



# Participatory Hermeneutic Ethnography: A Methodological Framework for Health Ethics Research With Children

Qualitative Health Research  
1–10  
© The Author(s) 2018  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/1049732318757489  
journals.sagepub.com/home/qhr



Marjorie Montreuil<sup>1</sup>  and Franco A. Carnevale<sup>1</sup>

## Abstract

When conducting ethics research with children in health care settings, studying children's experiences is essential, but so is the context in which these experiences happen and their meaning. Using Charles Taylor's hermeneutic philosophy, we developed a methodological framework for health ethics research with children that bridges key aspects of ethnography, participatory research, and hermeneutics. This qualitative framework has the potential to offer rich data and discussions related to children as well as family members and health care workers' moral experiences in specific health care settings, while examining the institutional norms, structures, and practices and how they interrelate with experiences. Through a participatory hermeneutic ethnographic study, important ethical issues can be highlighted and examined in light of social/local imaginaries and horizons of significance, to address some of the ethical concerns that can be present in a specific health care setting.

## Keywords

children; ethics / moral perspectives; health; methodology; qualitative; participatory hermeneutic ethnography; Canada

## Introduction

Children's own experiences are being increasingly studied, especially in the interdisciplinary field of childhood studies. Within this field, children are seen as active agents and not as passive objects to be examined. They are considered as having the capacity to engage actively in research and be involved through participatory approaches. Consistent with this view, different methodological approaches have been developed focusing on research *with* or *by* children as opposed to research *on* children (e.g., Freeman & Mathison, 2009; Greene & Hogan, 2005; James & Prout, 2015). These methodologies mark a great advancement in doing research with children and fostering our understanding of children's lives. When conducting research with children regarding ethical issues, paying attention to their own experiences and drawing from approaches in which children are seen as active agents can foster our understanding of children's own moral lives. However, these approaches tend to focus either on interviews to explore children's experiences, with little consideration of the context and social relationships in which children are situated, or the context and social interactions through ethnographic approaches, with a lesser focus on children's experiences. As we designed a study on crisis management in a child mental health setting, we considered important studying these different aspects; researching children's experiences

is essential, but so is the context in which these experiences happen and the meaning—the moral significance—for the different parties involved (Montreuil, 2017). We turned to Charles Taylor's hermeneutic philosophy to develop a methodological approach to health ethics research with children that bridges key aspects of ethnography, participatory research, and hermeneutics. Some aspects of Taylor's work have already been included in a methodological approach for qualitative health research (Benner, 1994), but key concepts developed by Taylor that address the broader context, such as social imaginaries as well as his ideas on moral agency, have not been included in a specific methodological framework. Principles of participatory research—to engage children within the research process itself and foster their inclusion in key decisions—had also not been bridged with existing hermeneutic methodologies. One of the aims of qualitative health research is to interpret people's health-related experiences to inform clinical practices (Morse, 2016a); the use of a participatory hermeneutic ethnographic framework is highly suitable to

<sup>1</sup>McGill University, Montreal, Québec, Canada

### Corresponding Author:

Marjorie Montreuil, Ingram School of Nursing, McGill University,  
3506 University Street, Montreal, Québec, Canada H3A 2A7.  
Email: marjorie.montreuil@mail.mcgill.ca

achieve this aim, particularly in relation to health ethics concerns.

We first present the conceptual framework on which the proposed methodological framework is based, followed by a discussion of the specific methodological implications of adopting such a framework and how it could be applied to health ethics research with children. This framework could also be relevant to perform studies with other populations, but the focus of this article is specifically on health ethics research with children.

## Conceptual Framework

The foundational conceptual framework is Taylor's hermeneutics, which includes the central concepts of horizons of significance and social imaginaries. These concepts are presented here, as well as the concept of local imaginary that was developed to apply the concept of social imaginaries to a specific study setting.

### Hermeneutics

Charles Taylor's hermeneutics is part of a human sciences framework, in which human life can only be understood through interpretation (Taylor, 1971, 1985). This view contests a reductionist and objectivist view of human phenomena as adopted in empiricist or positivist research that is based on a natural sciences framework, in which interpretation is evacuated. Taylor has critiqued the use of natural sciences frameworks in the study of human phenomena, particularly in behaviorism and cognitive psychology (Taylor, 1983, 1985). He considers that using such frameworks leads to a misunderstanding of human life. In contrast to natural phenomena (e.g., physical, chemical, or biological) that are considered constant and independent of interpretation, "human beings are self-interpreting animals . . . our interpretation of ourselves and our experience is constitutive of what we are, and therefore cannot be considered as merely a view on reality, separable from reality" (Taylor, 1985, pp. 45–47). Taylor argues for an ontological shift from a reductionist conception of human phenomena to an interpretive conception based on concepts such as human agency, personhood, and selfhood. This ontological shift is paired with an epistemological shift in how knowledge related to human phenomena can be acquired (Taylor, 1971). This understanding is embedded in a broader sociohistorical–cultural background in which meaning is rooted. This meaningful context or background is called by Taylor (1991) a *horizon of significance*, which represents the meaningful understandings, beliefs, and values within a group (e.g., a society) that orient what is considered moral, referring to how right, good, or just is imagined.

Relating to human experience, a conception of moral experience based on Taylor's philosophy has been developed, on which the proposed methodology builds. From this view, moral experience is defined as follows:

Moral experience encompasses a person's sense that values that he or she deems important are being realized or thwarted in everyday life. This includes a person's interpretations of a lived encounter, or a set of lived encounters, that fall on the spectrums of right-wrong, good-bad or just-unjust. (Hunt & Carnevale, 2011, p. 659)

Moral experience refers to how things matter, or to what things mean, to a specific person; this is embedded in and informed by a particular context and background (i.e., horizon of significance; Carnevale, 2013a; Hunt & Carnevale, 2011). Although moral experience is defined here in more individualistic terms, it is always within a significant background or meaningful context that things make sense, and, thus, does not mean that moral experience is defined in relativistic terms. In his discussion of the concept of moral ideal, Taylor warns against moral relativism, in that it leads to an atomism/individualism in which people have no socially defined moral grounds on which decisions are made (Taylor, 1991). In contrast with other conceptions of hermeneutics that focus predominantly on personal individual experiences, Taylor's conception of hermeneutics is socially based; a person's self-understanding is always situated within a horizon of significance that orients what is considered as moral. Hence, the particular choices made by a person are enacted within a specific context in which meaning is rooted, which means that, in a specific study using this framework, both the personal experience and sociohistorical–cultural background are of importance.

The conceptualization of the term *meaning* from a hermeneutical perspective is different from a linguistic perspective. In hermeneutics, meaning refers to the "experiential significance of a thing for a subject or group of subjects" (Carnevale, 2013a, p. 87). In contrast, linguistic meaning refers to the attributes that are used to designate a thing, and not to the expressive meaning. To exemplify this difference, Carnevale (2013a) contrasts the linguistic and hermeneutic meanings of the term *photograph*: There are agreed-upon characteristics or attributes that lead to call an object a photograph, which represents its linguistic meaning; however, the hermeneutic meaning of a photograph refers to the meaningful expression that is conveyed by the object, such as remembering a significant event in life. A specific meaning is interdependent with other meanings, and is constructed in an intersubjective manner (Taylor, 1971). It is this intersubjective meaning that is at the root of our own self-understandings as well as shared understandings, and these meanings and understandings are informed by the

sociohistorical–cultural context. In a specific group or society, the *moral order* is defined by Taylor (2004) as a shared understanding of what is good or right, which emanates from what he calls a *social imaginary*:

By social imaginary, I mean something much broader and deeper than the intellectual schemes people may entertain when they think about social reality in a disengaged mode. I am thinking, rather, of the ways people imagine their social existence, how they fit together with others, how things go on between them and their fellows, the expectations that are normally met, and the deeper normative notions and images that underlie these expectations. (p. 23)

Taylor (2004) highlights major differences between social theory and social imaginary. For instance, in contrast to social theory, social imaginary is “not expressed in theoretical terms,” but can take any form that conveys this imaginary, such as stories or images (p. 23). This concept is largely influenced by Benedict Anderson’s imagined communities, in reference to nations as constructed entities (Anderson, 1983/2002). A social imaginary is “shared by a large group of people” and not only a restrained group as with theories, which allows within a society for a “common understanding that makes possible common practices and a widely shared sense of legitimacy” (Taylor, 2004, p. 23). Taylor (2004) considers that background understandings and practices mutually inform each other: A group sharing a common understanding will share collective practices, but the practices also inform the understanding of our social existence, as well as our sense of moral order.

To apply the concept of social imaginary to a study in a specific setting, we have developed the concept of *local imaginaries*, which refers to local understandings, to the “ways people imagine their social existence” (Taylor, 2004, p. 23), but within the limits of the specific social space being studied. In a specific local imaginary, people share foundational goods and values founded on qualitative distinctions (see section below for a discussion of this concept); this imaginary is perceived as “the only possible one, the only one that makes sense” (Taylor, 2004, p. 17). It is shaped and informed by broader social imaginaries and horizons of significance. By referring to Taylor’s concept of *hypergood*, which he defines as the most important good from which to judge other goods or ends (Taylor, 1989), we can examine what is of most value to children and analyze how it is related to specific institutional norms, structures, and practices in a specific setting, including how they mutually inform each other.

In sum, in line with a hermeneutic moral framework, every human being is shaped by both subjective personal experiences and the local meaningful moral context in which he or she resides (i.e., horizon of significance). The

moral order shared by a group, which refers to how right, good, or just is collectively imagined, is rooted in the group’s local imaginary. Personal experiences and horizons of significance both inform each other through a dynamic process and can be better understood through hermeneutical interpretation.

*Children’s agency.* A concept that is central to Taylor’s hermeneutics is human agency. He considers that “to be a full human agent, to be a person or a self in the ordinary meaning, is to exist in a space defined by distinctions of worth” (Taylor, 1985, p. 3). These distinctions of worth refer to the meaningfulness of things, to the expressive meaning, which is a qualitative distinction that is morally grounded. Taylor (1985) discusses the notion of strong evaluation that is at the root of qualitative distinctions, which is characterized by “a distinction between desires as to worth” and is guided by morality (p. 17). He explores the notion of self, of what distinguishes responsible human agents from animals. However, he does not address agency specifically in relation to children.

The capacity of children to act as moral agents is largely unrecognized (Carnevale, Campbell, Collin-Vézina, & Macdonald, 2015). Children are often expected to passively comply with norms decided on by others, who are usually people in a position of power (e.g., health care workers “in charge” of children). The benefits of reconciling the concept of best interests with moral agency has been discussed, to recognize both children’s need for protective standards as well as their capacity for moral reasoning as human agents (Carnevale, 2013a). Wall (2010), in his book *Ethics in Light of Childhood*, develops a framework in which children’s experiences should be considered in how morality is defined. He explores the concept of moral agency in children, and argues for a reconciliation of moral agency and vulnerability, the latter being the rationale on which the concept of best interests is generally based. As he argues,

What is needed in light of childhood is a deeper sense of the connection between human agency and human vulnerability. These should be understood not as polar opposites, but as intertwined for all human beings in a dynamic and creative tension. (Wall, 2010, p. 39)

We adopt a view of agency in which children are perceived as both vulnerable and agential, which calls for a form of protection in their best interests, as well as their inclusion in processes affecting them. For example, children’s inclusion in research processes can be beneficial or detrimental to them depending on how it is performed (James, 2007) and the dual perspective of children as vulnerable and agents contributes to keep these issues at the forefront to address them reflectively.

This concept of agency in children is increasingly discussed in the research literature, particularly in the interdisciplinary field of childhood studies (James & Prout, 2015). To clarify the characteristics of the concept specifically within the health-related literature, a concept analysis of children's agency was conducted using an evolutionary framework (Montreuil & Carnevale, 2016). This analysis is consistent with a hermeneutic framework, as it provides a deeper understanding of the historical evolution of the concept and moral outlooks on children in our society; it informs on the disciplinary views, sociocultural context, and meaning of the concept within this research area. Children's agency is defined as follows:

Children's capacity to act deliberately, speak for oneself, and actively reflect on their social worlds, shaping their lives and the lives of others. This definition entails that multiple forms of expression can be used to speak for oneself, including speech and bodily expressions, and that the capacity of children to enact agency is not dependent on adults as facilitators of agency. (Montreuil & Carnevale, 2016, p. 510)

There is a lack of full consideration of the notion of children as having agency. For example, children's agency is not always recognized within the field of developmental psychology or defined primarily in terms of moral failure to comply with preestablished norms, as opposed to considering children as having the capacity to actively contribute to define the norms (Montreuil, Noronha, Floriani, & Carnevale, in press). Also, within anthropology, Lancy emphasized the lack of attention to defining the concept of children's agency, and critiqued research referring to children's agency as being ethnocentric and hegemonic (Lancy, 2012). The way children's agency is depicted by Lancy is different from the conceptualization of agency as described here. For example, children's agency is described by Lancy in individualistic (autonomy centered) terms, as opposed to a more socially based conception that is adopted here.

### **Participatory Hermeneutic Ethnography as a Methodological Framework**

When applying the above conceptual framework to research methodologies, it calls for a qualitative approach that would be interpretive, iterative, and allow for the examination of both experiences and contextual aspects. Methodologies based on empiricist frameworks would be in direct opposition to Taylor's framework. Drawing on methodological principles from hermeneutic, ethnographic, and participatory research traditions allowed for the elaboration of a methodological framework in line

with the work of Taylor, allowing for the examination of horizons of significance and social/local imaginaries that contribute to understandings of norms, structures, and practices as well as the experiences in a specific group. In addition, which is of importance to health research, examining the context and experiences helps illuminate priorities for practice change and strategies for achieving those changes (Nastasi & Berg, 1999).

Traditionally, ethnographic methodologies were described as aiming to uncover what is implicit, as well as what is explicit, to understand a specific culture (Germain, 2001). In contrast, within hermeneutic ethnography, it is not the culture, but the social and local imaginaries that are studied. As mentioned by Carnevale (2013b), "SI [social imaginaries] enable hermeneutical qualitative research to examine the broader social context surrounding a research concern (i.e., in addition to the presenting immediate context), which would bring a valuable innovation to hermeneutical empirical qualitative research" (p. 189). This type of methodological framework is suitable to address a specific issue within a single context—it is *focused* in scope—and is, therefore, more closely related to the principles of focused ethnography as opposed to classical anthropological ethnographies, in which the whole culture is explored. A focused ethnography is time limited and centers on a particular problem within a specific context (Muecke, 1994). Ethnographic approaches have been argued as being particularly useful when conducting research in health care settings, as it allows for the exploration of beliefs, values, and practices within their clinical context, which can later inform health care practices (Morse, 2016b; Savage, 2006). It is also considered as highly suitable for research with children (Emond, 2005).

We also consider hermeneutic ethnography gains from being bridged with a participatory research framework. Participatory research is defined as a "systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change" (Green et al., 1995, Definition section, para. 1). It is considered an *approach* to research or an *orientation* to inquiry, as opposed to a methodology, and different research methodologies and methods can, therefore, be used employing this approach (Cargo & Mercer, 2008). The participatory research tradition that most readily allows for a bridging with hermeneutic conceptions is the Southern tradition inspired greatly by the work of Paulo Freire, related to issues of social justice and addressing questions of empowerment and agency (Wallerstein & Duran, 2008). By purposefully working with people with less power, the goal is to give attention to their voice and help them create power through their involvement in the research process (Veale, 2005). With children, their participation in the

study process can promote their empowerment by having a say in institutional practices directly affecting them. In addition, the use of participatory research approaches contributes to shed light on children's shared understandings, which might be challenging to achieve solely through individual interviews as is common in qualitative research with adults. However, this involvement of children has to be performed in an authentic manner to be meaningful and prevent children from being "used" to promote, for example, the researcher's predefined research agenda (James, 2007). Moreover, research results are not considered to be more true or more real if children are involved in the research process; we consider their inclusion will lead to a *different* research orientation and interpretive account that informs on children's experiences in light of their own diverse perspectives, taking into account what they consider as meaningful.

According to Taylor (2004), what is moral (i.e., what is good, right, or just) is rooted in *shared* meaningful understandings and practices. The use of a participatory research approach, through a collaborative and equitable knowledge production process, can lead to a stronger articulation of moral life and deeper understanding of the social and local imaginaries that shape institutional norms, structures, and practices. The term *equitable* is used in contrast to the term *equal*, in the sense that partners to the project are provided with equal opportunities to engage in the research process, but are free to choose their level of involvement (Salsberg, Macaulay, & Parry, 2015). Thus, different partners can have different levels of involvement, even though they have the same (i.e., equal) opportunities to be involved. Collaborators on a participatory research project can, for example, contribute to refine the research questions, decide what data are relevant to collect from their perspective, contribute to interpreting the data, and be involved in developing the dissemination plan. Different types of collaborators can be involved, such as patients (including children), families, health care workers, managers, and decision makers. There are some challenges to the use of a participatory research approach, for instance, related to the shared decision-making process that can lead to delays in the realization of the study in case of disagreements, or to changes to the initial plans because decisions are made collaboratively. However, despite these challenges, the adoption of this approach generally leads to more contextualized, relevant, and practical knowledge for health care workers that contributes to bridging the research-practice gap (Green, 2008), and can provide potential benefits to the study itself, as well as to the people involved (Cargo & Mercer, 2008).

In the study we conducted using this framework, children (aged 7–12 years old) who were collaborators in the

participatory research process were consulted to decide whether meetings with children would be held separately or with the adult collaborators. Children mentioned preferring having separate meetings, to share their perspectives more freely. Most of the adult collaborators were authority figures to children, as children were also receiving care from them in the setting. This resulted in a pre-established power differential in place. As Carnevale, Macdonald, Bluebond-Langner, and McKeever (2008) mention, researchers need to be aware of these power dynamics when performing studies with children and find ways to address them. Instead of imposing preconceptions related to power differentials, we consider consulting with children regarding their participation is more coherent with a view of children as agents, while recognizing their vulnerable status.

For this specific study, there was an initial meeting before the start of data collection to discuss the research question and data collection strategies, and another meeting to discuss data interpretation and dissemination. The meetings occurred during the time children were at the hospital, as agreed to by the unit manager. Considering the children's varied schedules, it was challenging to find a time when they were all available to meet together. Meetings were, thus, held with children individually or with two children at a time, and the perspectives of other children were shared with them and their perspective was sought. Each meeting had a clearly focused and defined agenda to facilitate children's engagement (Bradbury-Jones & Taylor, 2015).

### Data Collection

To conduct a participatory hermeneutic ethnography, various data collection strategies can be used concurrently to allow for the examination of various types of data within clinical settings (Savage, 2006). Similar to strategies used within traditional ethnographic studies, participant observation, interviews (both formal and informal), and documentation review are especially suitable (Knoblauch, 2005; Muecke, 1994). These three strategies combined offer rich data that lead to a deeper understanding of the moral experiences, as well as the institutional norms, structures, and practices in a specific setting. Collaborators can be involved in deciding when are the most appropriate times to be present in the setting for the participant observation, who will be interviewed, and what are key institutional documents to analyze.

**Participant observation.** Participant observation has been described as a strategy that may provide richer and more thorough data than other data collection techniques when conducting research with children in health care settings (Carnevale et al., 2008). When conducting participant

observation, the researcher is both a *participant* and an *observer* who is engaged in the activities in the setting and has informal conversations with the participants that contribute to data collection that is more contextualized (Hammersley & Atkinson, 2007; Phillippi & Lauderdale, 2018). In line with Taylor's framework, both moral experiences and the local meaningful moral context shape human beings and mutually influence each other; data from both conversations and observations are, thus, central to answering a specific research question as they provide necessary information to document these aspects. In contrast, doing solely observation without being involved with the people in the setting would not provide the data required to understand the experiences, social imaginaries, and horizons of significance, as these are also conveyed in spoken language and interactions. This involvement from the researcher allows for the unfolding of in-context discussions that provides information that could otherwise not be accessed. By being continually present on the unit for an extensive period of time, the aim is to capture the daily experiences and be able to observe the norms, structures, and practices that are present. Muecke (1994) argues, "the more complete the researcher's participation in the life-space of the people studied, the greater the value of the study because of the researcher's greater exposure to a variety of situations" (pp. 203–204). Moreover, the collection of both verbal and nonverbal data is particularly relevant when conducting research with younger children who may be less articulate, but still quite communicative (Carnevale et al., 2008). In addition, participant observation is more flexible than other data collection strategies, such as structured interviews, and allows for the development of a relationship between the researcher and children as the researcher spends time with them in the setting; this aspect is important to consider in light of the ethical concerns related to power differentials in conducting research with children, especially children receiving health care services who are often considered as highly vulnerable (Carnevale et al., 2008).

In light of this vulnerable status of children, special attention must be paid to research ethics principles. With younger children, research ethics boards typically require informed consent from a parent for their child to participate in a study, which can also be a legal requirement when conducting qualitative health research with children (Huang, O'Connor, Ke, & Lee, 2016). We also consider seeking assent from children enhances their recognition as active agents and fosters their engagement in the study. For example, in the study conducted, we continuously sought children's assent throughout the period of fieldwork to ensure it was ongoing, in addition to parental consent. After receiving approval from the Institute's Research Ethics Board,

we first approached the parents to present the study and seek informed consent, and then met with their child to present the study and seek assent. To validate assent from children, we paid special attention to children's verbal and nonverbal cues to continuously reassess their willingness to participate. In addition, different strategies were used to maximize children's opportunities to share their experiences during informal discussions such as storytelling, drawing, and play, which have been argued as effective ways to minimize the power differential between adult researchers and children and contributes to the understanding of the "children's worlds" (Kirk, 2007, p. 1251).

*Interviews.* Semistructured interviews can be conducted in conjunction with participant observation to provide richer data that could not be collected through informal conversations. For example, discussing certain sensitive topics with participants might require meeting in a space that would provide confidentiality. In addition to formal interviews with study participants, key informants can also be interviewed to provide additional contextual information. Key informants should be chosen based on their experience and knowledge of the issue of interest (Muecke, 1994). As is common in ethnographic studies, the exact number of informants who will be interviewed, as well as the number of interviews that will be conducted, is reassessed in light of the quality and relevance of the data collected (Hammersley & Atkinson, 2007). The process is iterative: The data from the participant observation informs the content of the interviews, and the data from the interviews, in turn, informs the participant observation.

*Documentation review.* Normative and clinical documents can also be reviewed to complement the other types of data (e.g., charts, policies, procedures, unit rules, and clinical tools). The analysis of relevant documents and materials is considered an important source of data in ethnographic studies as it provides rich information that could not be accessed otherwise (Hammersley & Atkinson, 2007). These data contribute to the researcher's understanding of institutional norms, structures, and practices in the setting, and can also be used as a prompt to discuss the meaning for the people in the setting of the explicit norms, rules, and procedures in place.

### *Data Analysis and Interpretation*

Although the data collection strategies presented above are largely consistent with ethnographic research, the analysis process we describe here is more closely related to hermeneutics. As expressed by Hunt and Carnevale (2011),

Hermeneutical interpretation seeks clarity by identifying the object in which clarity is sought, distinguishing this underlying clarity from its presenting expression and specifying the subject for whom the underlying clarity is meaningful. (p. 659)

This type of interpretation is performed through an examination of part–whole relations, in which meaning making is established by going back and forth between partial expressions and the whole through a hermeneutical circle (Taylor, 1971). In a hermeneutical circle, expressions are always interpreted in relation to others and to the whole, and are not interpreted in isolation, as is common practice in positivist/empiricist research. Taylor (1971) presents the hermeneutical circle as the relations between partial expressions with other partial expressions, as well as to the whole, because partial expressions “only make sense or not in relation to others” (p. 6). For example, when doing hermeneutic research analysis, narrative syntheses are “examined simultaneously with the emerging interpretation, never losing sight of the informant’s particular story and context” (Crist & Tanner, 2003, p. 203). The use of narrative syntheses or stories has been recognized as an effective and meaningful approach for data analysis in hermeneutic research (Crowther, Ironside, Spence, & Smythe, 2017). The analysis continuously relates what is meaningful to the context, and also examines the collective moral experiences of certain groups (e.g., children, nurses, and families). Groups such as families or health care professionals working in a specific social space can share a moral experience, which can be explored through hermeneutical interpretation (e.g., by looking at the similarities and differences within the personal experiences, as well as the shared meanings and collective social experience).

The data collection strategies presented above typically result in the collection of a large amount of data, which can become overwhelming if not analyzed in an ongoing and iterative manner along data collection (Emond, 2005). A large amount of data are considered by Benner (1994) as actually facilitating the interpretive process by leading to “richness and redundancy” that contribute to make meanings clear and visible (p. 107). The interpretation can be performed in a participatory manner with the study collaborators. In the study performed, a synthesis was shared with children verbally and they were asked for their thoughts on these interpretations of the data. Interactions between children highlighted similar and contrasting perspectives that contributed to enrich the interpretive process. The involvement of a team that includes both researchers and people who are affected by the phenomenon under study is considered highly valuable when conducting a hermeneutic study, as it leads to a

shared understanding of what is significant and meaningful, which is consistent with Taylor’s hermeneutic framework (Crist & Tanner, 2003). Children’s involvement in this process contributed to deepen our understanding of their moral experiences from their own perspectives.

The following analytic/interpretive steps build on Benner’s (1994) as well as Crist and Tanner’s (2003) interpretive framework. Benner developed a hermeneutical framework called interpretive phenomenology that draws on Heidegger as well as Taylor’s philosophies. Crist and Tanner built on Benner’s work to clarify how to concretely perform a hermeneutic analysis. However, Benner’s interpretive framework does not include an explicit examination of the broader social context. Therefore, this framework is combined here with a local/social imaginaries framework to guide data analysis and interpretation. This analytic/interpretive framework was refined while conducting the study in a child mental health setting, and followed the following steps in an iterative process along data collection (these processes were continuously oriented by the research question for the study): (a) while recording field notes and transcribing interviews, we developed detailed interpretive comments along the notes; (b) for each study participant as well as for the context, we prepared a narrative synthesis based on field notes data, key informants’ interview transcripts, data from the documentation review, and interpretive comments, including excerpts from the raw data; (c) we presented a summary of the syntheses to the study collaborators to identify important themes, contextualize the data, and make meaning of the data; (d) we then wrote additional syntheses to clarify the initial interpretations. Throughout this process, exemplars were identified to enhance understanding (Benner, 1994). Exemplars can be textual excerpts that illustrate *ways of being* and increase the understanding of patterns, similarities, and differences. Collaborators contributed to the interpretation of data by providing contextual information and enhancing the background understanding. This process fostered a shared understanding of what is significant and meaningful to the people in the setting and informed on the meaningful moral context in which the agents reside. What children or staff members considered was good or right was analyzed by taking both the local and broader moral contexts into account. Taylor argues that understanding is always part of a reciprocal engagement with others, and not performed in a disengaged manner. In this sense, interpretation of data was performed in an intersubjective manner as part of the participatory research process. Divergent views as to how to interpret the data were reported and examined, to further the interpretive process.

## Implications

The bridging of Taylor's hermeneutics with ethnographic and participatory research approaches represents an innovative methodological framework highly suitable to study ethical issues within health care settings, particularly with populations considered vulnerable as with children. Adopting participatory hermeneutic ethnography as a methodological framework for research with children has the potential to offer rich data and discussions related to children as well as health care workers' moral experiences in specific health care settings (and other social agents when present), while examining the institutional norms, structures, and practices and how they interrelate with experiences.

The results from a participatory hermeneutic ethnographic study are always an interpretation of the data and do not offer a complete and objective account, which is not one of the aims of this type of inquiry. Adopting a different methodological or conceptual framework would yield a different interpretation by focusing on aspects that vary from the ones included here, which could offer valuable complementary or contrasting perspectives. For example, using grounded theory would focus on social processes and lead to the development of an explanatory theory, whereas performing a discourse analysis would change the focus to a predominant analysis of texts and language (Starks & Trinidad, 2007). Each framework has its strengths and limitations. One of the advantages of using a moral experiences framework informed by Taylor's hermeneutics is the in-depth examination of the local imaginaries, of what is morally meaningful to the people in a health care setting, in addition to institutional norms, structures, and practices. Through a participatory hermeneutic ethnographic study, important ethical issues can be highlighted and examined in light of social/local imaginaries and horizons of significance, to address some of the ethical concerns that can be present. In addition, the use of a participatory research approach allows people directly affected by the study to be part of the research process, leading to a study that is more attuned to and inclusive of their perspectives (Cargo & Mercer, 2008). The various participatory discussions lead to a deeper understanding of the participants' experiences, as well as the social and local imaginaries that reciprocally shape institutional norms, structures, and practices.

An important concern related to ethics research is to address what ought to be from an ethical standpoint (Spielthener, 2017). Through participatory hermeneutic ethnographic research, we can study moral experiences and institutional norms, structures, and practices (i.e., "what is"), but understanding these various aspects does not mean they are right, just, or good. Taylor's hermeneutic philosophy offers a rich framework highly suitable to

address these ethical questions, for example, by seeking a *rapprochement* between differing outlooks to foster reciprocal understandings in light of corresponding social imaginaries. A *rapprochement* refers to a process of reciprocal understanding between divergent moral horizons, for example, in reference to different cultural outlooks (Taylor & Gutmann, 1992). It is based on Gadamer's (1960/1998) concept of *fusion of horizons*. It is used here in reference to bridging horizons and social imaginaries between the different views present in a health care setting, seeking reciprocal understandings of what is significant and meaningful to the different people involved. These understandings do not provide a final say on what "ought" to be, but can open up and foster discussions of important ethical concerns while being attentive to a plurality of experiences and related local/social imaginaries, reflecting on shared assumptions and values, and seeking to bridge different conceptions.

Future work could examine the ethical implications of research with this methodological framework, for example, in relation to consent and assent processes and to children's involvement within the participatory research process. Due to the richness of the data provided by a participatory hermeneutic ethnography, potential knowledge users can assess the relevance of the results for their specific settings and it can foster reflection and discussion among health care workers. It would be helpful to study how the knowledge resulting from this type of study is applied in health care practice and how it can potentially help to address ethical concerns in specific settings.

### Author's note

Franco A. Carnevale is also affiliated with Douglas Mental Health University Institute, Montreal, Québec, Canada.

### Acknowledgments

Thanks to Linda McHarg and Catherine Thibeault for their feedback on drafts of this article.

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by an Insight Grant from the Social Sciences & Humanities Research Council of Canada (grant number 239025). Marjorie Montreuil received financial support for her doctoral studies from the Association Québécoise des Infirmières et Infirmiers en Santé Mentale, the Canadian Nurses Foundation, the Fonds de recherche du Québec—Santé, the Ingram School of Nursing, McGill University, and the Strauss Foundation, Richard and Edith Strauss Fellowship in Nursing.

## ORCID iD

Marjorie Montreuil  <https://orcid.org/0000-0002-0238-025X>

## References

- Anderson, B. (2002). *L'Imaginaire national: réflexions sur l'origine et l'essor du nationalisme* (Pierre-Emmanuel Dauzat d'*Imagined Communities*, London, Verso, trad., Coll.«poche Sciences humaines et sociales» n 123). Paris: La Découverte. (Original work published 1983)
- Benner, P. (1994). The tradition and skill of interpretive phenomenology in studying health, illness, and caring practices. In P. Benner (Ed.), *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness* (pp. 99–127). Thousand Oaks, CA: Sage.
- Bradbury-Jones, C., & Taylor, J. (2015). Engaging children as co-researchers: Challenges, counter-challenges and solutions. *International Journal of Social Research Methodologies*, *18*, 161–173. doi:10.1080/13645579.2013.864589
- Cargo, M., & Mercer, S. L. (2008). The value and challenges of participatory research: Strengthening its practice. *Annual Review of Public Health*, *29*, 325–350. doi:10.1146/annurev.publhealth.29.091307.083824
- Carnevale, F. A. (2013a). Charles Taylor, hermeneutics and social imaginaries: A framework for ethics research. *Nursing Philosophy*, *14*, 86–95. doi:10.1111/j.1466-769X.2012.00547.x
- Carnevale, F. A. (2013b). *The moral malaises of modern pediatric medicine* (Unpublished doctoral thesis). Université Laval offert en extension à l'Université de Sherbrooke, Québec, Canada.
- Carnevale, F. A., Campbell, A., Collin-Vézina, D., & Macdonald, M. E. (2015). Interdisciplinary studies of childhood ethics: Developing a new field of inquiry. *Children & Society*, *29*, 511–523. doi:10.1111/chso.12063
- Carnevale, F. A., Macdonald, M. E., Bluebond-Langner, M., & McKeever, P. (2008). Using participant observation in pediatric health settings: Ethical challenges and solutions. *Journal of Child Health Care*, *12*, 18–31. doi:10.1177/1367493507085616
- Crist, J. D., & Tanner, C. A. (2003). Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nursing Research*, *52*, 202–205.
- Crowther, S., Ironside, P., Spence, D., & Smythe, L. (2017). Crafting stories in hermeneutic phenomenology research: A methodological device. *Qualitative Health Research*, *27*, 826–835. doi:10.1177/1049732316656161
- Emond, R. (2005). Ethnographic research methods with children and young people. In S. Greene & D. Hogan (Eds.), *Researching children's experience* (pp. 123–139). Thousand Oaks, CA: Sage.
- Freeman, M., & Mathison, S. (2009). *Researching children's experiences*. New York: Guilford Press.
- Gadamer, H.-G. (1998). *Truth and method* (J. Weinsheimer, & D. Marshall, Trans.). New York: Continuum (Original work published 1960)
- Germain, C. P. (2001). Ethnography: The method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (3rd ed., pp. 277–306). Sudbury, MA: National League for Nursing.
- Green, L. W. (2008). Making research relevant: If it is an evidence-based practice, where's the practice-based evidence? *Family Practice*, *25*, i20–i24.
- Green, L. W., George, M. A., Daniel, M., Frankish, C. J., Herbert, C. J., Bowie, W., & O'Neill, M. (1995). *Participatory research in health promotion in Canada*. Vancouver: Royal Society of Canada. Retrieved from <http://lgreen.net/guidelines.html>
- Greene, S., & Hogan, D. (2005). *Researching children's experience: Approaches and methods*. Thousand Oaks, CA: Sage.
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice*. New York: Routledge.
- Huang, X., O'Connor, M., Ke, L. S., & Lee, S. (2016). Ethical and methodological issues in qualitative health research involving children: A systematic review. *Nursing Ethics*, *23*, 339–356. doi:10.1177/0969733014564102
- Hunt, M. R., & Carnevale, F. A. (2011). Moral experience: A framework for bioethics research. *Journal of Medical Ethics*, *37*, 658–662. doi:10.1136/jme.2010.039008
- James, A. (2007). Giving voice to children's voices: Practices and problems, pitfalls and potentials. *American Anthropologist*, *109*, 261–272. doi:10.1525/aa.2007.109.2.261
- James, A., & Prout, A. (2015). *Constructing and reconstructing childhood: Contemporary issues in the sociological study of childhood*. New York: Routledge.
- Kirk, S. (2007). Methodological and ethical issues in conducting qualitative research with children and young people: A literature review. *International Journal of Nursing Studies*, *44*, 1250–1260. doi:10.1016/j.ijnurstu.2006.08.015
- Knoblauch, H. (2005). Focused ethnography. *Forum: Qualitative Social Research*, *6*(3), Article 44. Retrieved from <http://nbn-resolving.de/urn:nbn:de:0114-fqs0503440>
- Lancy, D. F. (2012). Unmasking children's agency. *Anthropochildren*, *1*. Retrieved from [https://digitalcommons.usu.edu/sswa\\_facpubs/277/](https://digitalcommons.usu.edu/sswa_facpubs/277/)
- Montreuil, M. (2017). *Moral experiences of crisis management in a child mental health setting: A participatory hermeneutic ethnographic inquiry* (Unpublished doctoral thesis). McGill University, Montreal.
- Montreuil, M., & Carnevale, F. A. (2016). A concept analysis of children's agency within the health literature. *Journal of Child Health Care*, *20*, 503–511. doi:10.1177/1367493515620914
- Montreuil, M., Noronha, C., Floriani, N., & Carnevale, F. A. (in press). *Children's moral agency: An interdisciplinary scoping review*.
- Morse, J. M. (2016a). *Qualitative health research: Creating a new discipline*. New York: Routledge.
- Morse, J. M. (2016b). Underlying ethnography. *Qualitative Health Research*, *26*, 875–876. doi:10.1177/1049732316645320
- Muecke, M. A. (1994). On the evaluation of ethnographies. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 187–209). Thousand Oaks, CA: Sage.

- Nastasi, B., & Berg, M. (1999). Using ethnography to strengthen and evaluate intervention programs. In J. Schensul, et al. (Eds.), *Using ethnographic data: Interventions, public programming and public policy* (pp. 1–47). Walnut Creek, CA: AltaMira Press.
- Phillippi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and conversation. *Qualitative Health Research, 28*(3), 381–388. doi:10.1177/1049732317697102
- Salsberg, J., Macaulay, A. C., & Parry, D. (2015). Guide to integrated knowledge translation research. In I. D. Graham, J. M. Tetroe, & A. Pearson (Eds.), *Turning knowledge into action: Practical guidance on how to do integrated knowledge translation research* (pp. 19–56). Philadelphia: Lippincott-Joanna Briggs Institute.
- Savage, J. (2006). Ethnographic evidence: The value of applied ethnography in healthcare. *Journal of Research in Nursing, 11*, 383–393. doi:10.1177/1744987106068297
- Spielthener, G. (2017). The is-ought problem in practical ethics. *HEC Forum, 29*, 277–292. doi:10.1007/s10730-016-9318-8
- Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*, 1372–1380. doi:10.1177/1049732307307031
- Taylor, C. (1971). Interpretation and the sciences of man. *The Review of Metaphysics, 25*, 3–51.
- Taylor, C. (1983). The significance of significance: The case of cognitive psychology. In S. Mitchell & M. Rosen (Eds.), *The need for interpretation: Contemporary conceptions of the philosopher's task* (pp. 141–169). Atlantic Highlands, NJ: The Humanities Press.
- Taylor, C. (1985). *Human agency and language: Philosophical papers 1*. Cambridge, MA: Cambridge University Press.
- Taylor, C. (1989). *Sources of the self*. Cambridge, MA: Harvard University Press.
- Taylor, C. (1991). *The malaise of modernity*. Concord, Ontario, Canada: Anansi.
- Taylor, C. (2004). *Modern social imaginaries*. Durham, NC: Duke University Press.
- Taylor, C., & Gutmann, A. (1992). *Multiculturalism and "The politics of recognition": An essay*. Princeton, NJ: Princeton University Press.
- Veale, A. (2005). Creative methodologies in participatory research with children. In S. Greene & D. Hogan (Eds.), *Researching children's experience* (pp. 253–272). Thousand Oaks, CA: Sage.
- Wall, J. (2010). *Ethics in light of childhood*. Washington, DC: Georgetown University Press.
- Wallerstein, N., & Duran, B. (2008). The theoretical, historical, and practical roots of CBPR. In N. Wallerstein & M. Minkler (Eds.), *Community-based participatory research for health: From process to outcomes* (pp. 25–46). San Francisco: Jossey-Bass.

### Author Biographies

**Marjorie Montreuil** completed her doctoral studies at the Ingram School of Nursing, McGill University, in the field of childhood ethics. She holds experience as a nurse in child mental health. Her research interests include concept analysis, qualitative and participatory methodologies, and ethics in the context of mental health and nursing practice.

**Franco A. Carnevale** is a nurse, psychologist, and clinical ethicist. He is the founder and principal investigator for VOICE (Views On Interdisciplinary Childhood Ethics), an international initiative to advance knowledge and practices relating to ethical concerns in childhood. His current academic appointments include the following, all at McGill University: full professor, Ingram School of Nursing; associate member, faculty of medicine (pediatrics); adjunct professor, counseling psychology; and affiliate member, Biomedical Ethics Unit.