

Breaking taboos in research: Leaving traditional methods behind

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Abstract

This paper looks at methodology pertaining to my autoethnographical inquiry. To underpin the strength of my research, which is the client informing counselling, I have taken full advantage of the standpoint of being both researcher and researched whilst utilising innovative self-narrative methods.

Focusing on the methods and the data that informs my work, I will discuss divergent methodological issues whilst also exploring the question, 'What might be the gains in breaking taboos in research?' The methodological issues discussed include: sample of one and generalisability; authentic texts and validity; and client-as-expert informing therapeutic practice contrary to the practitioner-as-expert.

Introduction

Accumulated and affirming exposures to qualitative methods paved the way to my decision to make available for research my subjective experience as a client in counselling. Taking full advantage of being both researcher and researched, the impetus for my current autoethnographical inquiry emerged from difficulties I experienced in finding a therapeutic relationship that could help provide the 'safe enough' experiences needed to support a reparative change process. I had previously participated in five¹⁰ research projects, conducted between 1994 – 2000, which investigated largely the long-term outcomes of early and complex trauma (Mokany 1995; Zolfaghari 2000). Topics included chronic dissociation, relational attachment style and issues of safety. Participation was based on my desire to put into words my experience as an 'insider' of the culture being studied and to have a voice, this being a value congruent with the rationale of a great deal of social science research (Frank 2004 p. 438). I wanted to contribute to new understanding and change in therapeutic practice yet, to my knowledge none of these studies were published to a wider audience.

Methods used to collect data in these five studies were questionnaires using measurement scales, structured and semi-structured interviews, personal reflection sheets, group evaluation sheets, taped focus group interviews and memory work through writing personal narratives (Grbich 1999 p. 137-139; St John 1999 p. 420). Instruments of measure, which lacked social interaction and omitted personal meaning, largely

¹⁰ To my knowledge only two were completed. The other three were postgraduate studies supervised in Australia at: University of New England; University of Wollongong; University of Western Sydney.

disempowered my sense of self, silenced my voice and seemed to 'brutalize' (Meares, Butt, Henderson-Brooks and Samir 2005 p. 662) my human experience (McLeod 1997 p. 44; Etherington 2000 p. 291; Wilson 2002 p. 15). However, I found that working collaboratively as co-researcher and using reflective narrative processes empowered and privileged my individual voice, which both contributed to my self-determination and growth and valued the heart of my experience (Mokany 1995 p. 27-28).

To tell my insider's story from a marginalised standpoint, I left both the traditional positivist methods and the anonymous third-person discourse behind (Gerber 1999 p. 18; Ellis and Bochner 2000 p. 735). Rather than fragmenting and reducing narrative data into numbers, categories and themes, or seeking a 'best fit', I was drawn to utilising methods of inquiry in a different way so as to better convey my experience of psychotherapy (Polkinghorne 1995 p. 10). My departure in methodology is particularly pertinent in looking at the conversational client/counsellor context. McLeod (1997 p. 143) advocated the importance of finding methods in research that preserve 'the spoken, co-constructed, conversational nature of the stories told by clients and therapists.' Rennie (2004 p. 42) reported that McLeod (2001) dramatically urged that researchers forget methodology, as a way to suggest they not be bound by data-reduction procedures. Richardson (2000 p. 928-929) similarly challenged that no particular method be given a privileged status and encouraged reflection upon method and new ways of knowing. For example, using narrative processes as a situated speaker claiming local, partial and cultural knowledge. Thus, I am utilising methods differently to focus on the client-therapist alliance and to provide insight and understanding to inform therapeutic practice for similarly marginalised clients expected to fit mainstream therapies.

The marginalised group to which I belonged was diagnostically described as having a dissociative disorder, and more specifically dissociative identity disorder ((DSM-IV), American Psychiatric Association 1994), which is almost invariably comorbid with posttraumatic stress disorder (PTSD) (Chu 2005 p. 70). I was also diagnosed with an eating disorder and the 'stigma-laden' Borderline Personality Disorder (BPD) (Loffler-Stastka, Ponocny-Seliger, Fischer-Kern and Liethner 2005 p. 532; Meares, Butt et al. 2005 p. 673; Pearlman and Courtois 2005 p. 450).

Self-narrative Methods and from a Marginalised Standpoint

Taking the post-modern 'narrative turn' has offered methodologically a privileged position both to write and to understand my subjective human endeavour within the wider social structure (Ellis and Bochner 2000 p. 748; Pierce 2003 p. 307-308). 'Storying' (Banks-Wallace 2002 p. 411) my own lived reality, knowing and meaning from my standpoint as researcher, using autoethnography as a method of inquiry and writing as a method of knowing, releases me to present my story as I see fit (Frank 2000 p. 358; Richardson 2000 p. 923; Bentz 2003 para. 5). By choosing self-narrative methods I am challenging usual ways of knowing, that are gained

objectively either by 'going all around it' or 'entering into it' as a neutral pseudo-native and bracketing one's own view of reality and meaning (Bergson 1903, 1961 quoted in Charmaz 2004 p. 980, 982).

Autoethnography is both a process (method) and a product (text) (Scott-Hoy 2003 p. 268; Etherington 2004 (unpub.)). Social scientists, who sometimes describe themselves as 'wounded storytellers', engage in the process to produce ethnographic self-narratives that tend to be 'messy' in that they overlap and blur the genres of writing, for example literary, autobiographic, scientific, artistic and poetic (Smith 1999; Frank 2000 p. 360; Richardson 2000 p. 934; Etherington 2003; Scott-Hoy 2003). Using evocative methods to write meaningfully about personally significant topics, and endeavouring to make a difference, they seek an emotional relationship with the reader by encouraging engagement through vicarious experience with their 'storied knowing' (Smith 1999 p. 266; Richardson 2000 p. 931). The methodological approaches autoethnography encompasses allows ethical practice to gain a hearing, rather than my voice speaking or being fragmented through another researcher's script or standpoint or, at worst, being subjected to exclusion criteria (illustrated below) (Ellis and Bochner 2000 p. 747; Frank 2000 p. 355; Frank 2001 p. 355-356; Vickers 2002 p. 614).

A set of 34 rigorous and well-controlled studies, judged as 'gold standard' and cited as a basis for best practice for effective treatment of PTSD in the International Society for Traumatic Stress Studies (ISTSS) 2000 Practice Guidelines (Foa, Keane and Friedman 2000), was recently reviewed by Spinazzola et al. (October, 2005). The reviewers have brought to light that these efficacy treatment studies have underrepresented some trauma populations and even marginalised those having severe psychopathology, comorbidity and dissociative disorders through their exclusion criteria across the studies. Seemingly constrained by diagnostic criteria and internal rigor, the external validity and generalisability of these studies would be limited to those with pure or simple PTSD and may even be harmful to the typical traumatised treatment-seeking individual (Spinazzola, Blaustein et al. 2005 p. 426; Clarkin 2006 p. 8).

Further, such experimental rigor and control at all costs may have contributed to a potential methodological impasse and a gap of relevant research for practitioners treating complex trauma clients. Just recently, for example, the editor of the journal published on behalf of the ISTSS points out that consistent thematic feedback from readers was lack of practice-oriented and clinically relevant research material (Schurr 2006). He further stated his willingness to risk considering, with provisos, 'flawed studies that yield new and exciting information' (p.2). Regarding practice-oriented material, Kilpatrick (2005 p. 382) stated, '[the] hypothesis that the therapeutic relationship is related to positive therapeutic outcome has not been the focus of research in the traumatic stress field *per se*, but it should be.' Therefore, in applying creative solutions I have departed from conventional methods and used more innovative self-narrative methods to generate a developmentally informed non-pathologising understanding of a dissociative client's experience in psychotherapy. In choosing

to go outside the methodological square, my autoethnographical inquiry would address both the above-mentioned gaps in trauma research and the client population typically excluded from rigorous PTSD studies, as well as the call for more trauma case study material (Chu 2005; van der Kolk and Courtois 2005 p. 387; Schurr 2006 p. 2).

Vickers (2002 p. 617,619) questioned the methodological assumption that a researcher's own life-story can be discounted over that of a carefully chosen respondent. Similarly, in challenging a 'myth of vulnerability', Cottle (2002 p. 536) proposed, 'we imagine that people of certain groups or those having had certain experiences are so 'damaged' they cannot speak for themselves (their selves), [and] we begin to question the Other's narrative.' Nevertheless, in awareness of such denying attitudes or assumptions and by giving self-expression to the different voices that existed within the phenomenological chaos that I experienced, my use of self-narrative methods will create space for therapeutic conversation in the trauma-attachment-dissociation-developmental fields (McLeod 1997 p. 116). The gain will be storying what is 'not-yet-said' and giving new understandings and meanings for working with the long-term outcomes of early and complex trauma (Anderson and Goolishian 1992 p. 29). However, whilst stepping outside of conventional constraints, some individuals may find I have stretched comfort zones by breaking perceived taboos in research (Ellis and Bochner 2000 p. 746-749).

Client-as-Expert Contrary to Practitioner-as-Expert

As a feminist researcher, privileging my 'client-as-expert' and 'insider-as-expert' voices, I expect to contribute to research to help correct a power imbalance that advantages the 'practitioner-as-expert' (Spinelli 1994 p. 24; Etherington 2000 p. 256; Duncan and Miller 2001 p. 37; Wilson 2002 p. 3-6, 58). Pointing out that the therapeutic encounter is socially 'co-constructed' by both client and clinician, and rather than needing to privilege the practitioner's understanding, McLeod (1997 p. 105) states, '[T]here is more to be gained by exploring the nature of the therapeutic relationship from the side of the *client* [author's italics].' A growing group of researcher-practitioners are disenchanted with traditional positivist statistical methods that produced mounds of research 'with little relevance to actual clinical practice'(Henry 1984 quoted in MacCormack 2000 p. 58-60). They have moved from the mainstream to employing post-modern interpretive methods focusing on meaning and language (Rennie 2004 p. 37). These social science qualitative studies initially tapped into 'the rich clinical experience of skilled therapists' (Rice, Greenberg 1984 quoted in MacCormack 2000) and sometimes making space available 'for clients to reflect directly on their own therapy experience' (MacCormack 2000 p. 61; Rennie, Watson and Monteiro 2002 p. 179). Topics explored from the client's subjective experience in psychotherapy include storytelling (Rennie 1994a), deference (Rennie 1994b), internal representations of their therapists (Knox, Goldberg, Woodhouse and Hill 1999), silent pauses (Levitt 2001), and transitional objects (Arthern and Madill 2002).

More recently, researchers have studied the same topic from complementary perspectives of either the client or the therapist (Arthern and Madill 1999; Thompson, Hill and Ladany 2000; Levitt 2001; Arthern and Madill 2002). Significant to these comparative studies was that not only were there potentially marked differences in client and therapist perspectives, but the client's understanding was 'far more complex' and they 'articulated a more complex process' than did therapists (Arthern and Madill 2002 p. 370, 384). Further to this, what the clients referred to, and the therapists did not, was developmental understanding and meaning making (p.384). However, a confounding identified for their clients' more complex awareness was that three (of six) participants were also qualified therapists (p.384). Similarly, I have brought my awareness as a counsellor to my standpoint of both researcher-researched, this being a significant gain of potentially articulating a more complex understanding of the relational developmental processes involved in fostering reparative safety and trust between client and therapist.

Sample of one and Generalisability

Appropriate to storying a lived-experience, 'a sample size of one' initiated my project (Llewellyn, Sullivan and Minichiello 1999 p. 189). I purposefully selected myself as informant, based on the rationale 'to select information-rich cases', and, by this, employed intensity sampling thus allowing for the deeper exploration and understanding of the phenomenon being studied (Llewellyn, Sullivan et al. 1999 p. 176, 186). By employing narrative analysis, which is different from the analysis of narratives, I have drawn data elements sourced from diary notes, personal poems and the treating therapist's clinical notes and integrated them into an emplotted whole story (Polkinghorne 1995 p. 15). The plot is 'the glue' (p.18) which holds the differing data elements together and is defined within the contextual boundary of a client's experience of 'unsafety' in the presence of another (Gerber 1999 p. 27). Elements that are not pertinent to the development of the plot are not included in the resulting storied data (Polkinghorne 1995 p. 16). In organising a 'coherent developmental account' from my sample of one, data is sought to 'reveal uniqueness of the individual case or bounded system and provide an understanding of its idiosyncrasy and particular complexity' (p.15). I believe this would not be found by measure or even composite cases.

As an added dimension, Miles and Huberman (1994 cited in Llewellyn, Sullivan et al. 1999 p. 191) indicated that 'within-case sampling' is needed even for the single case study that brings to notice the vast range of data sources accessible from the case and, because of the social nature of the phenomenon to be examined, also from potential 'units within the case' (e.g. practitioners, family members). Thus, from this standpoint, a type of theoretical sampling has been employed enabling the seeking of 'additional data relevant to the concepts which emerge as data analysis progresses' from other potential sources (Llewellyn, Sullivan et al.

1999 p. 178). For example, I am able to source Rene Rivkin's initial interview¹¹ (Rivkin 2003) by Andrew Denton on 'Enough Rope' and our following written and verbal personal communication, which included having 'a cuppa on board'. In Rene's very public interview he tells of his early experiences, family relationships and a strangely similar story, being familiar to that of my own, of parental trickery forcing his unprepared introduction to 'Woodlands' nudist camp whilst a vulnerable teenager. Interestingly, our forced attendance was during the same years.

My sample of one is viewed as non-representative of the general population therefore the results cannot be generalised (Llewellyn, Sullivan et al. 1999 p. 175; Schofield and Jamieson 1999 p. 165). However, in autoethnographic research Ellis (1999 p. 674) points out, 'A story's generalizability is constantly being tested by readers as they ask if it speaks to them about their experience or about the lives of others they know.' Therefore, in using my life experience, my intention is to generalise to the larger culture of mature-aged adults having a dissociative disorder and developmental attachment/dependency needs and to practitioners and close others who want to understand the phenomena more deeply and to learn how to support developmental change (Minichiello, Aroni, Timewell and Alexander 1995 p. 112; Ellis 1999 p. 671).

Authentic Texts and Validity

In using narrative analysis, the narrative is treated as the endpoint or product, requiring no analysis, as the story actually constitutes the authentic lived social reality of the storyteller (Baldwin 2001 cited in Etherington 2002). Writers of vulnerable authentic texts need to have healed a considerable amount of their shame before publicly exposing their stories or selves in print (Etherington 2002). I agree with other writers of trauma or illness stories for research who have described their experience as 'risky', 'dangerous', 'treacherous', 'emotionally painful', 'bumpy', 'agonising', 'lonely', 'distressing', 'very exposing', 'fearful' and 'a rollercoaster' (Smith 1999 p. 268; Etherington 2000 p. 11; Etherington 2002; Vickers 2002 p. 608). It is also considered that being transparent, exposing a vulnerable self, and going personal might run the risk of feeling attacked, disaffirmed or even shamed, or chastised for breaking 'the code of silence' or taboo tinkering (MacCormack 2001 online; Cottle 2002 p. 545; Vickers 2002 p. 611). MacCormack (2001) acknowledged there might be inherent hazards in disclosing and becoming intimately vulnerable and further suggested the outcome may not be worth the risk. Storying workplace experiences, breaking professional taboos, carries an added danger of losing professional credibility, of experiencing financial harm or of being marginalised by work administrators (Richardson 2000 p. 932; Etherington 2001; Vickers 2002 p. 612). Authoring a self-narrative means I am no longer anonymous and publication may jeopardise a private self (Kent, Furlonger and Goodrick 2001). However, the gain in breaking such taboos and codes in telling and touching others who receive the story can be transformative for both.

¹¹ Transcript accessed 5 May 2005 from: <http://www.abc.net.au/tv/enoughrope/transcripts/s847158.htm>

I align my standpoint with that of Frank's (2000 p. 357-358) that storying my lived experience can be therapeutic, being '*for an other just as much as it is for oneself*' (Frank 1995 p. 17 author's italics). When I am open to receiving another's vulnerable self-narrative that deeply, and often painfully, resonates with my own I feel a sense of safe connectedness with the other deeply reflected within myself. Cottle (2002 p. 537-538) described this as the Self discovering itself, whereby we come to appreciate our own meaning. Increasingly, I have experienced this embracing of each other as therapeutic.

Validity is spoken of in both qualitative and quantitative research (Minichiello, Aroni et al. 1995 p. 176-177; Grbich 1999 p. 124; Minichiello, Fulton and Sullivan 1999 p. 40). As a survivor of chronic and complex trauma I am aware that memories and experiences can be discounted or invalidated so, as storyteller I can be easily seduced into seeking validity so that my research will be taken seriously. However, in writing my reflexive self-narrative that claims local, partial and cultural knowing, I also acknowledge that other potential storytellers (e.g. family members, therapists) would tell a different and equally valid story of the same events (Richardson 2000 p. 928; Barbour 2001 p. 1117). In leaving traditional methods behind, I am relieved of seeking one generalisable truth or dominant narrative, but rather charged with capturing a lived experience that is uniquely shaped and nuanced, being legitimate in its own right (Richardson 2000 p. 930-931).

Conclusion

I have reflected on my departure from conventional methods of inquiry so as to utilise methods differently as both investigator-subject, and from a marginalised standpoint, to gain new ways of knowing to inform counselling and psychotherapy. Postmodern self-narrative methods have offered the flexibility I need as researcher to access and acknowledge my authentic knowing, whilst also preserving the relational nature of the data. I have discussed perceived taboos in research such as, sample of one, writing authentic texts that expose a vulnerable self, and client-as-expert informing therapeutic practice. I have advanced the potential gains and challenged traditional concepts such as, generalisability, validity and practitioner-as-expert. Storying lived experience for research can transform both writer and reader and make a unique contribution to the practice of psychotherapy and to the body of complex developmental trauma and social science knowledge.

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