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WHY DO AUTOETHNOGRAPHY? DISCOVERING THE INDIVIDUAL IN RESEARCH

CHAPTER PREVIEW

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As a researcher or reader, I hope you will have arrived at the beginning of this book with your own myriad of questions. You may feel that you have a plethora of experience that is being repressed in your desire to conduct ‘proper’ research. You may have discovered that your own experiences are already directing you to certain topics to satisfy this personal experience, or directing you to certain questions that need answers, or indeed you may be experiencing the impact of missing literature in your reading, the conspicuous absence of a world view or perspective that is continuously missed by writers in your field. Such is my vain hope of finding a narrative that portrays teenage pregnancy in a positive light. You will almost certainly be grappling with trying to write in a certain way and to jump through hoops to please the triumvirate of the academy, the publishing world and yourself.

I have lost count of the number of people who launch enthusiastically into the detail of their research interests and when asked why they are interested, admit sheepishly that they themselves have experience of the concept they are studying. When asked if they are writing themselves into the study, they are horrified that this blatant

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display of subjectivity will somehow infect the quality of their work. So if this is you, I ask you to consider what particular kind of filter you are employing to separate your own experience from what you are studying. It must be a very powerful one if you try to deny that the impact of your experience has no bearing on the way you conduct your own work. Isn't it healthier to acknowledge the link and purposely build it into your work, or even more interestingly, make yourself the focus of the study? Alternatively, you may be listening to the stories of your participants and finding that their voice is excluded from the dominant discourse of your particular discipline. This is the issue that autoethnography addresses, for as Hillman (1996, p. 17) says 'A single anecdote lights up the whole world of vision'.

WHICH BRANCH OF RESEARCH DOES IT SIT IN?

Autoethnography is a research approach that privileges the individual. It is an artistically constructed piece of prose, poetry, music or piece of art work that attempts to portray an individual experience in a way that evokes the imagination of the reader, viewer or listener. While I strongly support the idea that individual experiences are a legitimate source of data, I hesitate to call it a research method, as there are in fact many ways of including these experiences in the research process. In Wolcott's depiction of qualitative research as a tree, he portrays the various branches of qualitative research as strategies from which a variety of smaller branches spread out (Wolcott, 2001, p. 90). Ethnography and its subsidiary forms he locates in what he labels 'Participant Observation Strategies'.

The autoethnographer perches comfortably upon this branch. Not only is the individual a participant in the social context in which their experience takes place, but they are also an observer of their own story and its social location. While the branches of the tree are important conveyers of nutrients to the smaller twigs and leaves, an important aspect of the tree is buried underground. The life-sustaining roots that reach down into a fertile underworld might be likened to the unconscious mind that directs and checks our every move or the sustenance of everyday life that experiences, enquires and examines our every action. Wolcott reminds us that we do not necessarily need to know who planted the tree or how it evolved, but we do need to be secure in the position from which we do our viewing.

WHERE DOES AN AUTOETHNOGRAPHY EMERGE FROM?

In grappling with how to portray the process of doing an autoethnography, I kept returning to the notion that it somehow emerges out of the iterative process of doing research, while engaging in the process of living a life. I rarely come across people who set out to do autoethnography but I do rather meet many people who resort to it as a means of getting across intangible and complex feelings and experiences

that somehow can't be told in conventional ways, or because the literature they are reading is not telling their story. In this journey of discovery some feel they make a breakthrough in conveying 'lived experience' when they discover Phenomenology; but even in this attempt to portray meaningful life experiences they feel compelled to 'bracket' their own experience in keeping with Husserl's (1970) advice.

In order to take the leap into creating an autoethnography one has first to recognise that there is no distinction between doing research and living a life. The person who suffers from a long-term condition cannot be separated from the researcher investigating it, who has him/herself experience of the condition. Just as a counsellor is both a therapist and a client, the autoethnographer is both the researcher and the researched.

INFLUENCES

None of us live in a disconnected world. We are surrounded by people, live at a particular point in history, have jobs and hobbies that unite us and dreams and experiences that separate us. In all of these influences on our lives none are perhaps more important than individuals – individuals who have inspired us, given birth to us, made us angry or even changed the course of our lives; among all these influences are the makings of our stories.

The uniqueness of individuals has a fascination for me, but I concur with Berger (2002, p. 176) that 'there is a huge gap between the experience of living a normal life at this moment on the planet and the public narratives being offered to give a sense to that life'. Berger claims that in this gap people may get lost and go mad, and attempt to fill the gaps with stories that mirror what is going on around them, rather than the official versions that they cannot connect with. Public narratives include the success and necessity of the family, when most people know of the difficulties and misery that family life entails, illustrated so effectively by Christopher Poulos (2008) in his autoethnography about family secrets. The public narratives about teenage pregnancy focus on moral decline, inadequate knowledge of contraception and sexual relationships, failing to mention the possible links with child abuse (Muncey, 1998c). These public narratives are often contained within research and the missing stories trapped in the 'empty space' are deemed too subjective or too self indulgent to report.

MY INFLUENTIAL INDIVIDUALS

I carried out my PhD as a mature student with more than 25 years' experience as a nurse and subsequently nurse educator. I therefore brought to the study a wealth of experience that could not be separated out from the focus of my thesis. On reflection, I could trace the influence of a great number of individuals who had impacted on my life and significantly altered my world view, from specific teachers to individual

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patients, from family members to key authors. I realised how my most influential ideas were invoked not by generalised studies but individual perspectives and chance acquaintances.

During a masters degree in women's studies, I had viewed my experience within nursing and psychology through the lens of my feminist leanings to examine the imagery surrounding the nurse and how it related to, predominantly 'her' psychological make up. In a small-scale study I used repertory grids from personal construct theory to examine the perceptions of a group of nurses and arrived at a conclusion that suggested a key feature of nurses' perceptions was of their 'need to be needed' (Muncey, 1994; Muncey, 1998b). This need to be needed was brought into sharp relief by the pathological needy behaviour of Beverley Allitt.

In 1994, at Grantham and Kesteven Hospital in the UK, Allitt was responsible for the deaths of four children and the serious injury of nine others. The Clothier (1994) enquiry's main findings also indicated a wide range of failings involving lax managerial procedures and inadequate consultant staffing, as well as clinical misjudgement by X-ray clinicians and pathologists.

These recommendations are even more exceptional in the light of a rider to them, that 'the foregoing recommendations are aimed at the tightening of procedures to safeguard children in hospital, but no measures can afford complete protection against a determined miscreant'.

By their own admission, Clothier states, 'even had everything been done correctly, it is unlikely that Allitt would have been eliminated from the nursing profession' (Clothier, 1994, s. 2.16.7).

In his epilogue, Clothier (1994, p. 131) suggested that 'society has very little defence against the aimless malice of a deranged mind'; clear evidence that any restriction on recruitment would not avoid such incidents.

While the Clothier report concentrated on procedural and managerial processes, Nick Davies (1994), in his book *Murder on Ward Four*, portrays a girl who wove elaborate fantasies, craved attention and wanted above all to feel special. This made me reflect on whether Allitt could really be considered a deviant case, exhibiting pathological needs that were just one extreme end of a continuum of 'needing to be needed' that the majority of nurses manage to keep under control most of the time (Muncey, 1998b). What became very clear to me was that the report and its twelve recommendations were unable to answer the real concerns of nurse educators involved in interviewing young people who want to enter nursing. Insight into Allitt's behaviour may have shed light on the psychological traits detrimental to the effective nurse, but her story was dismissed as random and aimless.

This experience early in my research career, where 'official' narratives were at odds with individual stories, was a thread that was to recur throughout my working life. Of course none of the stories was told by Beverly herself. Sometime later, while talking to a group of paediatric nurses about the Clothier report, I actually met someone who had worked with Beverly. Far from the demonic creature represented in the media and government reports, she was described as slightly overweight, shy and quite inconspicuous. Not for the first time did I think that understanding her might have been more beneficial than understanding the catalogue of managerial and clinical mistakes that surrounded her.

Following the completion of my masters dissertation, I was left with many unanswered questions, not least of which was just how we select individuals with healthy psychological profiles to become good nurses. Inherent problems in these questions were that characteristics of the good nurse appeared to be missing in the literature, and psychological profiles appeared to depend on general characteristics from psychometric studies rather than individual ones. Undeterred, I embarked on the study but interest in the individual was never far away from my thoughts and took an unexpected twist as I neared the end of my thesis.

My thesis was a fairly conventional case study (Muncey, 2001). One cohort of student nurses was selected to follow through their three-year programme and, following a preparatory Repertory Grid analysis to generate characteristics of the good nurse, each of the cohort group was invited to participate in three repeated measures questionnaires. These questionnaires examined Locus of Control, Self-Esteem and Assertiveness Inventory. I soon discovered that this exercise taught me more about questionnaires and their limitations than it did about the students themselves. By the third year of the study, I realised that I wanted to find out more about each individual's story and invited the students to participate in personal interviews. This generated insight into the personal worlds of those who participated and gave a depth and breadth of understanding that was far more useful to me as a nurse educator than knowing about their questionnaire results.

For example, one sample of significant behaviour was how they dealt with death. One girl referred to the fact that none of the support agencies were able to provide guidance for her during her first experience of a dying patient, so she had to turn to her mother for help. On further questioning, she revealed that she came from a Romany family and then embarked on a fascinating description of the traditions and philosophical perspectives of this often misunderstood group. This aspect of her world permeated all her behaviour, with implications for support in practice, but usually going unnoticed as one of those underlying assumptions that rarely get explored.

One of the interviewees captured my attention because she was exhibiting characteristics that were not compatible with good nurse characteristics. She had problems with personal boundaries and demonstrated a view about nursing that was not in step with current practice. I was fascinated. This one individual gave me more insight into what psychological characteristics we might use to screen out individuals from the profession, so I asked my supervisor if I could spend the last part of my thesis looking at this one individual. As all good supervisors do, she wanted me to give a theoretical justification for doing this and off I went to find one. Potter (1996) came to my rescue with his discussion of deviant cases. 'Some of the most useful analytical phenomena are cases that appear to go against the pattern or are deviant in some way' (Potter, 1996, p. 138).

The deviant case can highlight exactly the kind of problem that shows why the standard pattern takes the form it does. At the time this seemed quite a compelling idea because it 'attempts to give credence to a view that does not fit with the mainstream view and may shed some light on the "other"' (Muncey, 2002); it also gave me the theoretical position that satisfied the needs of my supervisor.

Much later, I came to reflect on this position and, as my own missing story began to emerge, I had cause to reflect on the negativity of the word 'deviant': a pejorative term

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more related to abnormal and peculiar than to individual and interesting. Eventually, I came to believe that while a deviant case may be a disconfirmation of a pattern it may also be 'the plaintive voice of that silent majority of people whose individual voices are unheard' (Muncey, 2002).

THE MISSING STORY

The research training I received during my PhD was quite traditional, and inherent in this tradition was the ability to eliminate the self from the research setting, or to 'depopulate the research text' (Rolfe, 2002 p. 181). It is ironic that I was doing research in order to understand people better, yet at the same time was being taught to view these people as devoid of any subjectivity. As my interest in one individual cohort member grew, my own story started to seep into my thinking. I started to consider whether my own story was deviant because I found it was missing from the research I encountered in the literature and particularly at conferences.

Participation in conferences during the process of completing my PhD drew me to listen to papers purporting to explain, and subsequently offer solutions to, the 'problem' of teenage pregnancy. I would listen patiently to the researchers exploring the experience of teenage pregnancy with an air of confidence conveyed by the authority of the method they had utilised. This was an experience that I had encountered personally and I waited to hear a version that I could relate to. The explanations I kept hearing for teenage pregnancy typically fell into three main areas: health risk, moral decline and sexual ignorance; but I expected eventually to hear a version of my own truth, placing the experience within the paradigm of sexual abuse. I would occasionally ask questions. As someone who became pregnant at fifteen and was labelled a teenage mother, when would the label be removed? Was I still a teenage mother at 30, 40, 50? Was this experience frozen in a time from which I could never move on? Had the researcher ever considered that the girl may have been the subject of sexual abuse or indeed that pregnancy itself was an indicator of abuse?

These questions unsettled some researchers. On the whole they hadn't usually considered teenage pregnancy as a result of, or a form of, abuse, although there is evidence that as many as 75% of young women who become pregnant have been sexually abused. The label remained because usually they had never considered the experience in the context of the young women's whole life, just a moment frozen in time which they were trying to find ways of eliminating. One young anthropologist presenting a paper said that one of her subjects had talked about possible abuse by an uncle but she had warned her that it was better not to speculate about this if she wasn't sure. I suggested that the girl may have mistaken the researcher's interest in her as a person and made a decision to confide in her, which when rebuffed may have set back her further exploration of this for many years.

I became very disappointed at the lack of positive or successful stories and the realisation grew that, if I wanted to fill the void, I would have to tell my story in the

hope that this ‘evidence’ might start to inform social policy in the way that the other research evidence was doing.

FIRST ATTEMPT TO TELL THE STORY

My attempt to redress the balance of evidence relating to teenage pregnancy was in retrospect rather naive. The editor of the text where my first attempt, reproduced below, was published suggested I should disguise my story as a case study and supplement it with a good review of existing evidence. No explanation was given for the concealment of my identity and I didn’t think to challenge it.

THE CASE STUDY (MUNCEY, 1998A)

The Health Carer’s Perspective

On 22 April a young woman was told that her pregnancy test was positive; she underwent a completely uneventful pregnancy which culminated in the birth of a very healthy baby boy on 14 December.

The girl was 15 years old. The midwife condemned her as a ‘promiscuous young woman who failed to use contraceptives’. The social worker appointed to advise her said, ‘just give him up for adoption and get on with your life’.

The father of the child was arrested but not charged with unlawful sexual intercourse.

The Grandmother’s Tale

In an informal autobiography twenty-three years after this event, the girl’s mother presented her with ‘the grandmother’s tale’. In it she had used her many talents to pass on fragments of her life. Photography, pressed flowers and calligraphy adorned a text that conjured up happy days amid the pleasures of the countryside; wild flowers, walks, cycling, all unfolding with a rosy glow of retrospection. Even the Second World War was set against the backdrop of the delights of new countryside when evacuated to a first teaching post in Worcestershire. However she reports that ‘the twelve years of country plenty were followed by ten leaner ones back in town – out of our natural element perhaps so many things seemed to go wrong’.

The Girl’s Story

In those ten lean years the girl was subjected to repeated incestuous sexual abuse. Her confusion increased, her self-esteem plummeted, she felt unable to tell anybody.

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Nobody seemed surprised when after a very successful junior school education she started to fail at school. Sex became the currency of affection and nurturing; she glided effortlessly from sex at home to sex with others. Nobody asked the right questions that might have elicited the real problems. School blamed her for failing there. Family were content to let the early pregnancy be blamed on adolescent ignorance.

What none of them saw was the bleak and twisted world of a girl whose self-esteem was so blighted by her experiences that the idea of a baby to care for was, in a naive way, a treat to look forward to; a girl for whom sexual practice had been a reality for years, the unspeakable kind of incestuous relationship about which there is no one in whom to confide.

These first and subsequent attempts to tell my story paled into insignificance in the light of the reactions that they engendered. Disbelief, anger and denial made me realise how strongly held was the dominant discourse about teenage pregnancy, and what tactics might be needed to explore the story in different ways. I shall return to the issues that arise as a consequence of telling autoethnographic stories but, for now, will return to considering the constituent parts that make up a personal world.

Summary

- We are observers and participants of our own experiences: you cannot separate who you are from what you do.
- Understanding individuals is more than just a consideration of deviant cases, it can shed light on the silent majority of people whose individual voices are unheard.
- Subjectivity doesn't infect your work, it enhances it. Making links between your own experience and your work is healthy.
- Official stories can be at odds with individual stories, whereas core beliefs or experiences can permeate every aspect of our lives.
- Experiences are not frozen in time but grow and develop and therefore need creative devices for capturing the growth.
- Autoethnographies are characterised by artistically constructed pieces of 'text' that evoke the imagination and increase the reader's understanding.

FURTHER READING

Rolfe, G. (2002) Reflexive Research and the Therapeutic Use of Self. In D. Freshwater (Ed.) *Therapeutic Nursing*, ch. 10. Sage, London.

In this chapter Gary Rolfe explores the issues surrounding the use of self in the research process in order to repopulate research texts.

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