Mental Health Qualitative Research Network

27 March 2014 meeting

Theme: Autoethnography in mental health research

Presentations:

Negotiating the swamp - constructing the subjectivity of a researcher mental health service user: Critical autoethnography, methodological questions and ethical dilemmas, Konstantina Poursanidou, Honorary Research Associate/Service User Researcher, University of Manchester

From lived experience to poststructural voice: Some methodological implications for the use of autoethnography in mental health research, Alec Grant, University of Brighton

“If this is an answer, then what is the question?” Using autoethnography as a basis for a doctoral research project, Simon Clarke, University Of Nottingham

The MHQRN is co-convened by the RCPsych and Rethink Mental Illness
Visit: http://rcpsych.ac.uk/mhqrn
From lived experience to poststructural voice: Some methodological implications for the use of autoethnography in mental health research

MHQRN 27th March 2014

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Autoethnographic/narrative work 2006-2014

- Autoethnographic research
- Dialogic Narrative research
- Practice development projects
- Books and articles
- Conference presentations
The ‘Lived Experience’ paradigm


‘...mental illness (is) all that makes it difficult for people to tell stories in which their lives make sense’ (Frank, 2011, x)

Lived experience is ‘... testimony... giving witness to....’
Lived experience stories ‘....put the colour into what otherwise might be monochrome portrayals of human distress and resilience.’ (Grant, 2011, 2-3)

‘...there is a vast difference between knowing what mental illness is and knowledge about mental health and illness...Knowledge is trickier ...(and).. only available through...hearing people and their experiences, their own narratives or life stories.’ (Baker 2012, e13)
Conversations with my alter ego (Grant 2013, in CBAE, pp40-41)
(OEWM/S/SH) might make a small contribution to challenging the hegemony of... positivist grand narrative... accounts of human suffering and counter-colonial humanistic accounts ... (which) essentialise, romanticise, or otherwise ‘fix’ people...in recovery.

But sales of OEWM have been relatively low. I guess that’s one reason why you reflexively agonise a lot about the worth and significance of the book?

...on the plus side, it arguably contributes new discursive stories for people to ‘try on’ and use... Speaking subjectivities into existence generates possibilities for transgressive and resistance discourse positions, disrupting privileged voice; for textual performativity; for dissolving subject-object dichotomy and for aspiring to postmodern reflexivity...

But, OEWM might be considered by some as an example of privileged neo-colonialism... (with you), an academically well credentialled ‘survivor’ acting as a chaperone; as an advocate for the ‘authentic’ voice of people presenting real storied experiences, through language assumed to be a clear window into their inner lives and pasts...

Yeah... but speaking for others can still be politically effective. Sometimes people need a Messenger... taking the lead in OEWM(/S)... is both ethical and pragmatic. I tried to balance speaking for others with letting them speak for themselves in minimally edited/mediated narratives... as a scholar-mental health practitioner-survivor I was arguably well suited to take on the role of lead editor... in the interests of social justice...
Towards the poststructural paradigm:
Troubling ‘lived experience’ (Grant, in press)

Some assumptions of the lived experience paradigm

• Trust in the ‘metaphysics of presence’: the onto-epistemological reasonableness of self-knowing subjects who can speak for themselves and others.

• The voice of individuals or individual voice – of participants and researchers – is ‘authentic’ and literally reflects their worlds.

• Language is a clear window into the inner lives and pasts of individuals.
The poststructural turn in qualitative research (in Grant in press)

- Historical, contextual and discursive circumstances constitute the:
  subjectivity and intersubjectivity involved in the production and performance of voice;
  the positioning of subjects within structures of power/discourses (‘subject’ as process rather than signifying coherent, individual identity);
  the ambiguity and contradictions within and between people and their lives.

- This makes assumptions of coherent, authentic individual voice and assumed similarities between research participants problematic.

- Voice is inevitably dialogical: a cacophony of voices inhabit and constitute a self. This also makes participant voice problematic: these voices are often contradictory – sometimes inhabiting the foreground of subjective presentation, sometimes erased from this, and always challenged and distorted by historical and contemporary relations of power.

- Further, consciousness can never be fully present to itself through language.

- After Butler, the subject is an effect of, is constructed in, language, rather than the assumption of individuals using language to describe their essential realities.

- After Derrida, If language is incomplete and open-ended then the subject itself will be similarly characterised by its incompletion.
Emerging implications:
• Language is always unstable.
• Any expectation of indisputable meaning is confounded by words forever constituted by myriad significatory traces of other words, thus meanings.
• The act of writing participant and researcher voice from a post-structural qualitative research perspective constitutes the performance of provisional ‘truth’.
• There is nothing before or behind language use.
• Such performance is about speaking and writing oneself and others into existence within relations of power.
• (following Deleuze) An individual, rather than being a self-conscious ‘I’, is a location where thoughts may emerge.
• The act of writing opens the writer to becoming what is not yet known and what can never be contained in words.
• Writing should therefore aspire to the constitution of other, different, ways of knowing and seeing, rather than to the constant rehearsal of the familiar; in ‘working the limits of voice utilising the unconscious, fictional creativity, creative non-fiction, silences, nuanced voice, cracks in meaning, celebrating transgressive voice…..
Implications for my current work

- The shift from ‘I-centred’ to de-centred representational practices, in, eg, celebrating hybrid emerging identities, without privileging one over others or claiming dominant authorial privilege.

- The need to challenge the familiar, the coherent.

- The need to reflexively display emerging subjectivity as a function of power relations.

- The need to not finalize identity/ies: After Frank, to ‘let stories (and storied selves) breathe’.

- The need to say the unsayable; to use transgressive language.

- To use de-centred voice as a convenient fiction and heuristic to expose and engage with some of the contradictions in mental health care, practice, survivor-professional-academic identity, academe-service interface.

- The need to do all of this, and continue to be more experimental (Short et al. 2007), in my autoethnographic and narrative work (Grant 2013; Grant and Leigh-phippard in press)...

- ...in order to challenge normative assumptions of mental health ‘recovery’ in the production of collaborative witness, or relational, autoethnographies.
Writing Teaching and Survival in Mental Health: A Discordant Quintet for One:
Employs:

• alter ego writing in an attempt to articulate semi-conscious worries, fears;
• Humour, mimicry, satire, ‘expletives delighted’;
• Semi-fictional composites;
• A variety of writing forms: imaginary dialogues with my alter ego; use of such dialogues;
• As thematic frames for textual data from OEWM; poems; creative fiction/non-fiction; 3rd person writing about me by my alter ego; 3rd person writing about me by semi-fictional composite; dialogue with semi-fictional composite; shifting, non-linear time-spaces;
• The celebration of difference in a challenge to the evocation of empathic identification.

Queer(y)ing Mental Health Recovery: The silent resistance of the disappearing Dr

• Uses Poststructural and Queer principles to deliberately disrupt and challenge the normative project of mental health recovery;
• Uses dialogue as a progressive qualitative device to resist colonizing representational practices, in order to rescue difference from the pathologizing tendencies of institutional psychiatry.
References:

Main presentation:


Additional references relating to slide 2:

Autoethnographic research:


Practice development

