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Using autoethnography to reclaim the 'place of healing' in mental health care

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ABSTRACT

Geographies of mental health in the era of deinstitutionalisation have examined a range of places, policy processes and people's experiences associated with community care. However, such assessments have tended, given their community focus, to necessarily be silent on the character of inpatient spaces of care. There is silence too on the potential of such spaces to assist in the healing journey. While there have been a few investigations of hospital design, there has been little consideration of users' experiences of hospital spaces as critical sites and spaces of transition on the illness journey. In this paper, we critically reflect on a project that seeks, two decades after the closure of the last major institution in New Zealand, to investigate the acute care environment with an emphasis on its capacity for healing. The vehicle facilitating this investigation is a novel approach to understanding the inpatient journey: autoethnography. This methodology allows the first author (JL) to critically reflect on her multiple roles as compassionate observer, service-user and mental health professional, and developing transdisciplinary insights that, in conversation with the other authors' geographical (RK) and psychological (PA) vantage points, assist in the reconsideration of the place of the inpatient unit as a place of healing. The paper reveals how voice, experience and theory become mutually entwined concerns in an investigation which potentially stretches the therapeutic landscape idea through critical attention to the redemptive qualities of place by means of attentiveness to both the world within and the world without.

Introduction

> *We walk across the carpark to the mental health unit, hospital security trailing behind ready to give chase should she decide to run. The fresh air and sunshine is a welcome respite from the controlled chaos of the Emergency Department. I can see the effects of the overdose have worn off, but I sense her ongoing despair. As we enter the unit through the swipe-carded (swipe-guarded) door I wonder what she will make of this place. Will she feel safe? I find myself reflecting on my own experiences of being a patient in places such as this- some the same, some very different…* (personal reflection by the first author).

The landscape of mental health treatment and care in the Western world has changed almost unrecognisably over the last 50 years. Deinstitutionalisation has seen the closure of large, often geographically remote, public asylums to be replaced by small acute mental health units (usually co-located with general hospitals) and community outpatient clinics. Geographies of mental health, in this era, have insightfully examined a range of places, policy processes and people's experiences associated with community care (e.g. Kearns & Joseph, 2000; Parr, 2008; Philo & Wolch, 2001; Pinfold, 2000). However such assessments have tended, given their community focus, to be silent on the character of inpatient spaces of care, with the notable exception of the research by Curtis, Gesler, Fabian, Francis, and Priebe (2007) and Curtis, Gesler, Priebe, and Francis (2009). Elsewhere, the psychiatric literature contains considerable commentary on the state of inpatient psychiatry, much of it expressing concern. North American authors describe hospital units that are overcrowded, with short lengths of stay, and lament the dominance of pharmacotherapy and the medical model over psychotherapy and the milieu (Hanrahan, Aiken, McClaine, & Hanlon, 2010; Markowitz, 2008; Shattell, 2007). A similar picture is evident in the European literature. In a British journal editorial, Muijen (1999) suggests that inpatient units are "atherapeutic" and provide a "care vacuum" (p. 257). Lelliott and Quirk (2004), of the Royal College of Psychiatrists (RCP) Research Unit, write that the quality of care on acute wards is under threat, with "the most pessimistic view [being] that acute psychiatric ward hospitals have become nontherapeutic 'dumping grounds' for service users who cannot be managed by community services" (p. 297).

In this paper, we critically reflect on a project that is setting out, two decades on from the closure of the last major institution in

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New Zealand, to investigate the acute care environment with an emphasis on its capacity for healing. The vehicle facilitating this investigation is a novel approach to understanding the inpatient journey: autoethnography. This methodology allows the first author (JL) to critically reflect on her multiple roles as compassionate observer, service-user and mental health professional, and bringing to the table transdisciplinary insights that, in conversation with the other authors' geographical (RK) and psychological (PA) vantage points, are assisting a reconsideration of the place of the inpatient unit. The 'bringing to the table' in this case is more than metaphorical; this report is the outcome of a deliberate sequence of meetings in Seattle. With the authors affiliated with a New Zealand university, going to Seattle may seem an extreme act of finding a necessary distance. In fact, this is the name of the Auckland cafe at which we sat monthly throughout 2011, finding in Oldenburg's (1991) terms a 'third place' between (the too-familiar) home and (the too austere) work place to discuss and reflect on the illness journey. Conversation is fostered by such third places and, we contend, is paradoxically central to autoethnography for at the heart of autoethnography are stories and storytelling.

Chang (2008) describes autoethnography as sharing the storytelling feature of self-narratives, but transcending mere narration of self by engaging in cultural analysis and interpretation. While examining narrative in health geography is not new (Kearns, 1997), engagement with a researcher's own story is. This approach demands a suspension of the 'arm's length' perspective of traditional empirical science and an embracing of the "I". However, a story only takes form in the context of its telling (Milligan, Kearns, & Kyle, 2011). The researcher as storyteller therefore needs, at minimum, attentive and empathetic others to hear the story take shape, and perhaps collaborators to help make sense of what lies within it. In the case of this project, I (JL) know I have a story to tell but can that story be transformative, can I move it beyond the simply therapeutic? Can I use my story to consider wider issues in mental health, to move beyond Seattle, to be political, to provoke change?

Autoethnography

Autoethnography, as a methodology that seeks to connect personal experience to cultural process and understanding, argues that as researcher and participant, I (JL) am as close as I can get to the social process, creating potential for greater depth and understanding. This has particular relevance for mental health research as patient privacy, power dynamics and stigma can all limit access to intimate information. It aims to be emancipatory, allowing the often silenced voice of the stigmatised to be heard. The focus of autoethnographic research is often topics that are kept private. This paper began with an italicized narrative written by the first author, in that case reflecting as a mental health professional. Reflective and autobiographical content is often used in autoethnographic writing to make the personal overt, sometimes using devices such as change in font or punctuation marks to indicate changes in voice (Kidd, 2008; Ronai, 1995).

> "*When I arrived the snow was on the hills, the rhodo's weren't even hinting at their glory to come. I had been sent South, complete with winter woollies, to be admitted to the Hall. I went there not knowing what to expect. All I knew was that I was desperate. Depressed and desperate. Before arriving at the Hall, I had had several years of aggressive treatment with multiple drugs and ECT. I was going nowhere. I was 31 years old, and my life was a mess. I was unable to work, I was becoming increasingly dependent, there seemed to be nowhere to go but to die*" (Anonymous, 1992, p. 5) (JL wrote this article anonymously shortly after leaving hospital).

Autoethnography, with its origins in the post-structuralist paradigm, was first used as a research term by Hayano in 1979 to describe studies in which the researcher is a member of the group being studied (Ellis & Bochner, 2000). Since that time it has evolved into a methodology that has had many different names and forms, but all have in common the overt inclusion of the self (auto) in an investigation (graphy) of cultural process (ethno) albeit with varying emphasis on each component. Ellis and Bochner (2000) provide a long list of terms that are embraced under the rubric of autoethnography including personal narratives, first person accounts, personal ethnography, complete member research, indigenous ethnography, critical autobiography, self-ethnography, performance autoethnography, and reflexive ethnography. As a general rule, the researcher will study his or her own biography or culture, a culture into which he or she has been adopted and accepted completely, or the culture of another as it relates to the self of the researcher (O'Byrne, 2007). The methodology requires the author to "scrutinize, publicize, and reflexively rework their own self-understandings as a way to shape the understandings of and in the wider world" (Butz & Besio, 2009, p. 1660). Inspired by the postmodern "crisis of representation" in the 1980's, autoethnography overtly breaches the traditional separation between researcher and researched, challenging and effectively dismissing (along with various other qualitative approaches) the notion of the neutral, objective researcher – "autoethnography is one of the approaches that acknowledges and accommodates subjectivity, emotionality, and the researcher's influence on research, rather than hiding from these matters or assuming they don't exist"(Ellis, Adams, & Bochner, 2010, p. 2).

The researcher may be the only participant or one of many. Ellis and Bochner (2000) embrace a style, labelled by some authors as Evocative Autoethnography (Anderson, 2006) (they dispute the descriptor saying that all autoethnography is by definition evocative (Ellis & Bochner, 2006)), in which the researcher is often the only subject. They describe the researcher using a back and forth gaze that focuses outward on social and cultural aspects of personal experience, then looks inward exposing a vulnerable self. Through this to and fro process distinctions between the personal and cultural become blurred. The analysis may be overt or implied, in part depending on "where in the continuum of art and science you want to locate yourself" (Ellis & Bochner, 2000, p. 750). This form of autoethnography is captured well by researchers who utilise performance such as dance and drama as their mode of presentation.

At the other end of a spectrum, Anderson (2006) proposes the model of analytic autoethnography, which is a resistance to the style of autoethnography encouraged by Ellis and Bochner. While supporting the role of researcher as subject, Anderson demands a return to more traditional ethnographic roots requiring theoretically based analysis, and involvement of other participants. By adding these requirements he claims the value-added quality of broader generalization, notwithstanding others arguing for reliability, validity and generalizability simply being found in the reader's response to, and self-recognition in, the material (Ellis et al., 2010). Burnier (2006) suggests analytic autoethnography risks limiting and silencing the personal/self in the research context. Writing as a political scientist steeped in a world of statistical methods and mathematical modelling, she has come to embrace the 'I' in her teaching and writing arguing that "autoethnographic writing is both personal and scholarly, both evocative and analytical, and it is both descriptive and theoretical when it is done well" (p. 414).

Autoethnographic researchers utilise less traditional forms of presentation (drama, dance, art) or writing as a further critique of canonical ways of doing and presenting research, and to widen the potential audience (Ellis et al., 2010; Jones, 2005). Writing, usually in the first person, is encouraged to be aesthetic and evocative, intending to engage the reader emotionally as a way of effecting