The language of ‘experience’ in nursing research

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This paper is an analysis of the signifier ‘experience’ in nursing research. We identify a set of issues we believe accompany the use of experience but are rarely addressed. These issues are embedded in a spectrum that includes ontological commitments, visions of the person/self and its relation to ‘society’, understandings of research methodology and the politics of nursing. We argue that a poststructuralist understanding of the language of experience in research opens up additional ways to analyze the relationship between the conduct of nursing research and cultural/political commitments.

Key words: experience, language, poststructuralism, research.

This paper is an analysis of ‘experience’. More specifically, it is an analysis of the word experience and how it is used in nursing research. Our goal is to identify a set of issues we believe accompany the use of experience but are rarely addressed. These issues are embedded in a spectrum that includes ontological commitments, visions of the person/self and its relation to ‘society’, understandings of research methodology and the politics of nursing. We argue that a poststructuralist understanding of the language of experience in research opens up additional ways to analyze the relationship between the conduct of nursing research and cultural/political commitments.

EXPERIENCE AS EVIDENCE

Nursing research literature is replete with articles on various groups’ ‘experiences of …’. A recent CINAHL search identified almost 3500 titles. Four arbitrarily selected examples are listed below. Although titles vary considerably, experience is positioned in two major ways: sometimes the focus is on the people ‘having them’ (note the possessive form, e.g. patients’ experiences) and sometimes on a phenomenon (grief, confusion) or an event (waiting for bypass surgery). Sometimes, as in the third example, experience is modified by ‘lived’. (We wonder what the alternative is: dead experience?)

1. The grief experience of older women whose husbands had hospice care (Jacob 1996)
2. The experience of people awaiting coronary artery bypass graft surgery: The Icelandic experience (Jonsdottir and Baldursdottir 1998)
3. The lived experience of listening to music while recovering from surgery (McCaffery and Good 2000)

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1 We will largely forego the use of quotation marks except to occasionally remind the reader that we are addressing the language of experience, how the word is used.

2 Using ‘experience’ ['and'] 'of'.

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4 Patients’ experience of confusion in the intensive care unit following cardiac surgery (Laitinen 1996)

In these examples of nursing research, as in all those we reviewed, experience is something about which a claim is being made: the researchers are arguing that experience has certain characteristics. Notice what happens if you delete experience from the title. The research is now about women whose husbands received hospice care, Icelanders awaiting bypass surgery, listening to music during recovery or confusion in the ICU. This highlights an important move: experience shifts the focus from the event (often depicted as a ‘phenomenon’) to individuals. Crotty refers to this move as psychologizing phenomenology (Crotty 1996), and we will return to this issue in some depth below. But we gain further insight into this shift – and raise additional questions – when we look at the role of experience-as-evidence in this research.

The researchers’ claims concern shared characteristics of the experiences of study participants. These claims are derived from thematic or content-driven summaries of first-person statements — usually taken from interviews. The evidence offered in support of such claims is almost always derived from interviews, presented in the form of quotations extracted from transcripts. Usually the argument is a form of inductive generalization: sentences produced by individuals are synthesized into ‘themes’. This opens a question about the relationship between language and experience: is experience linguistic? (deLauretis 1984; Allen and Hardin 2001; Bishop 2002; Hardin 2003).

Although we intend to answer this question in the affirmative (that is, we do believe it is useful to think of experience as linguistic), closer analysis of the research reports reveals considerable ambiguity about what is being claimed. Nurse scholars point in (at least) two directions. Sometimes they write of ‘interpretations of experience’, suggesting that experience is both antecedent to and separate from the interpretation of it. Alternatively, experience is taken as pointing beyond itself, to an (extra-linguistic) event. In these instances the subjects are positioned in a fairly conventional role of ‘witness’. Again, notice what happens if one asks ‘what happened in surgery?’ (participant as witness) and ‘what was your experience of surgery?’ (participant responses as the object of inquiry).

So the use of experience as evidence, and the relationship between that evidence and the researcher’s conclusions reproduce the same unmarked shift between individuals and events. This shift, we argue below, reflects a deeply seated and largely unexamined Cartesianism.

Further, the way first-person statements are treated also reveals a lingering positivism: they are taken to be uncontestable facts. This incontestability can be seen in a common methodologic move, the use of ‘member checks’ to validate research. In this strategy, various textual forms (transcripts, quotations pulled from transcripts, summaries, drafts of final reports) are given to the subjects to see if the researcher ‘got it right’. Usually no methodologic strategies are in place to see if the subjects got it right. Why is this? We think a number of factors contribute to it. First, using the word experience shifts the focus from a phenomenon to the individual. Second, the individual is taken to be a private mind (Manson 2002). That is, statements about experience are taken as reports of what is going on in the individual’s mind. Two corollaries of this are that only the individual has access to his/her mind, and that one cannot be mistaken about what’s going on in one’s own mind (or, at least, there’s no way to check to see if one is mistaken) (Butler 1997; Henriques et al. 1998; Martin 2002). Sometimes this view is signaled by referring to experience as subjective.

Third, on a political level, the subjects being interviewed are often positioned as marginal, oppressed, ignored, or silenced. Thus, challenging the potential accuracy of their statements smacks of elitism. These factors often lead us to make claims that people are ‘experts’ about their ‘own’ experience, and to the related conflation of ‘knowledge’ and experience (Bellamy and Leontis 1993). This further reinforces the concept of subjectivity as transparent access to a private mind.

Fourth, the conditions under which the statements were produced (the interview) and their management (analysis) disappear, positioning the researcher as an impartial ventriloquist, a scientist. The subjects speak through the researcher to the reader. This is also a political move, one that protects the status and position of the researcher relative to the research/ed (Mishler 1986). Making the experience of subjects sacrosanct, and eliminating any legitimate role of the researcher as interpreter and judge, puts the research/er firmly in the camp of knowledge revelation, as opposed to creative production. A researcher merely uses acquired, scientific skills to let the data, and the subjects, ‘speak for themselves’.

We want to challenge each of these moves by identifying what we take to be untoward consequences of adopting them. In other words, we think these moves support values and political arrangements with which we disagree. Our approach is not to rehash arguments about Cartesianism or positivism. These issues have not only been widely discussed by nursing scholars (see for instance Paley 2002), but also anticaretesianism and antipositivist positions are often espoused by those conducting research on experience. We hope to show how the use of experience has kept us more tied to Cartesianism and positivism than we might like and we turn to an alternative treatment of experience to help us.
Before we continue, it is important to stress what we are not doing. We are not engaged in an argument about what ‘experience really is’. We are not saying these researchers have got it wrong and we have got it right. We are not even saying this research on experience should cease. Instead, we are offering what Rorty might call a ‘re-description’ of experience research: we are suggesting that we regard experience as a way of talking.

THE THEORY OF EXPERIENCE

Several assumptions about language underpin the remainder of our argument (Allen and Hardin 2001). First, we take language as fundamentally social: language is a social practice. We learn to talk in certain ways in certain situations with other people. We become social, indeed to a large extent we become individuals through the acquisition of language. Second, we view language as a social practice: when we are speaking we are doing something: persuading, promising, opposing, loving, teaching. Gee (1999) says the two main functions of language are to scaffold relationships and institutions. This relationship-and-institution-building view of language is in contrast to the more familiar view that takes it to be a neutral conveyer of information, a means to reveal the world beyond words.

Further, we regard interviews as complex social performances. People learn how to be interviewed and how to interview. Most have a vast confessional repertoire: they know how to talk about ‘themselves’ when called upon to do so (by priests, teachers, therapists, parents, interviewers) (Jones and Porter 1996). They have learned many different things they can say, and can make subtle distinctions about when to say them (Hardin 2003). The research interview itself can be regarded as a rather strange social practice, requiring various formal introductions, reviews of consent forms, and patterns of adjustment as the researcher and interviewer figure out how to keep the talk flowing (Mishler 1986).

These two premises — about language as a social practice and interviews as complex social performances — highlight several features of nursing research on experience. (1) Language is regarded as a mirror or looking glass. We are invited to look ‘through’ language at the contents of participants’ minds (Richard 1996). Although seldom explicit, within this perspective experience is usually regarded as prelinguistic, as something the subject ‘interprets’ or ‘ex-presses’ (presses out) by putting it into language; (2) subjects are viewed as transparent to themselves. Researchers treat participants as if they have direct and always-accurate access to their own minds, and to the experiences that are stored therein (Hollway and Jefferson 2000). These views are linked to (3) treating the interview as a ‘confession’. Confessional perspectives incorporate notions of both language-as-mirror and the self-transparency of speaking subjects. By ignoring the historic and social contexts of interviewing as a particular (and primarily western) practice, interviews are implicitly regarded as neutral media through which private minds are made public.3

In this limited space, we cannot fully explore any of these three features of research on experience. Instead, we will simply outline key issues and point toward literature that further develops them.

Language as a mirror

This view assumes that language functions as a mirror or looking glass, a medium through which the world is reflected. A completely naïve realism might even view language as a window, an utterly transparent — but still intermediate — threshold between subjects and the objects they aim to describe. These ideas about language invoke a correspondence theory of truth, where the value of any given linguistic event (such as an interview, or a research report) is judged by how fully it reflects or captures the essence of a prelinguistic experience (Rorty 1979).

The transparent self

In nursing research on experience, language becomes an analog or reconstructed ‘image’ of a more immediate response to phenomena. Interview-based research invites the reader to look through language, in the form of quotations and thematic reductions, into the private minds of the participating subjects. This is as true for research that uses experience as evidence for ‘external’ phenomena as it is for those studies privileging human response. Researchers espousing a ‘social constructionist’ position of mutual, inter-subjective and linguistic world-building are not immune from treating language in instrumental terms, as a transparent and neutral medium. Even if they agree that language does not provide an unmediated access to an objective world of natural phenomena or things, they still feel safe in assuming that language does provide access to the internal life, the private mind, of an experiencing subject (Henriques et al. 1998). Perhaps this is because so many nurse researchers seem to simultaneously reject naïve realism and hold a conventional ‘mechanical dualist’ view of a subject

3 Following Foucault, we are making a deliberate analogy with the practice of making private sins public.
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By the latter we mean one who is placed in relation to its ‘self’ by virtue of a split between a capacity to experience something, and a capacity to observe and report on this experience (Craib 1998). This split also has to do with the idea that, while we may stand in mediated and therefore attenuated relationship to the external world of objects, events and other people, we are the medium of our selves, expressed through language. Accordingly, the ‘purpose’ of language, indeed our propensity to talk to each other, is based in its handiness for communicating these internal states, in linking our ultimately individual and private selves into some form of social organization. Our ‘internal’ sensations are thought to stand in immediate and transparent presence to our selves, and language fulfills the necessary function of communicating through expression (Whitebook 1995; Schlegel 2002).

‘Emotion’ language demonstrates the tension between language as social practice and transparent, Cartesian subjects. In western culture, we speak of emotions as private, internal, and largely individual, welling up from within. Emotions are described in quintessentially subjectivist terms, as a fundamental form of human response. Yet how do we know when the best account of our interpretation is, for example, the term ‘anger’, and not ‘indigestion’ or ‘@#$&*’? How do we know when it is proper (i.e. ‘accurate’) to say that we are feeling angry, miffed, irritated, enraged, berserk, jealous, resentful, or annoyed? We learn to speak of emotions as private, internal experiences or as neurological activity. Further, we learn how to talk about emotions, how to read ‘ours’ and ‘others’, and we learn to make some pretty fine distinctions, by applying a complex set of rules that help us negotiate when and in what situations it is most effective to talk in a particular way. We also learn when and how to dispute emotional claims: someone may be described as ‘out of touch’ with his/her emotions, or to be ‘in denial’ (Acker, Barry and Esseveld 1983; Bartky 1990; Allen and Hardin 2001; Shilling 2001).

These two related conventions — language as a mirror and self-transparency — certainly shore each other up. They also lend experience the discursive oomph needed to construct both objectivity and subjectivity in nursing research. In other words, using experience in research links the truth-value of a prelinguistic world, and a subject capable of having prelinguistic access to it. As we have mentioned, the status of experience as evidence in research is largely ambiguous, using experience to point in two directions: to an event or phenomenon (‘what happened during your home delivery?’) and to the experiencing individual (‘what was your experience of home delivery?’). We have also noted that this ambiguity leads to unmarked shifts in the status of experience claims, and that such shifts propagate a pervasive Cartesianism. One side of the experience signpost indicates naïve realism; phenomena are just sitting outside language, waiting to be described, while the other simultaneously indicates the transparent Cartesian subject. Earlier we referred to ‘lived experience’, an idiom common to nursing research. Our crack about ‘dead experience’, while tongue in cheek, does point to another sense that ‘lived experience’ telegraphs — the notion of ‘unlived experience’. This idea draws on the notion that there is a transcendental stream of phenomena existing ‘out there’, waiting for human intention/attention to turn it into experience (and ultimately, for disciplinary purposes, into ‘human response’). This lurking double-sense in ‘lived experience’ is not far off from conventional objectivist epistemology, though it masquerades in thoroughly subjectivist terms. We think that this point underscores how often qualitative research simultaneously appeals to the authority of subjectivity and the scientism of objectivity as the foundation that secures experience a legitimizing function in research accounts. And the interview as a social performance, and the confessional genre in particular, is the vehicle through which this is ‘expressed’.

**Interview as confession**

The treatment of interviews offers another perspective on the ambiguity of what nursing research on experience is claiming. We try to capture this through the notions of ‘confession’ and ‘testimony’. When an interview functions as a confession, its purpose is to reveal (make public) the private, internal workings of the psyche (Foucault 1983; Butler 1993; Butler 1997). What the participant says is regarded as evidence of what s/he thinks or feels. When the interview is treated as testimony, its purpose is to tell us something about what happened; it provides ‘testimony’ about what the participant ‘witnessed’. We will use this juridical vocabulary (of witness and testimony) to make visible a range of criteria and processes we often use in daily life to appraise such accounts.

Nursing’s Cartesian legacy makes it very difficult to explicate the confessional function. We take it for granted that individuals have private minds to which only they have direct access and we gain indirect access (in part) through what they tell us. This leads experiential research to afford the subject’s words epistemological privilege. They have direct knowledge of their minds. Later we contrast this with political privilege — granting certain subjects relative freedom from contestation by the researcher.

Epistemological privilege seems to make nonsensical the question of whether the subject’s account is valid, truthful, accurate (Foss and Foss 1994). It explains why
experience-oriented research has no methodologies to ask if the subjects ‘got it right’ (Spivak 1990). In daily life and in clinical practice, however, we have ways to limit this exemption from scrutiny. Vocabularies such as ‘defensiveness’, ‘denial ‘informed consent’, or ‘false memory’, are social practices which assert we can be mistaken about our emotional lives and our claims to understanding ourselves. Similarly, the tension between writers and critics highlights social contestation about criteria for which interpretation of someone’s words we should prefer (Allen 1995). Why then are the confessional dimensions of an interview treated with such reverence?

One possible reason is confusion between epistemological and political privilege. Experiential research often studies people who are taken to be marginal or disadvantaged in relationship to the researcher and/or some other public forum. Given a history in which their accounts have been ignored and/or ‘trumped’ by more politically dominant groups, the goal is to let them ‘have their say’. (Or, more problematically, ‘give them voice’ as if they were mute before the researcher arrived (Bannerji 1992; Mohanty 1992; Elam 1994)).

Another possible reason is lingering attachment to the researcher as occupying the oxymoronic status of benign neutrality. At once both ‘good’ and ‘neutral’, the researcher positions her/himself as a ventriloquist. While there are ideological reasons for being attached to this perspective (e.g. the alignment of professionalism and ‘science’ (Allen 1986), regarding the interview as a confession almost necessitates being blind to two critical features: (a) the process of ‘extracting’ the confession and (b) the acquisition of language.

**Extracting confessions**

Other than mentioning the situation in which the interviews were conducted and perhaps some of the questions used, experiential research rarely addresses the social process that produced the responses (Riessman 1987). And because it regards language as a neutral medium, experiential research can not attend to the social consequences of being interviewed. These blind spots make it difficult to raise questions about how the language being presented as the subject’s experience was negotiated or what the consequences are of getting someone to produce a certain story about themselves (Frank 1993; Dean 1994; Mann and Kelly 1997).

We argue for adopting another view of language, one that pays attention not only to how language works, but how language itself, as negotiated by speakers through social practice and performance, constitutes the conditions in which some ways of talking work, and others do not (Atkinson and Silverman 1997; McRobbie 1985). Our approach, and poststructural approaches in general, regard language as both ‘structured and structuring’ (Bourdieu 1991; Gec 1999; Allen and Hardin 2001): it is both the enabling and constraining precondition for social practice (structured) and it (re)produces that practice (structuring).

In this approach to language, and by extension to research on experience, the individual is the wrong unit of analysis. We are born into language, we learn to speak (Allen 1996; deLauretis 1988). This shifts analysis from the individual to the conditions of linguistic production within which it makes sense, given the opportunities and constraints of a situation, to talk in some ways but not others (Reynolds 2002).

**Did you always talk that way?**

Regarding language as a social performance allows one to raise another set of questions that experiential research can not. People learn how to talk, and they learn when to talk in some ways and not others. Although nursing scholarship has sustained a minor conversation about how patients are ‘medicalized’, that is, how they are recruited into talking about themselves in the ways clinicians prefer them to talk, experiential approaches bracket this issue (Mumby 1993; Jones and Porter 1996). The larger political and cultural questions about how groups and individuals come to talk about their needs and desires in the ways they do (Besley 2002), and the consequences of doing so, are all erased when language is treated as a neutral medium permitting access to prelinguistic subjectivity (confession) or preconstituted reality (testimony) (Chay 1993; Mulinari and Sandell 1999).

**CONCLUSION: THE POLITICS OF EXPERIENCE**

In our introduction, we suggested that the language of experience in nursing research carries and simultaneously obscures a set of commitments that concern us: visions of the person/self and its relation to ‘society’, onological assumptions, understandings of research methodology and the politics of nursing. We will revisit each by outlining how post-structuralism might provide a preferable alternative.

Scott (1992) has argued that experience is linguistic and should be the beginning, not the endpoint, of our research. We modify her position by emphasizing not what experience is, but why we think it is sometimes useful to regard the kinds of data and claims appearing in experiential research as a way of talking, a kind of narrative. But we agree that it should be the beginning, not the bedrock.
The lingering Cartesianism and accompanying ambiguity about experiential claims can be, if not eliminated, at least made more apparent by treating experiential accounts as narrative. Western-European-derived cultures have elaborate vocabularies for talking about the ‘self’. Think of the miles of bookshelf space devoted to ‘self-help’ books — their function is to recommend some ways of characterizing the self over others in the pursuit of some goal (e.g. intimacy). In the same way, we can explore the ways people who we think have been in similar situations (e.g. awaiting bypass surgery in Iceland, being confused in an ICU) talk about themselves. Or we can analyze how they talk about the situations. In either case, if we are clear that we are studying how they talk, then we can treat these accounts more rigorously by asking more questions, not just about what they said, but why they said it that way, and whether other ways of talking might be preferable in terms of certain goals. We can ask whether the way someone characterizes themselves correlates with how others describe them, or predicts what they will do (or what others who talk similarly will do) in certain situations. Interviews, under these assumptions, still constitute valuable data about how people interpret their lives — something we often need to know in service industries. But treating interview data as narrative testimony leaves researchers room to interrogate both the conditions of production (how informants came to talk this way in general and in this interview in particular) and the utility of their reports (e.g. that these are contestable accounts).

The juridical framework about confession and testimony that we introduced earlier thus allows us to tap a set of social practices that can be used to interrogate both kinds of talk. Just as we question ‘confessions’ in everyday life, treating them as potentially self-serving, or self-deluded, we question testimony by examining the conditions under which it is produced, recalled and reported, and its relationship to others’ accounts.

Feminist methodologists, critical theorists and others have argued that subjects and researchers should occupy the same explanatory plane — we need to account for the role of the researcher in the production of research (Stone-Mediatore 1998; Bhopal 2001). Similarly, we can put everyone’s language on the same plane. By treating experiential accounts not as privileged access to private worlds, but as negotiated social accounts, we can be clearer — and cleaner — about how we treat them. So while we consider epistemological privilege indefensible, we think that sometimes exempting accounts from challenge is politically defensible. And sometimes it is not. But at least the choices become more visible.

If nursing’s Cartesian legacy is made more apparent and contestable by regarding experience as a kind of narrative, so is its positivism. Ways of talking, rather than unmediated revelation of prelinguistic internal/external worlds, surface questions about the production of speech. Do people talk about X in interviews the same way they talk about it with their loved ones? Or their supervisors? How does the way the interviewee talks influence them (Hymes 1996)? If language is not the medium, but the material, then analysis can move beyond the ventriloquist’s summaries to linguistic, causal and historic levels. Surfacing the question of how people come to talk the ways they do under certain circumstances allows us to ask, in effect, ‘whose language are they speaking?’ That is, what cultural and political commitments do their vocabulary carry and how well does that correlate with other commitments (Allen and Hardin 2001)?

The language of experience does too much and too little. It makes unfortunate and blurry philosophical assumptions. It carries tacit commitments to unexamined epistemologies and ontologies. It perpetuates ambiguity about what nursing research is claiming. At the same time, it misses history and social practice. Poststructural approaches to the production and analysis of experiential narratives as a particular social practice4 maintain the strengths of experiential research, while avoiding these commitments and blindspots. Experience deserves a rest.

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4 The happy ambiguity of this sentence underscores that both experiential narratives and poststructural approaches to them are social practices.


