Experiences of people with physical disability from the phenomenological perspective of Martin Heidegger

Vivencias de la persona con discapacidad física desde la perspectiva fenomenológica de Martin Heidegger

ABSTRACT. Objectives: To understand the experiences of people with physical disabilities. Materials and Methods: A qualitative-phenomenological study was carried out, from the perspective of Martin Heidegger, with the participation of seven adults, all of them with physical disability due to medullar disorder as a result of an automobile accident. The sample was established by level of “theoretical saturation”. The information was collected using in-depth interviews through home visits, two guiding questions were used, the same ones that were recorded prior authorization and transcribed as they were narrated by the participants in which they described their experiences from the moment in which the accident occurred to the present, which allowed to obtain testimonies of their experiences and to understand it through the seeing and feeling of the other. Results: After the transcription, codification and phenomenological reduction of the discourses, several categories emerged among which we can cite: A. The Being-There and the anguish before the disability; and B. Finding such as firm support family support and Faith in God. Conclusions: People with physical disabilities experienced in their new reality, anguish, fear, despair in the face of an uncertain future (wanting to die), however, to overcome this new reality and despite the limitations they accepted their new condition of life supported by the family seeing it in a positive way, considering as the second opportunity that God gave them to know and understand “the other” and “himself”.

Keywords: Biosecurity, Peru, personal and institutional factors, surgical center, nursing.

RESUMEN. Objetivo: Comprender las vivencias de las personas con discapacidad física. Material y método: Se realizó un estudio cualitativo-fenomenológico, desde la perspectiva de Martin Heidegger, con la participación de siete personas adultas, todos ellos con discapacidad física por trastorno medular a consecuencia de accidente automovilístico. La muestra fue establecida por nivel de “saturación teórica”. La información se recolectó usando entrevistas en profundidad mediante visitas domiciliarias, se utilizó dos preguntas orientadoras, las mismas que fueron grabadas previa autorización y transcritas tal y como fueron narradas por los participantes en la que describieron sus experiencias desde el momento en que ocurrió el accidente a la actualidad, lo que permitió obtener testimonios de sus vivencias y comprenderlas a través del ver y el sentir del otro. Resultados: Después de la transcripción, codificación y reducción fenomenológica de los discursos, emergieron varias categorías entre las que podemos citar: A. El Ser-Ahí y la angustia ante la discapacidad; y B. Encontrando como un soporte firme el apoyo familiar y la Fe en Dios. Conclusiones: Las personas con discapacidad física vivenciaron en su nueva realidad, la angustia, el miedo, la desesperación frente a un futuro incierto (deseando morir), sin embargo, para superar esta nueva realidad y a pesar de las limitaciones aceptaron su nueva condición de vida supported by the familia viéndola de manera positiva, considerando como la segunda oportunidad que les proporcionó Dios para conocer y entender “al otro” y “a sí mismo”.

Palabras clave: Discapacidad; Fenomenología; Vivencias; Perú; Entrevista en profundidad.

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INTRODUCTION

In Latin America and the Caribbean, approximately 85 million people live with some type of disability, more than 12% of the population lives with disabilities (5.4% in the Caribbean and 12.4% in Latin America).¹

In Peru, 5.2% of the population have some type of disability. The motor disability (difficulty moving or walking and/or using arms or legs) is the most common, reaching 931,933 thousand people (59.2%).²

People with disabilities are part of the excluded strata of the population. They are frequent victims of multiple and aggravated forms of discrimination that prevent them from fully exercising their freedom and basic rights such as; freedom of transit, among others.³

Martin Heidegger German philosopher (1889-1976) focuses his philosophical practice on ontology (study of being), considering the being from the foundation of his existence, refers to how something is shown; and the essence (what something really is) is hidden.⁴ Define the concept of phenomenology as "what is shown, bring to light," “make something visible in itself”, “to be in the world is to exist, is to be involved and engaged, to dwell or to live in the world as the basic way of being-in-the-world of the human being “⁵

The Dasein, German term that from the Heideggerian philosophy means “being-there”, from the existentialist ontology, the man "was thrown and is in the world" and cannot be conceived outside him, being the care that allows him to orient himself in the world and make him take care of his own survival the “taking care of” something and the “caring for others” in the world are manifestations of the “cure” (sorge), that is, of the care in itself.⁶

Understanding an experience is to deepen the phenomenology, the philosopher refers to the concept of reaching the understanding of what is man through language and try to understand and seek the understanding of what we "are". If reflection is looking for the original, and this is why the rest can be thought, reflection cannot end in objective thinking. In the human experience there are other elements, such as the interpersonal relationship, the sharing of ideas, emotions and feelings.⁷

The nurse focuses on providing care in the human experiences and responses of the health-disease process, integrating objective data with the subjective understanding of the person's experience,⁸ being the human care, the form of human expression what constitutes an essential dimension of Nursing work.⁹

The present qualitative study of phenomenological approach aimed to understand the people's experiences with physical disabilities.

MATERIAL AND METHODS

The Phenomenology was chosen because it allows interpreting the phenomenon and explaining it, based on a deep philosophical reflection on the experiences of people who experience the phenomenon of disability.

The population that was the object of this investigation consisted of seven people, adults with physical disabilities with ages that ranged between 29 and 54 years; time of the accident from 4 to 9 years. In order to locate them, their addresses were searched in the patient directory of the Barranca Hospital and in the Municipal Offices for Attention to People with Disabilities, finding that they resided in Pativilca, Barranca and Supe Puerto, three of the five districts of the province of Barranca of the department of Lima. The data collection period was from January to June 2014. Were included adults over 18 years with medullar disorder due to an automobile accident, participants with another type of disability were excluded (visual, auditory, among others).

The information was collected through the in-depth interview technique; the participants were interviewed in their respective homes. The interviews were recorded on audio with prior authorization and transcribed in full after they were obtained, considering the scientific rigor in regard to the credibility criterion of their speeches due to the phenomenon of disability. Participation was voluntary, and the confidentiality of the information was retained by assigning pseudonyms to each of the participants to protect their identity.

The qualitative data were transcribed by assigning a code to each unit of meaning, similar codes constituted the categories of the study and these were analyzed and interpreted in the light of the Heideggerian phenomenology and other authors of similar philosophical current, who from the interior of the being can give theoretical value to the feelings and perceptions to get to understand the experiences of people, not as a quantified measure but as an internal expression of the occurrences and experiences that require the researcher to divest himself of his subjectivity in order to decode the depth of the experience of the people.

RESULTS

The seven people with disabilities interviewed, the following categories were recognized based on the transcriptions made:

Category A: The Being There and the aguish before the disability
The participant stated that, at the beginning of their physical disability, they felt; aguish, fear, depression for an uncertain future, loneliness, possible abandonment, which generated: insecurity, bewilderment created by their new life situation. The next textual expressions stated are the testimonies of participants of the study:
... “I had grief, sadness, anger, I even thought about dying. Why keep on living?, I did not accept what was happening to me” (Wisdom)

... “I felt scared, sorry, they told me I was not going to be able to walk, that filled me with more fear, I did not want to live anymore, what was I going to do with my life?” (Advice)

The experience of abruptly moving from a normal physical situation to a severe limitation of the motor must cause a deep and profound psychological conflict, which leads to despair and even to thinking about suicide.

... “I felt anguish and desperation, I felt very sad” (Strength)
... “I thought about how I was going to be” (Piety)

Each person reacts to their injury according to their personality, according to their phase of life and environment. The injury breaks the type of life, balance and life projects established, emerging the belief that life, as it is known cannot continue to generate sadness and thoughts that it is better to die to be in this situation.

... “When they told I was not going to be able to walk I felt like dying” (Understanding)
... “I had decay, did not want to eat, cried of impotence an even until I tried to commit suicide” (Science)
... “When they told I was not going to be able to walk, the world was coming on the top of me, I felt like dying” (Fear of God)

Category B: Finding such a firm support in family favor and in the Faith in God.
The participants expressed their gratitude for the support and care provided by their family. The relatives provide attention according to their needs.

... “my grandmother loves me very much, takes care of me a lot, is always with me” (Council)
... “I going towards thanks to the care provided for my family” (Science)
... “Thank God I have my family who loves me, cares for me and protects me” (Wisdom)

The person who experiences the phenomenon of disability is vulnerable to stressors, from their religious creed they cling to the creator being what holds them together in their faith.

... “I already knew the word of God, I overcame depression by grasping the word of God, and I know that he helped me to get ahead” (Understanding)
... “I thank God because he has brought me back to life” (Piety)
... “I believe in God and only he knows why we are still alive, everything has a beginning and an end” (Strength)
... “My faith in God helped me to overcome everything, because I really did not want to live” (Fear of God)

DISCUSSION

The manifestations found in this study agree with Paiva, who found that the senses attributed to the experience of trauma are associated with interrelated feelings of fear, insecurity, anger, vulnerability and suffering. Likewise, Chuang describes that the experiences of people with spinal cord injury was a process from despair to self-acceptance. In another study, Tellez refers that the human being is able to give meaning to his life even when he is experiencing an adverse situation that cannot change. Likewise, Leon states that to know and understand the experiences it is necessary to attend with love, affection, tenderness, patience; This will help us to fulfill ourselves as a person and strengthen family love where the disabled are in a period of adaptation to their new life. In the same way, the participants expressed gratitude for the care provided by their family. In this regard, Angel recommends that being in a situation of disability, help as long as these experiences can be transmitted to health professionals and their families to be more sensitive and understand people with disabilities. On the other hand, Pashaei recommends that measures should be taken to promote health, self-care and family participation, which will contribute to the recovery and care of the disabled.

Anxiety is the most important feeling, “man is anguish”, the anguish of fear appears before a specific danger and is related to the damage or supposed damage that reality can inflict on us; the anguish (..), is fear of oneself, of our decisions and their consequences. Man as being-in-the-world was thrown into the world and lives in constant anguish, so there remains a wise reassignment.

“Caring is more than an act; it is an attitude of vigilance, of solicitude and of attention towards the other. Care is a way-of-being; without care we stop being human”, if we do not rely on care we will not understand the human being”, if this care is provided by the family it becomes special to continue living.

People with physical disabilities to experience this suffering become aware of their existence through the anguish of being virtually helpless in the face of any choice regarding their freedom, born fear, fear, despair, at first they have a hard time accepting this change so sudden that it is happening in your life, at the same time you experience uncertainty about what will “happen” tomorrow, which leads you to confrontation with nothingness and with the impossibility of finding an answer to what awaits you in your future life.

Human beings are part of a world in which a variety of abilities, aptitudes, impediments and disabilities are a common feature of life. Vulnerability and the risk of suffering a disability are a natural part of the human condition. Usually people with health problems cling to their faith, which gives them hope and confidence to accept their limitations.

Therefore, it can be said that the family was constituted as a
fundamental support in the process of recovery and maintenance of health for these people who experience the phenomenon of disability, where suffering is enhanced by insecurity, relativized with its temporal dimension, there being the need to know how to face the situation of crisis installed in the person and in the family, until its subsequent adaptation to their new condition of life.

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Continuous personal and professional development, spiritual growth and personal spiritual practice help the nurse to enter the deepest level of professional healing practice.20

**FINAL CONSIDERATIONS:**

The present analysis allows us to interpret the experiences expressed by the participants, who expressed feelings of anguish, fear, despair, all of this before an uncertain future (wishing to die). The support of the family and faith in God helped them overcome the problem.

Accepted with the passage of time the physical limitation that they suffer as their new life and reality, and they live it in a positive way, likewise they value life more and consider it as the second opportunity granted to them by God. The support of family and other people is translated as love and affection to the improvement of people with disability of the study, furthermore because of the will expressed and participation in their recovery and rehabilitation, and continue to do so.

The interpretation of the discourses in the light of phenomenology allowed us to “get into the experiences” of the participants and understand them as human beings in all their dimensions.

For the discipline of Nursing this study not only allows us to explore beyond the quantifiable of the occurrences, but also in the feeling as inherent and extreme nature of the human being in moments of danger and crisis in their existence, which gives the human sense to the work of the nurse. Likewise, it requires reflection on the meaning of interaction and the evaluation of experiences “of others,” that is to say “being in the world” in a particular way and understanding the experiences of the disabled person as they experience it not only from the biologist’s view of the problem, but also the knowledge that these manifested experiences will give them the opportunity to plan, execute and evaluate the process of caring holistically and integrally, with a more human sense, where the primary characteristic of the nurse is the love of our fellow men “the other” and “himself”.

**Conflicts of interest:** The authors declare that there are no conflicts of interest.

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