

The Primacy of Intersubjectivity

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The most important result of phenomenological research is the discovery of inherent intersubjectivity. Strategies for reporting phenomenological research and recognizing its intersubjective aspects are discussed. In addition to its significance for the practice of nurturing care, intersubjectivity is discussed in response to criticism of phenomenology as ungeneralizable research. As the philosophical foundation of all research, phenomenology's singular position as a philosophy and research methodology is discussed. **Key words:** *bracketing, generalization, intersubjectivity, phenomenology, self-reflection, universality*

OF crucial importance to nursing is the phenomenological concept of intersubjectivity, the crowning result of phenomenological research. Rather than seeking common denominators of facts with which to generalize and predict outcomes, phenomenology leads nurse researchers to awareness of possibilities with which to bridge the intersubjective divide between themselves and their patients. First and foremost, before any positivity of facts, the world of conscious experience that we describe in phenomenological research is that of intersubjectivity.¹ Intersubjectivity is the answer to the conundrum of generalization.

PHENOMENOLOGY'S UNIQUE POSITION

As the founder of phenomenological philosophy, Husserl intended phenomenology as a complement to natural science, not a replacement for it. Phenomenology was to be the first step in the scientific process because it is more basic than knowledge²; it looks at the experience that precedes the scientific pursuit of factual knowledge. As

the beginning of science, phenomenology is the methodical discernment of perceptual experience,^{3(p102)} upon which subsequent scientific endeavors are based. Phenomenology stands alone as a philosophy and research methodology. More than simply one among several qualitative methods, it is the foundation of all science, regardless of the methodological viewpoints from which quantitative and qualitative research methods emerge. The phenomenological point of view teaches us that before method, there is our lived relationship with what we are investigating.

Phenomenological research as typically conducted in nursing involves describing vicarious experience. Spiegelberg describes the goal of vicarious phenomenology as "imaginative access to phenomena which are perceptually impossible."^{4(p37)} As describers of others' experience, we have access to the experience of our patients only through our imaginations, since we cannot see with their eyes the events they recount for us, hear with our own ears the voices that they relate, think their thoughts, or feel their feelings about those events.^{4,5} Since we are the vicarious experiencers of our interviewees' lives, we have an obligation to take into account our own conscious processes as researchers, for the descriptions that result have taken a circuitous route through us as recorders. In this respect, the distinction drawn between interpretive and descriptive phenomenological research is spurious. Descriptive

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phenomenology, that is, phenomenological description of others' experience, is never free of interpretation; it presupposes a system of organization and a particular style of expression, both influenced by the researcher's interests and point of view. To describe another's experience means choosing the language with which to convey that experience, and that choice ultimately reflects our own lived experiences.⁶

That we are connected to the descriptions we write can be seen in the parts-to-whole process.⁷ The eventual return to the whole as we write the phenomenological description of an experience is a process of discovery. We discover our research participants' constituting consciousness of their experience, how they understand what they have experienced and more important, how their understanding imbues the experience with meaning.⁸ At the same time, as researchers, we are aware of our own conscious process of recognizing and understanding what we see in a transcript, as well as our memory of the interviewee and the time spent together. It is this focus on, and concern with, the researcher's consciousness that sets phenomenology apart from all other methodologies. The foundation of all scientific thought is the conscious experience, the intentional life, of a scientist and researcher. Before there are theories, explanations, before there are the questions that produce the theories, methods, and conclusions of research, there is the scientist/researcher's everyday world of experience:

that world that precedes knowledge, of which knowledge always *speaks*, and in relation to which every scientific schematization is an abstract and derivative sign-language, as is geography in relation to the country-side in which we have learnt beforehand what a forest, a prairie or a river is.^{9(pix)}

Belonging neither to the so-called qualitative methods nor to those of the quantitative approach, phenomenological investigation and description of the events of conscious experience bring into awareness researchers' constituting contribution in all scientific research, whether it is conducted from a qual-

itative or a quantitative perspective. To this end, any qualitative research method could begin from a phenomenological standpoint. The same is true for quantitative methods. A phenomenological foundation means that an investigation begins with a researcher's look at his or her intentional perspective of the research phenomenon.

As a brief sampling of recent research reports shows, there is confusion about phenomenology's place in research. This can be seen when authors caution that generalizations cannot be made from their findings.¹⁰⁻¹⁴ Confusion is also apparent when phenomenology is discussed as simply another one of the qualitative methods.¹⁵ Even authors who exhibit a better than average understanding of phenomenological philosophy cannot seem to resist mentioning the concept of generalization and/or universality, even if only to say that generalizing was not the goal of their study.¹⁶ As Paley has observed, despite authors' caveats that generalization is not possible, such reports often imply that results of their studies are applicable to everyone's experience of the research phenomenon.^{12,17-20} Even those researchers who seem to have been careful to refer only to their own study participants frequently lapse into universal statements about the phenomenon.²¹⁻²⁴ Indeed, some of my own early articles have a true-for-all tone in the discussion sections. Similarly, it is evident that some nurse researchers remain fixed in the positivist viewpoint when phenomenological research procedures are described in the language borrowed from the social sciences that reflects an underlying positivist epistemology.^{10,25}

INTERSUBJECTIVITY

That the philosophy of the positive sciences remains the structural fabric of nursing research today²⁶ is evident in the confusion regarding the concept of generalization and phenomenological research. Despite researchers' frequent caveats about it in their

reports of phenomenological research, generalization has never been a phenomenological concept. But the question continues to be raised: if we cannot generalize, then what good are studies on human experience? How can they be considered credible or useful? What can we do with our data? These questions come from the viewpoint of the natural sciences and the positivist paradigm, but the positivist paradigm cannot provide answers about phenomenological research. The answer to these questions is that, unlike both qualitative and quantitative methods, which take pains to establish generalizability and/or transferability,^{27,28} there is no correlate for generalization in phenomenological research.

Researchers have recognized the need for clarification with respect to phenomenological research method.^{17,29} de Witt and Ploeg argue against using research terms that originate in the positivism of the social sciences.²⁹ For standards of rigor in phenomenological research they propose as criteria the terms openness, concreteness, resonance, and actualization. To these terms, I would add the overarching concept of intersubjectivity. The term *intersubjectivity* denotes a fundamental characteristic of human existence—we are always in relationship with others.⁵ In particular, for our purposes here, we can take intersubjectivity as the answer to the question of generalization because intersubjectivity shows us that, rather than being concerned with finding facts that are true for most people, or facts that fit the majority of persons' experience, our task instead, as phenomenological researchers, is to uncover the intersubjective unity of experience between persons that precedes theoretical, systematic thought and to seek deeper understanding about the way that we enter into the lives of others and create our communal world.² This means a back-and-forth dialogue that explicates perceptual difference and sameness. "... there constantly occurs an alteration of validity through reciprocal correction."^{2(p163)} We incorporate our empathized views of others' experiences as valid for them and therefore, valid for us.² In the resulting consensus

about the world, we become aware of the vastness of shared experience as the "horizon of possible experience."^{2(p164)} Intersubjectivity is limitless, providing the foundation upon which we build our practice with patients and families. For nursing, each shared experience between persons creates a springboard for further experience and for understanding perceptual differences, hopes, fears, and beliefs. The "unity of consciousness"^{2(p164)} that characterizes intersubjectivity can be trusted. We enter into the lives of our patients and they into ours with constant reciprocal clarification of perceptions, of intent. The fact is, no matter where we stand with regard to our methodological beliefs, we are always already in the viewpoint of a constantly evolving reconciliation of perceptual vagaries. We are always already in relationship with the particular, not with the generalizable. We do not meet patients as generalities. We meet our patients in the immediate moment as particular persons whose experience we incorporate into our own, trusting in our mutual ability to meet and to understand, to build upon a mutual consensus of the world. This is the viewpoint of intersubjectivity.

As a research concept, intersubjectivity soars above generalization. Unlike generalization, which infers the positive facts of research findings for a majority, intersubjectivity never reaches a final end point; it is a fluid reciprocity of perceptions that brings our own "experiential acquisitions ... into contact with those of others."^{2(p163)} Inclusive of all ways of human being, intersubjectivity never reduces human experience to a common denominator. Intersubjectivity heralds possibility, the most important of which is the possibility of taking part in the lives of others, something that nursing instinctively recognizes as its *raison d'être*. Intersubjectivity is a unity of the endless perceptual differences and similarities of individual experience, and it requires of us that we speak to those with whom we share our communal lifeworld.

As nurses, we understand intersubjectivity as situated opportunity in which we are present for and participate in the most

meaningful moments of others' lives: birth, death, illness, suffering, growing, persevering, and joy. Even more than simply participating through our skillful care, *intersubjectivity* means the possibility of entering into another's life and discovering ways of being that we may never have experienced ourselves. Such discoveries change us forever. They add to our understanding of what it means to be human, to be sick, frightened, triumphant, all of the ways of being a patient, so that henceforth we meet others with more depth, more sensitivity, more compassion. Intersubjectivity, embedded in our descriptions of the stream of lived experience, is endless, opening new doors for further understanding. For nurses, the intersubjective nature of phenomenological research means that we are never finished explicating the relationships we have with our patients.^{2,9} We are never finished with our search for ways to touch across the intersubjective divide.

If intersubjectivity is the thing to look for as evidence of good phenomenological research, then how do we recognize it? LeVasseur's research report *A Phenomenological Study of the Art of Nursing: Experiencing the Turn* is a good example of intersubjectivity as the focus of a phenomenological study. She recalls nursing's long-time goal of helping patients move from "dependency to mastery and well-being" and her findings demonstrate how the nurses' participation was instrumental in their patients' transitions to "future possibilities."^{30(p24)} Similarly, in a report of phenomenological research with psychiatric patients, Carlsson and her colleagues discuss how the intersubjectivity of caring can rectify situations which have provoked violent behaviors from patients.²⁴ One of my favorite examples of intersubjectivity comes from an interview I had with an obstetric nurse. I had asked her to tell me about a meaningful moment in her practice. She told me how she works to make the birth experience an event between mother and father, not between mother and nurse. She described how she often jokes with fathers who are ill at ease, making them laugh, and giving them a seem-

ingly small task such as getting a wet washcloth for the mother. Later, she would hear a father boasting on the phone to friends or family about his part in the birth. Her meaningful moment was that she had given to that father his own experience of the birth of his child.

While research in psychiatric/mental health nursing typically has an explicit focus on the intersubjective, in research reports that do not have interpersonal relationship as the primary phenomenon under investigation, intersubjectivity must be inferred. To this end, those who conduct and report phenomenological research can extend their sensitivity to the nuances of intersubjectivity in their findings and substantiate it in their reports with explicit discussions of its occurrence or of its potential. If a phenomenological study looked at how patients cope with obstacles to healing leg ulcers, for example, there was most likely a nurse or caregiver in the picture at some point and therefore intersubjectivity enters the picture with the interaction between nurse and patient. Even if the research report focuses primarily on technical care, or the physical parameters of care, intersubjective relationship can be inferred from the situation and can be made overt in the discussion section. Likewise, practitioners who draw on phenomenological research to inform their practice can learn to see intersubjectivity within described experience and to draw from its infinite occurrences the patterns for future interactions with patients that will reflect an expanding capacity for empathic comprehension. I suggest that any phenomenological research report that does not present a segue to the notion of intersubjective possibilities has missed the mark.

STRATEGIES FOR REPORTING

Phenomenology's unique status in research requires a change in paradigmatic stance. Rather than thinking of phenomenology as

one among many qualitative methods, we can now see it as a singular approach to, and foundation for, research, belonging to the full range of methods for scientific research, from the qualitative pole to the quantitative. Of prime importance to this perspective is understanding that undertaking research with a phenomenological point of view means that, as researchers, our own conscious experience of our research is examined.³¹ To the standard elements of the discussion section of a report can be added a description of the process of researchers' self-reflection. It is not enough simply to state that bracketing was undertaken in a phenomenological study. Methodological rigor requires describing a systematic process of self-reflection. I have suggested a process for including researchers' experience as part of the analysis phase of a phenomenological study.³² It should be noted here that what is described is not the content of the reflection, but the process undertaken by researchers to identify personal, historical connections to the research phenomenon.

Additional concrete strategy for reporting is paying close attention to how writing style influences conclusions. When we are careful to cast descriptions in language that is specific to the situation of the individual participants' experiences as recounted by them in that particular study, the subjective experiences therein described are less likely to be construed as expressions of universality. A tactic for imparting a sense of specificity is maintaining past tense in the discussion section of a research report, thereby implying the situational particularity of the contents. Meticulous writing that refers only to those persons who contributed to the study conveys specificity and, therefore, the uniqueness of the data, a tenet of phenomenology. As an example of how a statement of generalization could be revised to express specificity, Beitz and Goldberg's report, which states, "Chronically ill persons make meanings out of [their] experiences" could be reworded to read, "The chronically ill persons in the present study understood the meaning of their experiences," thus clarifying the source of the authors'

judgment about the phenomenon of chronic illness.^{23(p280)}

But the question remains, how to convey the significance of nonuniversal, situation-specific description? As phenomenological interviewers, we listen to an interviewee talk about an experience he or she has had and we accept it unconditionally as presented, but we do not accept that recounted experience as an objective fact. We take it on faith that the experience that an individual has related to us is true for him or her. But we are not concerned with its existential validation. It follows then that in our written report of the study, we choose language that denotes only that particular individual participant's experience. The problem comes when we have to discuss several individuals' experiences of a phenomenon and still defend the data as unique for each. Then it seems as if we are left with no resort other than the organizing strategy of themes. But the vehicle of thematic organization precludes the key phenomenological notion of uniqueness. Paley's point is well taken that the analytical practice of identifying common themes produces a lowest common denominator effect, essentially generalization.¹⁷ Writing is the primary form of analysis in phenomenological research and themes can be a helpful tool for organizing written description. But themes can obstruct openness, closing off potential understanding and insight with premature structure. Writing without the benefit of thematic guidelines requires careful and repeated scrutiny of the data for important findings. Although it demands vigilance of writers, avoiding thematic organization opens up possibilities for capturing experience in the fluid precision of narrative prose that ultimately brings us to deeper understanding.

CHALLENGES AND OBLIGATIONS OF PHENOMENOLOGICAL RESEARCH

Husserl's insight in his later works was that any investigation of the lifeworld includes a look at the transcendental subject

and transcendental subjectivity as part of the lifeworld.^{2,31} For our purposes here, we researchers are transcendental subjects. Through our work, we not only learn how others understand themselves and the events of their lives, we also discover ourselves when, during the course of analyzing our data, we learn what we consider meaningful. This can lead to an unsettling shock—the profound realization that we form our own world and that it is not absolute.³¹

If we understand that phenomenology is a foundation for all research methods, then we can restructure the protocol of the traditional scientific method so that the first step is a brief written description of a researcher's own experience of the problem or topic. This written description is primarily a tool for the researcher as analysis proceeds and may or may not be included in the published report. If it is not included, the process of writing it is described. For example, I may design a research project to investigate the lived experience of undergoing a particular surgical procedure. Perhaps I have also experienced this procedure, or some other kind of surgery. Writing a brief, first-person description of my experience reveals my intentional perspective. In this personal phenomenological description of undergoing surgical treatment, my beliefs, values, and assumptions are implied, if not articulated, about what it means to be a surgical patient. I will have identified what to keep out of my conclusions about and description of the study participants' experience. With my phenomenological account written, my task then is to write the most faithful description of my participants' experience that I can. But what if we have not had a firsthand experience the same as our study participants? Then the brief personal phenomenology that we write before beginning our research reflects the inherent beliefs, values, and assumptions in our imagination of such an experience.

If we understand that the goal of phenomenological research is identifying the intersubjective structure of phenomena, then, rather than seeking commonalities

and verifying the universality of experience, our goal becomes understanding how the interactions between our patients and ourselves support healing and growth. Thus, we are freed from the onus of substantiating transferability/generalization. Instead, our focus is on finding ways to increase our sensitivity to the intersubjective and to the encounter between the nurse and patients, and between patients and families, so that we see the seeds of intersubjectivity in our data and explicate them to inform and direct practice. To this end, in our research reports, regardless of the original purpose of a study, we can explain and elaborate how intersubjective relationship emerges in the findings of the study. We can propose future research that examines what we have experienced and learned about intersubjectivity and how our understanding of it enhances interactions with patients. We can examine ways in which nurses learn to create meaningful intersubjective situations by staying grounded in the immediate moment, and in the particular, where intersubjectivity resides. Ultimately, each of us has to discover how intersubjective encounter opens us to our patients' and our own experiences. We can learn to recognize how our patients' experience changes us and to understand how that change evolves within us in succeeding interactions with patients and their families.

CONCLUSION

As the foundation for all research, phenomenology stands outside the distinctions made between qualitative and quantitative research. Subject to its own method, phenomenology is the only research approach that asks researchers to look at their own conscious processes as researchers. Our written descriptions of patients' lived experiences are more than accounts of life events and circumstances; the most important result of phenomenological description is the discovery of inherent intersubjectivity. The challenge of phenomenological research is learning to

recognize the intersubjective. Attuned to the nuances of intersubjectivity, our capacity for

response expands and flourishes so that nursing care nurtures.

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