as holding space was understood to mean that the stroke survivors felt protected and safe while they dealt with the vulnerability and disruption brought about by the stroke (perceived as a frightening, uncertain, post-stroke space). This holding space was thought to hold them intimately but also apart from their pre-stroke lifeworld, and for one of them, the uncaring other wards of the hospital. Holding was understood to be fulfilled through the holding spatial practices of nurses and others, including their fellow patients. Intertwined with how they were held, the stroke survivors described transitions mostly orientated around the self within the space of the stroke unit. These transitions were thought to indicate how they dealt with and survived the stroke, being in hospital, and for one stroke survivor, how they transitioned towards recovery. The ways in which they transitioned (passive relinquishing of self, active temporary transition, re-emergence and/or reassertion of self) and the lived space of the acute stroke unit (holding and transitional) were thereby understood as intertwined in particular, nuanced ways (see Suddick et al., 2020a).

The health care practitioners (Beth, Angela, Clare and Helen) were understood to experience the acute stroke unit as a

meaningful space that they had appropriated and produced for themselves and others. This was where they looked to fulfil their work as existential project and achieve a sense of authenticity, belonging and being at home. Although their authenticity was unique to each of them, the practitioners were understood to hold similar experiential concerns about their work as project (which was realised through their relationships with others and their contribution to patients' transition). The forging of their project and self were undertaken amidst day-to-day life on the unit. This meant that three of them were understood to experience meaningful vulnerabilities that included varying degrees of feeling displaced in time, a disrupted sense of belonging, an unsettled sense of themselves as authentic practitioners, and a pressing need to survive the space of the acute stroke unit. The health care practitioners involved in this study were thought to navigate their aspirations for their practice and sense of thriving alongside the discord, disruption and need to survive that were intertwined with how they lived through this meaningful space on a day-to-day basis (Suddick et al., 2019).

My own being-in-the world

Distinctively, Heidegger embeds the question of Being with that of the philosophical tradition that proceeds it and his own position as enquirer within the analytic (Mulhall, 1996). As such, it was important to consider and articulate my own being and path through homelessness that came forth as I carried out the research study, and

as we have heard, even when we dwell concernfully, it remains to press beyond the indifferent to a deeper understanding of what is far away: "a nearest and essential knowing oneself is in need of a getting-to-know-oneself" (Mugerauer, 2008, p. 38).

This represented how I journeyed to a sense of my vulnerable, human, authentic self. By dwelling with lived experience and attending to the manner of its speaking, I found I began to dwell within my own experiential, embodied knowing. I began to become aware of my self, my path, and how I was yet to occupy my own, changing space. I came to understand how I too had undergone transition as my world became forever changed. I became a mother, twice. I returned to work part-time in a changed workplace. I attempted to re-establish and find my place again in an altered world where I was suddenly not what I once was, nor whom I thought I was. I had a difficult experience in the middle of the research study, which rocked the ground that I had built and my very place upon it. Where once I had felt competent, resourceful and assured, I became fearful, uncertain and experienced an almost all-encompassing vulnerability. Being vulnerable was not safe but real, and perhaps necessary to bring me to a position and space of openness and exposure from which I could connect sensitively (through intimacy and not distance), a meaningful encounter with an other.

A dialogue in-between

While undertaking the study, a dialogue opened up between these horizontal perspectives that could not be silenced. It demanded I attend and work hermeneutically and phenomenologically with the manner of its speaking. In doing so, three possible intertwined modes of being emerged: space as a condition for being and being for worlding the world;

suffering and thriving as modes of being; and temporal spatial self-being (the existence of multiple selves in time and space). These were not stand-alone entities, devoid, or distant from my own being-in-the-world.

This article represents a betwixt and in-between philosophy and empirical research, and the dialogue that unfolded on the back of lived-through experience and emergent phenomena. To purposefully articulate this philosophically inspired dialogue, bring it to life and uphold the roots of the work, experiential extracts that speak to/of this holistic representation are inserted where possible.

Being-in-the-world: space as a condition for being, and being for worlding the world

Space is no longer a homogenous void, but reveals itself as this vast and richly textured field in which we are corporeally immersed, this vibrant expanse structured by both a ground and a horizon (Abram, 1997, p. 216).

Space as a condition for being was fundamental within the understanding that unfolded. The acute stroke unit reflected a dynamic, living and breathing space, meaningfully encountered, enacted and lived through everyday being-in-the-world, practical relations with entities in-the-world, and being-with-others (Baynham, 2003; van Manen, 2007).

For the stroke survivors and health care practitioners, the acute stroke unit as *building*¹ in basic form was understood to make space and room for settlement, and through its existence, relationships and connections with other spaces, places and locations were possible. In a range of ways, the space of the acute stroke unit was thought to be unlike the space of home from which the stroke survivors were thrown. For example, in response to her homelessness after the stroke, Sarah was understood to forge a temporary encampment in the space of the hospital bay, practising and enacting a home-like space alongside her fellow stroke survivors (with nurses as the transient visitors). This space was meaningfully unconcealed when she experienced its loss after returning home:

We all got on extremely well and the nurse even commented on it. They said "we love coming into this bay because you're all such fun" and we did...we had a laugh and even though some people were much much worse off than I was...but we used to encourage it...if someone was trying to get up off their chair and couldn't quite...well, we'd say "come on, yes you can do it". We urged each other on and, you know, praised anybody who's done something for the first time, and...we also liked having the window open because we liked fresh air...and the nurses used to say "oh, it's so lovely to come into this ward where it's fresh and it's not smelly because you've got the window open". So, yes, I think that's what you miss. You miss the fact that when you come home and there's just you and your husband, and there's no one else there (Sarah, stroke survivor).

Reflective of space as disclosive and a condition for being, the stroke unit was understood to exist within but stand apart from

1 Building as per Heidegger (1993) – building and making space, but that comes out of dwelling; building is a "letting dwell".

the hospital health care space, as stroke survivors encountered it at the same time as their post-stroke space.² Andrew meaningfully experienced the stroke unit through how it held him apart and protected him from other hospital wards where he would have felt dehumanised ("you're just...that's it...like a lump of meat"), alone, and overwhelmed by vulnerability brought forth by the stroke and hospital situation.

Through the accounts of the health care practitioners, the acute stroke unit emerged as a dynamic, fluid space that was *alive*, interpenetrated by other spaces with different temporalities, superimposed upon one another to create the *present* acute stroke unit space (Merrifield, 2003; Watkins, 2005). Some of this is reflected in the following extract, where Angela, a health care practitioner, provided insight into the stroke unit's temporality, changing landscape and different interpenetrating influences:

Staffing and the patients changed, became more acutely unwell, the drive...what's the word?...so we were having like peer reviews, so the national people were coming down to expedite change because we needed to be moving quicker and how were we going to do that, to get people down within four hours of coming in and...I suppose we went through that change of...I don't know how long it was, a year to a year and a half and kind of...what is the service going to look like in the future?...to how we are today.

Heidegger (1993) proposed that dwelling is needed for building. The health care practitioners' sense of being at home and belonging illuminated how they perhaps *built* the stroke unit out of their dwelling within its walls, work and practices so as to preserve and nurture themselves, others, their humanity and the stroke unit world they created (Heidegger, 1993). This was encapsulated by Clare, who described hers and the stroke units' shared journey and growth, and how the field of stroke, stroke unit and work she undertook, "*made me who I am now*",

there's a lot of satisfaction with it, you feel that you are actually doing good the majority of the time, you know...and now I am looking to retirement. I'll retire when I'm 60 which isn't that far off and then come back part-time until I'm government retirement age...you know, I couldn't think of working anywhere but with stroke now because it's...it makes you a better person, I think (Clare, health care practitioner).

As such, the acute stroke unit emerged as a space meaningfully signified through how it was *built* and *produced*. This resonated with Lefebvre's (1991) social production of space, and the interplay of conceived space (representation of space), spatial practices (perceived space) and lived space (representational space). How the health care practitioners lived the space of the acute stroke unit was intertwined with how the space was conceived, how they practised the space, and their aspirations for it and themselves as human beings and practitioners. The latter was signified by Beth as she described the essential,

2 Post-stroke space: an abstract space that reflected the meaningful vulnerability and disruption (temporally, corporally, biographically, and in relation to their sense of self and agency) experienced after stroke.

normal but fundamental humanity embedded within hers and others' ways of being and practising in the stroke unit:

It's the whole thing isn't it...the whole...to the patient... it's the whole environment, you know they need to feel that they're cared for and people care about them, whether it's just...whether it's the nurses, or whether it's the ladies or the gents that bring round the tea, you know, if they can't remember what they have...the patient feels like they're an individual, not somebody else just having a cup of tea (Beth, health care practitioner).

However, three of the health care practitioners' thrownness from which disclosed an incongruence with the present, changing stroke unit space conceived by guidelines, policy and hospital management (an abstract, counter-intuitive representation of space):

because they're running the NHS as a business, and people aren't business. And that's how I see it. They're looking at how they can save money, how they can compete, without looking at how that saving money and competing is affecting the people that work there and the patients. Because the people that work there aren't happy with what's happening, so that makes it difficult to be as good with the patients. And we have to think...you've got to forget all that when you're here and look after your patients, which is getting harder with what's happening actually on the ward, you know, that the patients have to be the first things in your thought, not the last thing. And we're still quite a happy ward (Clare, health care practitioner).

Through both the stroke survivors' and health care practitioners' thrownness, homelessness, and disclosive moods of Dasein, their world and being-in-the-world were unconcealed. The space of the acute stroke unit was thereby worlded in various ways that were co-constituted, intertwined and sometimes conflicting:

The more carefully one examines space, considering it not only with the eyes, not only with the intellect, but also with the senses, with the total body, the more clearly one becomes aware of the conflicts at work within it, conflicts which foster the explosion of abstract space and the production of space that is other (Lefebvre, 1991, p. 391).

The stroke survivors' post-stroke space reflected an abstract, alien space of vulnerability, an existential concern, a sudden abyss, uncertain ground and future that opened up after the stroke. The stroke unit and the hospital were understood as familiar and unfamiliar worlds that the stroke survivors were thrown into at the same time as their post-stroke space, and where time and their relationship with self were experienced differently, where they were not at home, and could not dwell

because you have a lot of time in there. You know, there's not much time that I sit...I just sat there because I was drinking my tea, but not many...because then I thought, oh, I'll start dusting or whatever, and washing the floors...and not much time...not many hours I sit there and just sit and think, but all of these seem...perhaps because I wanted...I just wanted to go out and

have a nice drink...and just things like a new life, so you're going to change your life. It didn't last for very long, but all these things that I promised myself that I would do, and how lucky...how very lucky I was to be able to do that. The poor lady that died there and her son was with her, and I just thought, you know, I was just so lucky and these people have helped me (Jane, stroke survivor).

For the practitioners, the conflicting abstract representation of the acute stroke unit space – engineered through guidelines, policy and enforced by management – was understood to reflect their movement from out of "fallen-ness". *Falling's* disclosive properties unconcealed how the changing stroke unit was eviscerating and encroaching upon the meaningful lived space they had built and appropriated, and where they fulfilled their meaningful relational work and looked to contribute to patients' transition (work as existential project):

the unfortunate thing is because you're doing the physical care and there is...it is very um...there aren't enough staff really to do it, the emotional care has gone out of the window and, you know, you're...because we're meant to um...screen people I think on day 7. By day 7, everyone's meant to have had an anxiety and depression score done. I haven't done one for months, but when...because we...we're...you're rushing round doing everything else, you haven't got time and that's where you need that time to take that patient out of the...to talk to them, or...or listen to what they want... want to tell you. And I think that's going down as well, we...we just haven't got the time to do it. And we're not doing the patients any good by not listening to them so...It's awful really. It's part of the...and I think the whole...that whole thing actually knocks on with the nurses not being...you know, not feeling that they're giving a holistic care to their patients. So, there is quite a lot of conflict there (Clare, health care practitioner).

Resonating with Wilson's (2013) re-interpretation of Lefebvre's and Heidegger's similar philosophical notions: that a feature of the human condition reflects our creative work so as to dwell poetically, these alien, abstract spaces were thought to obstruct and obfuscate the possible, threaten to eviscerate being and in doing so, disclose (un)dwelling.

Wordly being in space and encounters with entities that are unlike Dasein (unmeaningful, absurd) cannot be incorporated into the meaningful existence that is Dasein's being (Svenaues, 2011). Through their shocking otherness, they threatened the stroke survivors' and health care practitioners' sense of being-at-home-in-the-world and contributed to unconcealing the nature of being. This unconcealing is proposed as contributing to worlding the world, disclosing space as a condition for being, suffering and thriving as modes of being and temporal spatial self-being.

Suffering and thriving as modes of being

"Call the world, if you please, 'The Vale of Soulmaking'. Then, you will find out the use of the world" (Forman, 1935, p. 336).

Through their dwelling, homelike-ness and (not) at-home-ness within the world, the stroke survivors and health care

practitioners in various ways were describing undergoing change, transition, and varying levels of existential vulnerability, thriving and suffering. Suffering and thriving as modes of being were not mutually exclusive, nor did they reflect static or discrete states, rather an intermingling, moment by moment, day by day:

It has days when you think I am gonna look for another job tomorrow [laughs]...yeah...but there can't be anything more rewarding than this...but it can also be devastating (Clare, health care practitioner).

Existential threat, vulnerability, suffering and belonging were understood to be intertwined within the stroke survivors' lived experience. Snatched and transported physically and metaphorically from the place of home, their changed existence and being were brought forth through their thrownness into a post-stroke world, the stroke unit, and spaces of health care and hospital (where they were thankful, appreciative "patients" moved from place to place and processed by a non-specific hospital they). Taken together, and articulated by Andrew in the extract below, this represented an all-encompassing vulnerability, thrownness and existential rift that signified the meaningful holding space of the stroke unit (brought forth through Andrew's account of his experience prior to his arrival on the unit):

when he [a health care practitioner] came back, he gave me the injection, and got almost barring that much in [using his thumb and finger, Andrew indicates the amount of thrombolytic agent that he was not given, when they stopped in the injection] ...when I had a terrific nosebleed, so they stopped it...it's the one that's supposed to save you. Yeah, so they stopped it and then they plugged my nose. So...and that was it, I mean... I went up on the ward [stroke unit] (Andrew, stroke survivor).

Thrownness was understood to represent a significant disruption and fracturing to the stroke survivors' lifeworld and its dimensions. The stroke survivors were understood to experience a disrupted sense of self and interrupted temporality that disclosed their self-temporal homelessness:

Because I've always exercised, all my life, I've always been extremely active, never a sitting-down person, and I was playing badminton until I was 70. And I used to walk quite a few miles every day with the dog, and I walked a couple of hours at the weekends. And to go from that to...to this, you know, as I said, I'm not a sitting-down person (Sarah, stroke survivor).

Here, existential suffering was reflected through experiences of an unfamiliar, disrupted body, altered and changed lifeworld, heightened awareness of their mortality and finitude (being-towards-death), and frightening, strange, different, unsettling worlds and ways of being on the stroke unit. Due to the limited number of nurses on the unit, Sarah was concerned that vulnerable people (including herself) were left to cope, bear witness and suffer on their own, particularly at night: "We dreaded nights because we knew there was not going to be anywhere near enough staff on duty and we all used to say to each other, 'try not to need anybody, because you won't get anybody!'" [laughs]" (Sarah). In response to this sense of

abandonment, Sarah and the other stroke survivors forged a kind of sheltering – a hospital bay community – as a way to survive, sustain and protect themselves in the context of their vulnerable, unhomelike situation.

As Graham (2011) philosophised, home can be the difference between surviving and dwelling. In the context of this study, the health care practitioners were understood to have developed a deep connection and relatedness to the stroke unit space and the people and practices within it. All of the health care practitioners were thought to have searched and toiled (*building*) in varying ways to find their authentic place (space) to thrive, practise and belong. This reflected a meaningful life project (Dahlberg et al., 2009) that had remained mostly inconspicuous in its everydayness until brought into view by their suffering and not-at-homeness. What follows is an example of one of the health care practitioners' expression of dissonance, concern, anxiety, guilt (and frustration) as authentic modes of being that assisted in disclosing an inauthentic homelikeness in the altered stroke unit world, and had the potential to bring Dasein back from falling (Heidegger, 2003):

'cos, if you were to look at the nurses on the ward and myself...you could almost cry with frustration...'cos you are doing the best you can...and you've got all these... these...targets to meet...and all you want to do is... is the best...and it's a nightmare. And you go into the ward, and you can see these nurses have worked really hard, they're trying to do something and someone will come out with "well, have you done this?", "Has this been done?" and "Why...why hasn't this been entered on the computer?" and you think...lets'...they've...the care's good, you know the patients are well looked after and that...but we haven't done the computer and I think it's that...that more than anything else (Helen, health care practitioner).

Homelessness is a call into dwelling (Heidegger, 1993), and these states of being were perceived as meaningfully related to the complex practical, psychological work and labour required as the health care practitioners attempted to make sense of their "lost space" and authentic/inauthentic possibilities, and survive the lived, produced space of the acute stroke unit in its new, unhomelike form. In doing so, they were understood to think, consider, ignore, reconcile, reframe, accept or resist in their efforts to cope with their un-dwelling. For example, perhaps in response to homelessness from her work as project/authentic practice (reflective of instrumentality, agency and enabling others), Angela transitioned, reconciling, reframing and objectifying her thinking. This was understood to offer a sense of congruence and homelikeness, and help her navigate and survive the abstract, changing space of the acute stroke unit:

patients on their stroke journey will be on the journey for a long time and you can get a bit kind of blinkered to the kind of next stages, I suppose, and you could quite easily keep somebody on the unit for weeks and weeks and weeks and do your rehab and do your whatever, your therapy there and then. The speed, when it was happening...I suppose that was the culture and we didn't necessarily have the skills or we hadn't developed them enough or we weren't brave enough? I don't know what the reason was, to be making decisions earlier...

and so through doing it we got a lot better at making those decisions earlier and making them objective decisions. But really, the decision is made as soon as you walk through the door. And I suppose we have the pressure...I keep saying pressures, but I don't think it was pressures, but the new processes of estimating date of discharge (Angela, health care practitioner).

Transition reflects the process of human becoming that is orientated in the realm of the person, has a sense of flow and movement (Meleis & Trangenstein, 1994) and is interwoven with suffering, traumatic growth and adaptation (Hartman & Zimberoff, 2005). The stroke survivors' and health care practitioners' lifeworldly concerns were understood as intertwined with how they *projected from* their thrownness, and journeyed, transitioned and responded to their existential struggles and suffering (adversity) when dwelling and at-home-ness were challenged. In some cases, the health care practitioners were understood to say goodbye to what had made them successful in the past, what they perceived as integral to their self, humanity, sometimes their whole world of experience (Bridges & Mitchell, 2000). In this context, the shared relevance of holding space emerged through how it was meaningfully signified for stroke survivors and absent for health care practitioners. Holding spaces (as Jane articulates below) that offer genuine, safe, secure spaces of connection with sustaining, nurturing qualities can assist with peaceful attunement, reflection, exploration of possibilities and a sense of homelikeness (Svneaues, 2011) in the midst of alienating spaces of homelessness:

Well, I can't use the word comfortable...I wasn't comfortable at all, but because I knew that I was safe there, I was able to do that [think], where I think if you're not safe...you're anxious all the time and I probably wasn't as anxious...I was anxious to get out because I always am, and they just laughed because they knew me from before (Jane, stroke survivor).

Holding spaces can thereby provide time and opportunities for peaceful attunement, "being-there", letting be, wayfinding and exploration of the existential possibility of moving forwards in time, space and with others (dwelling, mobility) (Todres & Galvin, 2010):

The care that I got was just...well, I couldn't praise any more...them any higher, because they were just so kind and so nice and I...because I felt more comfortable I was able to sit and...and think about things [how she was going to change her life] (Jane, stroke survivor).

Temporal, spatial self-being: The existence of multiple selves in time and place

Even when mortals turn "inward", taking stock of themselves, they do not leave behind the belonging of the fourfold. When, as we say, we come to our senses and reflect on ourselves, we come back to ourselves from things *without ever abandoning* our stay among things (Heidegger, 1993, p. 359; emphasis in original).

For the health care practitioners and stroke survivors, their self, the produced space of the stroke unit and meaningful

holding and transitional spaces were understood and formed in co-creation. Understanding ourselves unfolds alongside our understanding of the world through unconcealed concealment. The disruption and threat that the stroke survivors and health care practitioners encountered in their lifeworld amidst and among these meaningful spaces meant they experienced their self and world in a newly conscious way.

Nothing is static, and exists in isolation, devoid from its worldliness, and the self is no different. As the stroke survivors lived through the hospital space and their post-stroke space, they were understood to relinquish control, acquiesce, resist and transition in nuanced ways. They were understood to cope, survive or thrive with their varied levels of suffering and vulnerability, temporally, spatially, and relationally making sense of where, among whom, and whom they were. Their movement out of fallenness, everyday I and "they-self" (Escudero, 2014) was disclosed through temporality of concern/care and the co-existence and entanglement between multiple selves ("I self", "me self", "prestroke me", "other facet of me", "other me", "not me", "hospital me"). Sarah, the mother of a nurse and familiar with being in hospital, was understood to undergo a necessary, temporary transformation of self in response to the hospital situation which protected but also differentiated her self from others:

Also, of course, I have had, before that, some long stays in hospital, with other things, so I was used to the system and the routine in hospital. I knew what to expect and when it was happening and...you just have to learn patience in hospital, you know. Things can't happen the minute you want, they do the best they can, but you know, you sometimes have to be prepared to wait. And of course, some people aren't prepared to wait (Sarah, stroke survivor).

The health care practitioners viewed their stroke unit world and understood it from within their existential project: one that was interwoven with their own unique self-making and sustaining process. As such, they were understood to shore up, maintain and sustain their sense of themselves, manage and move between selves, including authentic (mine-self) and inauthentic selves (they-self, not-mine-self) that belonged to *falling*, averageness, collective norms and *Das Man* (Heidegger, 2003; Horrigan-Kelly et al., 2016). For some, this seemed to involve saying goodbye to parts of their "mine-self" as well as the remembered, happy space that was the past stroke unit (Cutcher et al., 2016): *"I could see myself working here part time until I was in my seventies, you know, seventies, health permitting. But now it's all been swept away"* (Clare).

Self was perceived to be the loci of transition and belonging for both the health care practitioners and the stroke survivors (through their not-at-home-ness). In some cases, their self provided continuity and stability; other times, it was understood to transition and transform in response to a particular need, worldly situations and circumstance. None of which pointed to the self as an object. Rather, *temporal, spatial self-being* reflected a way of temporally being-in-the-world that unified the everyday I and authentic anticipatory resoluteness for co-disclosing self and world (Escudero, 2014). Clare recounts transitioning her self, "fighting" the "big bods" and *hospital they* that opposed her authentic work, threatened "stroke patients" and her stroke unit world, but at significant cost:

we had to go up with the big bods from the hospital and I'm not a very confident person and I had to go up and do the first one and this man was saying "you've got to have them out in 10 days" and I was getting more and more frustrated..."our patients aren't ready, we can't send them out"...and we had a big argument about it and then at the end of this session, he just talked down to me about how patients have got to be out because of the money...and I was saying "but stroke patients can't...where are you going to put them?". "Well, they can go home while they are waiting for their rehab". How can they go home if they've not had, you know... That was fighting...and I don't often stand up and speak in front of 12 to 13 people, and I stood up and... well, I didn't stand but I spoke my thoughts...and I said "there's no way they can"...by the time I got back here I was in tears [laughs]... (Clare, health care practitioner).

For Clare, Angela and Helen, an anxious, concerned present was understood to be compressed by fond, past remembrances of what the unit once was and their concern and lack of security in the future:

we were going through a bad time though, last time we were here...there's been hospital wards closed and everything sort of up in the air and I think every... that particular day, everyone was fearful about their jobs and the quality control had been here, things have changed in how we write things and increased the workload really...and I think I wasn't in the best of moods to do this last time (Clare, health care practitioner).

These excerpts from Clare represent one example of the disclosive moods of Dasein for unconcealing the health care practitioners' care, temporality and historical being-in-the-world as meaningfully intertwined and co-constituted with the space of the acute stroke unit: "Each of us is what he pursues and cares for. In everyday terms, we understand ourselves and our existence by way of the activities we pursue and the things we take care of" (Heidegger, 1975, p. 159).

For those experiencing illness, the past and future can recede and bring forth the present from its natural passed-over-ness to that which is consumed with exaggerated attention and overriding concern (Svenaesus, 2011). Temporally, the stroke survivors' past and pre-stroke world was understood to be full of meaningful significance, but detached, sometimes missing, and in all cases, in stark contrast to their present situation. Temporality was unconcealed as the stroke survivors' temporal-futural-care being was disrupted by the stroke and meaningfully signified through how future possibilities were foreign, uncertain and/or closed off.

I said "don't think about the future, you can't plan the future" and some of them said they live in the past, they just always remember the good days. I said "that's gone". Forget what happens in the past...I said "it's now that you're here and enjoy now and what you can get out of now" (Sarah, stroke survivor).

However, from out of homelessness, some of the stroke survivors and health care practitioners pressed ahead, projecting from

their thrownness towards "who I am trying to be" (Brough & Blettner, 2006, p. 132):

so then I thought, OK, I've had a stroke and I can't move but I can talk and I thought, well...so, I more or less said right, well, what's next? What do we do next?...I felt whatever it was I was told to do or to expect, I could get on with it and I thought, well, OK, if they tell me to do physio, and the girls who were doing the physio used to say "right, now, we thought you might like to try this, how do you feel about it?" I'd say "yep. Whatever it is, let's have a go" and if they said "now have you had enough?" I'd say "no, I'll do some more" you know, because I've always wanted...I can always motivate myself to do more. And I think that's important. I think some people give in so easily and just think, oh well, that's it, you know, that's my life finished (Sarah, stroke survivor).

The self and different temporalities that emerged from the accounts of the health care practitioners and stroke survivors thereby resonated with the self as an emergent, multifaceted, temporal-spatial, worldly being.

Extending the dialogue

Often overlooked, the "spatial turn" has endeavoured to re-establish the relevance of space and place. Although not headlined, space and place permeate Heidegger's (2003) seminal *Being and Time* (Malpas, 2008). In Heidegger's later philosophy, the notions of space, place and dwelling have been instrumental in re-emphasising their significance. Indeed, Malpas (2008, p. 3) argues that "Heidegger's work provides us with perhaps the most important and sustained inquiry into place to be found in the history of Western thought." In this study, space as a condition for being reflected how spaces were experienced, lived through and encountered as a dimension of human living, being-in-the-world, being at home, self-actualisation and becoming. The characteristics of these spaces, their complexity, dynamic nature, utility, nurturing, sustaining as well as alienating qualities, also emerged as the stroke survivors and practitioners were understood to respond, use, produce, travel, navigate, persist, survive and/or thrive through these spaces.

Circumspective, concerned being-in-the-world is always spatial (Heidegger, 2003). What we have articulated in this article is how space was disclosed with the worldhood of the world (Mulhall, 1996), and Dasein revealed in its relation among the world, self, being-in-the world, being with and towards others. As was the case here, changed existence, being in the world (Horrigan-Kelly et al., 2016) and thrownness disclose and unconceal our projects (Withy, 2014). Fracturing of the lifeworld, its dimensions and authentic modes of being in the world bring Dasein back from fallenness. Out of inauthentic homelikeness in the world, where Dasein is lost in the average, everyday world of *Das Man* and its possibilities are concealed, the potentiality and possibilities of our everyday existence can come forth. Homelessness unconcealed the nature and possibilities of being (Heidegger, 1993) and offered an opportunity for homecoming through homelessness (Mugerauer, 2008). In the midst of alien, abstract, absurd *other* spaces that threatened dwelling, meaningful secure, nurturing spaces of home or homelikeness are proposed as offering opportunities to pause, "be", dwell

and/or navigate a path within and through suffering: "Finding moments of stillness and intentionally focusing only on the issues at hand enables growth and movement" (McCormack & Titchen, 2014, p. 8), and "to come home to one's situation, to hear what is there, to abide, to linger and to be gathered there with what belongs there" (Todres & Galvin, 2010, p. 4), and thus, wayfind and flourish in-becoming:

In the midst of what may seem dead or murky and tangled with no space to move or breathe, the energies required for growth and flourishing spring forth. We just have to see and know it and flow with it (McCormack & Titchen, 2014, p. 9).

This article presents three intertwined, meaningful modes of being that emerged in the dialogue in between horizontal perspectives and the philosophical thinking of Martin Heidegger: space as a condition for being and being for worlding the world, temporal spatial self-being and suffering and thriving as modes of being. Congruent with Heidegger (2002), it was movement between concealment and unconcealment which disclosed these modes of being. In this vein, through the inter-horizontal dialogue and happening in the *two-fold concealment*³ of the clearing (refusal and obstruction) (Heidegger, 2002), "being-in-the-acute stroke unit" was allowed to show itself as itself. This article aims to articulate the insights that can emerge when we dwell and embrace the opening of the clearing. Working with specific groups of people who have shared experience of the phenomenon of interest offered meaningful understanding. However, when we are calling on phenomenology to disclose Dasein, we have the potential to look into the fullness of lived experience. We can encounter what sits on the surface, is visible and what is concealed. In doing so, we can disclose and uncover meaningful, taken-for-granted, passed-over and hidden depths of our worldhood and wordly being-in-the-world.

The average everydayness of Dasein can thus be determined as entangled-disclosed, thrown-projecting being-in-the-world which is concerned with its ownmost potentiality in its being together with the "world" and in being-with the others (Heidegger cited by Mugerauer, 2008, p. 38).

Further considerations

Heidegger acknowledged the analytic as circular, without finitude and not without error (Mulhall, 1996). In that vein, the considerations presented here – although concernfully, attentively and rigorously worked out – remain a tentative offering: a "beginning that is continuation" (Dahlberg, 2006, p. 7). Similarly, this article would be wrong to suggest that the study findings provided unchallenged access into the participants' lifeworld, and that the accounts on which the findings were based were a direct and accurate reflection or absolute truth. Rather, phenomenology, using a human lifeworld perspective, assumes that our experiential world may point, indicate or speak of ourselves and our worldly being-in-the-world in some way (Ashworth, 2016). We contend that these insights, disclosed through lived experience and unfolded using key philosophical

notions, offer a re-imagined whole, pertinent to understanding being-in-the-world, Dasein and its possibilities.

When the study that informed this article commenced, it was envisaged that although the stroke survivors and practitioners experienced the same place/service, they were likely to have different perspectives on it. This resonated with what Larkin et al. (2019, p. 5) considered in their taxonomy of multiple perspectives to reflect both groups as "[a]ll surfing the same wave". From early reflections, it was apparent that I was expecting to find out something that the "other" group of people needed to know, and did not envisage the likelihood of shared meaning. However, as the study progressed, the dialogue that ensued moved from what was unique and particular to each person and perspective to what unfolded and was unconcealed in the *clearing* in between. From this changed position and holistic perspective, all people were considered to be "tangled in the same web" (Larkin et al., 2019, p. 5): being-in-the-acute stroke unit, constitutive for disclosing being-in-the-world, and my being-in-the-world tangled and intertwined in the lifeworld web alongside.

We propose that if the intention is an analytic of existence and Dasein, then embracing a dialogue that pertains to our shared being-in-the-world and drawing upon the breadth and depth of lived experience to access a range of phenomena are appropriate endeavours in existentially attuned empirical research.

Similar to Lindberg et al. (2016, p. 1), this article has drawn upon the empirical research findings of two horizontal perspectives and subjected them to philosophical examination so as to provide a "guiding light in the search for further meanings". This article thereby aims to provide an offering and re-imagined whole, rendered more explicit by philosophical understandings. Similar to Lindberg et al. (2016), fully fleshed out findings from each horizontal perspective were completed prior to additional work being undertaken. However, somewhat in contrast, this was a less-structured process (albeit no less rigorous) that fluidly unfolded as the dialogue in between these multiple perspectives demanded attention. As I dwelled and worked within the hermeneutic circle and hermeneutic phenomenological attitude, this dialogue began to disclose these potential, meaningful modes of being.

Lindberg et al. (2016) caution that the result of non-rigorous philosophical examination can lead to mundane or simple insights. The insights presented here could be considered obvious and tidy on first encounter. However, they are what was brought forth, formed and forged on the back of extensive, rigorous, systematic hermeneutic phenomenological work and the manner of its speaking. Alongside representing that which was shared and universal, we have attempted – wherever possible – to tease out the nuance within these modes of being. This insight may point towards and disclose Dasein's taken-for-granted, everyday meaningful existence.

Conclusions

By taking what might be considered to be two separate groups of people and bringing their accounts of their lived experience of an acute stroke unit together with philosophy, this article attempts to open up a new way of understanding being-in-the-acute stroke unit world as it was lived. This article aims to show that it is possible to unfold lived experience from the unified perspective of those who reside and work there, and

³ "The open happens in the midst of being" (Heidegger, 2002, p. 31). Heidegger (2002) proposes that this clearing (and unconcealment) is illuminated through the happening of the two-fold concealment of refusal and obstruction.

this bringing together of these people has generated new insights and may offer an opportunity for other research studies that normally treat different "sets of people" separately to do similarly.

We have aimed to offer a "re-imagined whole", teased out and unfolded using the philosophical ideas of being-in-the-world, dwelling, thrownness, falling and authenticity, and hope to have shown the rich ground and depth of understanding that can be possible when we join philosophy and empirical research, and honour their unique contributions.

This study articulates how exploring, re-encountering and working within and through lived experience can unearth and bring to presence being-in-the-world in the fullness of potentiality. These three potential modes of being, namely space as a condition for being and being for wording the world, suffering and thriving as a mode of being, and temporal spatial self-being offer insight for human living, being-in-the-world, ourselves and each other as we live through and in the world that reflects "an altogether human experience that demands more compassionate and realistic tales that we not only spin together, but also weave into a supportive reality for all of us journeying through life" (Banja, 2011, p. 29).

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