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▶ To cite this version:

Magali Ollagnier-Beldame, Anne Cazemajou. Intersubjectivity in first encounters between healthcare practitioners and patients: Micro-phenomenology as a way to study lived experience. The Humanistic Psychologist, 2019, 47 (4), pp.404-425. 10.1037/hum0000133. halshs-02084431

HAL Id: halshs-02084431 https://shs.hal.science/halshs-02084431

Submitted on 2 Dec 2021

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Intersubjectivity in First Encounters Between Healthcare Practitioners and Patients:

Micro-phenomenology as a Way to Study Lived Experience

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This article is dedicated to the lived experience of intersubjectivity according to its different dimensions - cognitive, emotional, motor, motivational, etc. - and their implicit features. We consider these experiential layers through first encounter situations. What is the lived experience of meeting a new person? What implicit operations organize our experience in this type of situation? What are the micro-dynamics of these perceptual, cognitive, bodily operations? We address these research questions with a first-person epistemology, i.e. considering subjectivity from the point of view of the subjects themselves. Our research is based upon a method dedicated to the study of lived experience: the micro-phenomenological interview, also called explicitation interview. We will first provide some background knowledge on intersubjectivity and why the prism of lived experience is the best means for its study. We will then describe what is lived

experience and the way it can be studied with a first-person epistemology and a secondperson interview method (Vermersch, 1994, 2012; Petitmengin, 2001, 2006). We present
the choice that we made in order to study intersubjective experience: to consider first
encounter situations, occurring between healthcare practitioners and patients. Then we
describe our corpus including data collection and analysis. Finally, from the model of
semiosis developed by Vermersch, we present and discuss the descriptive categories of
intersubjectivity that we highlighted and the micro-dynamics of health care workers'
activity.

Keywords: Lived experience, intersubjectivity, micro-phenomenology, first encounters

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INTRODUCTION

We study the subjective lived experience of intersubjectivity according to its different dimensions - cognitive, emotional, motor, motivational, etc. - and their implicit features.

We consider these experiential layers through first encounter situations. What is the lived experience of meeting a new person? What implicit operations organize our experience in this type of situation? What are the micro-dynamics of these perceptual, cognitive, bodily operations? We address these research questions with a first-person epistemology, i.e. considering subjectivity from the point of view of the subjects themselves. Our research is based upon a method dedicated to the study of lived experience: the micro-phenomenological interview, also called explicitation interview.

For Vermersch (1994, his translation),

Phenomenology of actions, inspired by works of Husserl and young Sartre, is a constant source of inspiration to grasp cognitive activities that the explicitation interview is looking for in the subject's description.

Yet, one must not confuse phenomenological philosophy, which is not an empirical search for results, and phenomenological psychology that is an empirical science targeting mental activity as grasped subjectively *via* experience. In addition to phenomenology of actions, there are many other types of phenomenology, more existential and more concerned with the issue of meaning and which inspired many American, Canadian and Scandinavian phenomenological psychologists (Vermersch, 1994). The micro-phenomenological interview has many similarities with American phenomenological psychology (Duquesne tradition) and also differences, which we will highlight throughout the article. Thus, our article should contribute to the dialogue

between micro-phenomenology and the tradition of phenomenological psychology across the Atlantic.

In the following text, we will first provide some background knowledge on intersubjectivity and why it matters to study it through the prism of lived experience. Moreover, we will address the choice we made to consider first encounter situations, occurring between healthcare practitioners and patients. We will next outline our method and the underlying epistemology: a first-person epistemology (Varela & Shear, 1999; Depraz, Varela & Vermersch, 2003; Depraz, 2014) and a second-person interview method (Vermersch, 1994, 2012; Petitmengin, 2001, 2006). Then, we will describe our corpus including data collection and analysis. Finally, from the model of semiosis developed by Vermersch, we present and discuss the descriptive categories of intersubjectivity that we highlighted and the micro-dynamics of health care workers' activity.

Considering Intersubjectivity

Intersubjectivity is the core of interpersonal relationships, whether they are easy or difficult, whether they are infused with enthusiasm or hesitation, with open-mindedness or resistance, and so on (De Jaegher, 2015). The notion of intersubjectivity has a double meaning. It is at the same time what separates, what creates a gap, as well as what is common, what articulates two or more subjectivities. Intersubjectivity is at the same time that which holds together and which opposes connected subjects (Ciccone, 2006).

A substantial literature is available today about intersubjectivity. This concerns several aspects, including the way the subject and subjectivity are bounded, or the relationship between subjectivity and intersubjectivity and whether the former precedes the latter in the development of the subject or vice-versa. Consensus is yet to be

individual psychological functioning and in development with others. On this latter point, Husserl's work is prominent and serves as the basis for much investigation in philosophy (De Jaegher, 2015; Henry, 2008). For Mead (1934), self-development is anchored in social interactions: how a person relates to others is linked to the reactions provided by surrounding individuals to her actions. The coordination or harmonization of respective perspectives is like an elaborate ballet: I am aiming at others and others are aiming at me (Martin & Gillespie, 2010). The crossing of these reciprocal acts is what Husserl calls "coexistence of intentionalities" (Husserl, 1960). For Bakhtin (1990), the subject is "created by others":

Our individuality would not exist if not for them, and thinking 'arises and is shaped by interactions and oppositions with other minds (...)' (our translation of the French).

According to Buber, the subject is primarily made of "relations to others", and not a solitary *cogito*:

At the same time the 'you' occurs, so does the 'I' (our translation of 'en même temps qu'est posé le tu, le je est posé') (Misrahi, 2012).

Kimura (1972) defines the "originating co-presence" of the human being and her conspecifics as the first dimension of the "being-with-others". The notion of "inbetweenness", translation of Kimura's *aida*, is a "third element" that allows one to escape from a binary perception of seemingly antagonistic relations or situations, based on relations of absolute identity and otherness. This "included third" would go beyond the conception of relations by Western thought that is limited by an exclusive egology and individualism. According to this author, the self does not arise as an isolated monad, which builds relationships with others only at a later stage. Rather, it finds its primary shape in interpersonal relationships. For instance, through early development,

family interactions shape a primary intersubjective environment in which the structure of self is built, based on shared experiential contents: feelings, perceptions, thoughts or linguistic significations (Tomasello, 1999).

All those statements converge towards the idea that social interactions do much more than modulate our individuality, but actually turn us into who we are. They, and especially first encounters, often leave us transformed, although sometimes in subtle ways, of which we may not be aware (De Jaegher, 2015). In our relationships, beyond psychological processes, bodily sensations also play an important role. This is what Merleau-Ponty (1965) refers to when he defines inter-corporeality, focusing on the relation between one's own body and that of the other, and which he considers as the foundation for intersubjectivity. Much work on intersubjectivity is also linked to the concept of empathy. Stern (2004) defines intersubjectivity as the matrix of a "twoperson psychology". He identifies what he calls "intersubjective consciousness": a specific form of reflexivity which appears when one becomes aware of the content of her mind or actions because someone else's mind is reflecting them back to her. This process happens when someone acknowledges someone else's thoughts, i.e. when she accepts what these thoughts tell her about who she is. This matches with what Tisseron et al. (2013) call "intersubjective empathy", which refers to the way self-consciousness temporarily adopts another's situation in order to share her experience and espouse her point of view.

Studying Lived Experience

We consider experience as an ongoing process which is lived "from within". For Depraz, Varela and Vermersch (2003, p. 2)

Experience is always that which a singular subject is subjected to at any

Lived experience is our entry point to subjectivity and to the phenomenon we study: the intersubjective experience unfolding during a first encounter. According to Depraz, Varela and Vermersch (2003, pp. 125-126)

A phenomenon, in the most original sense of the word, is an appearance and therefore something relational. By very definition an appearance is indeed what something is for something else; it is a being for by opposition to a being in itself, to what something is independent of its apprehension by another entity endowed with apprehensive abilities. (...) Finally, when it is defined in this way, phenomenality does not differ in any substantial way from subjectivity, if by subjectivity we mean the subjective side of things, the way things are from a first-person point of view.

The experiencing subject is an "I" who is not merely a consciousness directed at the world, but is also a being affected by the world. The subject is engaged in a "dual" active/passive movement:

(...) with experience there is something like an encounter between a subject and a reality that transcends him and which, by its novelty, creates surprise. From this we may conclude that experience is, for the subject, both active, in so far as it represents a formative trial, in the sense of an attempt at knowledge of what is encountered, and passive in as much as it is a trial in the sense of an ordeal (Depraz, Varela & Vermersch, 2003, p. 171).

Heidegger equally mentions the passive facet of experience:

To undergo an experience with something – be it a thing, a person, or a god – means that this something befalls us, strikes us, comes over us,

overwhelms and transforms us. When we talk of 'undergoing' an experience, we mean specifically that the experience is not of our own making; to undergo here means that we endure it, suffer it, receive it as it strikes us and submit to it. It is something itself that comes about, comes to pass, happens (Heidegger, 1976, p. 57).

Henry (2008) also describes this dual movement (active/passive). For him, the experiencing subject is caught in an "inter-affection", which means that she is affecting the world as much as she is affected by it. Experience being both active and passive, it needs to be considered from a relational perspective. According to Husserl, the real is a lived world – an experienced world – that is necessarily given to the subject from her particular perspective. This relational position is also the one of Nagel (1974), for whom a living being's experience of the world is what defines her as a being:

Clearly 'what it is like to be' a bat or a human being refers to how things (everything) look when being a bat or a human being. (...) A phenomenon, in the most original sense of the word, is an appearance and therefore something relational. By very definition an appearance is indeed what something is for something else; it is a being for by opposition to a being in itself, to what something is independent of its apprehension by another entity endowed with apprehensive abilities (Depraz, Varela & Vermersch, 2003, p. 125).

Lived experience arises for the subject in a holistic way, as a beam of elements that cannot be easily distinguished. Vermersch (2017) identifies different "layers of lived experience": cognitive, emotional, motor, motivational, identity and spiritual dimensions. McCarthy and Wright (2004) also identify four "experiential threads" in/of a lived moment: the sensual thread (sensory engagement of the subject with a situation),

the emotional thread (meaning given to an object or person on account of the subject's values, objectives and desires), the composition thread (relations between the parts and the whole of a lived experience) and the spatio-temporal thread of the experience (its links to the past and the future). McCarthy and Wright's (2004) fourth experiential thread sheds light on an essential component of experience: time. Indeed, the holistic property of experience includes its inscription in time: although lived experience is necessarily always lived in the present (Stern, 2004), it includes the past and the future. From a micro-phenomenological perspective, even if we study lived experience as it appears to the subject, in the present moment with its micro-temporality (Petitmengin, 2010), lived experience find echoes in the past, through retentions. These retentions are the immediate past, the echo of which can be heard in the present moment, like a "comet's tail". There is also a future experienced in the present, or protensions, as Husserl calls it, pointing to the potential continuation of the present moment. Retentions and protensions are part of the lived experience in the present. All these temporal dimensions emerge, subjectively, as a global and unified experience, taking place in a subjective "now" (Varela, 1999; Stern, 2004). This temporal inscription of experience leads to the fact that experience must be studied singularly, i.e. by considering a particular moment in time. If not, the researcher will have to deal with a class of experiences or a generality. Actually, lived experience is situated in a specific context (Wertz et al., 2011; Giorgi, 2014) and a specific time, concrete and individuated. It is structured with a spatio-temporal organization (Depraz, Varela & Vermersch, 2003).

Finally, lived experience involves at least two types of awareness: the subject's reflective consciousness, i.e. what she is conscious of and can easily report, and the "pre-reflective" consciousness, which is below the threshold of the reflective one and is not directly accessible to the subject who lives it. The pre-reflective consciousness

refers to what Vermersch (2000a) calls "direct consciousness". Compared to other traditions, a specificity of the micro-phenomenological approach is to consider both types of consciousness, even if it focuses on the pre-reflective one, which is specifically accessible through this approach. It concerns all that passively affects the subject, that gets deposited in her passive memory, and which creates retentions. A common point between the Duquesne tradition and micro-phenomenology is that these were founded as an alternatives to classical psychology, which aims at the scientific canons of the natural sciences. They have both developed an epistemology and a method to study the human being holistically and to remain faithful to human reality in all its complexity (Vermersch, 2012; Giorgi, 2014).

For these approaches, trusting subjectivity through taking into account the lived experience of the subject is to incorporate into research what she lives and experiences, the description of which the subject may verbalize. But how can we study it? Presenting a possible answer to this question is the aim of the section dedicated to the method.

First encounters as "relevant windows" on intersubjectivity

In our research project Thésée (THeories and Explorations of Subjectivity and Explicited Experience) dedicated to the lived experience of intersubjectivity, we focus on a specific category of situations: first-time encounters. The first reason for this choice is to reduce the complexity of our field of investigation to a well-defined setting: two persons meeting, face to face, for the first-time. We hypothesize that the richness of such situations, even singular, can enable us to draw a more general understanding of intersubjectivity and to access its invariant structures. We can achieve this step after a precise work of reorganization, analysis and formalization (Petitmengin, Bitbol & Ollagnier-Beldame, 2015). Indeed, first encounters engender many cognitive, bodily,

emotional processes, which altogether make the "intersubjective density" of the situation.

Secondly, considering first meetings also makes it easier to guide the interviewee on a particular moment she lived, by reducing the overlapping of memories, i.e. the potential confusion of several similar moments, for example where the interviewee met the same person successively. Many studies investigate first encounters; for instance, cognitive psychology has considered the mental processes underlying first impressions (Macan, 2009), while sociology has investigated the determinants and consequences of first encounters according to the socio-psychological profiles of people (Barelds & Barelds-Dijkstra, 2007). But despite the literature on first encounters, we observe that most of the research leaves subjectivity out of the equation. Moreover, in this literature, data are virtually absent when it comes to the *lived experience* of first encounters, although it can be argued that lived experience and its scientific description should be at the heart of human and social sciences, since it is a way to study and honor subjectivity (Braud & Anderson, 1998). The current lack of data can partly be explained by the deficit of methods oriented towards recording and assessing one's experience. The microphenomenological interview, described in the section below, is a well-structured method to bridge the gap and offers reliable, fine-grained and concrete microphenomenological data on lived experience. In the field of health, the importance of the first moments of the relationship between a caregiver and a new patient has been pointed out by a number of scholars and practitioners. In the field of psychotherapy, for example, debates have arisen as to whether the therapeutic outcome depends on the first moments of the therapy (Muran & Barber, 2010). More generally, how first encounters contribute to the therapeutic alliance and the success of the treatment has been emphasized (McAllister, Matarasso, Dickson & Shepperd, 2004).

METHOD

A first-person epistemology.

To study experience "from within", we need a specific epistemology and rigorous methodology. A number of methods have tried to access subjective experience (Paillé & Mucchielli, 2016), including narrative interviewing, in-depth interviewing, and phenomenological interpretive analysis (Kvale & Brinkmann, 2009). Phenomenological approaches differentiate between perspectives in first, second and third person by separating the perspective of the subject who lives the experience from the perspective of another subject, such as the researcher (Depraz, Varela & Vermersch, 2003). The first-person perspective enables access to the experience as it is lived by the subject, it is the subject's own perspective. In the case where the researcher works on data about her own experience, Vermersch calls it a "radically first-person" perspective because the data come from her own lived experience. The second-person perspective implies

enabling the gathering of 'first person' data, i.e., data that express the viewpoint of the subject herself, in the grammatical form 'I...'. But since the data have been gathered through another person (a 'You'), the method has been dubbed 'second person' (Petitmengin, 2006, pp. 230-231)

A second-person perspective is actually intersubjective and enables an indirect access to the subjective perspective. Both first-person and second-person perspectives rely on a first-person epistemology i.e. considering subjectivity as it is lived by the subject herself (Varela & Shear, 1999; Depraz, 2014). Nevertheless, one must note that first-person epistemology is not an epistemology of immediacy since experience, although lived by the subject is not known by her. In spite of its apparent transparancy and

familiarity, experience is not directly accessible to the subject, and the first-person perspective must not be taken for immediate donation, i.e., for the subject, a sudden, clear and distinct illumination (Vermersch, 2000b).

Indeed, being epistemically related to facts about oneself ("I") is not a sufficient condition for first-person perspective taking: You can also have an objective, third-person view on your headache" (Pauen, 2012, p. 37). "What is needed is a difference not in terms of the epistemic object but, rather, in terms of epistemic access. (Pauen, 2012, p. 38)

The third-person perspective considers observable behaviors as its object, studying them according to predefined categories, and does not examine the lived experience of subjects. It relies on a third-person epistemology for which subjectivity and lived experience are usually considered as epiphenomena or as being beyond the scope of science (Vermersch, 2000a).

First-person epistemology is sometimes misjudged compared to third-person epistemology and its external point of view offering greater objectivity. The limits of this statement on objectivity have nevertheless been underlined, and the validity of first-person epistemology has been examined (Petitmengin & Bitbol, 2009). Particularly, claims denying subjects' introspective abilities have been dismantled (Nisbett & Wilson, 1977; Petitmengin, Remillieux, Cahour, & Carter-Thomas, 2013). Moreover, external observations based on third-person epistemology leave aside entire facets of the studied phenomenon, which simply cannot be accessed since they occur "within" individuals, "behind" physical movements and "in front" of patterns from neuronal imagery. These classically inaccessible facets of the subject's activity, her experience, can however be reported by her; hence, the benefits of accompanying her to do so with a particular method. As for reducing introspection to solipsism (Zahavi, 2017, p. 10),

we contend that gathering authentic descriptions of lived experiences is the first and necessary step to ground our research in the things themselves and access the invariant structure of experience (Bitbol & Petitmengin, 2011, p. 36). As Petitmengin, Bitbol & Ollagnier-Beldame wrote in 2015, once a corpus of singular descriptions of experiences has been collected, a whole work of reorganization, analysis and formalization is necessary in order: 1. To identify the possible structure of the described experiences, i.e. a network of relationships between descriptive categories, independently from the experiential content, and 2. To detect any generic structures, progressively extracted from the initial descriptions thanks to a succession of operations of abstraction.

A second-person method

The micro-phenomenological interview (MPI), also known as explicitation interview, has been developed by Vermersch (1994, 2012) and Petitmengin (2006). At the heart of micro-phenomenology, this method connects different theoretical frameworks: Piaget's theory of consciousness, Gusdorf's theory of affective memory and Husserl's theories of consciousness, passive memory and attention. It consists in "guided retrospective introspections", aiming at accompanying an interviewee in recalling a past situation. It does not, however, guide the subject on the content she verbalizes, which comes to her consciousness through a movement of letting go. This is possible thanks to a specific posture from the interviewer guiding the interviewee's attention with open and non-inductive questions but never inducing the content of what the latter says. During this movement, the interviewee is accompanied by the interviewer to suspend her judgment¹ – this is the Husserlian *epoché* (Depraz, Varela & Vermersch, 2003)²–,

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¹ In a MDI the goal is the interviewee's enoché (quided by the interviewer) whereas in Duquesne tradition the enoché is realized by

which allows her to access her past lived experience. For instance, the interviewer can use expressions such as "Take the time to let everything come back to you, as it comes back to you". We call the reference lived experience "V1" (*vécu* 1 in French). It is contrasted with "V2" (*vécu* 2 in French), which is the time and situation of the interview, when the interviewee evocates V1. Below, we present the main characteristics of this technique.

• An embodied posture of speech

The basis for the MPI is that the interviewee evokes her lived experience. This implies accompanying and maintaining the interviewee in a non-spontaneous and specific speech posture called evocation, or "embodied posture of speech" (EPS). Since the MPI falls under the phenomenology of actions and relies on a constructivist epistemology, the interviewer uses precise questions to describe the micro-dynamics of the subject's activity. "Action" is here understood as the set of material, cognitive and expressive operations with a temporality and a causality - not the predictive causality of the natural sciences but a causality reconstructed after the analysis of the begetting of the actions, a postdictive causality - and whose production and organization we study. The EPS allows the interviewee to be present to herself with an intimate contact with the past situation, which is a quasi-reliving of it, especially through its sensorial representification. From our guidance and questions, we obtain interviewee's descriptions about her experience as she lived it (first-person data). This is why the MPI is defined as a second-person method based on a first-person epistemology. When learning the

² According to (Depraz, Varela & Vermersch, 2003, p. 25), "one accomplishes the epoché in three principal phases:

A0: Suspending your "realist" prejudice that what appears to you is truly the state of the world; this is the only way you can change the way you pay attention to your own lived experience; in other words, you must break with the "natural attitude."

A1: Redirecting your attention from the "exterior" to the "interior."

A2: Letting-go or accepting your experience. "

technique, we learn to detect verbal and non-verbal criteria, which allow assessment of the EPS. For example, when the interviewee is evoking, we should hear the pronoun "I" and not "we", or "you", which most of the time indicates that she is explaining. We should also notice a faraway look with unfocused eyes, which shows that the person is turning her attention inwards, to her inner world and is not looking at her interlocutor as in most social relationships. This evocation posture is also noticeable through the slowing down of the delivery or through the discourse of the interviewee. Indeed, we can learn to hear the different domains of verbalization of the interviewee's discourse, which give clues as to her relationship with what she is talking about.

• The "satellites of action"

A key concept of the MPI is the "satellites of action". This concept has been proposed by Vermersch (1994) to help the interviewer 1. Be aware of the area of verbalization to which the interviewee is referring and 2. Drive her attention according to these areas. Satellites are meaningful for action but are not what we, as interviewers, are primarily interested in. They are:

- the context of the experience where and when it happened, i.e. the environment and the circumstances;
- the purpose of actions the objectives and intentions;
- the interviewee's theoretical or experiential knowledge (and all that concerns instructions, procedures, rules);
- the comments, beliefs, judgments, justifications or rationalizations during V2.

What usually comes first, in an interview, is information about the context and about other people. The interviewee will perhaps say what she knows (theoretically or from her experience) about what she has done or the intention that she had when she did

what she did. She will also spontaneously make comments on what she did, make judgments, self-assess herself, and give her opinion. Finding one's way in the interviewee's evocation speech relies on constantly monitoring whether action or a satellite of action is being expressed. As (Englander, 2012) mentions and recalls from (Giorgi, 2009), in a phenomenological interview, the main task for the interviewer is to keep the descriptive criterion in mind throughout the interview. Indeed, during a MPI, the interviewer is constantly attentive to the descriptive quality of what the interviewee is saying. Thus, a kind of lexical analysis is taking place during the interview, as the interviewer checks whether the interviewee is describing her experience or is relating "satellites". But the content analysis itself takes place after the interview, as in Giorgi's method. In a MPI, as in Giorgi's method, "the task is demanding since it requires the interviewer to make constant intentional shifts (i.e., between the subject-subject relation and the subject-phenomenon relation) while staying within an overall single mode of consciousness" (Englander, 2012, p. 34). With the satellites, we find one of the most obvious differences with Giorgi's methodology. Even if Churchill and Wertz (2015) insist that the participant's description might contain "a minimum of scientific rubric, generalization, speculation, explanation, or anything not immanent to the original concrete event", they also write that "experience must be grasped holistically as a relationship in which the subject encounters an object through its meaning". In a microphenomenological perspective, the subject's comments and representations make sense in so far as they give information concerning the meaning that the interviewee gives to her experience, but they do not give access to what she is precisely doing at the moment when she is doing it. However, the description of finalized and productive acts always comes first, and is the condition for accessing the meaning, which always comes as an addition. Moreover, the descriptions that we solicit from our interviewees do not rest on "everyday language" (Giorgi, 2014), but aim to access, behind it, the implicit, prereflective dimension of their experience. We will develop this aspect later. If the
interviewee's verbalization concerns a satellite of action, questions can then be asked to
bring the interviewee back to her actions when she departs from the satellite. The most
difficult thing is to make her speak about herself and her action, in their physical,
cognitive, sensory and affective dimensions: what she paid attention to (her taking
information), the reasonings, thoughts or inner speech which came to her, how it felt,
what she did (her decision making) and how, and what happened to her at the very
moment when it happened to her. Context however facilitates the recall of past
situations and may be questioned to this end when needed. The knowledge underlying
the action and goals pursued by the person also helps understand the logic of the action,
even if it does not specifically give information about the action. Moreover, in the
micro-phenomenological method, all these questions only make sense in so far as they
focus on very precise temporal moments.

• Contacting a singular past situation

One of the foundations of the MPI is to address a singular past situation lived by the interviewee. If she has recurrently lived similar experiences, the interviewer will need one specific occurrence (unique in time and space) in order to collect specific descriptions rather than generalizations (as know-how or habits).

• Holistic description of the lived experience

The goal of the MPI is to build a detailed and holistic description of a subject's lived experience during a situation. Indeed, since the interviewer is interested in the experience as a whole, she will question the various experiential threads (the cognitive operations, the physical actions, sensations and emotions).

• The perlocutionary effects of the technique

As the MPI relies on the perlocutionary effects of the interviewer's interventions, we insist on the originality of Pierre Vermersch's (2012, pp. 233-246) contribution in developing this dimension, which makes for the strength and subtlety of the interviewer's questioning. This concept comes from Austin, who writes in *How to do things with words* (1962, p. 101)

Saying something will often, or even normally, produce certain consequential effects upon the feelings, thoughts, or actions of the audience, or of the speaker, or of other persons: and it may be done with the design, intention, or purpose of producing them; and we may then say, thinking of this, that the speaker has performed an act (...) We shall call (...) the act performed, where suitable (...) a 'perlocution'

For Austin, a perlocutionary act is

what we bring about or achieve by saying something, such as convincing, persuading, deterring, or even, say, surprising or misleading. (1962, p. 109)

Thus, in order to minimize induction and the construction of distorted or false memories (Schacter, 2001) - reconstructions or explanations that the subject can make of a past event, the interviewer uses precisely crafted open questions of which we give some examples below.

• Temporality of the experience: synchrony and diachrony

The temporal dimension of experience is attentively explored, fragmenting larger-scale experiences into series of very fine-grained phenomena through specific questions. "Why" questions are not used, while "how" and "what" questions are favored, e.g. "what are you doing when you (+ verb of action)...?", "how are you doing to (+ verb of action)...?", "what are you paying attention to?", "how do you know that?", "how

does it feel?" etc. Considerations of time are often added to these questions to help the interviewee navigate the chronology of her experience, e.g. "and right at this moment, what did you do?", "and just after doing that, what did you pay attention to?" etc. Finally, the questions are also enhanced by recapitulations from the specific words of the interviewee, to foster the embodied posture of speech. This is why the MPI can be called an interpretative listening method. Iteratively, after this "fragmentation" stage, each micro-moment can be explored in the stage of qualitative expansion³: each qualifier can be picked up and broken down into finer qualification. For instance, if a subject tells that a handshake feels "determined", one can ask her to describe more about how it is "determined. Thus, the interviewer tries to get at a very precise diachrony namely at the transitions and micro-transitions which will allow her to understand how the person moved from one micro action (for example, taking information), to another micro-action (judging), and to another micro-action again (deciding to do something). For this, when the interviewer collects her data, she takes the person back to the evocation of a specific moment, and then asks questions such as: "can you come back to the moment just before", "and just at the moment when you... what are you doing?", "what do you pay attention to?", "and then what are you doing just after?". But at the same time, she is very aware of the synchronic dimensions of this experience, of all that happens at the same time in the cognitive, perceptive, attentional, bodily, sensory, affective dimensions. For example, the interviewer could ask, one after another: "And at the same time that you are doing x, what do you pay

³ The qualitative expansion ("expansion des qualités "in french") is a technique to unfold sensory qualities of the interviewee

attention to... Maybe⁴ you have thoughts, images; maybe you say something to yourself... And if you turn your attention to your body, maybe you have specific sensations... And at the same time, what's happening for you?" She could also go on questioning the interviewee about her values ("What is important for you at this moment") and her identity ("And who are you when you...").

Presentation of the corpus

The Thésée Project includes several studies focusing on first encounters. In 2014, Ollagnier-Beldame and Coupé initiated a preliminary study about memorable ecological encounters. A first study followed, focusing on provoked first encounters. Twenty-four people, who did not know each other, were led to meet in pairs for ten minutes in experimental conditions. The participants only knew that they were going to partake in an experiment on interpersonal relationships, that they would exchange with someone else, and get interviewed. After the encounter, each participant was first asked to provide a brief presentation of what they had learnt of the other person. This was followed by a longer – on average forty minutes – MPI focusing on what had been experienced during the encounter. Ollagnier-Beldame, Coupé and Cazemajou carried out the second study, which will be the focus of this article, during 2015-2016. It focuses on first encounters between patients and health care workers from diverse professions (doctors, nurses, dentist, speech therapists, physiotherapist, psychologists, psychotherapists), working in hospitals or in private practices. Fourteen of them agreed to be guided through an interview to evoke and describe their first encounter with a patient they had met more or less recently (from one week to eight months old). We

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⁴ The term // mavhe where is used to minimize induction. In a MPI we start from what the subject verbalizes first and then if

must emphasise that we situate ourselves in a qualitative paradigm of research (Braud & Anderson, 1998). According to this, we have chosen to study only a few cases but to do so thoroughly, almost in a clinical sense, as our method of analysis demonstrates. In this way, our study is the first step towards an understanding of first encounters, before a more in-depth grasping of these situations through generalizations. The third study, led in 2016-2017 by the three researchers mentioned above, relies on five pairs of psychotherapists and their patient. We conducted ten interviews with the psychotherapists and their patient about their same first encounter, in order to investigate the stakes of the intersubjective situation. It will be the focus of a subsequent article.

To return to our second study, we began all our interviews with the same sentence, as advised in the MPI technique: "I propose, if you agree, that you take the time to let a moment come back, when you met (a patient or a health care worker) for the first time". This sentence has been devised according to specific "perlocutionary" effects. Indeed, the sentence starts with a proposition ("I propose") and a communication contract ("if you agree"), which requires that the interviewer watch the non-verbal reaction of the interviewee. In terms of perlocutionary effects, we are trying to inspire the person's confidence. Thus, as in Giorgi's method (2014), a certain equality exists between the researcher and the research participant, the only difference being the role that each play in the research process. The following part of the sentence solicits passive memory ("that you take the time to let a moment come back"), being careful not to force and block memory. Indeed, the memory of evocation we are working with is a passive memory, and we cannot order somebody to remember, as we tend to do when we ask: "can you remember", or even worse: "can you try to remember". We can only create the conditions for the person to remember (as we would do for her to relax, for

example), inducing (perlocutionary effect) the person to remember. Finally, we suggest a focus of attention ("a moment when you met..."), which, as an empty target, requires that the interviewee fills it with an object of attention convenient to her: a specific moment when she met a particular health care worker.

Processing and analysis of data based on the model of semiosis

This article is based on seven interviews from the second study. Knowing that our transcripts could reach eighteen thousand words, we had to go reduce these interviews, strip them back to their essentials with regard to our research questions: what is really at stake in these first encounters? What information does the caregiver take in first? What does she pay attention to, what does she look at, listen to, feel, capture at large? How does she make sense of this information and then what does she do and how?

We needed to break down the information gathered to highlight its diachronic and synchronic dimensions, trying to gain, in a certain way, a slow motion of these experiences of encountering. We wanted to bring to light the different dimensions of each moment of encountering, from the very start of the encounter and even from its ante beginning: possibly the moment when the patient called to take an appointment and ask for information, the moment when the caregiver might be waiting for the patient at her office, the moment just before the patient rang the door, the moment when the therapist goes to the door, the moment when she opens the door, with all the dimensions (cognitive, motor, sensory, affective, egoïc – values, beliefs, identity) that make up each of these tiny moments. Our objective was to bring out what we called the micro-dynamics⁵ of each therapist, showing how taking information, judgments, actions and interventions - which are of many different kinds -, come one after another in an

amazing and very precise way. These micro-dynamics are reduced and categorized versions of the transcripts, which were reduced to between three thousand and six thousand words and which, therefore, presented a much more manageable material for analysis. We see here a major difference with the reflective analysis of qualitative data as developed at Duquesne and presented by Churchill and Wertz (2015), where "the turn from facts to meaning is a turning from naive description to a psychological reflection in which co-constituted meanings are brought to light". As for us, sticking to the description of finalized and productive acts, it seems that we, from the microphenomenological approach, spend more time analyzing and breaking into different micro-stages the logic of the participant's action, which in itself contains the meaning, which is partly implicit. The way that we collected our data and processed them through different stages, until we reached these micro-dynamics and were able to undertake an analysis, is based on the model of semiosis⁶ ("modèle de la sémiose"), developed by Vermersch (2012). The model of semiosis is a process of transformation - of resumptions – of the research material, for a gradual construction of meaning⁷. It includes several steps through 1/ the initial transformations, 2/ the organization of data, 3/ the data analysis.

The initial transformation. The first referent (Ref. 1) is the initial lived experience taken into account in the research, namely for us, a specific experience of encountering between a health care worker and a patient. This experience has been lived in a more or less distant past. In the process of the interview, this experience is going to be mentally evoked, through the sensory texture of the re-presenting (sight, hearing, kinesthesia,

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⁶ This concept, created by Vermersch (2012), finds its roots in the genesis of the semiotic function as studied by Piaget with children (see Piaget, J. (1964), La formation du symbole chez l'enfant. Paris, Delachaux et Niestlé). As such, the model of semiosis refers to a process of reiterations which turns a referent into its representative, the latter becoming the new referent at the next resumption.

olfaction, taste, and also through the thoughts and inner perceptions that come back to the interviewee). This evocation is then going to create a new referent (Ref. 2) of this past experience. In the next step, this mental evocation will be put into words, verbalized, creating a new referent (Ref. 3) of this evocation. Then, the researcher having recorded the interview will make a transcription of this verbalization, creating a new referent (Ref. 4) of the verbalization. In order to find her way through this transcription and to be able to make precise references to it, she will have to create landmarks by numbering the speech of each protagonist. In the MPI technique, we refer to the interviewee as "A", and to the interviewer as "B". The researcher will then have to organize and to number the alternation of each person's turn in speaking, indicating A1, B2, A3, B4, A5... and starting a new line each time. This numbering creates a new referent (Ref. 5) of the transcription.

The organization of data. The transcription usually gives rise to a significant amount of material, covering several tens of pages. Everything in this material does not have the same status: "satellites of action", such as the comments and judgments of the interviewee about what she has lived and information about the context (the environment, the circumstances of this moment) are usually blended with information about her lived experience at the moment when she was living it: her taking information, her processing of this information, her decision making, and the way she did what she did. So, we proceed to create a new document and separate the descriptive statements from the non-descriptive ones. This new document containing only the descriptive statements represents a new referent (Ref. 6) of the transcription. Now, we know that all lived experience unfolds through a linear, irrevocable, temporality. But in the process of the interview the experience is not necessarily described in the same order as it has been lived (Petitmengin, 2006). Indeed, we usually start our interviews

with the question "what comes back to you from this moment", in order to avoid the challenge of memory that could occur if we asked a very precise question, pointing at a very specific element of the situation. Avoiding such a challenge is an important point of the technique because it allows the subject's relaxation and the emergence of her passive memory. In the MPI, we learn to take the side roads and to get indirectly, casually, at what we aim, relying on the perlocutionary effects of our questions and prompts, which is one of the most specific and technical dimension of the microphenomenological technique. This allows the memory of the interviewee never to be forced but enables it to come back, as it comes back. And we know that by not forcing it and by making communication contracts – another specificity and a major technical point of the MPI - all along the interview to make sure that the interviewee is comfortable with our questions, we have more chances that the memory comes back with details. However, this means that the researcher will have to re-order the statements in their chronological order, so as to get the chronology of the lived experience, creating a new referent (Ref. 7) of the descriptive statements. It is important to mention, moreover, that this chronology will also have to highlight the synchronic dimension of the experience, namely all that happens at the same time in the different dimensions of the experience: what the person is doing, what she is paying attention to at the same time, what she is saying to herself maybe, what she is feeling... At this stage, we realized that these chronologically reordered descriptive statements corresponded with "moments of activity" of the health care workers, which highlighted "the dynamic changes in the therapist's activity" (Denis, 2016). For example, the initial phone contact – the ante beginning – was followed by the moment when the patient

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⁸ This idea of "moment of activity" comes from Denis I (2016) Evaluation of Theraneutic Processes in Clinical Crisis

walked up the stairs to the door of the therapist's practice, then by the moment when they said hello to each other and shook hands, and again by the moment when the patient entered the consulting room, and so on. These moments of activity could be referred to as a new referent of the temporal unfolding (Ref. 7'). Then, following the process of the model of semiosis, it is interesting to create a summary of the temporal unfolding, fitting on one or two pages, to allow the reader to get a clear representation of the unfolding of the main steps of this experience and possibly of the critical events in regard to the research objectives. This new referent (Ref. 8) is very useful to communicate and make the material understandable.

The data analysis. At this stage, Vermersch (2012) advises that one goes back to the temporal unfolding (or even to the transcription) and to wonder, line after line: "What do I learn? What confirms what I was researching? What surprises me? What do I not understand? What does it make me think about? What is it related to? How does it touch me, how does it echo my research or personal interests?". It is the moment when we may give free rein to our interpretative creativity and examine all our ideas, hypotheses, discoveries and confirmations. These will constitute the structure of our analyzes before we interpret them and allow ourselves to draw well-founded conclusions. This interpretative amplification constitutes a new referent (Ref. 9). Finally, the researcher will have to single out several lines of analysis and to highlight the categories, which will give meaning to the research.

RESULTS AND DISCUSSION

Moments of activity and descriptive intersubjective categories

Beginning again from the chronologically reordered descriptive statements (Ref. 7) and having in mind the specificity of our research, we then brought out descriptive

categories of the intersubjectivity at play in these experiences of encountering. For this, we took our transcriptions sentence by sentence, and even half sentence by half sentence, in order to categorize them in terms of intersubjectivity. This was a patient work of elaboration across our interviews, validating emerging categories, refining them, and sometimes gathering them within more generic categories. This work is close to what Petitmengin proposes in her micro-phenomenological analysis that relies on three classes of data abstraction operations⁹. Here are a few examples of the categories that emerged, illustrated by quotations from our interviews. As an example, "to lend intentions to the other" is a sub-category of the more generic category "to attribute to the other". The global meaning is the same but the sub-category brings a precision in terms of what is attributed. The same is true with "to perceive behind appearances" and "to perceive absence", the last being a specification of what is being perceived.

- To attribute to the other: "it is the pressure which is inside the person"
- To lend intentions to the other: "it's really his face, it is this way he tries to be welcoming"
- To perceive behind appearances: "it is the gaze of the baby which is there, which waits, look at me, see me, and which clings to me"
- To perceive absence: "he is not in contact in the eyes, there is nobody behind"
- To feel the resonance of the other inside oneself: "(this pressure) I can feel it, yes yes, I can feel it inside himself and I can feel it inside myself"

⁹ Each data abstraction operation is composed of two operations: the first one is top down and the second is bottom-up. With the classification / instantiation operation, we can identify a descriptive category in extension as a class composed of instances.

With the aggregation / fragmentation operation, we describe a category in comprehension (or intension) by its properties. Finally, with the concentration of category is defined as a set of congression to the values of one of its

- To feel the resonance of the other in the intersubjective space: "the pressure
 occupies the whole room, it is something heavy, which is at the same time
 highly charged"
- To feel repelled by the other: "it's really a part of me which says, well it gets on my nerves"
- To identify the other to oneself: "I project something from my own childhood onto him"
- To regulate (to speak to oneself, to act internally, to negotiate with oneself): "I say to myself ok I will welcome it, I will see what I can do"

These categories are not exhaustive. However, they give information about what is at stake in first encounters between therapist and patient, in terms of intersubjectivity. Moreover, they are not absolutely specific to the therapeutic relationship and seem to make sense in relation to all human relationships, as long as we know how to pay attention to such dimensions¹⁰. What is specific to the therapeutic relationship is that the therapist, working in the context of a finalized activity (Daniellou & Rabardel, 2005), has been trained to stay aware during the session of all that is happening in the relationship (all that she notices with her patient but also all that she feels, thinks, experiences in relation to her patient – which has been conceptualized under the term countertransference¹¹). Unlike what's happening in everyday life, the therapist, ideally, tends to be reflexively conscious of what is affecting her in the relationship with her patient, so as to use this information to build her diagnosis.

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¹⁰ Different approaches have been developed in order to teach people how to relate to these "hidden" dimensions. As an example, Eugene Gendlin's practice of Focusing teaches how to become aware of one's felt sense, in resonance with a lived situation, and to give meaning to it. See Gendlin, E. (1962/1997). Experiencing and the creation of meaning. Northwestern

The micro-dynamics of therapists' activity

At the same time as we were bringing out descriptive categories and still starting from our chronologically reordered descriptive statements (Ref. 7), we worked on our material in order to highlight the micro-dynamics of the health care workers' activity. Indeed, elucidation being the very goal of the method developed by Vermersch (1994), he explains how an activity (like encountering a patient for a first time for a therapist) is composed of different stages (what we called above "moments of activity"), which are themselves composed of elementary actions, each of them being composed again of diverse operations and micro-operations. These last only allow accessing the density and subtlety of the subjective experience of the therapist. Indeed, taking inspiration from Miller, Galanter and Pribam's (1960) information processing theory and the TOTE concept (Test-Operate-Test-Exit), Vermersch shows that each operation of identification (a judgment held on the situation, on the patient or on the therapist herself) is preceded by an initial taking information, which is most of the time highly implicit, for the person herself who takes this information. Then, the operation of identification or judgement is followed by an operation of decision making as to what to do in this situation and again by an operation of execution. The questions used in the MPI to access these operations are: "what are you paying attention to?" (Identification), "how do you know this?" (Taking information), "what are you (deciding to) do(-ing)?" (Decision making), and "how are you doing this?" (Execution). Indeed, returning to our transcriptions, we took each sentence after each sentence, and even each half sentence after each half sentence, categorizing them according to the kind of operation involved. The idea was also to see the number and diversity of information taken, the kind of judgements involved, as well as the type of actions and interventions applied.

Taking information. In the process of our analysis, by dint of going through our

interviews and returning again to them, three main kinds of taking information appeared:

- External sensory taking information: from the very beginning of their encounters with their patients, the therapists take information about their voice, their look, their posture, their appearance, their attitude, their inner state, their body, as well as taking information about the situation or the relationship. As an example, a therapist describes "a texture of silence like a void", which warns her as to something going wrong with her patient.
- Internal taking information related to the therapist: Showing a specific reflexive ability, the therapists mentioned paying attention, in the course of the session, to their own feelings, sensations, emotions and inner states. This awareness helps them staying informed of what is happening for them, making sense of it and adjusting to the situation, to their patient, and to themselves, or even comforting themselves. A therapist mentions a specific moment of interaction with her patient: "I am angry and physically I am starting to wiggle and I stop taking notes".
- Internal taking information related to the patient: the therapists also described bodily feelings, sensations, emotions or inner states that gave them information not so much about themselves, but about their patient. For example, a therapist reported feeling fear but knowing it was the fear felt by her patient in the situation described.

Judgments and "intellectual feelings". This taking information is usually followed by judgments about the patient. For example, an external tactile taking information about the handshake of a patient leads to the judgement: "he clearly knows how to make a handshake / I can even say this handshake was firm but almost too firm as if it

was calculated that it was firm like that". An internal taking information, such as that mentioned above about the therapist being aware of her anger, can lead to a judgement towards herself and her own empathic capacity: "there I am engaged in what she is relating she engages me in her story in her life"¹². At the same time, an internal taking information, such as "I can feel an oppression in my stomach and in my chest", can also lead to a judgement towards the patient and her inner state such as: "It is the pressure that is inside the person". It is important to mention that judgments can concern the therapist, the patient, but also the situation or the relationship, such as: "I am saying to myself that it will probably be difficult to speak with him". These judgements are recurrent and punctuate the session. They give information to the therapist and help her make sense of the situation and construct her diagnosis step by step. These judgements are slightly different from another kind of judgment that emerged in the process of our analysis and that appeared to be very close to what Burloud (1927), a French psychologist from the beginning of the twentieth century, calls "intellectual feeling" ("sentiment intellectuel"). Burloud's work is in line with the Würzburg School, a school of experimental investigation of thought at the Psychological Institute of the University of Würzburg in Germany, in the first decade of the twentieth century. This school, through a method of systematic introspection, postulated the existence of special states of consciousness - "thoughts" - which cannot be reduced to sensory content. They impose themselves as "non analyzed impressions" and "become ideas, iudgements reasoning" (Burloud, 1927). Burloud writes. and As "the

¹² Facing the delicate question of the punctuation of the transcriptions, we chose a total absence of punctuation. Indeed, the transcribed text is only a representation of the corresponding audio signal and puncturing it would be an interpretation rather than a simple observation. Our transcripts being short, this absence does not seem to interfere with their readability.

¹³ Our translation. We would like to thank Pierre Vermersch for drawing our attention to this category of judgements. Pierre Vermersch has been working on Burloud and the Würzburg school for many years now. Reading his work and exchanging with him have been very inspiring for us.

subject knows what to do but he has no representation of it". In our interviews, we found several intellectual feelings, which turned out to be embodied expert conclusive judgements, linked to the therapist's whole expertise and to the multitude of situations she has experienced in her professional life. These conclusive, expert and intuitive judgements usually come after a series of taking information and judgments, in the form of an insight. For example, in the course of a session, a therapist is taking information about her patient's attitude, her look, her silence, she also takes information about her own bodily sensations, she notices her altered breathing and some tension behind her head and neck; she makes several judgements about the quality of silence and the state of presence of her patient, and then comes to the intellectual feeling: "I feel something strange / I feel that something is happening to him which is a bit strange / I am saying to myself there is something there which is not all right". Of course, what she "feels" is not a feeling strictly speaking, but becomes understandable in the light of Burloud's work. The perspective opened by these emotional thoughts, as crucial elements in therapists' activity and in their relationship with their patients, is very interesting and will be the subject of a further article.

Decision taking and executions. Of course, the following step after taking information and making sense of the situation is to decide what to do and to do it in the appropriate way. In the case of the patient mentioned just above, the therapist, following all the information she has taken and her emotional thought as to something not being all right with her patient, decides to ask her patient how he feels. The latter confirms what he feels, saying that the room is extending while he is going backwards, getting very small. The therapist then has an inner dialogue concerning the elaboration of a diagnosis and of a strategy; she makes links with other patients, with past readings, and reassures herself. She asks her patient to verbalize what is happening for him, she

asks him to feel the contact of his legs and of his feet with the floor, of his body with the armchair. In the meantime, she also holds judgments as to the effects of her propositions, to the state of the patient and to her therapeutic needs. These are the kinds of decision-makings, internal and external regulations, interventions and actions that therapists do in the course in the session. They arise as a result of a very precise intertwining of information taking, judgement, decision-making and execution.

CONCLUSIONS

In this article, we have proposed a study on the lived experience of first encounters between healthcare practitioners and patients. On the basis of experiential interviews, we have highlighted, various descriptive categories of the intersubjectivity and also the micro-dynamics of healthcare practitioners' activity. Our analyses show similarities with those led about provoked encounters that Ollagnier-Beldame and Coupé (in press) previously investigated (in particular, we find similarities with some of our modes of intersubjectivity) but also specificities related to the context and the finalized activity of the healthcare practitioners. Our results are based on interviews with singular people and they are part of a specific era, thus constituting a first step before accessing a more generalized knowledge of what is the lived experience of first encounters in healthcare situations. We are actually conducting more in-depth analysis of our corpus, especially about the micro-dynamics of the subjective activity and the different ways of knowing involved.

Some future directions would be to consider other types of first encounters, such as between employers and candidates during job interviews, but also for instance at school between teachers and new students, or during a first date. More broadly, the study of first encounters is a prism to study intersubjectivity through how subjects live it.

broader perspective, for instance regarding the porosity of interpersonal boundaries. Our data refer to three types of experience of facing an other for the first time. On the one hand, each person experiences herself as a separate being. On the other hand, each experiences the other in her own being, through an echo arousing a feeling ranging from the most subtle to the most invasive, but also through the perception of an alteration in the intersubjective space. The exploration of the "in-between" through which all passes, happens, can unfold" (Jullien, 2012) and of the modes of experience of otherness is a huge and exciting project to which we participate modestly.

We think that cognitive science cannot leave subjectivity out of the equation (Petitmengin, Bitbol & Ollagnier-Beldame, 2015). Beyond this study and the Thésée project, our ambition is to develop a science rooted in society, which is in line with (Varela, Rosch & Thompson, 1991, p. xviii-xix), for whom

Our concern is to open a space of possibilities in which the circulation between cognitive science and human experience can be fully appreciated and to foster the transformative possibilities of human experience in a scientific culture

Our wish is to partake in a science that honors human experience and subjectivity. According to us it is possible to develop relevant and fulfilling research on all dimensions of human experience, if we use methods adapted to the richness and variety of this latter. It is a commitment in our actual world in which we think that practicing a science that transforms others and ourselves through research has a prominent place.

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Concerning prior dissemination of the ideas and data appearing in this manuscript, some of them have been especially presented ¹⁴ in July 2016 at the International Congress of Psychology (Yokohama, Japan), in September 2016 at the Transpersonal Research Colloquium of The British Psychological Society (Northampton, United Kingdom) and during the International Workshop we organized in March 2017 about The Lived Experience of first encounters between healthcare practitioners and their patients (Lyon, France).

ACKNOWLEDGEMENTS

We warmly thank Scott Churchill and the reviewers of The Humanistic Psychologist, Christophe Coupé, Pierre Vermersch and Georgiana Wierre-Gore for their valuable comments and suggestions.

FUNDING INFORMATION

The authors are grateful to the LABEX ASLAN (ANR-10-LABX-0081) of Université de Lyon for its financial support within the program Investissements d'Avenir (ANR-11-IDEX-0007) of the French government operated by the National Research Agency (ANR). We also thank for their financial support the Institut Rhônalpin des Systèmes Complexes (IXXI), the Research Fund of the Ecole Normale Supérieure of Lyon and the Direction of Research and Doctoral Schools of the Université Lyon 2.