

Chapter One

Introduction

Introduction

In the end is my beginning.
T S Eliot

Notes for the reader:

This thesis is not intended to be a conventional thesis. In it I “subvert, invert and resist conventional thesis structures” (Fenwick 2004 pers comm., 28 July). I do this not purely for fun, although play is an important part of the work, but because through the construction of the thesis I invite you, the reader, to undertake a journey that will result in experiential learning. I invite you to enter into a contract with me, that emulates that of someone entering into a theatre space to see a play. I ask you for the duration of the reading of this thesis to suspend your disbelief and to enter into the space willing to enter into the world of the play, expecting that it will engage all your senses in an experiential journey. There are times when you may be disoriented, and wonder where the play is going to. The interplay between form, style and content will hopefully keep you moving through this reading. The whole of it cannot be understood in parts but only on reflection after you have left the theatre. In this reflection there will be issues of your meaning making, your individual and personal points of connection with the individual characters and moments in the play, as well as with the ‘universal’ themes that run through it. This thesis is not simply an act of representation. It is a political act designed to create change wherein the personal is harnessed as a tool. While it deconstructs, it simultaneously aims to create alternative possibilities, so that it becomes a constructive tool of change. It is a creative piece aimed to change the possibilities of who is heard, and how we hear both within and without the academy.

In Yarrowarra place stories (Somerville, Beck et al. 2000) the elders read the state of the world by reading the health of the local lake. If we consider the proposition that the body can be defined as a local site, and we read the health of this site, we see a multitude of sites that are showing the effects of an unbalanced, stressful, polluted world. Bodies with diabetes, which is essentially a disease where the balancing

mechanisms of the endocrine system are no longer able to cope with the stresses imposed on it; a multitude of people suffering from cardiac and cardiovascular disease, wherein the stresses of the world constrict the very flow of life through the arteries; lungs unable to breathe in air because they constrict in rebellion to the pollution, the chemicals, the drugs of profit; cancers that flourish in the era of enduring hormone-replacement-therapy-youth creating ovaries that grow death. Through the reading of these bodies we can read the state of the world that we have constructed. The world is a social construct. Throughout the eras we have sought to find a way to live our lives in ease, with joy and plenty. We have moved from the nomadic, to the agrarian, the industrial and now the post industrial. We manipulate the body to fit the world we create. By refusing to see our bodies as central to the world we absent them. If instead we start from the body as central, local and irreducible then we need to look at creating a world that fits the body.

Directors notes:

The world of diabetes is one which I fell into with no prior knowledge when I was first diagnosed with gestational diabetes 15 years ago. Suddenly I was catapulted into a confusing dizzying world of bits and pieces that I struggled to locate myself in and make sense of. Within the space of one hour I moved out of my own secure sense of trust in the world that is my body, into one where I became intensely aware of myself as an imperfect out of control body. Like a scene from a late night horror film, this body was transformed from being the creator and nurturer of the baby that was both me and not me, growing within my body, to the potential destroyer of that baby. Although unborn, the baby within and I had become separate, as had 'I' an essentialist cognitive self and my body, abjected and objectified. My mind it seemed was needed to control this most unruly and dangerous of bodies.

By the end of that hour I was firmly positioned as the target of various educational strategies. I was bounded in a world where I was being positioned and re constructed in ways that were unfamiliar. I was central to the medical world yet not of it. I was the end point consumer of products manufactured by pharmaceutical companies who jostled for my dollar. I embodied the dilemmas of bioethics as my rights to autonomy

and those of the baby within were positioned oppositionally. I was a statistic for researchers and a problem to be solved. The practices of diabetes education had entered my life and that was only the very start of the journey.

“Diabetes education” is a term used frequently and differently depending on the context out of which it emerges. The title of this thesis *And now I am going walking: Body learning in diabetes education* signals the disjunction between education and learning; the personal and the global; embodiment and abstraction. This is not the place to argue the infinite definitions of education. Suffice to say that between education and learning lie the tricky questions of knowledge and knowing, of the not knowing to the knowing, of the knower and of becoming a knower and all the stuff in between. By placing the body at the centre of this the focus must remain what it is that we can learn about learning itself when we examine the learning that occurs when someone has diabetes.

The form of this thesis, with its at times disorienting fall into different languages, confusing acronyms, styles, genres, aims in part to take the reader through a journey that reflects the lifelong journey of someone with diabetes. Unwillingly unsafely, the assumptions and safe positions we all assume are threatened. As someone with diabetes I keep finding that every time I claw back a sense of safe cognitive control, I am unbalanced again by the centrality of my body to my life. I am carried along in some sort of out of control, shifting, roller coaster of a ride. There are lurches of fear and disorientation and new adjustments, momentary balances before another lurch. So too I expect that the reader will be unsettled and dropped into disorientation as each point is simultaneously reconstructed and deconstructed.

A beginning

Sitting in the surgery. Every wall is either covered in posters or brochure rack – full of brochures. I pick up one. It has a score rating for the risk factors of heart attack and stroke. I quickly put it down – I know I can tick every box.

The proliferation of brochures and posters in doctors' surgeries and community health centres, as well as the advertising campaigns on television is testimony to the increasing reliance on the proclamation of public health messages. Researchers are interviewed on health shows dedicated to how to maintain, improve or manage health issues.

Don't listen to the Health report I tell my anxious first time pregnant friend.

People are being asked to take greater responsibility for their own health through being health conscious, as well as being vigilant and self diagnosing when to go to their GP or to casualty. Two examples of this are recent television advertisements. The "be well check your BGL" encourages people to ask their GP to check their blood glucose level. The other is a dramatic account of a woman dying because she ignored the symptoms of a heart attack.

In contrast to this there is an increasing sense of overwhelming pressure on health resources. There is a scarcity of health workers, nurses, rural doctors, and stories of patients being turned away from casualty abound. The resource squeeze in the health sector impacts on the health workers, with ever climbing injury rates, and burnout. In Australia the health system is a political football as the obvious need for improvement lends itself to being a point scoring issue for political parties.

The focus is always on lack. The lack of resources. The lack of money. The lack of responsibility. The lack of care.

On one hand we teach people to be responsible for their bodies, while on their enactment of that we tell them they are taking up too much space, overburdening the resources, being demanding.

I don't want to be classed as other, as sick, as different or as lack.

These two pressures work in opposition to each other. The end care costs in diabetes are enormous. Financially crippling. Yet all the work to encourage people to live healthily is undone by the punitive implications of the health messages, and the inadvertently punitive actions of health workers.

As Brewster argues:

When situated knowledge is all but erased by a dominant culture, it becomes 'subjugated knowledge' (Brewster in Power 2002:13)

When I started this thesis I knew that I had a passionate interest in Diabetes Education, Learning the Body. I knew that 'something' was 'not working' in the current models of diabetes education because of my gut reaction. Literally a clenching feeling of resistance within the pit of my stomach that occurred often when I was being 'taught' either formally or informally. This occurred when I was talked to by some, but not all, medical personnel; or reading public education pamphlets, and other media broadcasted messages such as televised campaigns or short articles in popular magazines; or engaging with material produced from Diabetes Australia, or in their support groups. It was even more clearly and tightly felt when I was 'taught' second hand through remarks by colleagues, friends, relatives or acquaintances who reinforced these 'educational messages' or 'teachings' through enacting a partial understanding of them: often expressed as 'I won't offer you sugar in your tea'.

Early on in my journey I had teased the diabetes educator, (a pioneer of diabetes education as a specialist area of nursing) by bounding in for an appointment and announcing that I was "non-compliant". I recognised Jan's look of shock and then amusement as I played with the idea of absolute honesty and this category of naughty person. While the work of this particular, and dear, educator has gone a long way these days to try to undo the concept of compliance and non compliance, I suspect that the categories still exist in many peoples conceptualisation of 'patients', albeit unspoken.

I grew to know from this gut reaction that there was a problem with the current models of diabetes education because, as someone with diabetes, I talked with many people with diabetes over many years, and always there was a sense that something was 'wrong', something didn't fit. We didn't fit. I wanted to find a voice for all those stories I had heard, and all those people who sensed that I had an ability to both talk and understand the academic talk, and had asked me to translate it for them. I felt that maybe I should attempt to translate back into the academic format, what it was they wanted to say, what it was they wanted to have heard.

In my work life I hold a position as an academic in Adult Education. Here my work is informed by my personal journey as a woman and an artist working on the margins. My mother who a central 'player' in the women's movement in Australia and through her legacy I have been strongly influenced by feminism in all of its guises, as a political and personal statement. These combined influences contribute to my theoretical positioning so that point made by Scheman in the following quote resonates throughout all of my work as the underpinning motivation for that work:

We need to see as theory intellectual work that is done by people outside the academy; we need to accord it respect, not strip-mine it for what we can smelt out of it. We need, that is, not just to understand the world, but to change it, and until and insofar as we have done that, no theoretical fancy dancing, no addition of more voices, filtered through our word processors, will be an adequate response to those who charge us with abusing in fact the very privilege we deconstruct in theory. (Scheman 1993)

Central concerns of the thesis:

Background and Research question:

Diabetes is a chronic illness which is estimated to affect over 124 million people throughout the world (Amos, McCarty et al. 1997:S7). It is already considered to be a pandemic. It is predicted that the numbers of people affected in China and India over the next five years will explode. In Australia, diabetes is currently estimated to be the sixth leading cause of death (Diabetes Australia 1999:i). The complications of diabetes place a huge toll on health resources with the costs of third stage (palliative) care being proportionately the highest (McCarty, Zimmet et al. 1996:6).

There is a significant link between the onset and severity of complications and the 'control' of blood glucose levels (Strowig & Raskin 1993).

Current public health policy aims to increase the control of blood glucose levels through the increased self-management and self-care of the person affected. Adherence to medical routines, diets and exercise regimes is advocated as a means to maintain and control blood glucose levels. The primary tool to promote this is client and GP education (Colagiuri, Colagiuri et al. 1998).

Despite the current health initiatives it is becoming evident that people are not changing their behaviours. Investigation into understanding and influencing self-care choices has recently been flagged as a priority research area for the National Medical Health and Research Council (NMHRC 2001).

The history of the education programs and materials for diabetes education originated from, and is situated within, the medical context. This research aims to see what is revealed by applying different perspectives to the educational and learning experiences of people with diabetes and by "allowing the body to speak in its own voices" (Fenwick, 2004 pers comm. 28 July)

There are various discourses of the body and the body itself is a site of these discourses (Gattens 1988; Grosz 1988; 1994; Leder 1990; Connell 1995; Sauer 1998; Clear 2000; Shakespeare 2000; Somerville & Bernoth 2001, Somerville, 2004). The body itself also inhabits other sites and is subject to further discourses within these sites (Diprose & Ferrell 1991).

Diabetes education is about learning and is about bodies. Consequently at the centre of this research is an exploration of how we learn about our own bodies, and what this reveals about the needs of diabetes education.

The research question

How do we learn about our bodies and what does this reveal about diabetes education?

This research places the body at the centre of the research question. In order to explore this question and reveal aspects that may enable/act as barriers to learning about the body, the following sub questions are posed:

- What is revealed about the needs of diabetes education when instead of examining behaviour we examine how the body is located in the world and how this impacts on the body and our learning about the body?
- How do we learn about the body and how do we construct knowledge about the body?
- How is the body constructed in diabetes education?
- What are the disjunctions and conjunctions in this intersection?
- What is the site of this intersection? Does the site have any relevance to these conjunctions and disjunctions?

Context of the thesis

Half way through the writing up of this thesis I was successful in my application for a full time position on the adult education team I had been working on as a contractor. The position had come up unexpectedly and as a woman starting out late in an academic career I felt it was an opportunity not to be missed. At the time I applied I had just taken up a full time scholarship and was working 10 hours a week. The policy of the university to increasingly only appoint people with PhDs and the scarcity of entry points to permanent (non-contractual or casualised appointments) led to the decision to take up the appointment when it was offered to me, without making any adjustment to my anticipated PhD submission dates. The consequence of this decision was that I was undertaking a full time work load as well as a full time load with my PhD.

It was in these circumstances that the position of a woman, with a human and hence 'non-perfect' body became apparent. Juggling children, PhD, work, my position as a woman in the academy and my rebellious body became life threatening. My perception of the relentless managerialism of the new Head of School and the men on the team at that time (see Eveline 2004 pgs 14 - 20; 71) heightened my sense of the global conflicts being played out in the local site of my body. I learnt that to survive I

would need to find and carve out invisible and subversive spaces. (de Carteret et al. 2004)

Close to the completion of the thesis the Australian government announced new measures to encourage the baby boomers to continue working, rather than retire. The discussion was couched in financial incentives and imperatives. Frailty as a normal process of ageing, the effects and illnesses of the world as incorporated into ourselves our bodies, the wearing out of bodies overused to ensure company profits, remained in the main untouched upon. The need to readjust our very attitude to work and quality of life remained invisible and unspoken in the policy arena.

Scope of the thesis

When considering diabetes education (particularly in the case of type 2 or mature onset diabetes), the tendency is to privilege its location as a medical issue while making invisible its positioning in the study of adult learning. While diabetes education draws on the high ground of medical knowledge it should be about people learning their bodies in an holistic way. Here, as defined by Morris and Beckett (2004) the term holism is used to ‘mean the whole person as an identity displayed in practical, performative, material (embodied) actions-in-context.’(2004:125)

Morris and Beckett (2004) argue that

In Western European education, the highest status is reserved for the most abstract and immaterial learning, irrespective of its utility. The lowest status is accorded to concrete, material learning, much of which we acquire in daily, embodied actions. The utility of this latter learning has hitherto been under-recognised, although with “lifelong learning” there is a chance for giving it greater prominence in adult education pedagogy and policy.(122)

This thesis locates the study of diabetes education within the field(s) of adult education. However, as this is not a unitary or centralised field of study, it draws on literature from diverse sources, which reflect its methodological approach as much as its ‘knowledge’ base.

The idea of diabetes education as an emancipatory process of adult education does not sit well with its common role as a mechanism of behavioural regulation (see chapters 3, 5 and 6). Instead it is marginalised in the adult education area because of its

association with the body and lies in the swamp (Schon in Beckett & Hager 2004), of the base and material. This contrasts with the often higher status in adult education accorded to the centralised field of teaching adult educators from within universities, or the highly visible corporate management of training/learning and development which is evidenced through the global proliferation of National Training Frameworks (Jarvis 1997). Adult education itself is often seen as the poor relation to higher education (Beckett & Hager 2004), and this further marginalises diabetes education. Within the Australian University structures Diabetes Education tends to be relegated into the area of 'health', 'health promotion', 'public health'. Taught in the area of health, it gains credibility as a vehicle of medical knowledge. Here then, if at all, adult education 'principles' are used as a framework to ensure that the 'high' or important medical knowledge is absorbed by the learners in the banking approach much criticised by Freire (1970:chapter 2).

Methodology

Many methodological approaches are used throughout the thesis but are simultaneously disrupted, inverted and resisted. The methodology that underpins the theory making of the thesis, if it must be named, is an emergent one- that is it is always in a state of becoming. The purpose of methodology is to provide a set of rules to link what is being researched (ontology) with a set procedures for establishing what counts as knowledge (epistemology) (Ramazaglu 2002).

In this thesis what is being researched is body learning. The procedure to establish what counts as knowledge is the making of embodied knowledge visible by creating experiences and reflective techniques for the reader to examine their own embodied knowledge. The rules applied are to resist the absenting of the body, and to bring the body to the centre of the analysis.

One of the contentions of this thesis is that the process of codification interrupts knowledge making as an ongoing creative process. In this case methodology as a set or rules is a paradox. If the act of making something authoritative is complicit in discounting some knowledges and knowledge making process as less authoritative and therefore less valid it becomes impossible to then examine these knowledges if it

can only occur under a pre existing set of rules. (see Chapter 1 for more detailed argument)

Defining a methodology or even a set of methodologies then is even more problematic. I needed to be able to address these epistemological concerns as well as deal with the methodological concerns. This approach needed to disrupt the epistemological claim that there is no relation between the context of knowledge and the truth (Barr 2003). Rather it proposed to support that the truth is always changing as a reflection of existence as a process rather than a structure. (see Chapters 3, 5 and 6). I needed to work with a fluidity that enabled the conceptual linkage between ever-changing ontologies and epistemologies. The action of the thesis then needed to create the what-will-be as a myriad of possibilities that occur in the process of dialogue between the writer and the world through the agency of the reader.

This fluidity became possible through the process of writing the thesis as an act of breaking through the constriction of rules. The only rule that remained constant in the writing was the necessity to resist the erasure of the body, and to keep the body as central to the writing and the process of knowledge making at all times. The body itself disrupts the concept of boundaries and categories (Somerville 2004; Grosz 1994). The tension between writing a text as an academic 'authoritative' thesis which had a tendency towards representing the world and knowledge as fixed and the body which kept trying to disappear, fluid and unable to be bounded was at times enormously difficult. It was only when I realised that built into the thesis was the assumption that the text existed in the in between spaces that hover between actor, audience and audience as actor (Boal 1992) that I consciously acknowledged the necessity of the reader to become a co actor in the making of the thesis. This then gave the thesis the wings with which to carry it into the future.

In the writing of the thesis I searched for ways to deal with the body in all its materiality and difference, while still refusing to decontextualise and isolate the body from the world. I resisted closing down the possibilities by reducing and simplifying life, preferring instead to represent a 'lusty, rigorous and enabling confusion' (St Pierre and Pillow in Davies 2004:4) without sacrificing all attempts at clarity.

Laurel Richardson points out that

“Although we usually think about writing as a mode of ‘telling’ about our social world, writing is not just a mopping-up activity at the end of a research project. Writing is also a way of ‘knowing’ – a method of discovery and analysis. By writing in different ways, we discover new aspects of our topic and our relationship to it. Form and content are inseparable.” (2000:923)

Through the process of writing ‘as a mode of inquiry’ (Richardson 2000) it became apparent that feminist theorising, post structural methodology and auto ethnography all overlap at the point of writing.

I will look at each of these methodological approaches with particular reference to why they were used in the thesis. I prefer to use the terms feminist theory, the feminist project, and post structural feminist approaches rather than the term methodology, as the more I read in this area the more convinced I become that the concept of methodology gets in the way of the work rather than enabling it.

The feminist theory has been concerned with women claiming the right to speak. Increasingly these feminist theories have been used by other marginalised groups to claim the right to speak. But the right to speak does not necessarily mean that those voices are heard, or heard in the same way or with the same authority. This not-hearing may be as much because to hear anew requires learning how to hear it.

Jean Barr explores the links between these concerns saying:

Donna Harraway observes that ‘struggles over what will count as rational accounts of the world are struggles over how to see’ (1991, p194). But, suggests Lorraine Code, struggles over how to hear and be heard may be even more complex (Code, 1995). In fact my interest now could be described in terms of assessing adult education and research programmes in terms of how well they enable the articulation of ‘view from below’ not because by virtue of being below they offer truer or more accurate accounts of the world ... but because, in identifying and making available spaces where alternative ways of thinking and being can be worked up, such practices increase the possibilities of knowledge. (Barr 2003)

This concern with being heard as well as speaking is a central in Ellis & Bochner’s discussion of the problems in writing an academic text about auto ethnography:

We need a form that will allow readers to feel the moral dilemmas, think with our story instead of about it, join actively in the decision points that define an auto ethnographic project, and consider how their lives can be made a story. (2000:735)

I shift using different methodological approaches to mimic the different aspects of learning for someone with diabetes and to emphasise the links between the personal and the cultural. Bochner (Ellis & Bochner 2000:748) elaborates on the links between auto ethnographic methodology and post-structural influences when he states: “I take the crisis of representation...seriously...For me, it necessitates a radical transformation in the goals of our work from description to communication.” He goes on to say:

In conversation with our readers, we use storytelling as a method for inviting them to put themselves in our place. Our dialogue centres on moral choices, questions having more to do, as Michael Jackson (1995) observes, with how to live than with how to know.(2000:748)

My [re]search, however, also involves questions of how to know, and what others know. Feminist post structuralism became an essential part of the thesis as I disrupted the rational autonomous and essentialist individual to include other voices and positionings in the world. I drew on feminist post structural concepts of subjectivity and agency, exploring multiple subjectivities and becoming. The use of post structural theory and methodology gave me the tools to examine sense making, and to use data as pointers to that sense making rather than as evidence (Davies 2004:4).

This provided me with multiple methodological frameworks with which to explore the issues of learning the body because of ‘the multiple ways in which poststructuralist theory enables a different sense of what is knowable, and what can be done with that knowledge’ (Davies 2004:4).

Furthermore, as Davies points out, post structural writing can ‘reveal a certain clarity that comes with specificity, with the insistence on an embodied (rather than abstract) knowledge of that which is written about, and with the refusal to run away from ambivalence and ambiguity’ (Davies 2004:4).

A dilemma of the thesis was the need to connect theory making and academic ‘rigour’ with the very real concerns of body learning in diabetes education. Jean Barr is an adult educator whose work *Liberating Knowledge: research, feminism and adult education* proposes that ‘questions of methodology underpin all theory making’ and that what is essential in adult education is to ‘heal the breach between words and things’ (2003:163). The concerns of the feminist project to make real the changes in the world (Weedon 1997) support these aims and underpin all of the methodological approaches that I used.

The centrality of the body in feminist theorising gave me a way with which to grapple with the elusiveness of the body. In particular the work of Grosz (1988;1994;1998), Shildrick(1997) and Somerville (1999;2000; 2001;2002a; 2002b; 2003; 2004a; in Somerville & Beck 2004) became central to the thesis. The centrality of the body in Grosz’s (1988; 1994; 1998) work was an essential component of the methodology. This was built upon by the taking up of Shildrick’s re-conception of *differànce* in bio-ethics (1997:102-105) which provided a lens through which to examine the complexities of the material body, multiple contexts and the ‘ethical moment’. Somerville’s insistence on the materiality of the body as a link between material place as “grounded physical reality and the metaphysical space of representation’ (2004b:3) was the lynchpin to developing the emergent methodology of the thesis. It was through building on this work that I was able to bring together the issues of multiple subjectivities, shifting moments, and an essential material self which is always in a state of becoming.

This thesis is intended to be a living piece of research, that continues to do its work long after it has been written and has been read. If the need is as Code (in Barr 2003) contends that we need to find new ways of hearing, then the work this needs to do is more than enabling you, the reader, to make individual points of connection with the knowledges spoken, illustrated and uncovered within the writing. The real work of the thesis will happen if it resonates within your body, and when the learning embedded in this writing encourages you to tell your story so that it too may be heard. The work then of this thesis is to enable the telling and hearing of stories that make our bodies visible and central to the world.

Researcher as Bricoleur

“In texts based on the metaphors of montage, quilt making, and jazz improvisation, many different things are going on at the same time—different voices, different perspectives, points of views, angles of vision. Like performance texts, works that use montage simultaneously create and enact moral meaning. They move from the personal to the political, the local to the historical and the cultural. These are dialogical texts, They presume an active audience. They create spaces for give-and-take between reader and writer. They do more than turn the other into the object of the social science gaze.” (Denzin & Lincoln 2003:5)

In the middle drawer of my mother’s dressing table, willed to me by my father, is a fifty year old painted tin and a wooden box purchased over 30 years ago and which once held cigars. The tin and the box house my mother and grandmother’s button collection. It is a special treat for my children to take these, very carefully for they are precious to the dining room table. There they may take out the buttons collected by my great grandmother, my grandmother, my mother and now myself. Each button represents a story, a dress, an occasion. Some of the stories are lost but the buttons remain unique. Very very occasionally, they are allowed to take a few of these precious buttons and use them to make up a collage. The rest of the buttons stay in the box, and are carefully carried back to grandma’s dressing table where they wait for another day, another collage.

“The [qualitative] researcher may be seen as a bricoleur, a maker of quilts, or, as in filmmaking, a person who assembles images into montages.” (Denzin & Lincoln, 2003:4)

Elements, images, buttons and threads

Many materials were collected and stored prior to and during the writing of this thesis. Some were deliberately sought and controlled, others were part of the day to day, minute to minute process of living and others again were created for another purpose and then [re]examined in the light of this project.

Interviews

Central to the thesis are the in-depth interviews conducted with ‘Helen’ over a period of six years. These range from opportunistic conversation in the car park of the school

which both our children attend, to long sessions as we worked through the issues of diabetes as co-constructors of proposals for various educational tools for people with diabetes, to formal semi structured interviews. The threads of conversation that ran between our friendship and working partnership are recorded in my journal, and in my own body memory of these conversations.

There is a filmed sequence where she, another colleague, an ‘interviewee’ and I made an ethnographic film. The original purpose of the film was to interview an Aboriginal Health worker who had diabetes. Both Helen and I had diabetes and the interviewee had diabetes but the third filmmaker did not. We used two cameras and invited the ‘interviewee’ to become a filmer herself. It is recorded on two separate audio visual tapes that were filmed concurrently but from different cameras. There are also audio tapes of the interview. The visual material has been analysed by Helen and myself separately and we have then had collective discussions regarding our analysis.

Two semi structured interviews were conducted with Helen in her home. Each of these was an hour in length. These focused specifically on the learning she was undergoing when she was fitted with an insulin pump. The prepared questions were simple prompts that brought the conversation back to what was the learning that she was doing and what was the experience of that learning. Transcripts were made of these interviews. I then analysed the text in the light of issues that had come up repeatedly in situated conversations I had had with people with diabetes.

These situated conversations were spontaneous conversations that arose after I revealed I had diabetes. They had conducted informally wherever they arose, and were ones in which I was an equal partner in the conversation, and as embedded in the context as the others involved in the conversation. For example: In my local neighbourhood – as a neighbour rather than as a researcher, in a hospital ward as a fellow patient, or as a patient with workers within the hospital setting, as a professional co-researcher, as an outpatient in a clinic, or a patient in a private practice with the doctors and workers or with the other patients also waiting. In one instance I was involved in a regular evening walk with a neighbour who was in the late stages of pregnancy and the early stages of a nursing career. These situated

conversations gave me a startling personal insight into these people's thinking about diabetes. This was only apparent after the casual conversations had taken place. I would jot notes and keep excerpts of these conversations in my journals. While each spoke from a different position there were also many commonalities and understanding that we shared. In order to weave these voices into the research and deal ethically with the casual nature of the various conversations, I decided to use techniques of representation that enabled me to fictionalise the participants as characters. I used elements from different stories often creating a composite character or statement.

I organised semi structured one hour interviews with key people in key sites – a patient, a doctor who was a General Practitioner (GP), a specialist diabetes educator, and an endocrinologist. While I prepared some questions in anticipation of them moving too broadly from the topic, I found that I did not really stick to these, preferring instead to hear where it was they wanted to take me. Each of these was transcribed. I looked at them in terms both of overall themes and with regards to what seemed to be the critical issues for the person being interviewed. I used these to weave into narratives as stories and voices, as well as pieces of text to weave in as direct interview quotes.

I reviewed a telephone survey of General Practitioners that I had conducted for a marketing analysis for a diabetes educational video. I had been part of a team of four people that had designed conducted and analysed the results. The doctors had been randomly chosen within demographically representative groupings from around Australia. Some were from the large cities other from regional areas. The original survey had been quite tightly structured with a mixture of closed and open questions however, many of the doctors chose to continue to talk after the completion of the questionnaire. The original results had been analysed statistically. I reviewed these results as well as the notes jotted down by the interviewers. Looking back through the original survey sheets with the jotted notes brought memories of conversations with the doctors, and with the other researchers. I noted these memories and the comments from a perspective that because of the intervening time and circumstance led me to see their answers differently.

Auto Ethnography:

Auto ethnography uses “life experience to generalize to a larger group or culture, as well as to enter and document moment-to-moment, concrete details of a life[which is] an important way of knowing.” (Ellis & Bochner 2000 :737) Within Auto ethnography there are various approaches that are used such as reflexive ethnography, native ethnography, personal narratives, and literary auto ethnographies. The boundaries between these shift and reflect the central focus and concerns of the research, moving from issues of cultural focus, boundary issues such as self and other, or the positioning of the work as being social science or autobiographical.

I have always kept journals, and frequently write thoughts and bits of poetry on scraps of paper which I throw into various drawers and boxes. From the time I enrolled as a doctoral student I kept a specific journal. In this journal I made entries that recorded my processes, represented my feelings, perceptions, recorded reflections, musings, poetry and conversations. In it I also ‘doodled’ as I was thinking drew and painted. This did not stop me from my various jottings on scrap paper and increasingly on the computer. I have a computer file called “fragments” where I try to file any bits of writing that emerge sometime while in the middle of writing some work related document. Sometimes I wrote letters, that I knew I would never send, as a way of examining my thinking, perspectives. I wrote in this way to my mother and brother, both of whom had died before this thesis was fully conceived explaining to them what I was trying to do in the thesis.

While I was in hospital, as a patient for a period of three weeks, I made notes of what was happening to the staff and the other patients as well as to myself. I then wove these into stories and texts.

I also kept my own daily records of my body, such as my record of Blood Glucose levels (BGL) and insulin usage and the shorthand commentary on food, moods and factors that may have affected the BGL readings.

Discourse analysis:

I collected a series of print based educational materials from overseas, national and local sources. These were obtained from a variety of sources, and from a variety of positionings. Some were collected from public points of contact and through health sites (educators, doctor's waiting rooms, advocacy groups) from the positioning of someone with diabetes. This included materials from Australia and overseas. From the positioning of a researcher, I acquired materials such as reports on medical studies. These included medical papers and abstracts, particularly Diabetes Care tables over three years, as well as obtaining copies of my medical records.

I interrogated these materials from various perspectives. This enabled me to use my own experiences in an iterative fashion moving between myself, reflection, theory and myself again. Using a series of different frameworks of analysis I then examined the sources of data, to uncover what was revealed and concealed by the framework of analysis itself. The methodology emerged out of the process of writing itself. Shifts of thought in the process would reveal either another slant on my own positioning, or on the underlying structures holding together the accepted worldview. These shifts would emerge as I adjusted the voice with which I addressed the material, often taking me by surprise. Life itself, and the living of it, became a visible fabric of the research. Finding the distances between reflection and observation, between reading and interpreting, I was conscious always that I could not distance myself from the context from which I was conducting the observations. So in turn this was folded into the process, which was then recorded as a series of layers of writing.

Art as a process of inquiry:

And finally at a point in the writing of the thesis when I felt I was completely unable to find a way through the dilemma of writing embodied knowledge, I went to a series of art therapy sessions. There I was given the option of doing anything I liked with any of the materials in the room, I could sculpt draw paint sing dance move. The only thing I was not to do for at least part of the session was to talk. Initially I started by using plasticine in a disciplined and controlled way. Soon I moved to painting, putting my hands into paint and feeling the paint onto paper fabric, using my body in an almost dance, losing myself to the moment. I then started to build up an art work,

creating layers. The next stage was to move again from the impulsive moment to considering the aesthetics of the piece. I added bits, built up areas sometimes deliberate and sometimes allowing inspiration to sweep through me. Then I took the bits that I used to create the work. The scissors and thread used to sew a large leaf into the work. The off cuts of cardboard and reinserted them in the margins and the back. Then I needed to strengthen the back. Again I pinned the measurements for the pieces of wood onto the back. I glued these strips of wood onto the back, diagonally, aesthetically, and finally the piece was ready to frame. I took this in to my supervisor and informed her that this was my methodology chapter. We laughed at the thought of trying to photocopy three versions of this 2 metre by 3 metre work of art for the examiners. It sits still waiting for the final frame.

Structure of the thesis

I have already discussed the techniques of construction within the thesis as bricoluer, montage or a jazz piece. The structure of the thesis from the perspective of the broader strokes of the chapters is relevant to the methodological approach. Each chapter can be seen as a piece on its own: A separate montage; movement of music; or aspect/type of body.

Leder (1990:54) writes of the ways in which the body disappears and absents itself declaring that “All forms of corporeal absence are intertwined with modes of presence”. The structure of the thesis in many ways is an exploration of the body. It is a body of work, bounded by a skin which is the physical format of the thesis. The thesis like our bodies has both a surface text that we work from and to, (Polayni in Leder (1990:16-17)and the viscera which are “ordinarily hidden away from the gaze by their location in the bodily depths”(Leder 1990:44).

There is also a perceptual and a visceral aspect to the theses. Throughout the writing of this thesis I have lived with the dying and death of five people that I have loved. The first death occurred at the moment of impulse for undertaking the thesis itself and the other four each occurred at the crucial first stages of writing the four main chapters. The intensity of this writing period has as its backdrop, then, an intensity of

meaning-making shaped through these deaths. It is the manner of death and dying of each of these people that lies as the shadow, the hollow of each chapter.

Leder (1990) explains the workings of the inner visceral body and our ability to work consciously with our [im]perceptions of it:

our inner body is marked by regional gaps, organs that although crucial for sustaining life, cannot be somesthetically perceived (43)... My perception of the inner body is limited, ambiguous and highly discontinuous. (45)

It is here, in the realm of the visceral, the inner depths that:

An almost magical transfer of experience is effected along both spatial and temporal dimensions, weaving the inner body into an ambiguous space (41). (...) Visceral sensations are often vaguely situated with indistinct borders (42). (...) the stream of interoceptive experience is marked by ineluctable discontinuities. [So that] Visceral functions surface not just as orifices of initiation and termination but at multiple points along the way. (51)

In the same way that the white spaces and lines are a part of the text so too are the intervening spaces between the chapters. Each chapter starts from within one conceptual or methodological framework which is then subverted, deconstructed and reconstructed to take the chapter to a different positioning by its end.

Each chapter represents a problem to be untangled, a step in the process of my thinking. Each chapter takes up a different position and examines, untangles, and explores what is revealed from that positioning. There is not a linear movement except in a temporal sense. Rather the thesis mimics Somerville's concept of the post structural not being that which follows after structuralism but rather that which is on the margins and is around structuralism. (1999:212) As Jean Barr says about her work in [re]visioning past research projects

It [the work *Liberating Knowledge*] should be seen as a whole, the meaning of each chapter depending in large degree on what comes after it. In returning to earlier work, however, I make no assumption that what I say here and now is therefore an advance on what I said then. I do not see the development of my work as moving towards 'the right answer'. Rather, the way in which what is construed as the appropriate approach tends to shift. [my emphasis] (2003:12)

While each chapter stands on its own, elements of it may repeat, be made visible or experienced in another chapter. After the swallowing of a chapter, it may 'disappear

into the inner depths' only to reappear again later, either locally or non-locally as a general sense that permeates the whole. During the time that a chapter remains invisible, neither foregrounded or backgrounded but incorporated into the unfelt depths, it is still a part of the hidden visceral process of this thesis making.

The first chapter represents an untangling and grounding that came out of the question 'how do I know the world?'. The second: 'Educational materials: 3 readings' provides some of the data used for analysis and the process through which I came to understand what the scope of the data itself was. The third chapter 'Bodies' is the fulcrum on which the thesis rests, though not the central concept. This chapter, intended originally to be the literature review, reviews instead the body as the essential literature of the thesis. The fourth chapter, 'Privilege: Site /Self' examines the connections and disjunctions between sites and the construction of self, the playing out and interaction of the global and the personal. The fifth chapter 'Playing the body – letting go' celebrates life as an essential resistance to a reductionist framework of analysis. In the final chapter, the conclusion, I provide an alternative beginning, which locates the thesis firmly in the field of adult and workplace education without denying its simultaneous and multiple positioning in the field of health and in the feminist project.

Issues of research methods, representation and the researcher's presence and movement in the material are incorporated and explored further at various points throughout the thesis.

Ethical considerations

The conflicting need to deconstruct the privileged position of the researcher and the ethical considerations of maintaining people's anonymity and privacy intertwined with the representation of the research. An example of this is the construction of a fictional story out of an amalgam of stories given to me in informal settings.

Style of the thesis

I started with a relatively conservative research proposal, practicing a language that felt terse, unnatural, but in some way was a recognition of rigour and was 'proper'. In

my journal however I was writing differently: I kept meaning to write in this journal in a proper way, keeping a record of my observations but somehow I kept slipping away from this as I let myself relax into a luxurious world where the writing wrote me.

I am still struggling with the desire to capture my walk through the elm trees. Golden leaves, dark dark elegant trunks, a whole carpet of leaves dappled crisp. Soft yellow and darker, its pattern changing daily with more golds and browns. From time to time if I dig the point of my shoe under the leaves, feel my leg and body move them slightly I can see the green grass moist and hidden under this Persian carpet of gold. How do I capture the early morning clarity of air of thought of body as I move through this avenue of trees? Look up and am surrounded and am a part of this movement of leaves and self yet captured in stillness. How can anyone best represent this? Words cannot recreate the vitality of air and body, cold on cheeks and movement through nostril. I breathe in the elms and they breathe me in.