Autoethnography in Action: A Research Methods Case Study on the Use of a Collaborative Autoethnography to Explore the Culture of Studying Medicine With Dyslexia

Contributors: Sebastian C. K. Shaw, Alec J. Grant & John L. Anderson
Pub. Date: 2018
Product: SAGE Research Methods Cases in Sociology
Methods: Autoethnography, Ethnography, Personal experience
Disciplines: Sociology
Access Date: March 8, 2022
Academic Level: Advanced Undergraduate
Publishing Company: SAGE Publications Ltd
City: London
Online ISBN: 9781526427229
DOI: https://dx.doi.org/10.4135/9781526427229
© 2018 SAGE Publications Ltd All Rights Reserved.
This PDF has been generated from SAGE Research Methods Cases.
Abstract

Within this Research Methods Case Study, we discuss the case of a collaborative autoethnography. We highlight the design process, the methods used, and the challenges encountered. The case takes the example of “Seb”—a UK medical student with dyslexia. We use his story as a real example of autoethnography, to humanize it as a research process. We also highlight its use as a supplementary piece of research to a wider, phenomenological study into the experiences of medical students with dyslexia. Through the use of an autobiographical account and an unstructured, in-depth interview, we were able to gather a wide set of data on Seb’s lived experiences as a medical student with dyslexia. Subsequently, the transcript and written account were both thematically analyzed and used to generate the narrative of the published article. Using a collaborate approach, the developing manuscript was refined over multiple drafts, with input from Alec—a leading authority on autoethnography. This was repeated until all three authors were happy that it was ready to submit for publication. The process of undertaking the autoethnographic study was emotionally taxing for Seb, and left him feeling incredibly vulnerable at times. It highlighted the importance of the relationship between a supervisor and supervisee when undertaking such a personal, emotive research project. These points are discussed and further contextualized within the main text of this case study.

Learning Outcomes

By the end of this case, students should be able to

- Understand the use of autoethnographic research to explore under-scrutinized aspects of culture
- Understand how autoethnographic research can supplement/complement other research designs
- Understand the potential benefits of collaboration in autoethnographic research
- Understand the potential challenges associated with conducting autoethnographic research

Autoethnography

It would seem that autoethnography is not a commonly used or understood research method within healthcare. Despite undergraduate training in research methods, Seb (Sebastian C. K. Shaw) had never heard of this methodology before conducting his study. It was a fast learning curve for him.

Autoethnography can be thought of as the combination of autobiography and ethnography—that is, an autobiographical ethnographic piece of research (Denshire, 2014). In that sense, it goes “beyond the writing of selves” (Denshire, 2014, p. 833). Put simply, it uses the author’s personal experiences as a foundation, on which to apply cultural and social exploration and critique. It may help to consider the autobiographical element as the equivalent to the participant observation associated with traditional ethnography:
“Alec: A longstanding attraction of the approach for me is that it demands unusually rigorous, multi-layered levels of strong researcher reflexivity (Grant, Short, & Turner, 2013; Sparkes, in press; Turner, Short, Grant, & Adams, in press). “Strong reflexivity” can be understood as a deeper, more explicit and obviously self-consciously displayed form of the level of reflexivity conventionally associated with ethnographic and other qualitative research approaches (Anderson & Glass-Coffin, 2013).” (Shaw, Anderson, & Grant, 2016)

**Project Overview and Context**

“John: How do you see yourself?

Seb: I think … when I’m supported appropriately … I think I’m pretty good. I tend to think outside the box. I can come up with answers to things that other people can’t … because I’m able to verbally communicate and think things through, and have my methodical structure … But I think, if I’m not supported … If I wasn’t supported, I would have been long gone by now…” (Shaw et al., 2016)

Seb is a final-year UK medical student who has dyslexia. Throughout his time at medical school, he often wondered whether other medical students with dyslexia shared his thoughts, feelings, and experiences. He faced challenges that, from his perspective, were different to those of medical students without dyslexia. After successfully completing his first 3 years of medical school, he chose to study an MSc in medical education—as a year away from his medical studies:

“Seb: During this year, I came into my own. I found a supportive supervisor (John), whom I met on the Research Methods module in my MSc. His teaching style resonated with me and I experienced him as engaging and facilitating in a way no other tutor had been. I asked him to supervise my dissertation and he agreed.” (Shaw et al., 2016)

During this year, he met John (his dissertation supervisor). Having discussed his difficulties with dyslexia, they decided to research the “lived experiences” of medical students with dyslexia. That is to say, exploring the lives of participants, as they see and experience them. As part of this, they were keen to undertake an autoethnographic study—to help triangulate Seb’s personal focuses and prejudices within the project. Therefore, the autoethnographic study allowed Seb to formally say, “I feel this” before considering “how do others feel?”

**Research Design**

This autoethnographic study was both integral and supplementary to Seb’s main study. His dissertation used an interpretive phenomenological approach to explore the lived experiences of medical students with dyslexia. An integral part of this approach was for Seb to first confront his own experiences and prejudices—declaring them up front.
Following detailed discussion, Seb and John decided to use an autoethnography to facilitate this process and to generate a second, stand-alone study. This initial discussion considered several issues:

- What was important to Seb,
- What Seb felt passionate about,
- The fact that Seb would like to publish as many papers as he could,
- Seb’s desire to help others in similar situations.

It was these points that led us to our main study of dyslexia within medical education. Then, teasing these apart a little further led to the idea of starting with an autoethnography. In hindsight, this was a groundbreaking moment for us (Seb and John). It solidified our aims and formed the basis for the forthcoming years of research.

An autobiography is a means of telling one’s own story—it is DESCRIPTIVE. An autoethnography goes beyond the mere “telling of one’s story”—it is ANALYTICAL, in an extreme depth—both in the introspection involved and in the reporting of the account. Thus, while the common questions faced by the autobiographer are ones like “… and what happened next?,” the autoethnographer is more likely to ask ones like “… and what did I think of that, and what was going on?” or “… and how were others reacting to me then?” In our study, the interview element and the iterative processes involved in the description, analysis, and reporting enhanced this reflective process.

This therefore laid the foundations for the later study of others’ experiences. There was then some discussion about the methods we might use to create the autoethnography. How were we going to provide a faithful and accurate insight into the world of a medical student with dyslexia? We decided to “assist” the traditional autoethnographic process through the use of an unstructured, in-depth interview—thereby allowing Seb the opportunity to explore his thoughts, feelings, and experiences in a modality that would not be hindered by his dyslexia.

His initial purpose in writing this account was to complement his MSc dissertation study, which used interpretive phenomenological methodology to explore the topic of dyslexia impacting on medical studies more generally. (Shaw et al., 2016)

**Method in Action**

In the context of an absence of autoethnographic research in this topic area, we employed a multi-stage collaborative autoethnographic approach in the preparation of this article. (Shaw et al., 2016)

Initially, Seb wrote a 3,000-word autobiographical account of his experiences. John then interviewed Seb in a quiet, office-based setting for just more than 1 hr. During this, a wide variety of topics and issues were discussed. This interview was audio-recorded. Seb subsequently transcribed the recording verbatim. This transcript was then compared and contrasted to the autobiographical account before they were both
thematically analyzed.

While broadly similar, the interview transcript did not match completely with Seb’s un-assisted autobiographical recollection. The interview evoked memories of situations, thoughts, and feelings that his personal introspection had not. It was more emotional and focused less upon purely literal, experiential recollection. Therefore, the interview helped us to produce a richer pool of data to analyze and draw from. It also gave us direct quotes for use in our final case. These helped to contextualize and further humanize the dialogue. We were pleasantly surprised how successful this addition of the interview turned out to be:

“John: OK. I’m going to ask you to complete a sentence. “Dyslexia is …”

Seb: Quite an integral part of me … that causes me to struggle with academia … but … allows me to make use of diagrams, and unexpected methods … to let me flourish in other areas…” (Shaw et al., 2016)

Having performed our thematic analysis and generated our emergent theme clusters, we then had to construct the case. This was more challenging than it might seem. With many research papers, a simple “Introduction, Methods, Results and Discussion” (“IMRAD”) format is conventional (Sollaci & Pereira, 2004). In autoethnographic inquiry, adherence to such a conventional format is not advised (Short, Turner, & Grant, 2013). By forcing an emotional and experiential narrative into this rigid format, you may lose its creativity and appeal to readers. You may also disrupt the natural flow of the dialogue/analysis. There is, however, often pressure from some journals to present all articles in this IMRAD structure. It was for this reason that we debated the format in which to present the case. Initially, Seb produced two versions—a free narrative and an IMRAD format. We could very quickly see that the IMRAD version was not appropriate for this case. It felt as though we would be betraying our methods. We therefore continued to develop the free narrative version.

It was at this stage that Seb and John contacted Alec—a colleague of John who had significant experience in conducting autoethnographic research—alongside co-authoring/editing a major textbook on this methodology (Short et al., 2013). Alec helped Seb and John to refine the case. He helped them to increase the level of emotional reflexivity and cultural critique within it, through the addition of vignettes and additional reflection. This took place over a period of several months. Due to geographical restrictions, this entire process took place asynchronously—via emails and telephone conversations. Draft manuscripts were passed back and forth between us until we all agreed that it was ready for submission for publication. Alec then recommended a well-respected journal that was known to review autoethnographic studies positively—without any prejudices toward the methodology:

Alec’s aims were to help Seb expand more on the emerging themes, in emotional and embodied rather than overly-rational ways. (Shaw et al., 2016)

Challenges Encountered and Lessons Learned
Perhaps the largest challenge within this project might be summarized in one word: publication. We had great difficulty finding a research journal willing to publish this autoethnographic project.

Our issue largely came down to our choice of journals. We had initially intended to publish in a discipline-specific journal—that is, a medical educational journal. We, however, faced continuous rejections within this field. Some reviewers seriously contradicted one another. One journal rejected the early paper …

“This paper is beautifully written, it is a compelling story, and it takes on a topic of growing interest around the world … They [Seb and John] acknowledge that the findings might not be generalizable and indicate that their aim is to inspire research in the area. While I am supportive of this goal, it is not clear to me that a research journal is the appropriate venue for it…”

despite positive peer review … "The autoethnographic methodology used makes for a compelling story.” This was challenging both logistically and emotionally.

Unlike most forms of research, you pour your heart and soul into an autoethnography—showing the rawness of what it means to be you. You lay your soul bare—and this can leave you feeling vulnerable to critique. Critique on experiential content feels as though it were critique on your very Self. You fear judgment, ridicule, or even stigmatization through the cloak of anonymous peer review. This was, thankfully, never the case with this collaboration. Reviews were fair and non-critical of the experiences discussed. However, this process still required Seb to open himself up at a cognitive and emotional level, through the truth and personal impact of the experiences divulged.

“Seb: When you are struggling with academic requirements, your self-image and your very brain, it is easy to feel like the world is against you. Throughout my first three years at medical school, I often found myself low or even crying about this. I felt that those around me were fed up with me, thought I was inept or, even, hated me. My continuing isolation (to keep up with work) fed this situation, separating me from my peers. This remains a struggle for me to this day. My segregation from my peers has never been greater. Having focused so hard on survival and keeping up with work, I find myself able to talk to less than 10% of my cohort. For this reason, I often look at university timetables and panic when I see that I will be “alone,” with people I never took the time to get to know or maintain friendships with. Their collegiate and social groups have already formed and solidified.” (Shaw et al., 2016)

While documenting these thoughts and feelings was emotionally draining for Seb, he managed it. In many ways, committing them to publication was, in itself, a form of therapy. It allowed him to come to term with these inner demons in a controlled and supported manner. This was a major benefit of undertaking this project.

A core feature of our final research case was its collaborative element. Whereas many authors may write autoethnographic pieces in isolation, we chose to work together—to collaborate—with the aim of increasing the rigor and reach of our research. This turned out to be a blessing for our case, as we explain below. This could, however, have introduced new challenges. For example, it may be difficult to have a co-author critique...
one’s own experiences. It may also slow the writing process, through the need to regularly email and validate new work on the case. These were, however, not issues encountered on this occasion.

We were fortunate in that we were like-minded. John and Alec knew one another and respected each other’s work. This was one crucial element for us—it ensured a high degree of knowledge and trust. When Alec and Seb heard each other talk about their work, they also formed a mutual respect. This was crucial to the mutual confidence and trust, which was central to this collaboration. As a result of this, there was no sense of resentment or defensiveness when one person “corrected” part of a manuscript—we had that implicit understanding that it would be for the better. It was a delightful project for all three of us!

As novice autoethnographers, Seb and John also found it challenging to make appropriately critical social and cultural inferences—something that distinguishes autoethnography from simple autobiography (Denshire, 2014). This was where Alec’s input was crucial. Through collaborative efforts, we were able to increase the depth of this, under Alec’s guidance. Throughout this process, he was also able to further shape the team’s methodological insights. Without his collaborative input, Seb and John may merely have scraped the surface of this project’s potential impact on readers. In essence, the final project would have missed its full potential through Seb’s early reluctance to disclose his vulnerability:

“Alec: The production of strong reflexivity can be achieved in a number of ways. A common strategy, and one used by Seb in this study, is to describe and reflect on one’s shifting and emerging experiences of self-in-culture at different points in time and place, not necessarily in chronological sequence. Seb does so while using “thick description,” to vividly tell description, context-, detail- and emotion-rich stories as a series of illustrative vignettes, common to the practices of autoethnographic writing…” (Shaw et al., 2016)

Another challenge that we had to consider was that of emotional disturbance and/or the development of a therapeutic relationship between Seb and John. It was important to establish and maintain appropriate boundaries during this project—although, in hindsight, they proved not to be necessary in this circumstance:

“John: I was crucially aware of the potential conflicts in my role as we worked very closely together through this journey. Was I teacher, mentor, therapist, colleague, father-figure, or friend? All of these, I guess. It was a very intimate process which demanded an engagement in which I believe we truly fulfilled Rogers’ “core conditions” of honesty and open-ness, positive regard, and empathic understanding—on both our parts (Rogers, 1967) I saw Seb grow and change as a person. He responded to events and other people in a more genuinely “Adult” way (Stewart et al., 2012). He seemed to me to grow in confidence in relationships with other people. I maintained appropriate professional boundaries—these, to me, do not mean being cold and aloof, but we kept to task. We only met in the office, and I did not attempt to therapise Seb! Now I warmly view him as a protégé, a colleague, and a friend.

The work was demanding for both of us and we each had to deal in our own way with the emotional
Conclusion

An autoethnography can be both a challenging and incredibly rewarding piece of research. It allows a researcher to look deeply into their own experiences to infer cultural and social implications—combining autobiography and standard ethnography. In doing this, they can create a story that is both appealing and moving to others, while adding to the available literature on insufficiently scrutinized areas of research. But it has its dangers.

The autoethnography discussed here required Seb to expose himself on a deeply vulnerable, emotional level. It was crucial that he felt “held” emotionally throughout this process. This is where the wealth of experience from, first John and later, Alec formed invaluable supports. For anyone interested in conducting an autoethnographic study, we believe it is imperative to have adequate research and psychological support in place—in advance.

Exercises and Discussion Questions

1. How might you explain the advantages of autoethnographic research to a peer?
2. What might be the personal risks associated with conducting autoethnographic research?
3. What were the benefits from our addition of an unstructured, in-depth interview? And why might we have chosen this type of interview?
4. In what ways does an autoethnographic piece of research differ from a simple autobiography?
5. Might any of your personal experiences be appropriate for autoethnographic exploration?

Further Reading


Web Resources


References


