Nursing and Worth: an autoethnographic journey

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Abstract

This thesis offers possibilities for a new way of thinking about the subject of worth in relation to nursing. Its main purpose is to provide nurses with an opportunity to be reflective and reflexive about the many differing concepts of their own worth and that of the people with whom they work, thus facilitating the potential for new thinking and, in turn, new practices. The research arose from disturbances that emerged from three particular areas: 1) my own self worth evaluation; 2) client stories of being treated with a lack of worth by nurses; and 3) from hearing stories from colleagues about perceptions of self worth in relation to nursing identity.

Within this study, I used Evocative Autoethnography, a reflexive methodology where the researcher and the researched are one, simultaneously aware of being both subject and researcher. I paid attention to how I experience myself as a nurse, how nursing appears to be viewed and how my idiosyncratic measures and displays of worth affect interactions with both others and myself. A process of rhizomatic conceptualisation ran alongside, through and around the autoethnographic process, providing a map of the territory and a frame of reference for the research. Within this Evocative Autoethnography the data are my thoughts, memories, reflections and reflexive thinking, 'collected' *because* of their evocative nature. They were analysed through a process of reflection and reflexion whereby the collection of data and the analysis of those data became an iterative cycle, the data becoming the data analysis becoming the data. The data are represented through multimedia concepts such as narrative prose, poetry and photographs. There is no conclusion to this process, only the point at which the data are no longer captured.

Through undertaking the research, I discovered that my experience of self worth varied throughout the different cultures and different selves that I inhabit, and that this had an impact on the ways in which I interacted intra- and inter-personally. Through this iterative process of reflection and reflexion, I found I was sometimes able to influence my intra- and interactions in a helpful way, but sometimes my low self worth unhelpfully influenced the outcomes of my self/other encounters. Gaining insight into my constructions of self worth has provided me with opportunities for intra- and inter-actional changes with implications of more helpful practices.

The intention of this research is to provide nurses, and in particular, mental health nurses, with an opportunity to be reflective and reflexive around the concepts of their own value and that of the people with whom they work. 'Hearing' others' stories or narratives is essentially an encounter, where the words of the other can resonate with us, providing us with a chance to not only respond to the words of the 'other' but also to our *own* responses, thus facilitating iterative 'echoing' or, in other words, 'thinking with the story'.

In ‘thinking with the story’ nurses might discover something new about themselves and/or their practice, which in turn might bring about new ways of considering their self worth and that of others, thus leading to practices which place the value of both nurses and the people with whom they work at the centre of their interactions.

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My Aunty Eileen and Uncle John.

The brothers.

All my friends and colleagues who believed that I could do this, in particular Alec, Helen, Heidi and Nikki.

Special thanks to Joshua Turner for agreeing to have his photographs included within this work

This work is dedicated to Freya, Joshua, Christopher, Jacob and Daniel

Declaration

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree, and does not incorporate any material already submitted for a degree.

Signed

Dated

Contents

Chapter 1
Introduction

Autoethnographic research requires people to read it. Although I am writing about myself, the goal of the research is to touch a "world beyond the self of the writer" (Bochner & Ellis 1996: page 24)

Overview

When I have undertaken research in the past, I have started by thinking about what I am interested in, what I would like to investigate, or what I might like to discover. When, I started this doctoral journey, however, although I already had an idea as to what I wanted to investigate, I was struggling to capture the essence of what it was I wanted to explore. I was invited to think about what it was about my professional life that 'disturbed me'. This seemed to hit the nail on the head, and I was able to start to define those things that I found disturbing. For some time I have felt frustrated about how some practices within the organisation I worked within appeared not only unhelpful, but actually 'uncaring'. The continued use of 'Ward Rounds' on in-patient units, lack of choice over which Consultant Psychiatrist may be 'responsible' for the client's treatment, the restricted opening hours of Community Mental Health Services, unhelpful attitudes of mental health staff towards some client groups and working with clients who had spent decades in and out of mental health services, with seemingly little improvement in their quality of life. I was also disturbed by the apparent low morale amongst my nursing colleagues, who, amidst rolling wave upon rolling wave of change over the years, appeared to have become 'helpless and hopeless', demoralised but seemingly passively 'putting up with their lot'.

It appeared to me as if there was a lack of care and compassion within the National Health Service (NHS) mental health services I found myself a part of, and I initially

decided that this issue was what I wanted to investigate, this apparent lack of caring or compassion of and by staff towards each other and the people for whom they were caring. I pursued this idea for a while, but it still didn't quite hit the mark. I thought about how it might feel to be the clients in the ward round being spoken about, being discussed with decisions being made about them, without necessarily even involving them let alone being led by their wishes. I thought about my nursing colleagues who, despite yearly staff satisfaction questionnaires, and mandatory appraisals, still felt unheard. I thought about power and attitude, about hierarchy and role, and concluded that my disturbance hinged on the concept of worth. My own worth has been and continues to be subject to the ebb and flow of emotional tides, sometimes prompted by circumstance, sometimes 'man' made and often purely of my own doing. The way in which I lead and manage my life, inter-personally and intra-personally and the way in which I view and live my selves and my cultures is bound up in my own self-worth. My worth as Lydia, as a woman, as a Nurse, as a Nurse Psychotherapist, as a Tutor, as a Mum, as a partner, as a friend and as a scholar influences the way in which I *am* any of those selves at any given time.

I have an idea that we should all feel 'worth it' and be treated as if this is the case by others. I believe, possibly naively, that the worth of the people with whom mental health staff work 'should' be valued and held at the centre of their interactions and that mental health staff 'should' be valued by the people with whom they work, (clients and colleagues) and by the organisation for whom they work.

Within this study, I used Evocative Autoethnography, a reflexive methodology where the researcher and the researched are one, simultaneously aware of being both subject and researcher. I paid attention to how I experience myself as a nurse, how nursing appears to be viewed and how my idiosyncratic measures and displays of worth affect interactions with both others and myself. A process of rhizomatic conceptualisation ran alongside, through and around the autoethnographic process, providing a map of the territory and a frame of reference for the research. Within this Evocative Autoethnography, the data are my thoughts, memories, reflections and reflexive thinking, 'collected' *because* of their evocative nature. They were analysed through a process of reflection and reflexion whereby the collection of data and the analysis of those data became an iterative cycle, the data becoming the data analysis becoming the data. The data are represented through multimedia concepts such as narrative prose, poetry and photographs. There is no conclusion to this process, only the point at which the data are no longer captured.

During the process of this autoethnographic study, I experienced situations which I found evocative, for example, realising how lacking in worth I appeared to be to the department in which I was working at the time, or reading the pain I felt 'writ large' on the screen. These experiences influenced my thinking, in that they moved on the way I thought about myself or others around me, and often influenced the ways in which I subsequently behaved. I have felt it appropriate to include these situations within this work; however, there have been other situations, I experienced evocatively which have not been included. My reasons for their non-inclusion might have been for ethical reasons, or my inability to annoymise the people involved without losing the context and therefore the reason for their inclusion. It might be because the situation was too exposing for me to share; too evocative at the time I came to write about it or not. So there will be pieces missing, situations that will have been evocative for me, situations which may have influenced my thinking and writing that I have not included. The reader will not know what I haven't included, or why, but even in an autoethnographic piece of

work, there needs to be boundaries. Boundaries which are intended to keep others and me safe.

The intention of this autoethnographic study is to provide nurses, and in particular, mental health nurses, with an opportunity to be reflective and reflexive around the concepts of their own worth and that of the people with whom they work, these might be 'clients', 'patients', 'services users', 'customers' or colleagues, 'work mates', ward staff or friends. 'Hearing' others' stories or narratives is essentially an encounter, where the words of the other can resonate with us, providing us with a chance to not only respond to the words of the 'other' but also to our *own* responses, thus facilitating iterative 'echoing' or, in other words, 'thinking with the story'. In 'thinking with the story', nurses might discover something new about themselves and/or their practice. This new discovery might bring about new ways of considering their self-worth and that of others, and lead to a possibility of new practices, which place the value of both nurses and the people with whom they work at the centre of their interactions.

Research Question:

- How do I experience the concept of worth within mental health nursing?

Aims of the study:

- To explore the idea of worth within the context of mental health nursing
- To stimulate professional debate and to invite examination of personal experience around worth
- To produce an original contribution to the nursing literature on worth

Although this thesis is divided into chapters that roughly correspond to a standard format containing theoretical underpinning followed by methodology, method,

and then discussion, the 'findings and 'data analysis' are the theoretical underpinning, method(ology) and discussion. One construct being 'felted' within the other, one becoming the other. I will therefore introduce you to this thesis and give you an overview of the subjects discussed.

Context

This chapter will provide context for this study. I will give an overview of my philosophical positioning contextualised within a brief history of the philosophy of science showing where my chosen method(ology) of autoethnography and the process of rhizomatic conceptualisation fit within my philosophical positioning. I will also discuss the way in which this thesis will be presented providing reasoning and justification for its styling and contents.

Evocative Autoethnography and Rhizomatic conceptualisation

This chapter will introduce the reader to the method(ology) and process of the research. Autoethnography and rhizomatic conceptualisation are the research; they are the structure and the process, the data and data analysis. They have different characteristics but fit together to describe and summarise what will be found within the thesis.

Autoethnography

- The researcher as the researched
- Reflective and reflexive
- Doing it while being it
- Constructionist ontology and epistemology
- Acknowledges selves
- Honest and authentic
- Not only acknowledging researcher subjectivity, but also taking the position that this subjectivity is the story and needs to be written about and explored.

Rhizomatic Conceptualisation.

It (the text/my thinking):

- Might move randomly or unpredictably
- Will move and change, veering off in different directions all at once
- Will move wherever and whenever, straying and becoming
- Will wander, move, change, develop, grow organically
- May have no order, or defined structure, at times one part will not need to be dependent on another
- Will be an assemblage
- Will have little uniformity and cannot be predicted or replicated

This chapter will also discuss the ethical considerations of undertaking autoethnographic research, drawing specifically on relational ethics as a framework upon which to undertake this study; relational ethics concerning our responsibility towards others and the consequences of our actions, suggesting that we think of others however involved in our research, with value, respect and dignity.

Worth and Nursing: The threads that run through

During these chapters I will try to define the role and nature of nursing and nurses, although this study concentrates on mental health nurses, as that is my profession, I will introduce to you to the concepts of nursing, not just mental health nursing, and I will provide examples of experiences both within and without the mental health field. The discussion on nurses will continually touch on the role of worth and esteem and will visit these ideas:

- What is worth?
- Is it the same as self-esteem?
- What is a nurse worth?
- What is a nurse's worth?
- What about my worth?
- My worth as a person?
- My worth as a Nurse?
- How might I 'measure' it, see it, capture it?

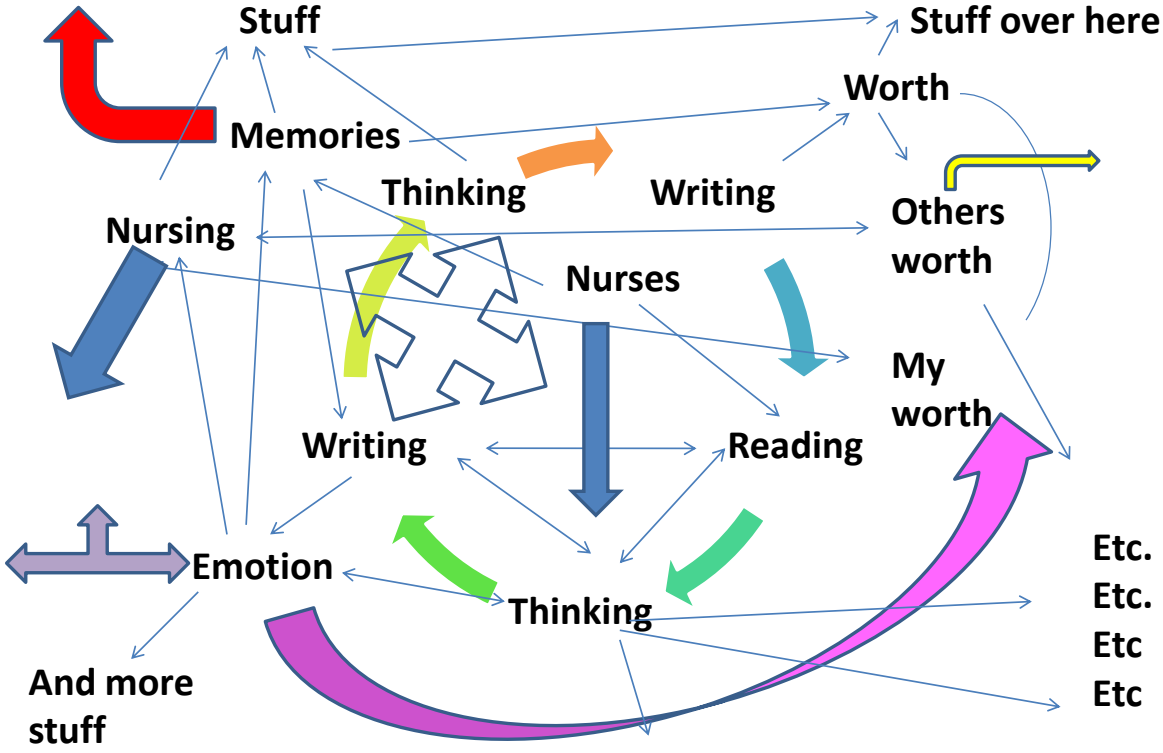
The process

This chapter discusses researching autoethnographically and rhizomatically, 'unpicking' the process of the method(ology) becoming the data becoming the data analysis becoming the method(ology) running through and around and in-between nursing and worth. It discusses:

- What I decided to write about
- What I decided not to write about
- How I decided to write
- How I captured what I had thought about, read and written when there were always new thoughts and new things to read and write about which led me to new thoughts and new things to read and more new thoughts
- Finding what I had written was too 'emotive' for me to read
- Being overwhelmed (lots)

This thesis may not look like other theses.....

So what have I been doing for four and a half years?



- Reading
- Writing
- Thinking
- Taking pictures
- Experiencing
- Trying to capture my experience: see above
- Living: which included (home-work/work-home), emotion (productive and disabling), relationships (issues of worth), thinking (and ruminating), writing (relevant and irrelevant)

Chapter 2
Context

This chapter aims to provide an overview and insight into the context within which this research was undertaken. It explains my theoretical underpinning; the selves that I am or might be at any given time while positioned as both the researcher and the researched. It gives an overview of my philosophical perspective, my own ontological and epistemological positioning and general values. It also gives a guide to the way in which the work is presented.

Some History

A while back, I was invited to participate in some research on nurses who were in the process of undertaking doctoral research. As part of my role in participating in this research, I spoke with the researcher, a nurse who was interested in transitions, why nurses undertake further qualifications and what might motivate them to enter into research. While talking with this person it occurred to me that there was a theme to my 'transitions'. I entered nursing by accident:

> *It was cold and wet November day in 1985. I had just had a row with my Dad. I had been out of work for a month after leaving a job at a local kebab house following an altercation with the male Turkish Chef who had some unhelpful cultural rules about women doing as they were told. I didn't do as I was told, he gave me a slap, and I left.*
>
> *I had been sitting around at home, wondering what to do with my life, making some half-hearted job applications, none of which had resulted in interviews. My Dad had delivered an ultimatum:*
>
> *"Either get a job or get out"*
>
> *Thinking a job might be a good option, I got in my Dad's car and drove down to the job centre determined that I would not go back home without a job application. I hurried from the car towards the job centre dressed in tight*

jeans, a tee shirt and denim jacket and was freezing cold and wet when I pushed open the job centre door, relieved to be in the warm and dry brightly lit room. I took a deep breath, walked straight ahead and scanned the job cards, filed under 'type' in an open display. My eyes quickly settled on 'Student Registered Mental Nurse'. "That's the one" I thought, swiftly picking up the card and showing it to the lady sitting at the desk to my right, before I had a chance to change my mind and put it down again. The woman gave me some more details and I went home, sat down at the lounge table and filled in the application.

A couple of weeks later I received an invitation for an interview, which I initially didn't make as my car broke down half way. However, they did kindly give me another date for a couple of days later, which I managed to attend. This was the middle of December 1985. I started my new Job of Student Registered Mental Nurse on the 6th January 1986, thinking that if nothing else, all I had to do was successfully complete three years worth of training and then at least I would have a trade.

Twenty-five years later, I am still a Registered Mental Nurse.

Back to my transitions: After qualifying, I spent 9 months on an adolescent unit and then another 9 months on an acute admission ward. Towards the end of this second 9 months I had become disillusioned with nursing, with the way the wards were run, with the way 'we' (all the people - 'living' on and working in - the ward) were divided up into hierarchies, and diagnoses, those who had power and those who were powerless. It was, I appreciate; 'just' my perception and I have no doubt that at times, I was an active participant in this system, but at others, I was an unwilling observer. So, for the second time in my 'working' life, an ultimatum was delivered, this time by me.

"Either change it or get out".

I found that trying to 'change things' in my inexperienced, probably ham-fisted way, just 'pissed people off' (this was not to be the last time I had this effect on my colleagues and superiors).

I was shown an advert for 'Trainee Nurse Behavioural Therapist', the closing date had passed but I thought I might give it a punt anyway. So I called, was given an interview in late 1990 and by February 1991 found myself training to be a Nurse Behavioural Therapist.

Several years later, after having worked in various environments, and once again working part of the time on an inpatient unit, trying to provide access to therapy for clients with complex difficulties, and support for the staff working in difficult circumstances, I decided that I wasn't happy (again) with the same old issues; Hierarchy, diagnostic prejudice and power play.

Why don't we practice what we preach?

Listening to peoples' stories within a work setting-or listening to peoples' difficult stories, make me feel sad, makes me feel angry, makes me want to 'do something'. Hearing people's pain "gets to me" and I get even more upset by hearing the difficult stories of people I care about, their treatment on inpatient units by nursing staff. I can't read my friends' published stories of their mental ill health journeys today, perhaps tomorrow, but not today.

What does it say about me that I get upset?

What feelings does reading/hearing about others' distress cause in me?

Does it mean that I 'care' or that it triggers difficult feelings or memories in me, and I care about me, not them?

I wonder, do we 'need' to be cared for; valued?

Hearing that ward staff will not let you make a cup of tea or talk to you at night makes me feel angry and upset

Perhaps it's easier for the nurses, they don't need the 'hassle'….

Do these things only disturb me because I'm not bothered by the day to day routine of it all? I've not habituated because I don't have to habituate.

When I hear stories, they are difficult to hear, but maybe we all become immune?

There is another emotion alongside the sadness, some guilt, guilt that I'm not always as empathic and as patient as I should be? Or maybe can be? Sometimes I get irritated or fed up. Sometimes I don't have the tolerance to 'stay' with people's struggles through trying to accept some help.

Is that why I'm so interested in researching these ideas, to try to understand my disturbance with my own behaviour? To assuage my own guilt?

Perhaps I am 'othering' other mental health nurses, taking a stance that it is them that does the 'not valuing bit' not me?

Is this why it disturbs me? Because I can do it too, I can devalue others' worth, as easily as I can devalue my own? Moreover, it breaks my rules or my self-view as an empathic, non-judgmental caring nurse who values those I work with.

On the other hand, is it that I do it generally, but feel my practice, or I, am 'not good enough', so think that I should try harder? Perhaps I apply this rule to others too?

Am I just sensitive and vulnerable to this at the moment? If so, is this because I have really started to think about worth, my colleagues, me, my culture, or is it because I'm sad?

I have just been thinking about my friends and their doctorates, reading their work and noticing how I've changed since meeting them, how I've changed alongside meeting them: Thinking differently, seeing differently, hearing differently and understanding differently and how this has supported me to be where I am now, without the discussions I've had with them, I wouldn't have been where I am now doing what I'm doing. Reflection and reflexion, wheels overlapping wheels.

Anyway, perhaps I had better go back to my theoretical underpinning, my understanding of my own ontology and epistemology.

My philosophy of science (Some ideas)

During the process of undertaking the professional doctorate, the phrase 'Philosophy of Science' has been included in lectures and conversations alongside terms used to describe philosophical 'positioning' such as 'ontological' and 'epistemological position'. I have witnessed these terms being inserted into spoken sentences with the same ease as words with which I have greater familiarity such as 'political' or 'religious', and have wondered if I would be able to speak with such confident eloquence.

"Epistemology, ontology, I'm stuck"

"Where are you getting stuck?"

"With the connection between methodology, epistemology, ontology, knowledge, and what this has to do with autoethnography!"

"Hmmmm, does Crotty have to say anything on the subject?

"Crotty says that ontology is "what is" and epistemology is "what it means to know", and he mentions both throughout the book"

"So does that help?"

"Nope, I'm still confused; I suspect it's my inability to grasp concepts rather than a scarcity of explanation

"Ok, so epistemology for example, might be constructivism, yes?"

"Er, ok"

"A theoretical perspective for example could be feminism, yes? Then ethnography would be an example of a methodology and a method might be an interview"

"Yup, with you so far"

"So which bit is difficult?"

"Ok, I have grasped the concept of having a theoretical perspective which underpins methodology which underpins method"

"Ok"

"So where does epistemology fit in?????"

"It looks at what kind of knowledge is there, yeah?"

"Er…."

"Well let's compare objectivism with constructivism"

"Ok"

"Objectivism suggests that knowledge is discovered, yes?"

"Ok"

"And constructivism suggests that knowledge is constructed, yes?"

"Ok"

"So if I believe that there are no 'truths out there' and that what is out there is constructed by the people experiencing what is going on at that moment, and….furthermore, my knowledge comes from how I construct the world at any given time, then I have a constructivist ontology and epistemology?"

"Yeah"

"Gergen however had an idea that constructionism is 'ontologically mute'"

"Hmmmmmmmmm, ok, so if we say that ontology is, according to Crotty, 'what is', but, if I take the philosophical position that everything is constructed and therefore, nothing exists in its own right, then there is no such thing as ontology?"

"I think that was the general gist of what he was trying to say, yeah"

"Hmmm, I'll have to think more on that one…"

Wikipedia (http://en.wikipedia.org/wiki/Philosophy_of_science) defines The Philosophy of science as "The philosophy of science is concerned with the assumptions, foundations, and implications of science". This seems like a good place to start.

Foundations

Assumptions

Implications

Science arose from philosophy. In simplistic terms, as I understand it, Philosophers had ideas about the way the world worked and scientists came along to try to 'prove' or 'disprove' their ideas. We start, therefore, with an assumption that there *were* truths out there to be discovered. Some of those truths were observable, and therefore could be empirically understood, some were unobservable, and the effects of these 'unobservable' phenomena were studied. Finding out the 'truths' of those unobservables was a little trickier with several scientists developing theories which were able to predict and 'prove' truths.

Foundations

Modernism

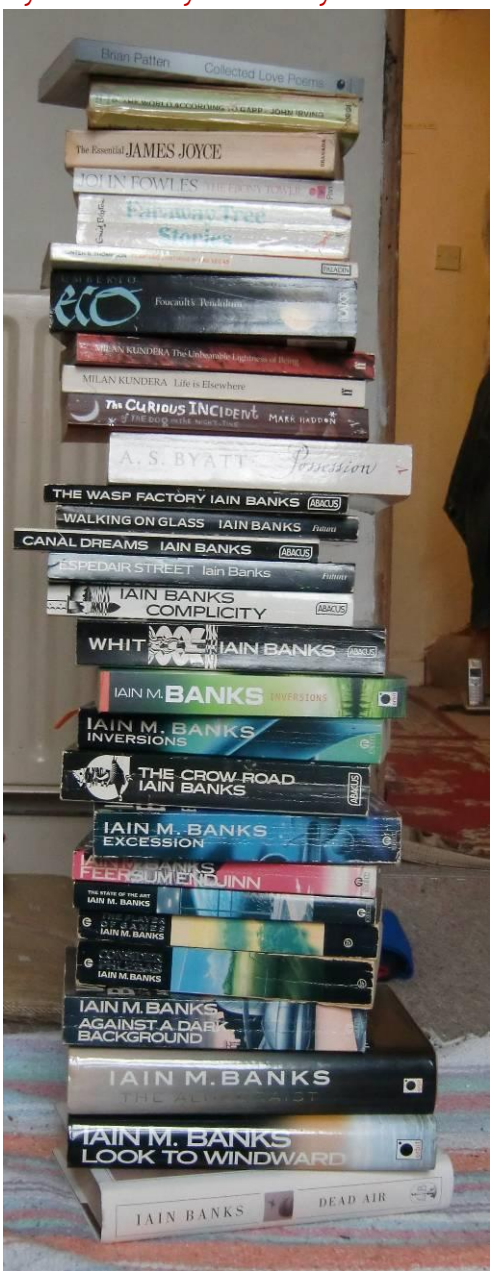
According to Barker (2005) Modernity is "a post-traditional, post-medieval historical period, marked by the rise of industrialism, capitalism, the nation-state, and forms of surveillance" (p.483). During this time traditional conventions of social behaviour, aesthetic representation and ideas of scientific verification were abandoned, with a general dismantling of the premise of a "coherent empirically accessible external reality and the substitution of humanly devised structures or systems which are self-consciously arbitrary and transitory." (Concise Routledge encyclopedia of Philosophy, 2000, p.586). Before this period, there were ideas that the objective and absolute truths of the world were accessible to man through scientific and artistic rigour; there was a world of universal laws and truths.

During this time, rules were broken, 'truths' were questioned and pulled apart.

Einstein's Theory of General Relativity superseded Newton's Law of Universal Gravitation, the precise representation of renaissance art in the form of the human body and three dimensional landscapes gave way to an interpreted world of cubism, surrealism and expressionist art, and Freud introduced the idea of unseen and unconscious processes within the human mind. World War, poverty and exploitation highlighted differing rather than universal truths, while Marx and Brecht challenged dominant narratives of class, control and oppression, through political activation and the medium of drama, with Stravinsky, Joyce, Proust, Kafka

and Eliot dismantling the conventions around socially acceptable literary content and written and musical construction.

This is where it starts to make sense to me. I struggle with ideas about 'things being the way they are'. As a child, it felt that people knew better than me, because they knew how things were. This idea never fitted into my head or my heart. My Father's rigid rules on what should and shouldn't be, brought up on a diet of war films, sexist views on the ways in which men and women should behave, the definition of a good job, the 'right way' to dress. I didn't fit with it and it didn't fit with me.



Post Modernism

Postmodernism by its very nature seeks to deconstruct language, principles, rules and laws. It is difficult, therefore, to define what it is, or might be, and indeed, the danger with trying is that you start to fix a concept, which once fixed and defined, might arguably cease to be postmodern. Levi-Strauss coined the term 'floating signifier' to mean "an undetermined quantity of signification, in itself void of meaning and thus apt to receive any meaning" (http://en.wikipedia.org/wiki/Floating_signifier). What it does appear to mean however, is the end to master narratives, ideas that there is a 'truth' to the world and the way it and we are. 'Truths' if they exist might be contingent upon socially constructed norms or even individual or co-constructed agreement on what *is* at that time.

So post-modernism might be seen as a moment in History or a point in time.

Language, under this heading is in itself, just a construct; how do I know that the words I might use to describe something convey the same meaning I have, to the listener of that description? I don't.

The difficulty I find with '*being* post-modern', is that while I seek to describe my world in terms of postmodernist philosophy, I find that I am living in a world of 'naive realism', a modernist world, trying to justify a stance; this is what I believe (to be *true* for me) at least some of the time, while using established methods (typing words in sentences and paragraphs in a linear format using a classic font style and size) and language (grammar, sentence and paragraph construction), which all assumes modernist conventions, and rules. I therefore seems to be experiencing this constant movement between objective 'constraints' and constructionist views.

> *"Can you sit on your hands and say that?"*
>
> *"Say what?" I asked my hands flying up from my lap moving from their palm down position to a rotating movement, where by my thumbs turned anticlockwise (left hand) and clockwise (right hand) simultaneously.*
>
> *"What you've just done, you speak with your hands"*
>
> *"Hmmmm, I know, I always have done"*
>
> *I picture myself proffering an explanation of how a client's difficulty maintains itself through their thinking and/or behaviour my hands drawing an imaginary 'hot cross bun' (Greenberger and Padesky 1995), or explaining my frustration with people who express a narrowed range of thinking or imagination; my hands forming a box, flat palms moving rapidly to give a representation of the six sides of a cube. Moreover, I can be even more animated when explaining the difficulties of changing and developing new ways of thinking and behaving without giving up the old ways of thinking and behaving.*

"You can't be here" I say, standing on one spot gesturing to the ground on which my feet are stood, "and, be over here at the same time" I say stepping sideways with a large crab like movement, again gesturing to the ground on which I am stood and looking back at the place from which I have just come. I suppose I use movement to help convey what it is I am trying to convey. Performance autoethnography (Schneider, 2005; Moreira, 2008), I think has picked up this particular baton, and is running quite successfully with it, but here, although making use of what scope I have to 'think outside the box' I am somewhat confined to a two dimensional representation.

Within a postmodern philosophy the researcher is an integral part of the research, the reader or receiver an integral part of the message(s) relayed through words, performance or music; things becoming meaningful only when we construct and contextualise them as being meaningful to us.

Assumptions

I found when trying to read philosophy, explanations of philosophy, or descriptions of people's views of the philosophy of science, apart from the difficulties in language and the accessibility of the points being put across, that the positioning of the writing was all from a standard positivist point of view. If we seek to make claims about something, give it characteristics and box it up for human consumption I'm not sure how avoidable this is. Philosophers and scientists throughout the ages appear to have struggled with the concepts of how to explain or justify what is out there (if indeed there is an 'out there' to be explored). One scientist has refuted another and one philosopher has refuted another in terms of what actually is 'true'. Even in terms of the insistence that nothing is 'true' per se and it's all constructed, there remains a justification and 'boxed' explanation of the stance as being a true, albeit one of the many 'true', representation of how things are.

Stenner (2008) suggests an alternative view:

> *"Whitehead offers a relational process ontology that promises to deepen the constructivist insights associated with the turn to textuality, but without reducing the universe to "discourse" and "materiality". In this ontology, things (whether occasions or assemblages) are definable as their relevance to other things and in terms of the way other things are relevant to them. Things have relational essences. They do not exist independently of temporality but are constituted by the history of their specific and situated encounters. Every actual thing is thus "something by reason of its activity" (Whitehead, 1927/1985, p. 26)."*

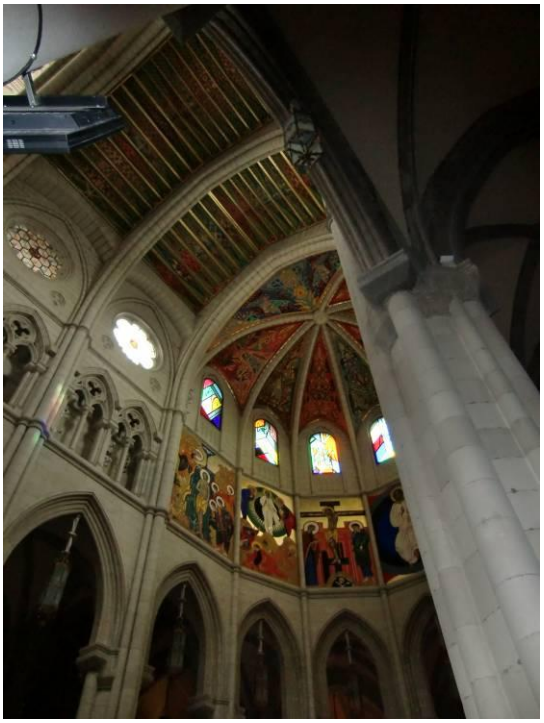
Implications

In thinking about how this might apply to me and working within the framework of the conventions of what I read and how I write, the academic conventions of grammar and spelling, the institutional conventions of justification, scholarliness and procedure, I find I am always trying to soften my stance.

I might say that I have some ideas about how I think things might be for me at this moment. I talk about the limitations I have in terms of trying to convey my ideas, my thoughts, my feelings. And I try to anchor my reasoning to a non-judgmental, accepting standpoint, sharing some ideas I have, giving others the opportunity to listen to my ideas (if they want to).

I think this is what autoethnography does/is; I think it is where it *fits with* conventional science……right up the other end of the continuum, away from convention, away from justification, and being right and factual. I am not sure whether it could be considered postmodern, although I think it probably could be.

Our lives, our learning, our being, revolve around facts, rules, and conventions. From early learning in the primary school, parental teaching, TV programmes, I learnt **facts**. Some, through adult eyes, I can see were unhelpful, bigoted, and ignorant. Some were extremely naive; others were a way of helping a child to learn to live in a very complex world full of societal rules and conventions. Without these, there might be chaos, anarchy, distress. Certainly, I have found when my personal rules (rules that I formerly believed to be quite flexible) are directly challenged, it brings about disquiet, even disturbance, for which I pay an emotional price, often seeking comfort in the 'truths', rules and conventions of others to validate my disquiet.



Research using Evocative Autoethnography and Rhizomatic Conceptualization; where does it fit……?

Art versus Science

When listening to Radio 4 this morning during a debate about the recent Climate Change summit in Copenhagen, the discussion turned to talk about scientists and the validity of their claims with regard to climate change. (Broadcasting House - Sun, 20 Dec 2009 http://www.bbc.co.uk/iplayer/episode/b00pb90b/Broadcasting_House_20_12_2009/) . The suggestion was made that people used to trust scientists because things were simpler then and the average person could see how they worked, now our everyday objects such as mobile phones are so complex in the technology they use, that it might be that most of us use

> them without understanding how they work at all. We also often hear conflicting reports broadcast in the media. A Global summit which has been held on the premise that man has caused global warming, while a number of scientists refute this claim citing the 'evidence' of natural process as the source of global warning. Other scientists suggest the claim that global warming isn't actually happening, but instead the earth is going through a 'natural' phase or cycle.

See (http://en.wikipedia.org/wiki/List_of_scientists_opposing_the_mainstream_scientific_assessment_of_global_warming)

So where does this leave us?

What is science?

What is the 'truth' and do we need it?

Where does autoethnography fit in to all this?

Is autoethnography art or science?

Moreover, does it matter?

In his published work (Short and Grant, 2009, Grant, 2010, Grant, 2011), Grant distinguishes autoethnography as an alternative form of qualitative representational practice, capturing the postmodern and post-structural turn, in contrast to more traditional, realist forms. Bochner and Ellis (2003), Ellis (2004) and Holman Jones (2005) alternatively describe autoethnography as an art, thus taking its role alongside other forms of art, which "have constituted a set of social circumstances, or representational capacities, or achieved styles that might go on *directly* to influence later societies" (Harris 1999 p.xviii).

To return to dichotomous thinking for a moment, one of the criticisms of autoethnography is that it isn't scientific. Delamont (2007) forcefully makes this point by suggesting that "autoethnography is antithetical to the progress of social science, because it violates the two basic tasks of the social sciences, which are: to

study the social world - introspection is not an appropriate substitute for data collection; [and] to move their discipline forward (and, some would argue change society)" (p.2). It might be easy to enter into an argument here. To begin with, I think it without foundation to suggest that autoethnography does not study the social world. The use of 'ethnography' with the word autoethnography surely contextualises the methodology to describe that its purpose is to study how we perceive the world within our social culture. Secondly if we allow that the readers of autoethnography may experience autoethnographic writing from a reflective/reflexive position then we might reasonably hold that that when someone reads our autoethnographical accounts, their thinking and indeed their 'practice' might move on. "The reader" as Sparkes (2007) proposes, "might think with the story and see where it takes them" (p.540).

To argue, however, would be colluding with the world of these dichotomies, and the philosophy that appears to persist throughout the ages: Rorty (1989), in my opinion, summarises the nub of this issue by differentiating between the 'world being out there' and 'the truth being out there'. Perhaps we all experience the world as we experience the world, to then speak of a 'truth' to this world/phenomenon/idea starts to use language in a way which can polarise the reader. If you buy into the idea that 'this is the way it is', or even (I would argue) worse, 'this is the way it *should* be', then there is little room for construction, flexible thought or new ways of experiencing the world.

Delamont in her (2007) paper might be constructing *her* world that way at that point, it doesn't mean it's right or the truth, or even very helpful. They are her

ideas, just as Newton's laws of Physics, Einstein's Theory of Relativity, Wittgenstein's Tractatus Logico-Philosophicus, Hume's skepticism, Kant's Critique of Pure Reason, Foucault's dominant discourses or even Clark and Wells (1995) model of Social Anxiety are *their* ideas on how the world might be constructed. However, I would argue, these are *only* ideas, with the rules of discovery, evaluation or dissemination decided by the author and those who subscribed to their way of thinking.

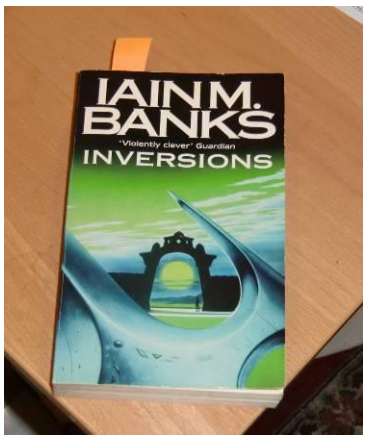
I think, therefore that autoethnography is a way of examining *the* world, *the researcher/author/scientist/artists'* world through their eyes. In my view, we cannot really speak for anyone else, or perhaps even our 'selves', we cannot really speak with any authority on the way things are, or what truth is, or indeed, how we might define a true definition even, because we each might have a different idea. Perhaps then, autoethnography suggests a way of finding out, and a way of possibly influencing thinking and practice in a helpful sense. Autoethnography does not seek a solid answer, it does not seek to solve any specific problems or understand how the world works. It might seek however, to give some insight into how the researcher experiences his or her world, with the idea that in reading and sharing this journey with the researcher, it might move along the thinking of the reader.

A note on ontology and epistemology

When reading qualitative research, there is often reference to the positioning of the researcher. This positioning might be based on the ontological and epistemological stance of the researcher at the time of the research, within their chosen methodology, or within their text (Maguire, 2001), and might be seen as something which 'gives shape' to the research and researched (Short and Grant, 2009). Some of these positions may be fixed, with the researcher coming from a position of 'truth' while there may be some flexibility in other 'positions'. When the researcher holds a constructionist ontological or epistemological position then this 'positioning' might arguably change, so as Rorty (1989) suggests, "we need to make a distinction between the claim that the world is out there and the claim that

the truth is out there" (p.4-5). This critical realist positioning leaves me with questions about my own positioning.

Banks (1998) summarises my dilemma by describing the world from a critical realist stance yet paying attention to the constructionist/interpretivist nature of 'the reader. In his description about the style of writing his 'author' will use, he suggests



"Truth, I have learned, differs for everybody. Just as no two people ever see a rainbow in exactly the same place- and yet both most certainly see it, while the person standing right underneath it does not see it at all-so truth is a question of where one stands, and the direction one is looking in at the time. Of course, the reader may choose to differ from me in this belief, and is welcome to do so" (p.22-23)

Ontology

The OED (online; 1989) describes ontology as "The science or study of being; that branch of metaphysics concerned with the nature or essence of being or existence". The ontological position I will suggest I have is that of constructionist. I believe that I have multiple selves with which I move through and interpret the world around me. At any given time, I might look at the world through the eyes of myself as a nurse, a cognitive behavioural psychotherapist, a friend, a parent, or as Lydia. I believe, through my experience of encountering the world through these varying 'eyes', that there aren't 'facts' out there waiting to be discovered, but that we interpret or construct the world individually depending on our thoughts, emotional state and knowledge at the time of experience. Thus, I might experience the world through multidimensional eyes depending on who I am at that given moment, and hence attempting to 'position' myself might be seen as a myth or falsehood.

Having said this however, I do, imagine, however, that there are guidelines, or paths roughly hewn out of the ground that we can choose to walk down or not, and that our experience of walking down these paths may be different each time, we walk them. These paths may be common with others, but not experienced in the same way.

McIlveen (2008), however, states "with respect to ontology, the user of autoethnography would assume "personal reality" to be a psychosocial construction, with varying emphasis upon internality, externality, and personal agency, across the constructivism and social constructionism divide" (p.3).

Epistemology

Epistemology, the Concise Routledge Encyclopedia of Philosophy (2000) describes as being concerned with the "nature, sources and limits of knowledge" (p.246). So, just as ontology concerns my theories on what and how 'things' exist; my own epistemology, I understand in terms of "what I know" and "how I know it". In keeping with a constructionist ontological position, my epistemological position is similarly interpretivist in nature. What I 'know' or how I know it at any given time relates to the way in which one or several of my multiple selves is or are experiencing the experience. I might enjoy an experience I *know* has been enjoyable for me previously one day and on another, might experience it very differently. It becomes a different situation, as the elements that construct that experience, vary.

Within a classroom setting and in discussion with colleagues, constructionism and constructivism have been used as interchangeable terms; however, my understanding is of two different constructs; constructivism, intra-personal construction (Coll and Chapman, 2000; Cousins, 2002; Krauss, 2005), and constructionism, inter-personal construction shaped by socially driven discourse (Callero, 2003; McIlveen, 2008). Constructivism, however, is sometimes associated with a realist stance (Smith and Deemer, 2000; Smith and Sparkes, 2008), or an

anti-realist stance (Rolfe, 2004). The emphasis of both my epistemological and ontological positioning is that my world, what I know and how I know is constructed, both intra-personally and inter-personally, in this way, although the philosophical positioning around defining constructs of construction, appears to me at least, to be confused, my stance (although flexible and changeable) is clearly one of self-construction of both me and my world.

> *I woke up in the middle of the night. It was almost completely dark. It was one of those times when you wake up and, for a moment, don't know where you are. This happens to me quite often, whether I am in my own bed or not.*
> *When I woke up this time however, I not only didn't know where I was, but I didn't know who I was lying next to, and even more scarily, I didn't know* ***who*** *I was. I can remember lying very still and almost doing a body scan, I checked how my legs and arms felt and then I gently touched the person lying next to me.*
> *What was interesting about this, now I reflect on it, was that I was using a measure of 'how does this feel'. When I checked my arms and my legs, they felt "like they normally do", and when I touched the person next to me it "felt safe". From this, I deduced that I wasn't in any danger. I then lay there and searched my memory to try to piece together where I was and therefore who I was. I remember doing it in this order.*

My psychosocial construction was anchored, I anchored who I was at that moment to who I remembered being. I noticed that when I have repeated and written this story, I have said that I woke up and didn't ***know*** *who I was*. It is interesting that I didn't say, when I woke up I couldn't ***remember*** *who I was,* yet I used my memories, especially felt memories to establish where, when and who I was. So does this mean that there are truths out there about who I am? Perhaps my constructions need some solid foundations. I build and rebuild my houses, but I might use similar methods of construction, or similar principles of structure.

"an understanding of the ethnographic research experience is intricately tied to an appreciation of how that research was shaped by the investigator's motives, aspirations, morality, and characteristics ... recognition of the importance of such attributes should not result in obsessive preoccupation" (Day 2002 p16).

A story

One day I decide to go and pick some wild flowers, they are in a meadow, just behind my house.

My decision to pick these flowers is underpinned by an idea that that they might be attractive to those that visit my house, and they might provide a source of discussion, or a source of visual and olfactory pleasure to myself and those that visit, but I don't know, this, it's just an idea.

It is a beautiful day and I feel like a walk, I have an urge to have some space, it has been dull and overcast lately and I have missed the large expanse of blue sky I remember fondly from my childhood.

The idea that I decide on that particular day at that particular time to go and pick these flowers depends on who and where I am at that moment. It is underpinned by the belief (ontology) that if I go looking for flowers, I am likely to find them and it will be ok to go and pick them.

As I wade knee deep in wild grass and flowers, being careful to pick my way amongst the flowers, I pause to collect pink 'soldiers buttons' and yellow cowslips, along with long stemmed white daisies and wild barley stalks.

My choice of which flowers I pick and why (what I have chosen to research and why) is something for me to explain to my visitors (readers of my research).

When I am satisfied with my choice of flowers, I wander back home, catching a whiff of honeysuckle as I go in through the back door, putting the flowers on the wooden table and peering into the dark recesses of a cupboard to find an old coffee jar I had put in there a while back, thinking it might come in useful. Once found I fill it with water, put the flowers and grasses in a set it on the mantelpiece over the Rayburn.

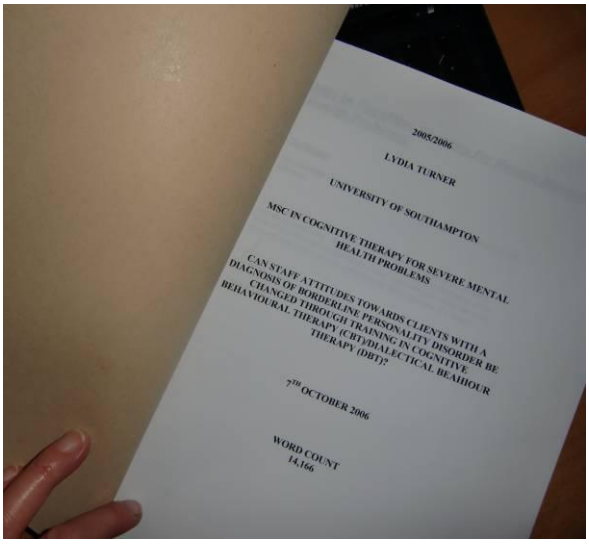
Why I might display them in a jam jar as opposed to a crystal vase, gives an indication of the person I am (axiology) at least at the moment of choosing the vessel. Whether my visitors like my choice of flowers, agree which ones are pretty or which have a pleasant smell is up to them. All I can do is present the flowers I have chosen in the way I have chosen to present them, with some explanation as to why I have chosen to pick these particular flowers and presented them in this way at this time (epistemology). It is up to my visitors to make their own minds up. They may disagree with my choice of flowers, or indeed believe it is 'wrong' or inappropriate to pick wild flowers. They might not be 'captured' by the colours or scents of the flowers as I might, and indeed ignore them completely.

My role

Within the world of quantitative research, 'randomised controlled trials' (RCT's) are the 'gold standard'. This research design sits at the other end of the continuum in terms of philosophical standing to my own. RCT's are from the school of positivism, a reductionist philosophical positioning which suggests a 'truth' in observable 'facts'. RCT's, therefore, are methodologically rigorous and seek to rule out factors, which might interfere or confound the results. The idea is that by seeking to hone the process down to its purest form; a carefully crafted hypothesis, nullified to try to reduce the likelihood of the data being produced by random chance, careful selection of highly criteria'd participants, methodological rigour and statistical analysis, and the results achieved are likely to be as objective as possible. The "design features are such that a well-run RCT generates highly trustworthy data" (Robson, 2004 p. 116).

Quantitative research, however, *is* subjective and there are many different 'variables' which might influence the outcome data. The research design is constructed, carried out and interpreted through the eyes of the researcher(s). Different decisions and interpretations can be made at many points during the process of quantitative research, including what exclusion criteria to use with participants and choice in data collection methods. When a researcher undertakes quantitative research, they have (usually) decided on the research question, they have designed the experiment; they have undertaken the analysis and then interpreted the results, often, however, we know little about the researcher apart from perhaps their name, qualification and place of work. When I undertook quantitative research as part of a Masters degree in Science in CBT, I designed an experiment to detect whether attitude and emotional response towards people with a diagnosis of Borderline Personality Difficulties could be changed, measured by specific constructs, through the experience of a day's teaching delivered by me. *I* designed the experiment, *I* decided on what attitude change and emotional

response consisted of, and *I* interpreted the results, which (incidentally) showed significant statistical change on several points. *I* then declared that these results had some meaning, i.e. that my teaching had changed attitude in my mental health colleagues and this change had lasted over a period of time. I would suggest, however, that all I had really shown was that people changed the way they answered my carefully boundaried questionnaires. Their attitudes and feelings might have changed towards this group of people, indeed, I hope so, and it might well have changed because the audience had learnt more about the theory around the aetiology and psychology of Borderline Personality Difficulties. However, these changes, if they had indeed happened at this time, might have been momentary and may have been for many different reasons, including the participants' view of me, what was going on in their own lives or even the weather.



In line with Schon's ideas on 'knowing-in-action' and 'theory-in-practice' (Schon, 1991) my role as an autoethnographer is to 'see' what I discover through the undertaking of the research. My stance is that I do not know what I might discover until I discover it through a reflective, reflexive constantly constructing and re-constructing experiential process. Therefore, the idea of having participants other than me within my research becomes irrelevant and inappropriate. I cannot *know* what another is thinking or feeling; or how they might be constructing an experience. They might tell me, or I might guess, and some agreement might be reached over joint language and concepts, but I cannot *know* what it is like to be someone else experiencing what they are experiencing. Their words would become part of my construction; it would be *my* interpretation of their

communication that would lead to *my* construction. To take this on further, if I cannot know what it might be like to be someone else experiencing their lives, then the only stance I can comment on is my own. My role therefore becomes both researcher and researched.

Whether it is fictional or "*factional*" (Richardson and St Pierre, 2005 p.961) writing, the autoethnographic author writes what comes into *their* mind, about *their* ideas or fantasies; the autoethnographic research purpose is its subjective endeavour. I am, and continue to be, multiple selves (Day, 2002; Gannon, 2006; Spry 2001), and therefore 'who I am' changes with each experience both within and outside of the research experience.

Rigour

Within a subjective, reflective, reflexive background, the rules of "trustworthiness" which, in quantitative research are based on the assumption of validity, reliability and generalisability of the method and findings (Robson, 2004 p.93), become inappropriate. Instead of asking the question of how qualitative research can be 'made' to meet these criteria, I think we need to question the criteria. Ellis (1999) attempts to address these issues in her discussion on what she believes evocative autoethnography to entail; Validity she proposes, is based on "verisimilitude", suggesting that we seek, in readers of our research "a feeling that the experience described is lifelike, believable and possible" (p.674). This appears to be a reasonable stance to take, which adheres to the constructionist viewpoint. Ellis (1999), however, continues by suggesting that we can do "reliability checks" (p.647), by asking the people we may involve in our research, directly or indirectly, whether we have understood 'correctly' what they have said, or check on the meanings of our interactions. This proposal suggests a truth rather than a construction. I am not seeking a 'truth', I am looking to share the multiplicious thoughts and feelings that arise, that are the subject of, and form both the method(ology), the 'data' and the analysis of that data.

There are bits missing

What appears in this work is incomplete. It has gaps and bits missing, I cannot present a "complete rhizomatic selfhood" (Sermijin et al., 2008 p.645). You might be able to see where I have left a gap. I might tell you what I *could not* write, and the reasons for its omission. I might have left something out because it was difficult, ethically, for me or others, or both, or I might have chosen to not tell you, but let you know my decision and the reason for that decision. It may be that the gaps are hidden; things I do not tell you, but without the disclosure of their existence. There are also chronological gaps. Gaps between when I experienced the situation I tell you about and when I actually came to write about it, will mean that you will get a snapshot of my representation of that time from the time at which I write it. It might be repetitious in places as I come back to subjects or themes, the threads that run through the work, or perhaps because I want to emphasis a point or maybe because through the process of telling our stories to others, we might repeat ourselves, I know I do. Thus, there may be parts that you may think you have heard before, or there will be phrases that I have used earlier in the text. As suggested, these themes will be repeated, as I get on my soapbox to deliver a slightly different 'speech' but with the same words rearranged so as not to be too repetitious and to possibly reach an audience that might not have heard the first time around. It is a habit of mine to reword and reframe, to find alternative ways of saying the same thing adapting my language for the person with whom I am interacting.

This research comprises my intention to "collect" and reflect on those evocative experiences in my everyday life in which worth becomes an issue for me. These experiences might be in any part of my life, not just within a clinical setting or educational. These data; my thoughts, feelings, memories, physical sensations and

'action urges' will be captured (collected) in the form of reflections on my evocative experiences, experiences which are evocative for me due to their relevance with my sense and understanding of worth. These reflections might be captured as descriptive texts, metaphors, analogies, quotations, poems, prose or photographs. Freshwater (2005) in her discussion of the use of reflexivity within qualitative research proposes that, "what is conscious and in awareness can be articulated, but this will always be both complete and incomplete and as such presents a partial view" (p.311-312), Gannon (2006) supports this stance by describing autoethnographic writing as "incomplete, interpersonal, embodied lived experience" (p.477).

We can never capture everything. Research is designed to 'do what it says on the label', in other words, to answer the question we are asking or to find what we seek to find. This may be to justify a course of treatment we think might be helpful by proving that the likelihood of our findings having less than 0.05% probability of them being due to chance or demonstrating how something is experienced by the researcher. In the case of quantitative research, we may seek to reduce the number of variables, those factors that might influence or account for our findings rather than the 'item' being tested. Within the world of qualitative research where subjectivity is key rather than the enemy, those variables or 'things' which become a factor in what we find, are welcomed as integral to the quality of the research itself. These variables, however, are arguably too numerous and varied to all be included, this is the nature of qualitative research. Denzin (2003) summarises this view by positing that autoethnography constructs "partial, plural, incomplete, and contingent understandings" (p.8) to our knowledge. Autoethnographic research will capture a moment in a journey, which, I would argue is what any research does. The difference with an autoethnographic approach, I believe is the transparency and authenticity with which it attempts this journey.

Presentation

Throughout this work, I have used both the written word and pictures. I have used the written word because this is what this process of producing a doctoral thesis demands, but I think 'in pictures', what might be termed a Visual-Spatial Learner (Silverman 2003). Thoughts, emotions and memories conjure up pictures in my mind. I have therefore used pictures within the text for many reasons; they may be used to engage the reader, to reinforce what is written in the text, or they may be used as a way of conveying 'me' to the reader. I have not labeled these pictures, however, so it is up to the reader to construct them within the text, as they will. I have also used metaphor and analogies to try to enhance the concepts spoken about in this text. The style of this assignment will be autoethnographical, in other words the process of writing this assignment will be conveyed within the content of the text. I will be being me writing about being me in my pursuit of the study of worth and nursing.

The thesis hops around from past to present, back to just now and forward to what might be in a short while. It demonstrates a continuous process of reflection and reflexivity, rhizomatically felting itself in and out and around the subject matter. Deleuze and Guattari (1987) summarise the presentation of this research by describing work which is "variously formed matters, and very different dates and speeds" (p.4).

My evocative experiences could be displayed in random fashion, rather like discarded clothes piled high on the bed tossed there while the wearer experiences an 'I don't know what to wear!' crisis. Alternatively, these experiences, like the abandoned clothes, could be hung on hangers or folded neatly, t-shirts in one pile, jeans in another, or organized into colours or styles such as in a fashion boutique. The ordering doesn't *mean* anything, it just results in the items being *easier* to see and consider, for me at least. In order, therefore, that I do make my experiences, thoughts, feelings and writing coherent, to both myself and others, despite some 'hopping around' within the text, there is an order to this work. I have tried to sort

and fold my experiences, to separate them out into different colours, styles and textures, to pair them with appropriate accessories. Sometimes this 'order' will be explicit, at other times a little more random.

Dissemination

The Department of Health report on research and development in nursing (DH, 2000), Freshwater and Rolfe (2001) suggest that in order to make nursing research 'useful' there needs to be a relevance to local practice. Practitioners need be to be prepared to change practice in light of what they may have discovered through reading the research, and organisations need to support both research by nurses and any subsequent change in practice. I hope that any changes nurses may choose to make in their practice through reading and reflecting on this research will not be impeded by bureaucracy, politics and the powerful cultural 'norms' of our nursing practice.

> *Autumn 2011*
>
> *"Unfortunately, due to service reorganisation and a change of manager, I will not be released from my nursing duties and therefore will be unable to continue with the course"*
>
> *"I am very sorry to hear this and disappointed that a solution could not be found that allowed you to continue with your studies."*

It might be assumed that when a piece of research has been undertaken, written up and then published, the readers might read what has been written and change their practice, arguably, the point of research. However, I do not think that this can be taken for granted. Why should the reader 'trust' what I have to say? Will the lack of a conclusion within this research put people off? Perhaps we like direction, to be told what is helpful and what is not, that way we don't have to make up our

own minds (perhaps having changed it several times over). I hope this will not be the case, and this research will provide the reader with an opportunity to come to their own conclusions about the implications of my research to their practice.

To date, dissemination of what I have discovered has been ad hoc and conversational. I have discussed my reflections with nursing colleagues within a clinical and educational setting. My plan, following successful completion of this study is to make this research available through formal routes such as publishing, and more the informal communication routes such as small educational seminars. More subtle organisational dissemination will be conducted via my positioning at strategic meetings, in the classroom and through the writing or policies and competency guidance.

In conclusion

I can only represent what I think and feel. My hope is that in writing an autoethnographic account of my experiences of discovering what worth might mean to me within my cultures, nurses (and perhaps other non nurses) might reflect on their own thoughts, emotions and practices within this field, or as Sparkes (2007) suggests, that "the reader might think with the story and see where it takes them" (p.21).

When reading this research, therefore, perhaps you might ask yourself a question.

What do you think your reaction to what I have written says about you?

Chapter 3
Autoethnography and Rhizomatic Conceptualisation: the Methodology, Method and process

Introduction

This chapter introduces Autoethnography and Rhizomatic Conceptualisation as the methodology, method and process that is the engine, the netting that contains the study and the (bamboo-like) scaffolding that keeps the internal structure strong but flexible. I will begin by setting the scene, contextualising the research and then move on to discussing autoethnography, both from a theoretical and autoethnographical viewpoint. I will discuss the core ingredients of reflexivity and subjectivity before providing a critique of autoethnography as a method(ology). I will then summarise the discussion on autoethnography before moving on to discuss rhizomatic conceptualisation, taking the reader through the theoretical perspective and operationalising the theory with rhizomatic writing.

Context

French et al., (2001) propose that research is simply "the process of systematic enquiry and finding out" (p.4). This statement could apply to either quantitative or

qualitative research. The National Patient Safety Agency (NPSA, 2009) gives us the following definitions of qualitative research. They suggest that qualitative research "identifies/explores themes following established methodology", that it "usually involves studying how interventions and relationships are experienced" and that qualitative research "uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications".

The research I have undertaken is, as French et al., (2001) propose, about finding out, and, to some extent, there is a system to it. There are connections which lead me from one part to another, one thought to another and one discovery to another, but it is not systematic in such a way that it could be replicated by another. Similarly, this research uses a "clearly defined sampling framework" which has both conceptual and theoretical justification. Although the framework might be clearly defined in theory, it changes and moves depending on when and which 'self' is undertaking the research and furthermore, who might read the finished research, mean that the theory underpinning the method(ology), has been used with a flexible approach. This research follows an "established method(ology)", autoethnography, and as suggested is used to study "how interventions and relationships are experienced". However, this is not all that autoethnography does or is, within this research there is a secondary methodology or process, rhizomatic conceptualisation, which together with the autoethnography, not only underpins the way in which the research is undertaken, but becomes, alongside and throughout the autoethnographic process, the tool through which the data are collected and analysed.

Let me start by introducing you to the first of these method(ologies), autoethnography. Because the standard definitions of method and methodology have become blurred here, as described above, autoethnography is described as

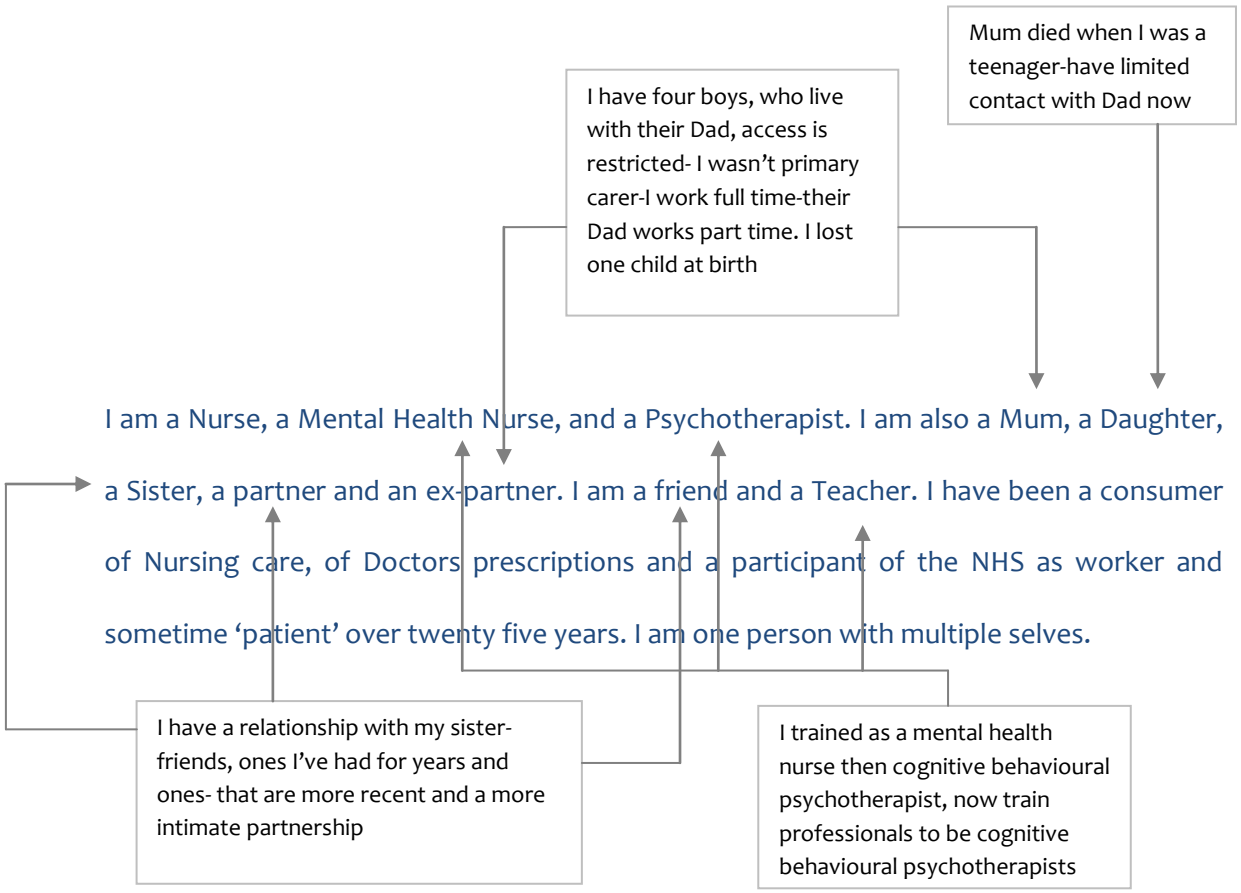
both the methodology and the method. My claim of its added properties, over and above that of a methodology or method, as an analyser of data may become apparent within the following description.

Evocative Autoethnography as a method(ology)

Autoethnography is primarily about the experiences of the researcher; the researcher researching the lived experience of being within the culture they inhabit, thus the research is conducted by the subject of the research. The researcher is the researched; the method(ology) is the data, is the data analysis. Sparkes (2000) proposes that autoethnographies are "highly personalised accounts that draw upon the experience of the author/researcher for the purposes of extending sociological understanding" (p.21), connecting the personal with the social within autoethnography, the 'data' being the subjective experience of the researcher. Unlike realist accounts, or "factual authoritative accounts" (Atkinson, Coffey and Delamont, 2001 p.9) which present a static 'reality', autoethnography does not seek to take the reader from a problem to a solution. Instead, an autoethnographic account invites the reader to walk down a road alongside the researcher, to notice how they think and feel about what has been written, about the experience of the author, and to reflect on their own experiences. Reed-Danahay (1997) tells us "the notion of autoethnography foregrounds the multiple nature of selfhood and opens up new ways of writing about social life" (p.3). The challenge then in undertaking research using autoethnography as a method(ology), is to try to understand the nature of my constructed self, or indeed selves; selves which might be categorised or captured by role or time and which might operate in differing ways and might reveal different 'truths' depending on my interpersonal and intra-personal relativity.

Krauss (2005) in commenting on the need for rigour within qualitative research suggests that when the researcher is involved in eliciting an understanding of the lived experience of his or her participants "researchers have to empathise with social actors and appreciate the purposes, motives and causes that underlie those actions." (p.765). Although Krauss (2005) is referring to the direct involvement of others within research, i.e. the involvement of participants other than the researcher, his words might be considered just as relevant for the autoethnographer. In undertaking research using this method (ology), I need to try to empathise with my different social selves, and appreciate *my* motives and causes that underlie *my* actions (at that time). This is no easy task, being while doing, all the time being reflective and reflexive of the being and the doing.

My different selves



Day (2002), Gannon (2006) and Spry (2001) propose that the researcher 'is' and continues to be, multiple selves with multiple voices, so 'who I am' might change with each experience both within and outside of the research experience, shifting my position through multiple 'truths'. Furthermore, who I am while I am being who I am changes over time because of the reflective, reflexive process.

> This chapter, once written, is not done with, each time I revisit it, I change it and tweak it, delete bits, add bits, and both marvel and despair at my use of the English language and grammar. Looking back on it this time, the final look through before the first complete draft is compiled, I am finding it too theoretical, lacking me. This over reliance on theory was suggested to me some time ago, but until now, my previous re-visits to the chapter did not elicit this reflection. Up until now, I thought the chapter held a strong theoretically robust position amongst the other chapters, now I am not so sure, but tomorrow, I might feel happy with it.

The constructionist philosophy of Autoethnography places it within a postmodernist paradigm, which seeks to deconstruct the language, the principles, and the associated rules and laws of Grand narratives. Jones (2005) describes Autoethnography as "a blurred genre . . . a response to the call . . . it is setting a scene, telling a story, weaving intricate connections between life and art . . .making a text present . . . refusing categorization . . believing that words matter and writing toward the moment when the point of creating autoethnographic texts is to change the world" (p765).

> *I have been to Spain twice; once about 18 months ago for a few days and once for a week more recently. On the first occasion, I stayed in Madrid, the second just outside Barcelona. Going to Spain on holiday was never something that appealed to me, for a warm climate, I liked France or the Greek Islands. Beyond that and perhaps because of my appalling efforts at learning compulsory Spanish at school, and the unappealing idea of spending my days*

lying on a beach with thousands of British tourists or clubbing until the early hours, it never occurred to me to go.

I discovered, however, that I have missed out, or perhaps my younger selves might not have appreciated the secrets that these two cities (and maybe many more that I haven't yet discovered) hold. In Madrid, I went to the Museo Nacional Centro De Arte Reina Sofia, and could barely contain my joy, surrealism; beautiful paintings, sculptures, completely 'out of the box' work of art by Dali and Picasso. I loved it; I loved them, the colours, the shapes, the telling of stories, and the weaving of intricate connections, the refusing of categorization! (Although of course, they were categorized, meticulously, by many different people over many times).

In Barcelona, my joy was confined to having been near to art of a different kind, architecture, Goudi architecture. I wasn't able to go because of a much more pressing engagement with Barcelona FC's Camp Nou. My self that day was Mum of four boys, and partner of a football fan, who appeared as excited about the Barcelona ground as I was at the thought of experiencing some Goudi architecture. I have seen pictures, of this, in my opinion, stunning architecture, colours, spaces, textures all of which were close that day, but not close enough for me to actually see. I came home and poured over pictures and information on the artist and his work, excited that one day I will go again and have a look without having to check for any up and coming Barca-Real Madrid football fixtures.

Autoethnography might be regarded as a form of research which moves away from a realist ontology of one truth towards multiple truths and constructions, as an "alternative rather than realist forms of writing" (Grant 2010, p.279). An

account which attempts to "subvert a dominant discourse" (Muncey 2010 .p.31) or indeed an art, (Ellis, 2004; Holman Jones, 2005) taking its role alongside other forms of progressive research which "have constituted a set of social circumstances, or representational capacities, or achieved styles that might go on *directly* to influence later societies" (Harris 1999 p.xviii). Indeed, autoethnography recognises that individual experiences provide a "potent database" for understanding how systems and organisations "write on individual bodies" (Pelias 2005, p.420).

The term 'autoethnography' has been used for at least three decades (Reed-Danahay, 1997) with its origins being in ethnographic studies undertaken by anthropologists. Their emphasis was to understand and write about cultures, often alternative to their own. Ethnography seeks to answer anthropological questions concerning the ways people lead their lives, how their behaviours might link to their culture and how language, traditions and ways of being evolve over time within the culture. Ethnography is a research methodology, which seeks to tell the authentic story of what it is to live within the culture being studied (Fetterman 2010). He tells us however, that ethnographers "interpret observed behaviours, ensuring that the behaviours are placed in a culturally and relevant and meaningful context" (Fetterman 2010 p1). Interpreting behaviours is only authentic within the confines of reporting what was seen and why the researcher has decided to interpret it in that way. We need to know about the researcher and why he or she might have interpreted things in this way. To suggest that interpreting behaviour of another gives us a 'truth' of the relationship between the behaviour and its enactor is far from authentic and rigorous.

In the mid 1980's a crisis of representation and legitimisation (Denzin and Lincoln, 1994, 2000) was noted as one of several key moments within the history of qualitative research (Holt, 2003). During this period, criteria such as validity, reliability, objectivity, truth and generalisability, which had been traditionally used as markers to evaluate and interpret qualitative research, were challenged, with

authors striving to find new ways of writing in an attempt to open up alternative ways of writing about people and the lives and cultures they inhabit (Defrancisco et al, 2007; Denzin, 1992; Ellis, 1997; Ellis et al, 2008; Reed-Danahay, 1997; Walford, 2004). Autoethnography is considered to be a reaction against the reductionist agenda of positivist science (Spry 2001), science which purports to describe and analyse its participants' behaviours, words and reactions as truths but omits to let the reader know of the subjective researcher interpretation involved within the process (Denzin, 1992). Rapport (2008) contributed to the discussion by proposing that observances by those social scientists claimed as "*cultural* traits and *social* facts" might be seen more appropriately, as individual characteristics witnessed within in context of time, rather than generalised behaviours.

This crisis of representation (Denzin and Lincoln, 1994, 2000) denotes a shift in thinking away from the idea that we can represent others' lived experience, in an objective, 'truthful' way, which our understanding of one person's or group of peoples' behaviours and thinking can be applied to others. It signifies a refusal to accept the theories held by grand narratives, which believe in and search for that single truth within a process which contextualises its subjects (Spry, 2001) and moves towards the self (the researcher) as the object of inquiry depicting an area of interest in terms of the lived experience of the researcher within the chosen cultural setting, with intent to "reveal subjectively and imaginatively a particular social setting in the expressions of local and grounded impressions" (Crawford, 1996 p.167). Autoethnography can be understood in terms of being "a self-narrative that critiques the situatedness of the self with others in social contexts" (Spry, 2001 p.710)

Within autoethnographic approaches there are two main schools of approach: Evocative or Emotional Autoethnography and Analytic Autoethnography.

Anderson (2006) proposes an analytic autoethnographic stance, which privileges the realist agenda of objectivity, suggesting that autoethnography benefits from keeping the objectivity within a subjective framework. His stance is driven by the suggestion that evocative autoethnography "may have the unintended consequence of eclipsing other visions of what Autoethnography can be and of obscuring the ways in which it may fit productively in other traditions of social inquiry" (Charmaz 2006, p.374). Anderson (2006) continues by proposing that analytic autoethnography shows a scientific depth, which goes beyond reporting the evocative nature of personal experience, or seeking to evoke emotional resonance with the reader. Anderson's (2006) use of the term analytic autoethnography appears to suggest that the methodology comes from a constructionist philosophy yet appears to have a realist agenda. Personally, I am not quite sure I understand how these two apparent opposing philosophical positions sit alongside each other. The defining characteristic he describes as using "empirical data to gain insight into some broader set of social phenomena than those provided by the data themselves" (p.387) would appear to suggest that analytic autoethnography has a realist agenda which lays claim to the suggestion of generalisability, and of the emergence of themes which hark back to a post-positivist tradition where ideas of being able to seek and find 'truths' that can endure from one time (or construction) to another exist.

Ellis (2004) alternatively, suggests that when writing autoethnographically, the aim ***is*** to write about experiences which we find evocative, experiences which are subjective to us but might have resonance for others, in a way that might be evocative for others, thus seeking to evoke further subjective experience; providing opportunities for individual resonance and commonality rather than seeking to discover broad sets of social phenomenon. This process encompasses reflection upon that which we find evocative, this reflection and its description becomes our 'findings'. Ellis (2004) suggests that the idea is to then disseminate our 'findings' in a way that is designed to engage others. Evocative autoethnography allows the author to construct and reconstruct themselves, their

thoughts, feelings and memories from moment to moment, it utilises "subjective self, the reduction of distinctions, the surfing of perspectives [and] the high speed juxtaposition of the private and global" (Crawford, 1996 p.168).

This is how I experience the world, it evolves and changes; my 'position' within changing roles and identities will also change, so things I might find evocative may change. Ellis and Bochner (2006) suggest that analytic autoethnography "has the feel or lack of feel(ing) of realist ethnography" (p.432), which, they argue, "positions the author" (p.432), whereas evocative autoethnography arguably leaves the author to move and change reflectively and reflexively as those evocative experiences and the writing of them changes the author, (Barthes 1977).

> *I read and reflect. Things have changed since I wrote chapters of this thesis, as I reflect and write, and reflect and write, my thinking and writing move on.*

Short (2008) in his ethics proposal for an autoethnographic study, suggested, "autoethnography does not seek evocative experiences", (p.4). I would agree that evocative autoethnography does not 'seek out' something to be studied; I believe it has greater subtlety and authenticity. We don't know where or when these evocative experiences might occur or even if an experience, which was previously evocative, will be evocative the next time a similar set of circumstances occur. Autoethnographic researchers might experience a situation they find evocative;

evocative experiences which might be both emotionally and cognitively evocative. We would then reflect on what it is like for us in that situation, in that evocative moment, and record those reflections in a reflective and reflexive iterative process (Kolb, 1984), arranging them in a way as to be relevant to the research subject. Atkinson (2006) while seeking to 'rescue autoethnography' through supporting the legitimacy of analytic autoethnography, interestingly proposes that there is a "problem" promoting ethnographic research based on its "evocative qualities…..rather than its scholarly purpose" (p.402). This view, however, maintains a belief in realism and accurate empirical measures, science rather than art, and although arguably social scientists are seeking to remain within a scientific rather than an artistic world, trying to empirically measure subjective experience will fail to capture the very thing it attempts to (Denzin, 1992).

Autoethnography in keeping with a postmodernist perspective acknowledges the shifting sands of being. Autoethnographers (for example) arguably experience different selves at different times in different places with different people, and indeed what we experience transforms us and when we write about our experience, what we write is "changed by the process of writing it" (Bochner and Ellis, 2002 p.91).

Reflexivity

Reflexivity is a process that consciously calls attention to itself and its process. A number of sociological definitions speak of in-depth contemplation or thinking which appear to take the idea of reflexivity beyond 'just' reflection. 'Hard Science'

definitions discuss the bending or refracting of light or sound waves. For me, therefore, reflexivity does both those things; it takes reflection on a step from just thinking into the idea that reflecting on a process, throws the thoughts off into other directions. In a similar way to light refracting, it moves its direction; it paints rainbows, which provides a far more in depth experience of the process, multidimensional rather than linear. A reflective and reflexive approach is vital to autoethnographic and rhizomatic processes, without it, I would argue, it might be impossible to gain an insight into the way that reflection changes our selves. Endlessly 'going around the buoy' leaves us 'going around the buoy', it doesn't move us forward unless the reflection involves reflexion.

In discussing the use of critical reflexivity in research, Freshwater and Rolfe (2001) propose the idea that "research is an interactive and iterative process with particular emphasis on change" (p.527). Autoethnographers continually reflect and the associated reflexivity is part of the process of *being* autoethnographic. Finlay and Gough (2003) refer to reflexivity as requiring "self-reflection of the ways in which (the) researchers' social background, assumptions, positioning and behaviour impact on the research process" (p.ix). Being reflexive and writing in a reflexive manner is an integral part of the evocative autoethnographic process and requires the researcher "to identify and interrogate personal and professional practices" (Finlay and Gough, 2003 p.1). Freshwater (2005), however proposes that, "what is conscious and in awareness can be articulated, but this will always be both complete and incomplete and as such presents a partial view" (p.311-312), so we may reflect and be reflexive but will never be able to catch all the minutiae of the moment(s).

Freshwater and Rolfe (2001 p.530/31) propose three definitions of reflexivity:

1. A "reflection on a reflection", or in other words, a "meta-reflection"
2. "A reflection which goes beyond the usual introspective confines to consider the social and political context in which practice takes place, and prompts us to consider the ways in which these may be overcome through praxis".
3. "Practice reflection, or reflection-in-action, in which practice is reflected on and modified as it is happening".

I think it is the last, definition which comes closest to the way in which I might think about my own reflexivity, although I would add to the debate, in that this third definition suggests a conscious action to 'do something differently'. I wonder if this a decisional process that takes place within a 'reflective cycle' or whether, as Barthes (1977) might propose, that the act of doing something might *move thinking forward* and the change in thinking *brings about* a change in action, in other words whether reflexivity might be that 'knee-jerk' reaction, a reaction triggered by, or as if by, reflex.

Therefore, if I use this as a working definition of what reflexivity might be, then it might be useful to ask about its purpose. Why be reflexive? Freshwater and Rolfe (2001) propose that reflexivity is a "meta-methodology" which "scrutinises and critiques itself as it is progressing" (p.532). This suggests the description of a process, which takes place, a way of undertaking research in which the enactment of the process delivers 'data', data, which is the result of the process and the process itself. However, perhaps this in itself is not enough. Where do we start and end, and how do we boundary the process in order to make it useful and relevant?

It's difficult to write in scholarly terms backing up what you write with the literature and still manage to keep yourself in the text. The result is an endless teetering on the see-saw adding others' quotes which seem relevant and important (and have been written in a way whereby to reword them and just cite the author, rather than quoting, would be to take away from the point being made), but then being able to put 'me' into the text in a way that becomes relevant and meaningful (although one could argue that in autoethnography, displaying the author's selves is always relevant and meaningful).

Reed-Danahay (1997) proposes that "one of the main characters of an autoethnographic perspective is that the autoethnographer is a boundary crosser, and the role can be characterised as that of a dual identity" (p.3). The research, therefore, involves my own day-to-day experiences of interpersonal and intra-personal interactions, "to look more deeply at self-other interactions" Holt (2003 p.2) and self-self intra-actions. Ellis (2007) in writing about the ethical considerations in undertaking evocative autoethnography comments, "doing autoethnography involves a back-and-forth movement between experiencing and examining a vulnerable self and revealing the broader context of the experience" (p.14). The reflective/reflexive cycle of experiencing, reflecting on the experience, reflecting on the experience of reflection and finding that the process of reflection might change the original reflection, which sets off another iterative circle of reflection and reflexion, is both data collection and analysis.

Using my reflexive selves to think about worth and nursing, gives me a structure around which to gather and think about myself within my culture, and my culture in relation to myself. The iterative process of reflection and reflexion within my autoethnographic process does not lend itself to linear progression; an iterative wheel or spiral that moves horizontally across a two dimensional axis, although more manageable, is unrealistic. This iterative process jumps and moves from one thought and/or feeling and/or memory or experience up or down or backwards or

forwards, sideways to another; Fractions of an experience link to another fraction of another experience at that moment in time making that moment, in that moment a "relational process ontology" (Stenner 2008). Experiences become intertwined with the reflection of those experiences within the moment in which they come together, 'felted'; "no separation of threads, no intertwining, only an entanglement of fibres…..it is in principle infinite, open, and unlimited in every direction; it has neither top nor bottom nor centre; it does not assign fixed and mobile elements but rather distributes a continuous variation" (Deleuze and Guattari 1987, p.525). The written presentation of this autoethnography is delivered as it is experienced, rhizomatically (Deleuze and Guattari, 1987).

> *Winter 2010*
>
> *On a Tuesday I work at the Community Mental Health Centre (CMHC). I used to have an office to myself when I was full time here, now I don't, I share an office with a Psychologist, and just lately an Art Therapy student. She is French. Today I asked her if she had heard of Deleuze and Guattari, and, after correcting my badly pronounced French, she said that she had been taught by them at university, also by Derrida and Kundera, I was thrilled! I was even more thrilled and am generally, at the moment, very impressed as we continued talking. She had heard of rhizomatic conceptualisation and knew what I was talking about; she understood the idea about felting, about weaving around and through and in-between, forming a 'body without organs' (Deleuze 1969). We sat and smiled at each other while the Psychologist said something about leaving us to our 'deep philosophical discussion' (man) while she left the room*

Honan and Sellers (2007) in their conference presentation on the use of Rhizomatic methodologies commented that:

> "the logistics of bringing together a text that meets academic requirements and has the possibility of making sense to readers is forever 'steering' us in the 'direction' of producing a 'linear' text –

> an 'ordered' 'progression' of 'theoretical ideas' and 'practical applications' that 'leads' to a 'coherent' 'conclusion'" (p.2)

Those arboreal metaphors of a main concept (tree trunk) 'rooted' in a solid ground, which leads to ideas (branches), which lead on to more ideas (twigs) lead us in a linear fashion, one branch clearly separate from the other, each leading to their ultimate concluding twig, albeit with a bud attached to the end. This thinking is linear and as I have already suggested, I don't experience the world in this way. When I first studied to become a cognitive behaviour therapist, I was taught that behaviour was the result of feelings and thinking; that the person experienced a situation about which they had a thought, which prompted certain feelings and resulted in behaviour that then relived or promoted those feelings (Richards and McDonald, 1990). The difficulty with this form of thinking is this linear progression does not account for feelings, which occur before thinking, or instinctive behaviour, and so a relational model, which accepts that there are certain constructs, which occur with people in situations (Greenberger and Padesky 1985), is now used as a standard form of conceptualisation within cognitive behavioural therapy.

Thus, a linear representation of this autoethnographic account, notwithstanding the confines of the written word and doctoral structure of a thesis needs to represent the "subjective self, the reduction of distinctions, the surfing of perspectives [and] the high speed juxtaposition of the private and global" (Crawford, 1996, p.168). This autoethnographic account lends itself to a rhizomatic conceptualisation (Deleuze and Guattari, 1987) to 'analyse', explore, understand and present my experience within this research.

Muncey (2010) suggests that autoethnographic research requires the researcher to "present your experience in an imaginatively engaging way requires you to experiment with and find your own voice" (p.82). Within this rhizomatic conceptualisation which endeavours to extend thinking beyond the linear and binary polarisations of dominant discourses and seeks to map and embrace connections and expose overlaps, contradictions and multiplicities (Deleuze and Guattari, 1987; Deleuze, 1993, Honan and Sellers 2007, Rolfe and Gardner 2006), I hope to find my voice. My subjective experience will be understood and recorded with the authenticity that reflects my experience of that experience. The way I experience the world through multiple selves will be conveyed intrinsically *in and of itself* autoethnographically.

Subjectivity within autoethnographic research

I attended a presentation by the 'Silent Pianist' Neil Brand, he discussed the idea that the perception of the audience as to the mood or even the story line of the film can be influenced and contextualised by the music, which accompanies the film. As the pianist to silent films, Brand spoke about how he 'interpreted' what he thought was happening in the film, what he thought the director was trying to convey and played music that enhanced this view in order to compliment the visual images. Brand invited the audience to watch a piece of film, a 'Love story' that he introduced telling us that he would stop the film and ask us what we thought was happening. He then said he would play music to reflect the audience view. It was interesting how the audience's views of the characters changed; were the actions of the characters innocent or sinister? Was the environment in which the scenes were set, dangerous or benign? I found that my opinions were influenced by the views of other audience members and by the music Brand played. My view of the film was constructed moment to moment, dependent on

what 'view' was presented to me at any given time. I do not know if the impression of that clip of film I came away with was the story the Director was trying to convey, it might not matter. As Frank (2006) argues, "peoples do not make up their own stories by themselves" (p.438).

Foucault (1980, as cited in Grant et al 2010) observed that:

> *Each society has its own regime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements; the means by which each is sanctified; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true.*
>
> (p.131)

It could be argued that *all* research, even deductive research such as "gold standard" randomised controlled trials (RCT's) (Cartwright, 2007) whose "design features are such that a well-run RCT generates highly trustworthy data" (Robson 2004 p.116) is subjective, with the research design constructed, carried out and interpreted through the eyes of the researcher(s). It could be argued that there has been increasing recognition over the last 40 years that no research is independent from the researcher, from choice of methodology and method to interpretation of findings (Dumitrica, 2010). Different decisions and interpretations can be made at many points during the process of quantitative research, although there is often a distinct lack of acknowledgement of this. As long as the rigour of the research is guaranteed by "discipline, scrupulous adherence to detail and strict accuracy" (Burns and Grove 2005, p.49) the likelihood of 'error' is reduced and the "probability that the study's findings are an accurate reflection of reality" (ibid) are increased.

Evocative autoethnography feels to me, to be the most honest, authentic form of research I have available to me. It not only acknowledges researcher bias, it takes

the position that this bias is very much a part of the story and needs to be written about and explored, (Ellis, 1999; Freshwater, 2005; Ellingson, 2006; Ellis et al., 2008, Smith and Sparkes 2008). Indeed the subjective nature of autoethnographic works would suggest that the researcher bias *is* the story, *is* the research.

It may also be argued that the point of any research whether quantitative or qualitative in nature is to propose ideas which may influence and move on thinking. In autoethnography, this process is undertaken through an exploration of the experience of the researcher. Autoethnography differs from other forms of research in that it acknowledges the shifting sands of being. It acknowledges that we have different selves at different times in different places with different people and that what we write is "changed by the process of writing it" (Bochner and Ellis 2002 p.91). In discussing the use of critical reflexivity in research, Freshwater and Rolfe (2001) propose the idea that "research is an interactive and iterative process with particular emphasis on change" (p.527). It might be suggested, therefore that one of the limitations of this methodology, is its shifting nature. There is a starting point and an end point, but the starting point, once the research has commenced might change and might continue to change, so at the 'end' of the research the place from which the research started might not be the place from which the research that is represented started from. This lack of structure, the apparently 'singular research view' and its inherent subjectivity, leaves autoethnography open to criticism within a scientific world.

A Critique of Autoethnography as a methodology

When thinking about and reflecting upon my experience in the moment and experiences in the past, I often get caught up in the randomness of being. Experiences often have many faces, many names, many memories, feelings and emotions. Reflecting and reflexing on these experiences can produce painful and

upsetting experiences consequential to the original as well as a useful and productive one. The artist Tracey Emin's 'My Bed' (1998) portrayed the detritus of a difficult emotional journey she had endured, it was chaotic and it was 'real'. The reviews on Emin's Bed however were often less than complimentary. Critics, however, did not appear to like Emin's "jeremiads", her outpouring of emotion and thoughts often appeared as somewhat distasteful in the media world. Gibbons (1999) in her Guardian review of Emin's 'My Bed' told us that "critics, even those who have been supportive of her in the past, have begun to grow tired of Emin's insatiable appetite for exploring the sordid corners of her own life". "Given [therefore] that the researcher is confronted with self-related issues at every turn, the potential for self-absorption can loom large." (Anderson 2006 p.385)

Those that believe that autoethnography has limitations because the rules of validity, reliability and generalisability Robson (2004) suggests as measures that establish the "trustworthiness" (p.93) of the research, assume the world to have a "stable, unchanging reality" (Denzin and Lincoln, 2005). A reality which can be measured with data, which if proved replicable and generalisable, confirm the truth of this world, thereby providing *legitimacy* for the findings. This would suggest an ontologically reductionist view whereby there are a limited 'elements' with which to understand any situation. Any suggestion of 'multiple truths' appears to lack legitimacy, despite apparent 'evidence' that people are not the same. People, it appears, have different views on all sorts of things from food, politics, religion, to music, to an opinion of what constitutes beauty. It is interesting that there appears to be an implicit acknowledgement of the existence of multiplicity or "an ethics of infinitude" (Brinkmann, 2006) which recognises

"limitless possibilities, incessant change, persistent instability and fleeting preferences" (p.94), yet subjective bias in research appears unacceptable.

Delamont (2007) in her address to the British Educational Research Association Annual Conference concludes the following points about autoethnography:

> 1. It cannot fight familiarity
>
> 2. It cannot be published ethically
>
> 3. It is experiential not analytic
>
> 4. It focuses on the wrong side of the power divide
>
> 5. It abrogates our duty to go out and collect data: we are not paid generous salaries to sit in our offices obsessing about ourselves. Sociology is an empirical discipline and we are supposed to study *the social*.
>
> 6. Finally and most importantly 'we' are not interesting enough to write about in journals, to teach about, to expect attention from others. We are not interesting enough to be the subject matter of sociology. The important questions are *not* about the personal anguish (and most autoethnography is about anguish). (p2)

Delamont states that her address is deliberately controversial, thus I assume, designed to create debate among the research community. I am not sure if I fully understand the points that Delamont is making here. She appears to be starting from an ontological position, with rules about how things *should* be and what is the *truth* of good research.

The ethical points of Delamont's (2007) critique will be discussed within discussion around the ethics of undertaking autoethnographical research, however the points that I think are interesting to discuss when evaluating the limits of

autoethnography are Delamont's (2007) comments which suggest 'we' are not interesting enough to write about, indeed that it is an indulgence to write about ourselves. The idea that ***we*** *are not* interesting enough to write about, but ***others*** *are*, is a fascinating concept. Is she suggesting that if others were to study us, then would we become worthy of study or writing about? Does it suggest a low self-esteem on the part of the author? Or a cultural rule? I wonder what judgments need to be made in order that we should study others and not ourselves when it appears arrogant to me to think that we can 'speak' for others or represent their reality.

Delamont (2007) continues by suggesting that autoethnographic research focuses on the wrong side of the power divide that it "focuses on the powerful and not the powerless to whom we should be directing our sociological gaze" (p.2). This is an interesting comment in light of the assertion that autoethnography is a form of research which tends to be undertaken by those who experience being marginalised within society (Tierney, 1998; O'Neill et al., 2002; Holt, 2003; Toyosaki et al., 2009; Short and Grant, 2009; Grant, 2010) and indeed experience being marginalised as researchers (Anderson 2006). Surely those researchers whose experiences sit outside 'the norm', or those who choose to write about their exploration and examination of their own difficult reality of mental health issues (Short, Grant and Clarke 2007), bereavement (Wyatt 2005, 2006, 2008) or abortion (Ellis and Bochner 1992) might be evocative in an uncomfortable way for the reader, but perhaps they are uncomfortable because many of us don't experience

these things, or at least, don't talk about them, or like to hear about them or think about them. These authors may be marginalising themselves from their more conventional contemporaries, by the subjects they wish to research, or maybe the way in which they go about researching those subjects, but do people have to sit on one side of a divide or another. Marginalised versus mainstream, powerful and voiced, versus weak and unheard. The othering expressed within common NHS parlance, puts 'us' apart from them, the Nurse, Psychologist or Psychiatrist apart from 'the patient', 'the schizophrenic, the 'depressive', the 'alcoholic' or the 'PD'.

The door buzzer sounds at the entrance to a building housing a mental health access team, a mental health day hospital and a community mental health team.

"Hello", the bodiless voice said through the intercom

"Are you a patient or staff?"

Foucault (1926-1984) contributed to the debate of knowledge and power by describing how institutions such as education and medicine create their own ideologies about how people should behave in society; this would appear to fit with some of Delamont's (2007) assertions. Campbell (2000) proposes that "These institutions define normal behaviour by creating expertise, or knowledge, which brings power with it" (p.22) and continues further suggesting that "power is not a quality that some people possess and others do not, but rather the ability to draw on certain discourses, or bodies of knowledge, to define the world in a way that allows you to do the things you want" (p.22). We can be both mainstream and marginalised and we can be both researcher and researched.

Although subjectivity within autoethnography has been discussed as an element to be valued rather than criticised, the subjective nature of this form of research has been criticised not just for being subjective but self-indulgent and narcissistic (Coffey, 1999; Walford, 2004; Atkinson, 2006). I wonder if writing about ourselves could always be accused in this way, or whether it is the nature of the in depth, exploration of self-set against a backdrop of our culture, which rankles. Arguably, we can only write authentically about ourselves.

> *I shared my writing, eventually, with one person, after a lot of procrastinating, a kind of testing out for me as to how it might feel to open 'myself/my selves' to critique. I asked the person for some feedback; 'what did they think?' and 'how did they feel?' when they read it. I got a short response, which I then agonised over….*
>
> *What did they **really** think?*
>
> *How did they **really** feel?*
>
> *How did I feel about showing it to them?*
>
> *How did I feel about their response?*
>
> *I found myself feeling anxious, exposed, shamed almost. Were my thoughts and experiences worthy of sharing? Or were they actually shameful? (They felt shameful at the time the situation was taking place). Was it uncomfortable for the reader to witness a person exposing their thoughts/feelings/experiences in this way?*

Autoethnography, although focussing on the self, or selves, does not exclude the social or cultural. The term autoethnography is comprised of 'auto' (self), ethnos (culture) and graphy (research) (Holt, 2003), thus autoethnography does research the self, but the self within the culture, rather than others within their culture. Do we find others' accounts of their experience, when they have been elicited by a researcher, rather than self-sought and self-reported, self-indulgent? Possibly, it is not the actual writing about ourselves, which might be seen as self-indulgent, but the idea that we feel that our experiences are worth sharing. Maybe it is that our

'outpourings' simply break the reductionist rules of research, its subject matter and process.

Walford (2004) in critiquing autoethnography as a methodology for research, challenges Ellis and Bochner's (2000) assertion of autoethnographies as personal accounts, or stories which "rearrange, redescribe, invent, omit, and revise" (p.745) and suggests that this is work of fiction, not of research. Walford (2004), however, goes on to acknowledge, "all accounts are selective and distorting" but posits that "the aim of research is to reduce the distortion as much as possible" (p.441) thus suggesting a 'truth' is to be found hidden amongst the distortion. The Oxford English Dictionary (OED) online (1989) similarly states that research is "a search or investigation directed to the discovery of some fact by careful consideration or study of a subject; a course of critical or scientific inquiry" similarly positioning itself in a realist ontological position by asserting that there are 'facts' out there to be discovered assuming the research is *just* the discovery of information.

I was once advised that if I am to critique research, I must do so from the inside out, using the rules and 'norms' of that research to judge its usefulness, or robustness. It is worth remembering that rules of "trustworthiness" we would apply to research undertaken within a quantitative paradigm, for example, sample size, power and steps taken to reduce variables as measures validity, reliability and generalisability of the method and findings (Robson, 2004

p.93), become inappropriate and redundant when used to critique qualitative research. I think this holds even more rigorously for autoethnography, which sits within a constructionist philosophy where the 'reality' we experience is constructed within the moment. I find much of the criticisms levelled at autoethnography as a method(ology) unhelpful in the seemingly reductionist stance from which the criticisms are made. Ellis (1999) attempts to address these issues in her discussion on what she believes evocative autoethnography to entail; Validity she suggests, is based on "verisimilitude", suggesting that we seek, in readers of our research "a feeling that the experience described is lifelike, believable and possible" (p.674). Short and Grant (2009) nicely capture a reply to the critics of autoethnography:

> *Nigel: 'It's unfortunate isn't it? Even if people do not "trust" the use of self it is regrettable if the autoethnographic approach is dismissed unanimously. It would seem ironic if autoethnographic writings were marginalised as they try to reclaim different ways of representing the marginalised…..*
>
> *Alec: '…….My understanding is that autoethnography does not seek to be work that generates data or test predictions or lead to explanations.'*
>
> *Nigel: 'So it's more about opening up dialogue and further conversations, like this commentary? (p.197-198)*

Summary

The speed at which we might shift from one way of being to another might also influence how others are with us and therefore how we construct ourselves at that moment. It therefore will inevitably affect what we think and write, and the process of writing changes us, as Ellis in (Bochner and Ellis 2002) argues, "the self that is writing the story is changed by the process of writing it" (p.91). Evocative autoethnography is a journey, a reflexive iterative journey in which the starting

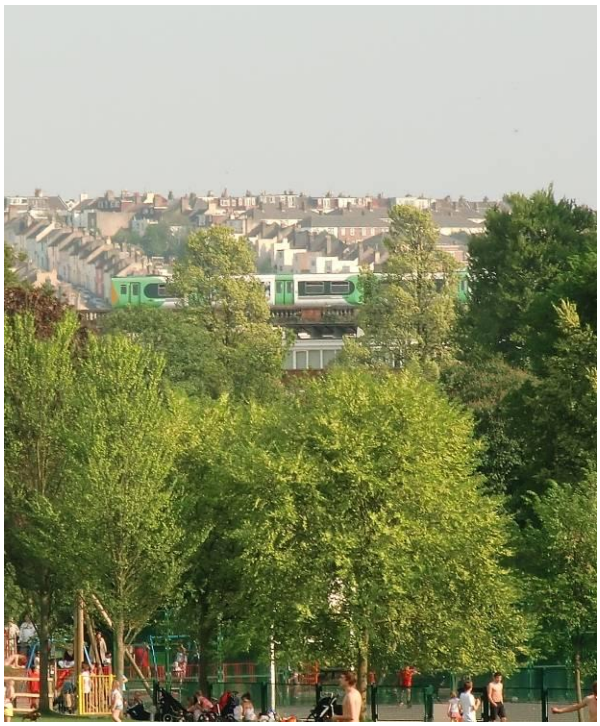
place at the start of the journey may not be the place at which the journey was started come the end of that journey. Indeed the point at which the research is 'finished' might not be the end, just a place to stop off and share with others the journey so far. In this way its problems might not be with the limitations of the methodology, more the lack of limitations within the methodology.

Rhizomatic Conceptualisation: a caveat on this thesis-it is 'all over the place'

I will begin by introducing the idea of rhizomatic conceptualisation:

Honan and Sellers (2007) in their conference presentation on the use of rhizomatic methodologies commented that:

> "the logistics of bringing together a text that meets academic requirements and has the possibility of making sense to readers is forever 'steering' us in the 'direction' of producing a 'linear' text – an 'ordered' 'progression' of 'theoretical ideas' and 'practical applications' that 'leads' to a 'coherent' 'conclusion'"



The idea of a linear text, a text, which if we use an arboreal metaphor might describe a main concept (tree trunk) which is 'rooted' in a solid ground of theory which then might then lead to ideas (branches), which lead on to more ideas (twigs). Within this metaphor one branch is clearly separated from the

other, with a beginning and an end, each leading to their ultimate concluding twig, albeit with a bud attached. It describes a binary logic, the idea that something is either 'X' or 'not X'. If something is 'X' then we have clearly either left 'not X' or not arrived at that point yet. This idea is also hierarchical in nature; the trunk must come before the branch and the branch before the twig, one being dependent on the other and one only existing because of the other.

What binary logic doesn't allow for is the idea that 'X' might be 'X' and 'not X' at the same time or it could be 'X', 'not X' *and* 'Y' and that 'X' doesn't necessarily come before 'Y' or either need the other to exist. When I first studied to become a cognitive behaviour therapist, I was taught that behaviour was the result of feelings and thinking; that the person experienced a situation about which they had a thought, which prompted certain feelings and resulted in behaviour that then relieved or promoted those feelings (Richards and McDonald, 1990). The difficulty with this form of thinking is this linear progression does not account for feelings, which occur before thinking, instinctive behaviour, or simultaneous, behaviour, thoughts and feelings. In conceptualising within cognitive behavioural therapy this linear model might be put aside in favour of a relational model, which formulates the presentation of situations using connected constructs (Greenberg and Padesky, 1985).

Linear analysis or representation of my 'data', my discoveries, in terms of narrative, discourse, content or heuristic analysis would appear inappropriate in a method(ology), autoethnography, which utilises "an unstable/subjective self, the reduction of distinctions, the surfing of perspectives [and] the high speed juxtaposition of the private and global (Crawford, 1996 p.168). Similarly, alternative methods of conceptualisation such as a concept analysis, a process by which meanings and operational definitions of the concept can be clarified and then used

to develop knowledge and theory in a particular field (Wilson, 1969; Walker and Avant, 1995; Chinn and Kramer, 1991; Rodgers, 1993 and Schwarts-Barcott and Kim, 1993) might be inappropriate in light of the ethos underpinning Autoethnography. A concept analysis is deductive process which seeks to "demonstrate the existence of a concept" (Walker & Avant, 1995 p.46), or draw to a conclusion of certainty, a binary strategy which follows a linear path. This thesis will not seek to conceptualise a theory or reach a conclusion, this thesis instead uses rhizomatic conceptualisation (Deleuze and Guattari, 1987) to 'analyse', explore, understand and present my experience within, and which is, this research.

Rhizomatic conceptualisation endeavours to extend thinking beyond the linear and binary polarisations of dominant discourses and seeks to map and embrace connections and expose overlaps, contradictions and multiplicities (Deleuze and Guattari, 1987; Deleuze, 1993, Honan and Sellers 2007, Rolfe and Gardner 2006).

Deleuze and Guattari

Deleuze and Guattari (1987) coined the term 'rhizome' in relation to language and writing; they use this term to describe something, which goes beyond the arboreal metaphor, which uses binary logic to describe its subject. The OED online (2010) describes a rhizome as:

"An elongated, usually horizontal, subterranean stem which sends out roots and leafy shoots at intervals along its length."

Deleuze and Guattari (1987) describe a more encompassing concept to which they assign "approximate characteristics" (p.7).

1. Principles of connection: The idea that one part is connected to another part and must be. Elaborating on this somewhat straightforward idea Deleuze and Guattari (1987) describe how a rhizome "ceaselessly establishes connections between semiotic chains, organizations of power, and circumstances relative to the arts, sciences and social struggles" (p.8).

Art work by Dianne Bench

The 'word' thus connects with its meaning within the context of the sentence, the "assemblages of enunciation" (p.7) and the filter of semantics of speaker and listener, the social context in which it is being uttered and heard, felted into the individuals framework of cognition, perception, emotion, within a backdrop of a broader framework of power, politics and process.

2. Principle of heterogeneity: These "assemblages of enunciation" (Deleuze and Guattari 1987 p.7) lack uniformity, the rhizome is assembled from a plethora of things, idea's, nuances and connections. They join in a rhizome but do not necessarily have uniform commonalities.

This connectedness; which connects us to our lives, our work, our families, our neighbours, changes and moves like a flock of starlings 'dancing' over Brighton's West Pier. Our relationships vary in depth at different times under different circumstances. The people I know might not know each other. The subjects I deal with in my working life might have no connection to the hobbies I pursue in my private life and those subjects and pursuits and people exist separate from my world and me.

3. Principle of multiplicity: Deleuze and Guattari (1987) suggest that when a multiple is treated as a "substantive multiplicity" then it "ceases to have any relation to the 'one' as subject or object" (p.8).

As the rhizome connects from one thing to another, one subject to another, changing its appearance through construct, semantic and nuance, it becomes a 'thing', a being in its own right, but without "subject or object, only determinations, magnitudes, and dimensions that cannot increase in number without the multiplicity changing in nature" (Deleuze and Guattari 1987 p.9). Thus as the number of connections inevitably increase, this multiplicity changes in nature, with varying strata providing depth and changing form.

4. Principle of asignifying rupture: "A rhizome may be broken, shattered at a given spot, but it will start up again on one of its old lines, or on new lines" Deleuze and Guattari (1987 p.10)

A signifying element might be considered an element; a sign, word or action, which denotes another. An asignifying element therefore, is an element; a sign, word or action that signifies nothing but itself. If the rhizome meets an obstacle, a 'brick wall' which halts its progress, or encounters an element which shatters its progress, it starts up elsewhere, either connected with a previous 'line' or forming a new one, its halted part regenerating into a new direction. In other words, the rupture has no meaning beyond itself; the rupture does not result in an ending, just a possible diversion or deviation.

5 And 6. Principle of cartography and decalcomania: Deleuze and Guattari (1987) suggest that "a rhizome is not amenable to any structural or generative model" (p.13)

They suggest that the rhizome is not born of a previously constructed model, "something that comes ready made" (Deleuze and Guattari 1987 p.12) that is predictable and logical in its structure, or traced and reproduced from an already existing chart but that it *is* the map, describing the territory as it forms and grows. Its boundaries and substance wander nomadically.

It might or might not be helpful (if only to clarify my own thinking) to contrast rhizomatic conceptualisation to binary or unitary concepts which using that old 'chestnut' of an arboreal metaphor, could draw a picture of my understanding of the differences within the concepts, constructs and philosophies.

Rhizomatic	Arboreal
Non-Linear: It might move randomly or unpredictably	Linear: It moves along predictable straight lines
Multiplicitous: The rhizome has plurality, it moves and changes, veering off in different directions all at once	Unitary and binary: It is bound by what has come before it, it has a start and an end
Deterritorialized: It moves wherever and whenever, straying and becoming	Territorialized: It is bound by tracing or model and the rules that accompany

	that model, it does not stray
Nomadic: The rhizome wanders, moves, changes, develops, grows, it is organic	Sedentary: It stays as it is, moving from 'A' to 'B' and from 'B' to 'C'
Rebellious: It has no order, or defined structure, one part does not need to be dependent on another, or measure its 'worth' by another. It is an assemblage	Hierarchical: There is order, one part come before the other, one dependent on the other and one taking precedence over the other
Heterogeneous: It has no uniformity, it cannot be predicted or replicated	Homogeneous: It has uniformity, it is predictable and can be replicated

Rhizomatic conceptualisation, akin to the autoethnographic process might be thought of as a way of being and of doing, of conceptualising and of analysing; it is a philosophy of conceptualisation apart from an ontological or epistemological position, it is a process which 'felts' me, inter and intra-personally into my world, my culture, my experience. It is a methodology, a method, the data, and data analysis.

> *I'm sitting watching my boys swim and play about in a public swimming pool. It's noisy and there are people everywhere. Occasionally I am interrupted from my reading by shouts of 'Muuum, how long have we got' or by a wave from the top of the long queue for one of the brightly coloured flumes high above the main pool, the vortex of water waiting to suck them down the long twisting tubes until they emerge triumphant at the bottom looking and waving again to establish I have seen and acknowledged the achievement, or by the whistle of the lifeguard as they make the recipient known that what they were doing breaks some rule or another. This is my reading space, my writing space. Here I can think. Here I am not alone. I idly look at women in their swimming costumes-am I as thin as that? I fear not, why am I comparing myself? Hmmm, that worth idea again I guess. I'm sucked like one of the boys on the flume, back to an earlier self, twenty, two stone lighter lying on a beach in an idyllic Greek island, after having carefully extracted all garments save for a brief bikini bottom, my friend was gesturing towards me to join her in the warm Mediterranean sea. Now I had a dilemma, to stand up without reinstating any clothes, or to carefully manoeuvre at least my top half(s) on before I stood, up that was the question. Interesting how the measures we*

use to evaluate our own worth hang around but with a different scoring system, I remember thinking then, two stone lighter with a BMI of less than 20, I still needed to lose a few pounds in order to be 'properly' attractive. The lifeguard whistle calls me from my reverie, back to my thinking/reading/writing space.

At the pool I thought about and wrote about being me within the culture I inhabit while being me in the culture I inhabit, thinking and writing. I am in another time and another place now, thinking about and writing about being me within my culture, reflecting on another self who was undertaking the same endeavour at a different time.

"I think I have a picture. Of myself….and what happened last Wednesday. But maybe the story will write me." (Gale and Wyatt 2010 p.68).

Often I am not sure exactly which part of the rhizome is going to come out as it forms and delivers itself onto the screen. The rhizomes of this 'being' stretch and connect across time and space, all sounding very sci-fi like (I think) as the letters hit the screen. May be the science fictional tag on nature of my thinking and writing maps its distance and purposeful removal from 'the norm' but perhaps also represents the difficulties of undertaking this task. Even science fiction is 'mainstream', creatures, concepts, worlds all defined by constructs with which we are familiar, war, peace, political power.....

"Even galaxy-spanning anarchist utopias of stupefying full-spectrum civilisational power have turf wars within their unacknowledged militaries." (Banks 2008 page 333)

I find myself living in a (my) world of 'naive realism' a world where, despite my loyalty to the ideas of my experience being all about my construction of my world, I sit at a computer (albeit, several different computers, in various locations some static, some mobile) typing words in sentences and sentences into paragraphs using fairly conventional font style and size, trying to ensure my language, grammar, sentence and paragraph construction all meet empirical conventions, and rules. However, on these computers, allowing for the fact that they are connected to the world wide web, I can 'go' anywhere, leap from term to term, through light speed fast search engines, hypertexting from document to webpage and from webpage to document, links might be concrete or random, meaningful (at the time) or spurious (if that's possible). I can experience myself rhizomatically depending on what 'pops into my mind' or catches my attention.

It might be that this rhizomatic conceptualisation give us (me) liberation from the constraints of my perceived aboreally constructed world, and allow me a way of felting or matting myself into my world and experiences.

April 2010

I look out the window as the curser flashes on my screen. I think I might write a poem;
A poem that seems to fit with where my head and heart are at this moment.

A Poem

I wait
While the middle aged dog slowly rounds the corner
I can see him sniff and snuffle
His attention attracted by new noises, sights and smells
He sniffs the thread trailing from my jeans
As he carries on wandering by

I watch
While he rounds the next corner
And wonder if I will be able to see him as I turn left into the park
Or if he will have bounded off
Attracted by other more interesting things than walking with me
Out of sight out of mind

I search
He could be anywhere
Amongst the shadows of the huge plane trees
Down a rabbit hole
Or gone to play with giggling children running helter skelter
Leaving me far behind

One of the ironies about being 'different', or liberating oneself from a world with which you find little in common, is that you find yourself in an alternative world that has already been populated or domesticated. As a critique to Deleuze and Guattari's (1987) descriptions of the rhizomatic conceptualisation and its six characteristics, Wallin (2010) suggests five provocations.

Provocations

Provocation 1: The Rhizome is not, in Itself, Liberatory. Deleuze and Guattari (1987) speak of rhizomes as not stratified (hierarchical) but smooth spaces. This might create the illusion that all parts of the rhizome are equal, and that as a 'being' in its own right, it might be equally benign, and unconnected to other more stratified elements. This however, might not be the case, as Deleuze and Guattari (1987) warn us "Of course smooth spaces are not in themselves liberatory. However, the struggle is changed or displaced in them, and life reconstitutes its stakes, confronts new obstacles, invents new paces, and switches adversaries. Never believe that a smooth space will suffice to save us" (p.551). Wallin (2010) suggests that perhaps the attraction of this liberated, non-linear, wandering concept has led to "general misapprehension of the rhizome as the opposite of stratification, leading [ironically] to the production of a dichotomy that would pit rhizomatics against the image of homogeneity" (p.84). When we wander off the path of the 'norm' or established, we might wander away from 'sensible haircuts' or 'knee length skirts' to a world of razored spiky hair, very short kilts and Doc Martin's (I was an 80's teenager).

"You are 19 now", my Father said, "I think it would be more appropriate if your skirts were a bit longer and you started wearing some nice blouses". I was duly taken shopping, where my father introduced me to the sort of clothes I ought to wear if I were to get a good career and a husband with a good career. I think my dress sense might have been highlighted by my Father's recent marriage to a very nice lady who had a daughter and a son of similar ages to my sister and me. They were private school educated, favoured Benetton jumpers (often

worn round the neck, arms tied loosely at the front) and striped shirts. My step sister had long blonde hair (usually held back in an Alice band) and was never seen without a string of pearls around her neck, left to her by her grandmother. I was persuaded to try on a couple of 'nice' skirts and some white blouses which at the time fashion held should have slightly puffed sleeves, with long cuffs and a high collar with a small ruffle round each cuff and collar. I looked at myself in the mirror and felt sad and uncomfortable. "I don't think it's me Dad", I said. I think he gave up at that point, resigned to my downward spiral into hell. I happily met up with my friends the next day, to tell them about how my Dad had tried to 'force' me into wearing conventional clothes, 'like everyone else' and we discussed how we felt more comfortable with our 'individuality', all of us with our spiky hair, short skirts (worn over jeans for the boys) and beloved DM's.

Provocation 2: The Rhizome as a Handmaiden of Neo-liberal Capitalism. In order to try to make sense of this provocation, I feel it is worth explaining my understanding of neoliberalism and capitalism. Neoliberalism is a political/economic theory that grew in 1960's America. This theory involved minimal governmental intervention into business and favoured free trade and privatisation. Capitalism is a theory in which corporate bodies own and maintain production and distribution thus securing a power base from which to operate. In order to understand the nature of neo-liberal capitalism, however Hai Ran (2005) writes in an online journal:

> *"The rise of neo-liberal capitalism is fundamentally based on significant changes not only in the realms of the political and the economic but also the ways in which these realms become intertwined with the realm of the intellect, which manifests through two kinds of anthropological knowledge – one based on accumulative, historical, and normative experiences of becoming*

> *part of a "people" (properly speaking, a subject of the modern nation-state), and another based on contingent, indescribable, and alienating experiences of being part of a multitude (a subject without the nation-state's representation)". (Hai Ran 2005).*

Thus the provocation that Wallin (2010) suggests is that the pliability and scope for subjectivity that rhizomatic conceptualisation holds, makes this form of conceptualisation ripe for hijacking by political forces and as such one must watch out for "neo-liberal capture" (Wallin 2010 p 85) by showing allegiance to Deleuze and Guattari's 'War Machine' which "operates as a subterranean counterforce to the stratifying powers if the state" (Wallin 2010, p.85)

Provocation 3: The Rhizome is neither Model nor Metaphor. As described earlier within the text, one of Deleuze and Guattari's (1987) characteristics of the rhizome is its movement, its constant construction and reconstruction, wandering nomadically. It cannot therefore be captured in its whole, because it is permanently constructing, it does not construct until it is formed, it continues in its multiplicious movement. The rhizome, therefore, "cannot be captured as a specific object since it inheres a virtual multiplicity of lines that might be operationalized" (Wallin 2010 p.85). As such we cannot capture it as a model due to its changing nature and we cannot use it as a 'thing' (because it never becomes, it is always becoming) we use to describe other things.

Provocation 4: On not Taking it Personally. As described, the rhizome lacks subject, despite is subjectivity, and it is a "decentred multiplicity" (Wallin 2010, p.86) which lacks an anchor of "representational reference" (Wallin 2010 p86). Wallin suggests that rhizomatic conceptualisation is not to repeat familiar patterns of multiple selves but "to experiment with a subject that can no longer be accounted for by representational (self-reflective) or identitarian (statistical or categorical) thinking" (Wallin 2010, p.87). In this way, his provocation gives permission for the idea of

constructed selves that move and change from moment to moment, not from role to role or place to place. The person felted into life felted into person.

Provocation 5: The Third Space Under Threat. Similar to 'Provocation 1' the idea that rhizomatic conceptualisation can become a 'third way' different and apart from dichotomous thinking sets it up as a dichotomous idea of dichotomous conceptualisation on one side and 'the other way' on the other. To pronounce that it is 'A' rather than 'B' misses the point of the multiplicious nature of a wandering concept. In order to conceptualise this 'third space' where dichotomy has been overcome one needs markers and measures, descriptors and boundaries, none of which exist in rhizomatic conceptualisation, but which might be used to 'capture and label' and take ownership of this 'third space'.

So what, you might ask, has this all have to do with the price of eggs? I think that the rhizome or rhizomatic conceptualisation, using the descriptors of a concept beyond description, something which moves and evolves, forms, wanders, connects, gives weight to a constant constructing and re-constructing of self (in the moment or moments) rather than a defined self or selves, role or roles, voice or voices. Whitehead (1927 as cited in Stenner, 2008) offers us a concept of reality or relational process ontology whereby he suggests that "things (whether occasions or assemblages) are definable as their relevance to other things and in terms of the way other things are relevant to them". Things have relational essences. They do not exist independently of temporality but are constituted by the history of their specific and situated encounters. Every actual thing is thus "something by reason of its activity" (Whitehead, 1927/1985, p.26). It is an interesting idea as to whether in my rhizomatic world things *only* exist because of their relational nature to something else. Stenner (2010) discussed his conceptualisation of Whitehead's (1927) relational process ontology as a coming

together of 'components' at that point in that order to construct what is here and now, similar to the idea of 'capturing' or conceptualising a rhizome, all you can do is capture a snapshot and fraction of its wandering.

Summary

Rhizomatic conceptualisation is used within this research to underpin and augment the autoethnographic method(ology). I spoke of Rhizomatic conceptualisation as a concept beyond description, something which moves and evolves, forms, wanders, connects, gives weight to a constant constructing and re-constructing of self (in the moment or moments) rather than a defined self or selves, role or roles, voice or voices. It reflects the constant shifting of being, the 'unbearable lightness of being' (Kundera 1984), moments which might exist in such seemingly random, but always connected ways, moments which are here and then gone and moments which stay with us, and moments of infinitesimal pain or joy, and long moments of aching and sorrow. Autoethnography discusses the possibility of multiple selves or voices, but can still fall into a dichotomous trap of definition of self or voice, the addition or felting in of a rhizomatic conceptualisation, allows space for the smaller movements, shifts and connections, which I experience from moment to moment, while within selves or voices.

There is a dilemma or a dialectic here however. Autoethnography is a methodology which seeks to capture the experience of the selves within the culture, thus suggesting there exist boundaried selves which can be identified in times and places, and within those boundaried times and places, moment or moments, the experience can be captured. Within rhizomatic conceptualisation, however, Deleuze and Guattari propose a decentred self, a 'body without organs' (Deleuze and Guattari 1987, 2004), this constantly moving and shifting concept beyond conceptualisation. So how and where can these boundaried 'selves' be

found within this 'body without organs'? Deleuze and Guattari (2004) describe a "connective synthesis" (p9) in which can be found a certain place and a certain time, a 'moment in time', perhaps similar to Whiteheads' (1927) process ontology, whereby 'things' come together relationally and exist in that moment by nature of their relationships to other things. Perhaps it is 'here' that a moment can be pinned in time and space like a butterfly to a specimen board. Perhaps the debate therefore is not whether a 'self' can be captured, but how long that 'self' might be 'present' before it moves on again towards elusivity.

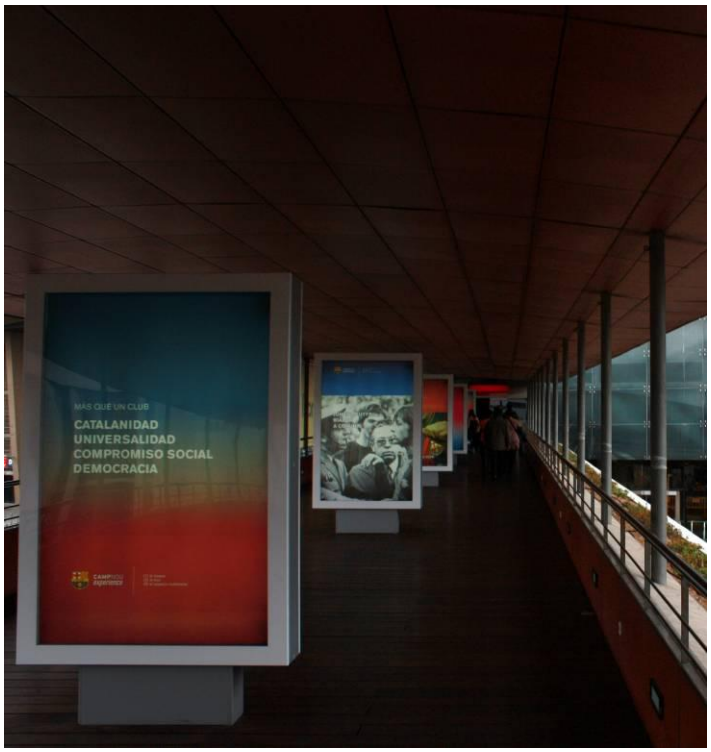
Chapter 4
Ethics

Introduction

"I think we should think about the people who are involved in what we are writing about, the participants of our experiences and those readers who know us."

"But these are ***our*** *experiences; we are entitled to write about* ***our*** *experiences, surely"*

"Yes, but shouldn't we think about the feelings of the people we might be writing about, and the people the people who will read our work, I don't want to upset anyone"



"But we will not know what our readers think, unless they let us know, and then it's their construction of what we write, they are responsible for that. If we have been marginalised, mistreated, hurt or upset by someone, if those experiences have been evocative for us, then that is what we write. Our writing is about our experiences we have found evocative and our writing should be evocative. I don't want to produce some sanitised, beige version of my experiences for fear of upsetting someone."

Autoethnographic and narrative writing has often encompassed evocative experience. The death of a father (Wyatt, 2005, 2006, 2008; Wyatt and Adams, 2012), growing up with a disabled mother (Ronai, 1996), mental ill health (Short, Grant and Clarke, 2007; Grant, 2006; Grant 2010), physical ill health (Sparkes 1996), difficulties in the relationship with weight and food (Tillmann-Healy, 1996), and the experience of abortion (Ellis and Bochner 1992), are just some of the examples of evocatively written accounts within an autoethnography and narrative genre of writing. While these are all personal experiences, they involve others, family members, partners, ex-partners, friends, people who know the writer, who might have 'gone through' these experiences with the writer. Then there is the audience, the readers.

> *I finished the paper with tears rolling silently down my face, something I only noticed when watery splodge appeared on the page in front of me.*

Wyatt's autoethnographic story of the death of his father (Wyatt 2005) hooked me into his world, reminded me of my own experiences and gave me hope that thinking could be moved on by a sharing of ideas and experiences, rather than through the dominant discourse in research of validity, reliability and generalisability of the method and findings (Robson 2004 p93). After all, I liked the idea that "stories are the truths that won't keep still" (Pelias 2004).

> *I wrote a vignette, with a deadline in mind and with the aim of sharing it come that deadline. The vignette was finished before the deadline, but I didn't share it. I shared it, eventually, with one person, after a lot of procrastinating, a kind of 'experiment' testing out for me as to how it might feel to open 'myself/my selves' to critique. I asked the person for some feedback; 'what did they think?' and 'how did they feel?' when they read it. I got a short response, which I then agonised over….*
>
> *I found myself feeling anxious, exposed, shamed almost. Were my thoughts and experiences worthy of sharing? Or, were my experiences, as Delamont*

(2007) suggests "not interesting enough to write about in journals, to teach about, to expect attention from others," (p3) or were they actually shameful? (They felt shameful at the time the situation was taking place).

Was it uncomfortable for the reader to witness the exposure of intimate thoughts strong emotion and upsetting experiences in this way? Maybe our autoethnographic accounts should be wrapped up in theory, hidden amongst other people's words, in order to somehow justifying their place in the world of research.

The research process

As introduced earlier within the text, when undertaking research using autoethnography as a method(ology) the researcher is the researched, there are no other participants, only the people who are part of the environment and the culture(s) of the researcher/researched. The data collected are the reflections, thoughts, memories, feelings and recorded experiences, sounds, tastes, smells of the researcher/researched, rather than any communications from others. Living in a relational world, however, it is inevitable that our experiences will involve others. There are therefore two main ethical considerations, consideration for the researcher/researched and consideration for those people who are part of the culture(s) which the researcher/researched inhabits. The research has two ethical tasks:

- To protect the individual identities of anyone else involved in my cultural experiences which form part of my 'data collection', unless they have given express permission for their identities to be revealed.
- To keep myself emotionally and psychologically safe whilst undertaking the research.

Within the process of seeking approval from the University to undertake the research a proposal was submitted to the School of Nursing Faculty Research Ethics and Governance Committee (FREGC) and the National Research and Ethics Committee (NRES), under which the local National Health Service (NHS) Research Ethics committee (LREC) sits, for review. The proposal passed the FREGC review with some amendments and the chair of the LREC deemed that the research to be undertaken was not a matter for the NHS LREC committee.

Autoethnography as a research method(ology) differs from the linear structure of other research methodologies. It has no participants apart from the researcher and has crossover between methodology, method, process, data and data analysis. The structures designed to review research and ensure safety of the participants and which appropriately surround the research process tend to be conventional linear structures within which research is carried out and its processes reviewed and measured. Autoethnography as a research methodology does not fit neatly within these linear processes, it does not have the traditional sections or phases and perhaps the biggest difference is the participatory nature of the research, in that the researcher is the researched.

April 2010

Brighton East Research Ethics Committee

Brighton & Hove City Teaching PCT

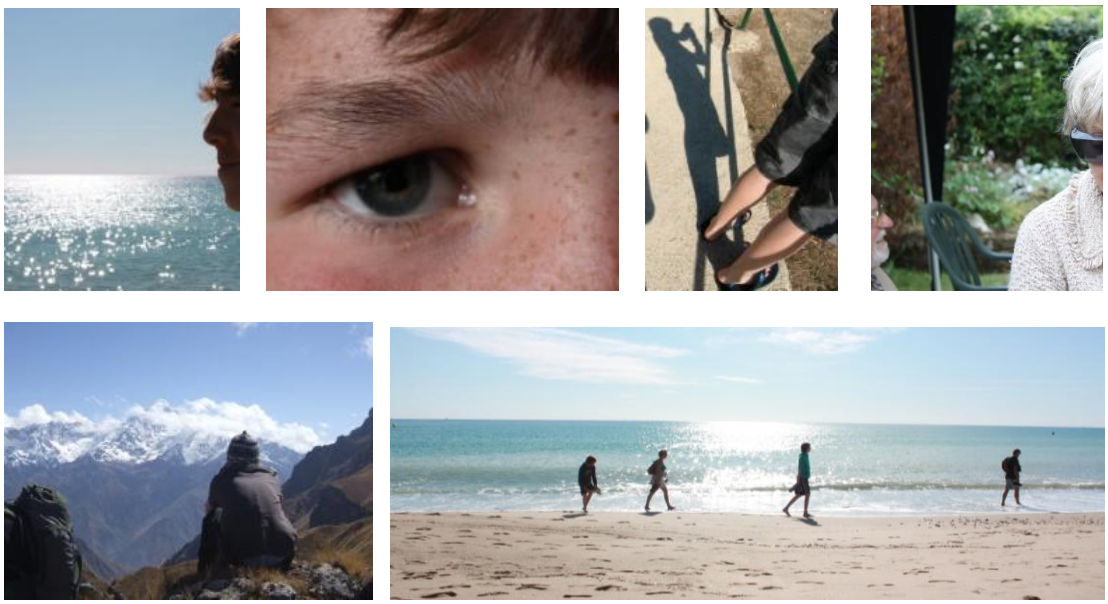
Thank you for seeking the Committee's advice about the above project.

The Research Governance Framework (RGF) sets out the responsibilities and standards that apply to work managed within the formal research context. The Chair of Brighton East Research Ethics committee has advised that the project does not fall within the remit of an NHS REC and hence did not need approval by a REC.

This letter should not be interpreted as giving a form of ethical approval to the project, but it may be provided to a journal or other body as evidence that ethical approval is not required under NHS research governance arrangements.

Relational ethics

Others



The first ethical task:

To protect the individual identities of anyone else involved in my cultural experiences which form part of my 'data collection', unless they have given express permission for their identities to be revealed.

If we think firstly about our reference to 'others' in the research; as I have suggested, we do not live in a vacuum, we/I live in a relational world. A world where I have work colleagues, and friends, children and a partner, family members, and people around me who are part of my culture(s) of nursing, the NHS, higher education, outside work. These people are a part of my life, whether on a day-to-day basis, now or part of the events in the past, which have made me the selves I am, and my cultures what they are at any given moment. How can I leave these people out of my story, my research?

In terms of the ethical guidance around using autoethnography as a methodology, relational ethics might be a good place to start; relational ethics could be considered a good (moral) ethical framework into which autoethnography may be held. Slattery and Rapp (2002) describe relational ethics as being "true to one's character and responsible for ones actions and their consequences on others" (p55). Wallace (2005) builds on this idea by proposing that,

> *"Relational ethics draws on a mutual and respectful exchange of information between the researcher and the prospective community under study to ensure that the values hopes and concerns of participants will be reflected in the design, implementation and interpretation of research" (p.67-68).*

I agree that relational ethics entail taking responsibility and accountability for the impact of your behaviour on another. It doesn't mean necessarily that you don't do it; just that you have thought for the others involved and take responsibility and accountability for your actions.

> *"I felt very hurt by your actions"*
>
> *"I'm sorry you are disappointed that I do not behave the way you want me to"*

Both Slattery and Rapp (2002) and Wallace (2005) appear to be proposing a 'humanness' in the researcher which suggests that we treat others with empathy and respect and in a way that one would wish to be treated themselves. However, some further discussion around this point might be helpful at this point.

Delamont (2007) in her address to the British Educational Research Association Annual Conference suggests that autoethnography *cannot* be published ethically. This is an interesting idea, if I write about what another person says, while protecting their identity; it is *my* experience of their communication, filtered through my own selves. Perhaps a little more controversially, if I were to write about what another person says while *revealing* their identity, it is *still* my

experience of their communication, filtered through my own selves. If I were to write about my reflections on comments made to me in my cultures during informal conversations, do I need to ask the person or people who made these comments, for permission to write about them as part of my research or not? I would argue not, as I was part of that constructed experience, so have some ownership and 'rights' to it. Were I to attempt to seek permission from everyone involved, it would become impractical on where to draw the line.

Once words are spoken, I can use them to base my thoughts around, without exposing the identity of the originator of these words. As long as the originator or originators of the words are not made explicit, nor their authenticity or context justified, I do not feel it appropriate or practical to seek permission. What about experiences from my childhood, commentary on my parenting, or my experience of past relationships? It may well be that I explicitly refer to my parenting, which immediately identifies my mother and father, or situations in which my ex-husband has been involved? Should I have asked their permission to be able to write about my experience of being brought up, or of being divorced? I'm not sure that either party would have agreed.

I had read some autoethnographic writings of a friend. I found it upset me. I wrote:

> *I feel like I've just pulled back a curtain to see a world that I'm not part of, a time before me, and times when I'm not there. You write of pain that I can't comfort, pain from the past, pain that makes me weep as its sits in all its evocative splendour on the page, you are past it now, you can write about it. I stop hearing about the theoretical underpinning, the justification for the writing; I stop learning from the text and your beautifully crafted words. My tears are of the here and now. Where does relational ethics fit in with all this?*

> *This is about you, not me, not our relationship, you don't need to ask me, you don't owe me anything, and you don't need to seek my permission. This is your life, your words, your multiple selves, and it breaks my heart to read about it.*

It made me think about my own writing, is it ok to write like this? To write about ourselves? What does it *do* to others?

Barthes (1977) as quoted in Burke (1998) suggests that "linguistically, the author is never more than the instance writing, just as I is nothing other than the instance saying I" (p.16). Once words have been uttered, the recipient, whose interpreted meaning may or may not be the same as the author of those words, may construct their meaning.

If the author is reflecting upon her own experiences and wishes to use another's words or experiences as meaningful examples, for which she has sought and has been given explicit permission by the originator, and if these words or written experiences have been anonymised so as to make them non identifiable, this to me appears to be ethical. I agree with Delamont if she is referring to work which includes another's experience, whereby the person can be identified, but where they haven't given their permission; but this is not something I intend to do.

As discussed earlier in the text, this work will have limitations in terms of those evocative events I choose to speak about and those I prefer not to. It may be the case, however, that events which are most evocative for me, are the very ones I will choose not to discuss in my reflections; evocative moments which have arisen through my relationships with my partner, or my children, thereby possibly exposing the identities of others involved. It would be unethical of me to do this. So I have carefully considered the use of analogies, stories, poetry, the results of my 'data analysis', to try to ensure that the reporting of my 'findings' protect and disguise identities and context, conversations have been changed and disguised - conversations which might appear as direct quotes are factional representations of a conversation, or an amalgamation of conversations I might have had, and as

such keep identity of any individuals involved at the time, intact. I have, however, written about evocative experiences that cannot be disguised to be anything other than they are, but when I have written in this way I have tried to ensure that it is **my** experience that is at the forefront of the written experience, rather than that of any others who might have been there at the time.

Me

The second ethical task:

To keep myself emotionally and psychologically safe whilst undertaking the research

If, as I have argued, I have multiple selves, I have different ways of being in different circumstances with different people at different times, then this will influence what I write at any given time. The descriptions written in this piece are

my views of myself and the way things are for me at the time of writing. When undertaking the research, my conversation, thoughts and reflections will be influenced by the intra-personal or inter-personal relationship I have with the situation, together with my psychological and emotional state at the time, due to immediate or other relevant events, the time of day, etc. I might be learning new things about myself, things that I might judge to be helpful or unhelpful aspects of the person I find myself at that time and I might become distressed or anxious. I might become disturbed by things I 'discover' about myself.

The nature of the shifting sands of constructionism, frequent or concentrated period of reflection and reflexivity, make for unstable ground, however no more unstable than our everyday lives, stressful jobs, relationship challenges, financial insecurity and day to day problem solving, might be.

In terms of undertaking this research, therefore, the use of relational ethics alongside the conventions of ethical research in ensuring that the "dignity, rights, safety and well-being of participants" Department of Health Guidelines (DH 2005) will be the primary consideration of this research, and as the only participant, I have attempted to apply these rules to myself. When I first wrote the ethical proposal I confidently predicted that

"I do not expect this research will cause me any extra or undue stress, as I will not be seeking these evocative experiences, but will reflect on any evocative moments that do come along. If, however, I do become distressed, and am unable to manage my feelings myself through pragmatic problem solving, then I will seek support from an accredited Cognitive Behavioural Psychotherapist".

What I found was that I did become distressed, those evocative experiences for me were evocative because of the issues of worth, in particular my self-worth. There were times when I felt wretched, times when I felt completely worthless, ashamed, angry and upset. What I found however, was that this *was* the deal, this **was** the experience of evocative autoethnography, and as difficult as it was to experience, it was part of the research.

Conclusion

This moveable relational positioning may have implications as to how I can 'fit' my being into the structures of what is seen as conventional ethical research, into the structures of education, of policies and procedures, established by people and organisations who do not share similar philosophical views to myself. What might be my view of what is ethical might not be another's. Within this research, I have sought to construct my philosophical stance, method(ology) and research within

the framework that adheres to the ethical process inherent in educational research and accepted social practice, while maintaining debate on my ethical thinking as it changes. There is however, one last ethical point which needs addressing, and that is the ethics around undertaking doctoral research. I have argued that we live in a relational world rather than in isolation and perhaps it is not just the process of the research that has ethical implications, but also the time and cost that needs to be considered.

> *"What time will dinner be ready Mum?"*
>
> *"Soon….its nearly ready, I just need to do some peas…... just give me a couple of minutes"*
>
> *"But I'm hungry and you've been on the computer for hours!"*

There follows three chapters which provide the theoretical underpinning for the study; a chapter on worth, one on nurses and nursing and one on nurses and the organisation. As an introduction, the first chapter will set some context and give an overview to the theory underpinning worth, in terms of my own theoretical underpinning and that of a wider scientific community. I will firstly introduce worth and me, and then go on to discuss definitions, developmental concepts and theoretical concepts of self-worth. The second chapter, 'nursing and nurses', gives an overview of the role of mental health nurses and then discusses some ideas around the qualities of nurses and nursing. The third chapter, nursing, the organisation and worth discusses themes of recognition and validation in relation to worth, contextualised with the organisation. Felted throughout each of these three chapters, as throughout all chapters, will be evidence of autoethnographic methodology, method and rhizomatic conceptualization, the data becoming the data analysis becoming the data.

Chapter 5
Theoretical Underpinning 1: Worth

Introduction

Worth is the thread that runs throughout this research. It underpins, colours, shades, crops up, intrudes and infiltrates. Many questions can be seen being asked (implicitly and explicitly) through the thesis; what is worth? Is it the same as self-esteem? What is a nurse worth? And what is a nurse's worth? What about my worth? My worth as many selves, including, of course, my worth as a Nurse. Lastly, how do I 'measure' worth, my self-worth, behavioural manifestations demonstrating worth or lack of it, how do I find it? See it? Capture it?

Self-Worth: What is it?

My culture

I grew up in a small rural village in England. My childhood was spent in a place where cows were herded down the road twice a day at milking time and I could go off for hours at a time on my bike without anyone seemingly paying much attention to where I went. As children, we sat on the back of an old trailer collecting the milk churns left on their little wooden platforms by the side of the road, the old John Deere tractor chugging slowly along the country lanes pulling the rickety old trailer. We watched piglets being born and sat on the top of haystacks seeing how far we could see and how long we could stay up there until we were shouted at by the local farmer to get down. We waded in the ditches in our wellies collecting celandines and dangled upside down from field gates listening to the rhythmic clunk clunk clunk of the bailer in later summer evenings, before the stubble was set alight to prepare the ground for the next round of crops. There were no streetlights, but we did have a small primary school (two

classes and around forty children), a pub, a shop and a modest population, a significant number of whom bore one of two main surnames.

My parents were 'outsiders'. Newly married they moved to the village having me first then my younger sister a couple of years later. With one parent from a solid family orientated east end working background, with no great expectation, and the other from a rather less well functioning historically privileged background, with failed expectations, my parenting was a mixture of down to earth common sense coupled with useful skills teaching, juxtaposed with a measure of elitism and associated drive to be better than our peers.

> "Lydia, I don't want you playing with that girl from the council houses anymore"
>
> "But why Mum?"
>
> "Because you are learning some bad habits"

This was set within a context of 1960's/1970's gender inequality, a work ethic with added expectations of intellectual superiority and the sense that whatever my sister and I did, it was not quite good enough.

As my teenage years hit, my Mum died, my Dad fell apart and I discovered that I wasn't thin *enough*, or pretty *enough*, my hair wasn't thick *enough*, straight *enough* or curly *enough* to do anything with let alone what fashion demanded, boys didn't find girls who wore glasses very attractive and if you did get close enough, kissing someone who was also wearing braces caused much social embarrassment, injury, and bent braces, not to mention a lengthy telling off by both my father and the dentist.

I discovered at fourteen, probably like a lot of teenage girls, that I didn't really fit at home or with my peer group or within my perceived larger societal group expectations and also that I didn't feel great about myself.

At 'A' Level, I studied psychology (briefly). Within the recommended course reading material I came across what to me at the time became of great factual significance. In their chapter on 'Abnormal Psychology' Atkinson et al., (1983) introduce us to the subject of self-esteem. They tell us:

> "Well adjusted people have some appreciation of their own self-worth and feel accepted by those around them. They are comfortable with other people and are able to react spontaneously in social situations. At the same time, they do not feel obligated to subjugate their opinions to those of the group. Feelings of worthlessness, alienation, and lack of acceptance are prevalent among individuals who are diagnosed as abnormal." (p 453)

It was there in black and white, not only didn't I fit in, I was abnormal.

I was abnormal, people were unpredictable, the world was unpredictable, and I needed to be on my guard because I didn't know what might happen, when. I felt vulnerable and unprepared.

What is worth?

I would like to introduce the issue of worth and esteem, are they the same thing or are they different concepts? Literature in the field of self–esteem or self-worth study often uses both terms as interchangeable (Pelham and Swann, 1989; Crocker and Luhtanen, 2003; Crocker and Park, 2004; Park, Crocker and Mickleson, 2004; Pyszczynski et al., 2004), for example. Crocker and Wolfe (2001), suggest that:

> "A contingency of self-worth is a domain or category of outcomes on which a person has staked his or her self-esteem, so that person's view of his or her value or worth depends on perceived successes or failures or adherence to self-standards in that domain". (p.594)

The Oxford English Dictionary (OED) (2010) online has several descriptors for worth:

a) "Pecuniary value; price"

b) "The relative value of a thing in respect of its qualities or of the estimation in which it is held"

c) "The character or standing of a person in respect of moral and intellectual qualities; *esp.* high personal merit or attainments."

With one main description for esteem:

"Estimated value, valuation"

It would appear that what these definitions have in common is the concept of the value one places on something, or the value one places on oneself, one's self-worth, or self-esteem. If we judge we have little value based on our idiosyncratic measures or markers, then we may experience low self-esteem or low self-worth.

For the purposes of this discussion, therefore, I will assume the terms and concepts of self-esteem and self-worth to be the same.

My measures of worth or self-esteem have varied, and continue to vary, according to my age, my selves, my relationships and my interactions. When I was a teenager, it mattered very much how I looked, if I had the 'right' clothes, the 'right' haircut and was 'thin enough'. I reasoned that these things were measures of attraction and that the more attractive I was perceived to be, the more I would be valued and the less likely I was to be rejected by people who mattered to me (which at that time was generally teenage boys). My school achievements, although highly significant to my father, and certainly one of his measures of worth, were less important to me at the time. As I grew older, there were some measures that I kept with the same strength, and others that started to fade with age.

My markers:

Markers	Weight	Appearance	Receipt of love (or) affection	Approval	Being a good Mum	Being successful in my career
Teenage years	+++++	+++++	+++++	+++		
20's	+++++	+++++	+++++	++	++	++
30's	+++	+++	+++++	+++	++	+++
40's	++	+++	+++++	++++	+++++	++++
N.B	Number of + denotes an approximation of the strength of the marker at the time, although this varied from day to day and situation to situation, these were important themes					

As my children have got older and my marriage failed, 'being a good Mum' has become an increasingly important marker. I imagine some normalcy in wanting to be the best parent you can be and experiencing worry and guilt at times, when you think you could have done things differently, this coupled with being told you are a 'bad parent', is bound to have some effect on ones' worth if being a good parent is one of your 'worth markers'.

October 2011-a text

"As a so called mother you are a fucking disgrace."

I might have some ideas as to how my self-worth developed, the factors that contributed to my opinions of myself and the ways in which I imagine others see me. Self-esteem might be considered a functional development in our evolution. Just as a fight or flight response might be considered a protective developmental response, which is designed to prevent us from physical harm, self-esteem is designed to prevent us from 'social harm'. The next section describes some theoretical perspectives on the development of self-esteem and the idea of self-worth as a concept.

Developmental theories

Bowlby attachment theory

Bowlby (1969) described attachment as a "lasting psychological connectedness between human beings" (p.194). Bowlby (1969) suggested that the nature of the bonds formed at an early age with those that care for the child, impact on the psychological wellbeing of the child and then the adult throughout their life. He posited that if these early bonds are disrupted in some way, then this can impact negatively on the persons understanding of themselves and the world. If a child grows up in an environment where the attachment with the person giving the care is secure, then the child is able to explore his or her world from a 'secure base', if this base isn't secure then there is no solid base from which to explore the world. In such an invalidating environment, the child lacks skill acquisition to form healthy relational attachments and to manage her own emotions in a helpful way (Linehan, 1993; Simpson and Rholes, 1998; Vohs and Baumeister, 2010). Those with insecure attachments might develop a low self-worth, or have unhelpful relational measures of worth.

I have not always managed my 'boy-girl' relationships very well. I think it came from a mixture of some unhelpful parenting rules and beliefs. These rules have been paraphrased rather than directly quoted:

"Always put others before yourself or you will be selfish and therefore not very nice" (with an implicational) "and therefore people won't want to know you"

"I expect you to be assertive and independent, until it comes to being a woman in a relationship with a man, then you need to be slim [I later worked this out that it roughly translated to a Body Mass Index of around 17], feminine, [which involved walking with shoulders back, head up, toes slightly pointed outwards and feet crossing in front of you as if walking on a straight line, sitting with knees and ankles together, feet pointing at an angle of about 45 degrees to ether the left or the right, with a slightly demure look on my face], and attractive, and do as you are told, putting his needs first."

As I suggested, not always very helpful in the long run, but useful tips if I wanted to 'attract a man with a good job'.

As you might imagine, my 'boy girl' relationships haven't always been very successful, attracted to abusive bad boys and becoming bored with the nice 'every day' blokes. As a younger woman I lacked skills in being able to sustain healthy relationships.

Erikson stages of development

Erikson (1950) proposed eight stages of development centred around different 'crises' or conflicts in 'ego stages'. Erickson (1950) divided a person's developmental pattern into age ranges, psycho-social tasks or 'crises', significant relationships, psycho-social modalities, qualities or skills that you might associate with being able to resolve the crisis and difficulties that arise if the response is too polarised to one aspect of the 'crisis'. The stages Erikson (1950) describes have similarities to Bowlby's attachment theory in terms of the importance of secure

and healthy relationships with caregivers as a child and the impact of non healthy relationships in terms of adult development. Erikson's (1950) theory includes the aspect of skills development and significantly pays attention to the importance of achievement or accomplishment and the showing of initiative, with the suggestion that if this initiative is not encouraged or rewarded then the child, and later the adult, develops a sense of low worth and inferiority to those around them (Zeigler-Hill 2006).

Maslow Hierarchy of Needs

Maslow (1943) introduced a concept of a pyramid, with five 'layers'. He proposed that the bottom layer were the 'basic needs' a human had, with each layer on top of this basic layer becoming more complex a need. His theory starts with basic needs of water, air, food and sleep, with the next layer containing aspects of physical safety as well as psychological security such as consistent employment. He posits that following on from these basic physical and security needs come the need for belonging, love and affection; safe relationships. It is only after these needs have layered the bottom of his pyramid, does Maslow (1943) mention the need for achievement, recognition and self-worth, with then a final layer to 'top off' his pyramid, the need for 'self actualisation'. Self actualisation he suggests is the desire for self-fulfillment, for a person to become everything that they are capable of becoming. Maslow's (1943)

theory might make sense for some in terms of need to have one set of needs met before a person can meet another set of needs, for example, if one is starving, then it would make sense that food becomes the priority need, but if we have a marker that being 'thin'=being 'attractive', which in turn means that we are less likely to be rejected, then hunger is a need that might easily be 'put off' in favour of meeting other needs.

While these three theories all speak of the healthy development of identity, including relational aspects, achievement and worth, they have differing concepts around which the theories are based; Bowlby's theory is around relational attachment, Erickson's theory around healthy development and Maslow's theory around motivation. Worth is a part of all theories either implicitly or explicitly and all offer suggestion as to the role worth might play in human development and functioning. I want to move on to discuss three interpersonal theories on worth.

> *I visited Highgate cemetery, Karl Marx is buried there. It was June, it was supposed to be hot, but it wasn't. I was with a friend, a sad friend, a friend with the burden of her world resting on her shoulders; a friend who had lost sight of her worth. I was starting to feel frustrated, and impotent about what I could 'do' to help my friend. Just near where Marx is buried, is a kind of writers section. There are poets and playwrights, journalists, people who have told stories of their lives and that of others. One gravestone was full with text. It talked about Simon, in a stream of words and phrases, who he was, what he did, what he liked, what he didn't; a short body of text, which told us how people who knew him, had felt about him and about the way in which he touched their lives. It moved me to tears, for Simon's friends and family, for my sad friend, for all the people that might not read the gravestone and for all the people that might, a wonderful example of how we value people.*

Theoretical concepts of self worth

There are several interpersonal theories have been put forward to explain the concept and characteristics of self-worth or self-esteem and how issues with esteem or worth might manifest themselves. Those that appear to be most relevant to this research, Sociometer Theory (Leary, 1999; Leary and Baumeister, 2000), Dominance theory (Barkow 1980) and Terror Management Theory (Greenberg, Pyszczynski, and Solomon, 1986) will be now be discussed.

Sociometer theory

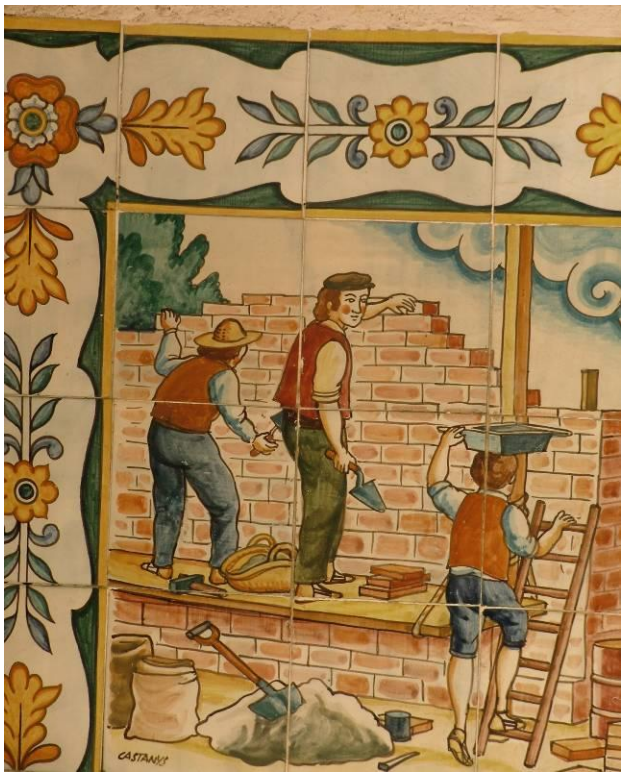
In Sociometer theory, (Leary, 1999; Leary and Baumeister 2000) suggest that the self-esteem system evolved as an indicator of the level at which people are accepted by others versus being rejected by those around them. If devaluational cues, in other words, social cues that suggest disinterest, dislike or rejection are detected in interactions with those around the person, then there is a perception of reduced social acceptance and therefore a reduction in self-esteem or self-worth. Higher self-esteem or self-worth is therefore contingent upon successful exposure to relational situations in which the person receives feedback or responses, which imply acceptance rather than rejection (Park, Crocker and Mickelson 2004, Crocker and Knight 2005).

> *"You piss people off", he said. Hmmmmm, I thought as I sat swivelling in my office chair, "I guess I have a sense of what I value as good practice", I suggested. "Yeah, but your colleagues aren't idiots" he replied. Ouch I thought….*
>
> *I wanted to protest that I knew how to be non judgemental and professional and caring and compassionate, and that it disturbed me when my colleagues used terms like 'case' instead of referring to the person with the mental health difficulties. Or even called clients by their diagnosis, making sweeping statements about their presenting difficulties, "oh you know anorexics, they always lie", or (one of my all time least favourites) "PD's [people with a*

personality disorder diagnosis] are manipulative". Oh God!!! Why couldn't my colleagues just stop a minute, stop 'othering', stop making judgements based on how they might go about dealing with a difficulty, without realising that maybe they have the skills when the person with the mental health difficulties might not. The idea that we don't want to give people certain diagnoses, as this is 'labelling people' and labelling people=stigma, appears to be confirmed by my colleagues talking about 'PD's'. If a mental health diagnosis came ***withou****t prejudice and stigma, then it might be helpful, in a similar way to when we have a physical diagnosis, but this isn't going to happen, if the mental health nurses that are working with people use diagnosis as a derogatory description.*

Sociometer theory continues thus by suggesting that people are not motivated to increase their self-esteem or self-worth per se, but will take action to improve the level at which they are socially accepted. In keeping with Cognitive Theory (Beck, 1976; Beck et al., 1985; Beck, 1991), Leary (2001) proposes that there may be increased vigilance and a perceptual bias towards cues, which might suggest a negative appraisal, positing that "self-esteem is exquisitely sensitive to events that connote relational devaluation" (p.15). Cognitive theory (Beck 1976) continues by describing an attentional bias (Salkovskis, 1996; Eysenk, 1992; Beck, 1999; Beck 2009) towards events, which may appear to have the properties of relational negative appraisals, and that even minor negatively perceived appraisal by others might be enough to reduce self-esteem and the perception of social acceptance by others.

I have become bored by this rhetoric, or theory, no, maybe not bored, I can detect a flippancy in the way I have been writing this theory, which I think is telling me that maybe I have developed the urge to avoid it. It's a bit close to home. It makes sense to me in terms of judging my worth by the reaction I get from others, especially those I love, respect and value, but I am struggling to balance theoretically underpinning what I want to say with actually telling my story. Writing about worth can evoke a feeling of worthlessness. Worthlessness and then apathy. No that's not quite it. I think **first** comes rancour with the theory **and then** a sense of



worthlessness **and then** apathy, **and then** non writing-I stop writing. I have found that the more I think about and write about worth, the more I think about my own worth, or lack of it, and how I might measure my worth. How do I know that I am worthless, because sometimes I "know" its "true", I have evidence, I have proof. My constructionist ideals are abandoned in favour of surety, the evidence that matches the awfulness I feel. I feel awful, and there is the evidence that justifies and validates my feeling. When feeling awful, I might find evidence to support my belief, and discount evidence that contradicts it (Beck et al. 1979), in fact I have to work hard not to plunge into my 'evidence chest' of memories .

But this isn't helpful, playing out the dog eared script of worthlessness, "there's a hole in my neighbourhood down which, of late, I cannot help but fall" (Elbow 2008), but I need to try **not to** keep falling down the hole. Writing subjectively requires refection and reflexivity, (Ellis and Flaherty 1992, Etherington 2007), if my reflection leads my subject of research (me) into becoming overwhelmed and disabled by the associated emotion, then the researcher (me) can no longer summon the distance required to be reflective and reflexive, and the writing comes to a halt.

Terror Management Theory

Terror Management Theory (TMT) (Solomon et al., 1991) subscribes to Beck (1991) and Leary's (2001) ideas which suggest that the reason for having self–esteem is to reduce the likelihood of the experience of anxiety. However, within TMT, this anxiety is posited as being of an existential form that arises from the prospect of one's own mortality (Leary, Cottrell and Phillips 2001). This anxiety is then buffered

by self-esteem, which "results from believing in, and living up to, internalised standards" and is the feeling that "one is an object of primary value in a world of meaningful action" (Becker 1971, p.79 as cited in Pyszczynski et al., 2004, p.437), thus self-esteem provides protection by making the person feel "that they are a valuable part of a meaningful world" (Leary et al., 2001, p.908). As in Sociometer theory (Leary, 1999; Leary and Baumeister, 2000) self-esteem within TMT still requires "worldview validation" (Pyszczynski et al., 2004 p.438).

Writing this has allowed me to move away from swimming like a trout through the river weeds of worthlessness. This theory makes less sense to me in terms of being able to identify with it. In terms of evolutionary theory, where anxiety is a set of physiological and psychological responses, which help us, stay alert to dangers, giving us warning of their approach and the opportunity to act, thereby keeping us safe, Terror Management Theory would appear to have some value. If we believe we are relationally and societally valuable then it may mean that less people might attack and kill us, I'm not sure on its practical application however.

Dominance Theory

Within Dominance theory, (Barkow, 1980) as in Sociometer Theory, self-esteem is presented as having relational significance. It differs however, in suggesting that self-esteem has evolved as a measure of dominance in a social context, dominance being associated with the level of reproductive success in anthropological studies. In other words, dominance theory posits that self-esteem reflects the amount of prestige one has in the eyes of other people (Leary, 2001).

What none of theories explain however, is that sense of self-worth which might be gained from making others feel lessened, a way of gaining power and control through humiliation or by inciting fear. Arguably these people have a low sense of self-worth, which if we think relationally, allows that

others are "better than" the person with that low worth. If that person is able to reduce the apparent self-worth of others then his worth become artificially inflated.

July 2008

Post court case, I still have his barrister's words ringing in my ears, the looks he gave me, the derisory snorts, the sarcasm and the disdain with which he addressed me, all designed to make me feel intimidated and worthless - it worked.

There was a long silence.

> *"Mrs. Turner, perhaps you could explain to the court again exactly how you intend to work full time and care for your children?"*

Bastard I thought. I have just explained in detail how I had planned to do that.

> *"Well I can finish early every other week and make up for the time in the weeks when I don't have the children", I said, trying to keep a strong assertive tone to my voice. "Ah yes", he looked down at his notes, "you would drop your youngest son at school and then make the older three boys walk to their school, is that correct?"*
>
> *"hmmmm, only 20 minutes' walk, Mrs. Turner, I find that hard to believe".*

He made it sound as though I was proposing child abuse! They were all secondary school age, it was reasonable thing to ask the children to do, I told myself, lots of their friends do it, when I was their age I caught a bus 10 miles to school and came home, let myself in, did my homework and my sister and I cooked dinner for when my Dad came home. My ex-husband sat head bowed with a small smirk on his face.

> *"They are old enough to walk, lots of their friends walk", I said assertively.*
>
> *"Hmmm, and you are a*

N u r s e P s y c h o t h e r a p i s t”?

He drew each word out as if he had just come across a brand new job title; I wondered where he was going with this, sarcasm dripped from every word he spoke and I hated him. I’m going to have him, one day, dark alley, just you wait, I thought. I stared him keenly in the eye, willing some thought transference

He smiled as if a little amused,

> *“Nursing….. a caring profession, interesting….. and you are proposing that you make your three young children walk to school on their own each day while you go off to work, to pursue your, um, career?”*
>
> *“yes but…. …” I started to say.*
>
> *“No further questions”, he said and sat down*

A poem

You're lucky to have him
She told herself
As he cried and cuddled
And kissed her hair, apologising
For the black eye and bruised body

You're lucky to have him
She told herself
As minutes crept to hours
And hours crept to days
While he punished with silence

You're lucky to have him
She told herself
As touch yielded sigh
And intimacy rejected
An irritant complicating his life

"The traditional recognition of the individual self in the West seems to be the center of society; relationships are considered by-products of interacting individuals." (Slattery 2001 p377).

He stores 'him' in a beautifully crafted crystal case. Carefully keeping the outside polished, to reflect the light, casting rainbows about the air, distracting the observer from the tiny flawless pearlescent seashells held within. The immediate electrified titanium fence and the swathe of booby trapped land which surround the fence, keep people away, well away, protecting the fragility of the case; which, with one infinitesimal tap, might shatter into a million tiny pieces exposing the little crustaceans with their slimy bodies and dull armoured casings, as they come wriggling and scuttling out of their dark recesses, ready to shame and expose hidden ugliness.

She sits outside the cave

She doesn't know how long she'll have to wait

But she'll wait

Until the creature emerges

Sometimes rushing out, fur flying, boisterously trotting around her, nudging her to her feet, demanding her attention

Sometimes creeping to the edge of its world, to sit, a distance from her, just out of reach, giving a little bit of its time and attention

Each experience is exhilarating and difficult, laden with gifts and penalties

And when the creature returns to its cave

She is left with beauty and wounds, elation and fatigue

She sits outside the cave

She doesn't know how long she'll have to wait

But she'll wait

Chapter 6
Theoretical Underpinning 2: Nurses

Introduction

Although this research centres on mental health nurses and worth, I often refer to 'nurses' within the text. I have worked on the premise that nurses of all disciplines have some commonalities. These commonalities may include some core attitudes, which have been 'operationalised' as desirable behaviour in the Nursing and Midwifery Council (NMC) Guidance on professional conduct for nursing and midwifery students (NMC 2008).

- Make the care of people your first concern, treating them as individuals and respecting their dignity.
- Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community.
- Provide a high standard of practice and care at all times.
- Be open and honest, act with integrity and uphold the reputation of your profession.

The guidance continues by suggesting that nursing students should have 'good character', which comprises:

Honesty

Trustworthiness

Being non discriminatory

Being polite, kind, caring, compassionate and respectful

While I think describing someone as having 'good character', might be a little controversial in its phrasing, those attributes of what we would want in all student nurses, sets the tone for future professional practice of all nurses. This chapter, therefore, applies mainly to mental health nursing but also refers to nurses and nursing in more global terms.

A Play

Stage directions

Enter, stage right, a woman being pushed in a wheelchair, feet on the shiny silver plates, 9 months' worth of 'bump' in front of her, head down, hands fisted tightly; we see her passing by rapidly away to our left, the visitors and patients in the café, idly turning their gaze her way as she passes. The sounds and voices of others are heard out loud, all the woman's words are her thoughts and are spoken aloud by herself as a narrator watching the scene unfold. The narrative takes the form of four selves. The self as a woman in labour; the thoughts spoken in the moment, the self as a third person reflecting from a distance on the circumstances under which the woman in labour finds herself, and the self as a student nurse several years beforehand, and the self as a child when her own mother was in hospital.

Woman in Labour:

> "I *hate* being pushed in a wheelchair, it grates against every ounce of independence I have, but they are pushing me very fast, I'll give 'em that, I'll keep my head down then maybe people won't notice, oh shit, there comes another one, Chriiiist!"

Third person reflection:

> Maybe the shame of her predicament won't be seen.

Stage Directions

The Midwife says a cheery "Don't worry dear", and they hurtle towards the lift at the other end of the long corridor, the Midwife panting slightly at the exertion while the woman sits crunched up in the wheelchair.

The woman in Labour:

"Don't worry!! How much worse can it get?!

Third person reflection:

Her scan had showed no movement, no movement at all, the radiographer had said she was sorry, but she hadn't been able to give her any eye contact. 'Yeah me too' she had said in a churlish fashion, at once feeling angry with the radiographer that she didn't/couldn't share her pain while reminding herself that of course the radiographer was unable to, how could she? It was too much for her, how can she ask someone to share it? She felt sorry for her response.

Stage direction

The man in the nice light blue shirt buffing the floor swings his noisy machine out of the way in one sweeping movement

Third person reflection:

She had always wondered how heavy it would be to push one of those things, or swing it across the floor, maybe it would be like a little hovercraft, a very satisfying pastime, and good for the shoulders and biceps.

The woman in Labour:

"I can think again, the pain has gone, thank God"

The woman as a student Nurse

For a moment her mind is transported back to the long corridors of the old Victorian hospital, the black and white tiles pushed up the sides of the wall in a gentle curve in place of a skirting board, the distant hum of the floor buffer being swung smoothly

across the floor, pausing now and again to let gentlemen shuffle by, clutching the front of their 'too short' smart trousers, too far down the queue for a belt that morning-she had used safety pins when the belts ran out, but had been reprimanded.

> *'Think of the untoward incident form if he hurts himself nurse', the sister had said to her.*
>
> *'Oh ok,' she had thought. She muttered under here breath as she turned her back on the ward sister ' I guess we need to get our priorities right, much better to exercise a bit of ritual humiliation on vulnerable people than risk a pricked finger….'.*
>
> *She turned and faced the ward sister " here's an idea, lets buy some more belts!"*
>
> *"Attitude Nurse!", the ward sister said sternly.*

What with her 'attitude' and frequent shouts of 'Stop running Nurse' as she gently trotted by the office door, she didn't last very long as a Ward Nurse, certainly not as long as many of her colleagues.

<u>Stage direction</u>

Safely in the lift now away from public gaze, the Nurse presses the buttons and studiously avoiding eye contact, stares fixedly on the upward movement of the little green dots of light as they ascend. A solid clunk as the lift stops and a nice swish as the door opens, with, fortunately, no new parent's babe in arms stood waiting for the lift. A sharp right turn and along the light airy corridor hurrying past the slowly ambling ladies, supporting their abdomens, their companions nervously clutching their hands murmuring supportive words under their breath. The midwife says "Not long now dear".

The woman in Labour:

> "I presume she means until she can give me something to take the pain away"

Third person reflection:

> That smell, she will remember that smell all her life, the 'hospital' smell, a strange smell, a smell that comforts her and saddens her, a smell that makes her feel safe and terrified all at the same time.

The woman in Labour:

> " What's that all about, oh shit, another, just breathe, all you have to do is breathe, you just have to survive, 'keepgoingkeepgoingkeepgoingkeepgoingkeepgoingkeepgoingkeepgoing' ok….. it's going, gone, Christ…."

The woman as a child

Another hospital a long time ago, she was just a kid, although she thought she was extremely grown up at the time, her father used to tell her so. She remembered other long corridors, great big wide ones without windows, huge rooms with half a dozen beds in each, off to either side, and a window at the end which looked out on to a grassy bank and across the fields, or was it the town, she can't remember. The nurses were very kind and talked about making beds with 'household corners', she remembers some light exchange on how she had been brought up with the idea of them being called 'hospital corners'. Her Mum was in the first bed on the right,

> *"She won't look like she did before" the nurse gently told her sister and her. And she didn't. She had such a little head with no hair on it, a big red stitched scar the size of half a tea plate arced from the middle of her forehead to just over her right ear.*
>
> *"You are not to talk to your Mum about the operation" her Dad said, oh ok, she thought.*

He held her hand in the car on the way home, she hated it, she wanted to sit in the back seat out of his reach, it still made her cringe to think about it and she pulled her hand away from an imaginary grasp.

<u>Stage direction</u>

The midwife tells the woman she is going to give her something for the pain and asks her what she would like.

The woman in Labour:

> "Thank God for that, something about an hour ago would have been helpful but now will do. Something to numb the pain, I tell her, something to numb the pain I think. I am aware of 'being done to' but that's ok, I need someone to take away the pain, and to take away the pain. I could do with my Mum here, at times like this I could really do with a Mum, or my idea about what a Mum would be. My Mum would look after me, I could do with being looked after".

Stage direction

The man sits in the corner; he doesn't really know what to do or what to say. He holds the Telegraph Broadsheet newspaper, in his right hand; folded in way, which shows he has been attempting the crossword, some of the little boxes filled in with sketchy letters, a parker pen clipped over the top of the wadge. The Telegraph, a broadsheet large enough, once open, to cover the top half of a fully grown man and most of a hospital armchair.

The woman as a student Nurse

There was a Consultant Psychiatrist I once knew who used to do that, although I think he favoured "The Times" rather than "The Telegraph". He had amazing interpersonal and social skills, being able to conduct an entire ward round from behind the newspaper. I remember being sent from the ward round to "collect the patient". I would scuttle out of the room quickly, anxious to retrieve said person quickly so as "not to keep the doctor waiting nurse". I would generally find the person waiting nervously in the lounge. I was often curious as to whether the nervousness was because they were waiting to see the consultant or because the ward round was held in the 'smoking room' which meant that the people who smoked had to go without a cigarette for prolonged periods of time, "No, so and so can't go out of the ward for a cigarette nurse, they have to wait to be called into the ward round". I quickly learnt that the Consultant Psychiatrist was the most important person in the ward hierarchy, far more important than the people who were staying on the ward or their distress, come to that. So, I would retrieve the person and bring them to the smoking room. I'd knock and ask if I could bring the person into the room. The Sister of the ward would answer me curtly, either "yes" or "no", in a way that would suggest that I should know the answer to what was obviously a stupid question, and then

depending on the answer, I would wait outside with the person until called in or lead the person into the room to sit on a chair at the opposite end of the room to the Psychiatrist. He would then conduct a general question and answer session. "Sister how is the patient doing?" he would ask the Sister from behind the Times. The Sister would say a bit about "how the patient was doing", maybe some discussion would take place about medication, any side effects or other difficulties the "patient" had told the staff about etc., with other members of the assembled team, he would then pronounce his judgement. If the Psychiatrist was in a really good mood, he might ask the person themselves how they thought they were doing, before he told them how ***he*** *thought they were doing, once I even saw him put his paper down.*

Woman in labour

> "I'm sad, I think, I'm very sad, but I'm aware I am trying to do my CBT thing, a kind of regroup by separating out what bits are thoughts and which are feelings. Hmmm, it's tricky, the pethidine took the pain away, well, that's probably overstating things. I'll try again, the pethidine has taken the edge off the physical pain, the pethidine has taken the edge of the emotional pain"
>
> (Stage direction The next line is sung)
>
> 'And I, have become comfortably numb……"
>
> Thank God for Roger! …….

Third person reflection:

> She's overcompensating, she has an idea that if she just keeps on thinking and working on being in this situation, just being here and now, then she won't have to feel! Brilliant strategy! She can do this stuff, if she just stays away from those feelings, let the pethidine manage some of the pain, create a little numbness, then she can survive this…

Stage direction

The Nurse comes back into the room and announces that she thinks it's time to deliver the baby.

Nursing: What and how are Nurses

Overview

To begin with it might be helpful to ask what Nursing is, who Nurses 'are' and what do Nurses do. The Nursing Record (1889) describes the following attributes or characteristics of nursing:

- Nursing is an art, in which no one really attains the true artist's perfection unless she has an artist's appreciation of the delicate touches.
- Nursing is a science, with laws that cannot be disobeyed with impunity.
- Nursing ***is*** a profession, to learn whose principle thoroughly is a work of time and labour.
- Nursing ***is*** a vocation, for no woman without the true Nursing instinct will ever make a really good Nurse, even though she spends her life in learning its rules.
- Nursing is a heaven-born gift, but one that requires careful cultivation.

Despite this quote being over 120 years old, many of these ideas continue to have contemporary relevance, with nursing still being described as both an art and a science (Watson, 2008; O'Brien 2010), a profession and a vocation (Padilla 2005) and even, in terms of Nursing being a 'heaven born gift', Nurses as 'Angels' (McCartney 2008, www.wikipedia.org/wiki/Angels_(TV_series)). Amongst the wealth of nursing literature, there are certain words or constructs often associated with 'Nursing', namely; 'caring', (DH, 1999; Baker, 2003; NMC, 2008; Sabo, 2006; Watson, 2008; Benner, Tanner and Chesla, 2009), 'compassion', (Watkins, 2001; Altun, 2002; White, 2002; Basavanthappa, 2007; Watson, 2008; Chambers and Ryder, 2009; Lundy and James, 2009), 'vocation', (White, 2002; Heyes, 2005; Padilla, 2005; O'Brien, 2010), 'altruism' (Smith, 1995; Hein, 2001; Altun, 2002; Johns

and Freshwater, 2005; McCaimant, 2006; Johnson, Haig and Yates-Bolton, 2007) and 'profession' (Schwartz,1904; johns and Freshwater, 2005; Padilla, 2005; Weaver and Olsen, 2006; Shaw and Degazon, 2008; Somers, Finsch and Birnbaum, 2010). From policy and guidance documents to educational and anecdotal writings, these terms or constructs have long been associated with the profession of Nursing, of all varieties. Much of the nursing literature speaks about 'nurses'. Those texts which aim to specify role tend to state whether the content refers specifically to mental health nurses, but other papers which offer insight into the nature of nurses and nursing, tend to speak of nurses, I have therefore included all such papers in my reading, searches and reviews as within my experience I feel there is commonality amongst the nursing culture.

Nursing Identity

When I trained there were three types of nurses as I understood it; General Nurses, Psychiatric Nurses and Learning Disabilities Nurses. I appreciate that this is a very simplistic view of the many roles and specialisms that nurses have, but it was nevertheless my view as a student nurse. There was also a perceived hierarchy in my young head at the time, for which I found evidence from comments from tutors and fellow nurses around me (especially while I was undertaking my 8 weeks of 'general training' on a medical ward). The hierarchy was thus:

At the top of the pile came Reregistered General Nurses (RGN's)

Then came State Enrolled Nurses (SEN's)

Then Registered Mental Nurses (RMN's)

Then State Enrolled Nurses working in mental health (SEN (M)'s)

The contrast between 'general nursing' and mental health nursing at that time was huge. Student RMN's undertook eight weeks work on a general ward and Student RGN's undertook eight weeks work on a psychiatric ward, Student RMN's were frequently told off for sitting on beds, not moving quickly enough and 'talking to

patients'. Student RGN's appeared to spend their time in a perpetual state of anxiety (until their last few days when they had managed to chill down to the ward pace), constantly looking for things to do.

> *As a student RMN's, we only wore uniform on our first ward which was a ward for older people. The rest of the time, our dress was casual bordering on scruffy (apart from one ward where the charge nurse wouldn't let women students come to work on the ward unless we wore skirts). As such, since my first ward I had not worn a uniform or a hat, and in line with my fashionably scruffy appearance my hair was usually extremely short and often gelled into a 'flat-top'. When I got up in the morning to go to my first shift on the 'general ward' it became apparent that my hairstyle made it extremely hard to keep a hat on with hair grips.*
>
> *"Where is your hat nurse?" the Sister asked me on my first morning*
>
> *"It won't stay on Sister"*
>
> *"Show me", she said somewhat abruptly*
>
> *I showed her how there was too apparently too little hair to pin the hat to*
>
> *"Come with me", she said without a flicker of a smile*
>
> *I followed her to her office where she opened a drawer, took out a reel of sellotape, asked me to hold my hat on top of my head and proceeded to sellotape my hat to my head.*
>
> *"There" she said, "it won't fall off now*
>
> *It didn't*

My 'general nursing' colleagues and friends could generally, without much effort, describe their role to me. A friend who is a surgical nurse would explain about the types of operations she was involved in, how she would count instruments in and out, hand things to doctors during operations and take a part in all sorts of other procedures that would sometimes leave me squeamish. Another friend who worked in an Intensive Treatment Unit (ITU) told me about her frequent monitoring of machines and 'patient obs' and her constant attention to detail. I

also have a friend who is a midwife, when asked what she does, she would always say, with a huge grin on her face 'I help ladies have babies'.

A question these friends, and RGN students would often ask, as I ask myself and other mental health nursing colleagues occasionally and usually in a rhetorical fashion, is 'what do mental health nurses do?'

The last time I was musing over this particular point, I was sat with my manager who told me that it was old hat; it had become a redundant question.

> *"So what do mental health nurses actually do then" I asked him (both of us Mental Health Nurses by profession)*
>
> *"I suggest you go and read some books Lydia" he said*

Role of Mental Health Nurses

The roles and functions of mental health nurses vary slightly across the literature on psychiatric-mental health nursing practice; however there are certain functions, which are promoted as being core functions of mental health nurses:

> Advocacy, case finding and referral, case management, community action, counselling, crisis intervention, health maintenance, health promotion, health teaching, home visits, intake screening and evaluation, milieu therapy, psychobiological interventions and self-care activities. (Barry and Farmer, 2002; Frisch and Frisch, 2006; Basavanthappa, 2007; Boyd, 2008)

Although I can make a guess as to what some of these terms mean, not all of them make sense to me. I think it is reasonable to think that as mental health nurses, we promote health, and we perform helpful interventions, which are designed to relive distress, reduce risk and promote self-responsibility, but I am not sure that home visits are part of our function. Some mental health nurses work in the community, others in acute care settings and day services; some mental health nurses work with groups of people but others on an individual basis.

Peplau (1952) cited in Thomas et al. (1997 p.24) advocates our role as mental health nurses as follows:

> A Resource person who provides relevant information where appropriate
>
> A Teacher, who imparts skills where there may be a deficit
>
> A Leader who assists the person using services to engage in the nursing process
>
> A relational surrogate
>
> A counsellor helping the person who uses services to integrate new experiences into her life

I was taught "The Nursing process", a systematic way to operate as a mental health nurse, as the fundamental strategy with which to go about my mental health nursing duties. This mantra of assess-plan-implement-evaluate was useful but missed out a vital step in between 'assess' and 'plan'. As mental health nurses we were taught to find out what the problem was, for example that the person was anxious, or depressed, sleep deprived, hearing voices, thought 'disordered', and then to *do* something about it. What we weren't taught to do was understand exactly how the person had come to have those difficulties, and what maintained them. Gaps were jumped, assumptions made; formulation was the remit of the psychologists and psychotherapists at the time. If we assessed, planned, implemented and upon evaluation, found that our plan wasn't very effective, then we tried something else, without too much thought as to what had happened and *why* it hadn't worked.



A story: The medical ward

The elderly gentleman sat on the high backed chair in the day room clutching his daughter's hand. The room was full with, alongside the elderly gentleman; ward Nursing Staff, a Junior Doctor, a Community Psychiatric Nurse, the daughter of the elderly gentleman and a Social Worker.

> "You do want to go home don't you Derek?" the young professionally mannered (no nonsense) Social worker asked. "I suppose so" mumbled Derek.

The elderly gentleman was dressed in pyjamas, his left hand, knuckles swollen with arthritis clumsily tried to pull his dressing cotton robe back over the gap where the catheter tube was poking through his pyjamas

> "Why don't you tell them what you told me earlier?" whispered Derek's daughter into his ear. The elderly gentleman looked at her anxiously. Without waiting for Derek to say any more she turned to the Social Worker. "He told me he wants to go somewhere where there are people who will look after him".

Derek's daughter squeezed her Father's hand reassuringly, the connected eye contact reinforcing the squeeze

> "Well we can't keep him here", the Ward Sister said somewhat sternly, "I mean…..this is a hospital ward not a care home".

Derek looked down and shrugged his shoulders, trying again clumsily, to pull the cotton robe across the catheter tube, with little success of making it stay in place

> The CPN interjected in a conciliatory manner. "Well what if Derek stays a few more days while I try to see what's available, by way of places locally".

Eyes swivelled to the Social Worker who sat head and shoulders above others in the room, a tall lady whose choice of an office chair, wheeled in at the last minute by a ward clerk gave her an edge over the assembled 'Case Conference'.

'Case conference': I've always hated that idea. People aren't cases, they are people. I thought back to the many times I have 'corrected' students who use the term case. These are people not cases I was heard to say often as eyes rolled up and people looked down at the notes on their laps. Professional meetings were even worse. A group of 'professionals' would meet to decide what might be best for a person in

their 'professional opinion'. "I would like to just say for the record" – more rolling of eyes and looking down at papers "that I don't agree with us discussing people without them being present". "Yes, right, thank you Lydia, now shall we move on?" The discussion would move back to discussing what everyone thought they should do for the person being discussed

> "I don't think so…. do you Sister?" the Social worker said firmly. The Sister shook her head. "Right, then that's agreed", the Social worker said brightly, "Derek can go home with lots of support and we can see how he gets on".

The Sister, assembled variety of Nurses, the Junior Doctor and Social Worker rose in unison, pushing their chairs back against the wall, the nursing assistant taking hold of the office chair to wheel it away from the Social Worker who stood as if waiting for this to happen before she could leave the room. The CPN and Derek's daughter remained sat next to the elderly gentleman.

> "Well bye, nice to meet you Derek", the Social worker said, and left the room

Our role and function as mental health nurses appears to be a practical one designed to help people who are suffering with mental health difficulties. Within this we assess risk (Ryan, 1999), we diagnose and treat (Tilley, 2005), we are a "major source of clinical information" (Harrison et al,. 2004 p.151), and according to which path followed, we practice both evidence based treatment (Newell and Gournay, 2009) and values based treatment (Pryjmachuck, 2011).

Although, a little judgmental in its wording, Basavanthappa (2007) summarises the role of the modern day mental health nurse quite succinctly:

He suggests the role of the mental health nurse is to "assist the client to live more effectively, learn to solve problems and recognise when personal coping is ineffective and other agencies are needed" (p160)

> *When I was a Mental Health Nursing Student, I talked with people, or more often than not, **to** people, on the wards and in the Community. I can remember as a student, being attracted by 'different' presentations. I knew I became irritated by the 'anxious', 'histrionic' middle aged ladies, who would*

demand your time and your reassurance , tugging at my sleeves in a childlike way wanting me to sit and hear about their woes, I struggled to find in myself, and show them, compassion, sadly their lack of robustness somehow offended me. I had come from a background where I was expected to be robust and resilient, at the time I lacked the skills (and sometimes still do) to be tolerant and understanding of people who would hand over their locus of control, expecting others to 'look after them'. I was much more interested in, and tolerant of people suffering psychotic phenomena, I would hear their stories of daily torture by unseen omnipotent and cruel forces; I would listen to their stories of alternatives, noting how much more distressing their crowded many voiced worlds of persecution were. My skills were limited, although I could undertake a 'nursing process', I couldn't effect helpful intervention to either group of people described. Distraction was one of my main taught interventions, distract people from their anxious worries about themselves and their futures and distract people from their voices or 'delusional' thinking. I think that at times my interventions might have been quite invalidating, both to the clients and me.

I think I might word it a little differently, with perhaps less judgment and more autonomy for the client. I think our role as mental health nurses is more about "assisting people who come into our services, if appropriate, to live in ways which might have more helpful outcomes, to help them learn or re-learn problem solving skills, and recognise when they might need some assistance in undertaking these tasks".

Perhaps, after thinking about the roles and functions of a mental health nurse, trying to pin down what mental health nurses do. It might be helpful to think about the qualities, which we would expect our colleagues and ourselves to have. So perhaps we can think about *who we are* when we are carrying out our roles and functions.

Qualities of Nurses

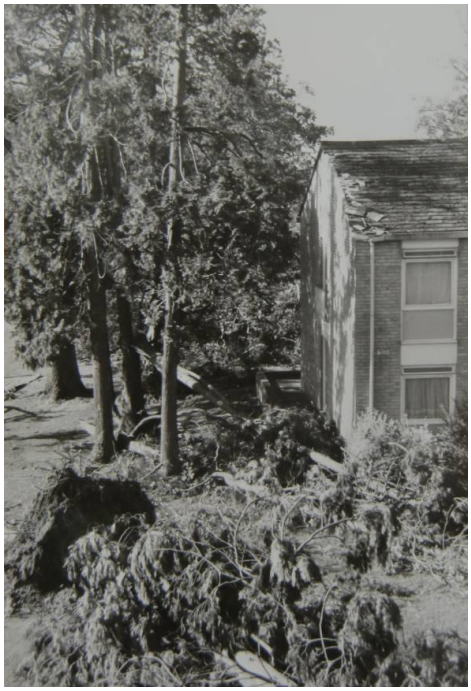
Nurses are Caring

> *"Oh that's lovely, you're going to be a Nurse, that's a real caring profession isn't it Bert?" my Granddad, Bert's 'lady friend' commented to my Granddad and me when I told them I was doing my Nurse training.*

The Oxford English Dictionary (OED, 1989) defines caring as 'To feel concern (great or little), be concerned, trouble oneself, feel interest'. The National Institute for Clinical Excellence (NICE), a body, which provides guidance and sets standards for healthcare, refer, throughout their guidance to 'care', using the term as an overarching concept, which underpins the roles and standards expected from health*care* professionals. In keeping with policy and guidance, the Department of Health website (DH 2008) describes the purpose of the National Services Framework's (NSF's) as being designed to "set national standards and identify key interventions for a defined service or care group" and to "raise quality and decrease variations in service". The Nursing and Midwifery Council (NMC) code of conduct (2008) states that nurses "have a duty of care to (your) patients and clients, who are entitled to receive safe and competent care" thus defining standards for conduct, performance and ethical guidelines under which the nurse must practice their *science* or *art* of caring.

Nurses are Compassionate

Compassion, "the feeling or emotion, when a person is moved by the suffering or distress of another, and by the desire to relieve it; pity that inclines one to spare or to succour" The OED (1989).



Many world religions and spiritual groups, charitable organisations and caring professions hold compassion as a mainstay of their ethos. Gilbert (2005) suggests that the antithesis of compassion is cruelty (p9) which would fit within a medical and nursing environment in which the purpose is to care rather than to hurt, primum non nocere (first do no harm) Hippocratic Oath. In an unpublished piece, (www.compassionatemind.co.uk/resources/CH+9++cruelty..doc) Gilbert goes so far to suggest that "Without care and compassion we can be (and often are) a cruel species" (p.1). Gilbert appears to have some support for this claim. We have a number of charitable organisations within our culture which raise money to 'Prevent Cruelty', to children, animals and birds, notwithstanding our daily news reports of violence and images of "broken Britain" (Independent online 2009) in the media. Therefore, it would seem that compassion *ought* to be a term related with 'nursing care'.

Compassion has been discussed in terms of its use in Cognitive Behavioural Therapy (CBT), particularly when working with guilt and shame, Gilbert (2000, 2005, 2009), working with clients with a Borderline Personality Disorder diagnosis (National Institute for Mental Health in England) (NIMHE) (2003a, 2003b) in palliative care, Johns (2004), Keeley (1999), and in texts which combine Eastern Buddhist Philosophy with Western medicine, Rinpoche & Shlim (2004) and Lown

(1999). Compassion is a mainstay of being a psychotherapist, compassion is a mainstay of being a nurse.

I walked onto an acute admission ward, and was greeted with a warm and friendly smile.

During my conversation with Sarah, I was reminded how much I enjoyed the short time spans I had worked with her over the years, as student nurses, staff nurses and now senior nurses in our different roles. A gentleman who appeared to be extremely agitated knocked on the door, one of the other staff in the office opened the door to him, and he launched into a stream of outrageous demands, the other staff member started telling that he could not have these things and he became more agitated. Sarah approached him, and after offering him a seat, gently and calmly explained why each of these demands was not possible and gave him alternative ideas. After the conversation was over he went away less agitated and she came back over to speak with me.

As I carried on talking with Sarah about the client, I had come to see, another nurse in the office was discussing 'difficult patients'. I could hear her referring to herself as the 'PD Nurse', because she was the best one to 'deal with all these PD's'. I was about to say something, when Sarah called over to the nurse and introduced her to me, saying that I had 'an expertise' in working with people who had complex difficulties, "oh yeah, you work with PD's don't you" she said', "I work with people who have been given a diagnosis of personality difficulty" I reminded her.

Sarah knew what I thought about this kind of language. Sarah, I think anticipating my potential 'pissed off-ness' with this nurse intervened and said to the Nurse in this gently curious style, 'didn't you go to some training Lydia put on, on working with people who had difficulty with emotional intensity', the nurse nodded and I looked at Sarah wondering where she was going with this line of questioning. 'And didn't you come back and tell me that you had learnt not to define people by their diagnosis?' The nurse grinned and nodded. Sarah then followed it up in a lightly humorous way by asking 'so, what shouldn't we be calling people with these difficulties?' The nurse answered 'PD's', smiled at both of us and went to answer the office door. I noticed that when she spoke to the person at the door, who was weeping in a very

flamboyant manner, she remained calm and respectful to the person's distress. As we both looked at the nurse talking with the distressed lady. Sarah said, 'some nurses have been around a long time Lydia', 'like us', I replied. It was a nice moment. She had restored my faith in the chance that nursing hadn't completely lost its compassion. She had managed her interactions with all of us, calmly and compassionately. It was wonderful.

Nursing is a Vocation and Nurses are Altruistic

"Overworked and underpaid, I sure as hell don't get paid enough for this" she said as we sat with our backs against a wall on the floor of the burnt out day-hospital, ambulance crews and fire fighters carefully lifting a recently 'paraldehyde'd' person from the swaying scaffolding constructed against the blackened walls of the building.

"That's true" I agreed, "perhaps we should have just left them there to jump.

We looked at each other, filthy, dishevelled and worn out

"Nah, you know we would never do that" she said

A vocation historically was seen as a religious calling; a 'special' job or a role, for which you were called by God. More recently, a vocation is seen as a role you feel you are 'called' to because it best suits your temperament, your skills or your values. Mental health nursing does not attract high wages, the environment in which mental health nurses practice is often (as a public sector body in the UK) underfunded, and 'strapped for cash', thus the buildings, space, resources and environments in which we see people might reflect both the disenfranchised state of both the NHS and the people we work with. The people we work with are usually distressed, can be socially deprived, and perhaps through years of ill health and involvement with mental health services, may present as helpless and hopeless. Arguably, mental health nursing is not something you do for the money, at least within the context of a western culture. Although I am sure people come into mental nursing for all sorts of different reasons, and stay for all sorts of

different reasons, for me, (although I worked as nurse psychotherapist for many years and now as a tutor), my core profession is still mental health nursing, with that nursing core representing my values and ethos, my "personal and moral disposition and attitude" (White 2002, p282). White argues that with illness and distress, social deprivation and disenfranchisement, often come aspects of the human condition that tend to be shied away from, because of the impact those aspects might have on us, whether they be sensory, emotional or physical. That nurses don't shy away, but instead work willingly with those that would distress, or abuse us, whose conditions may assault our senses and leave us drained suggests we can look beyond the obvious 'presentations' and care about the person with these difficulties. It is this, White (2002) suggests, that shows nursing to be vocational.

It is this benevolence, this working for others rather than the self, that leads to the idea that nursing is an altruistic profession; indeed, The American Association of Colleges of Nursing in the United States (AACN), cite altruism under the title 'Social Justice' as an "essential nursing value" (AACN (2007). The idea that anything we do is entirely for selfless reasons, might not carry the weight with which it is endowed. Whilst we as nurses might be seen to be going "over and above the call of duty" (Heyes, 2005 p.561), I'm not sure we always do it for entirely selfless reasons, after all, do we not get some kind of reciprocation for giving, for helping, for relieving distress? Might we not satisfy some part of self, which measures our own worth by our actions? If however, altruism is associated with an empathic response (McCaimant, 2006) and there is a difference between being altruistic and self-neglectful, then it might suggest a more philanthropic stance rather than a self-sacrificing one. Smith (1995), interestingly, notes that similarly to vocation, altruism is again within a woman's domain, clearly citing examples of women behaving in an altruistic manner, with alongside, examples of non-altruistic behaviour involving men. I think this might be a somewhat biased view in a society where (I believe) there is equality between men and women in terms of parenting and caring. Anecdotally, however, my impression, of classes of student nurses,

over the time that I have been working in a Higher Education Institution, appears to show that women are in the majority; this complements my impression over twenty-five years in the nursing profession, that the majority of my colleagues are female rather than male nurses. If we take this anecdotal evidence of my experience as my cultural view, it would appear, that within my experience, the majority of nurses (within my culture) are indeed women. Returning to the idea of altruism being within a woman's domain, Altun's (2002) idea that "those who enter the nursing profession tend to be idealistic and altruistic" (p.270) might have some cultural significance.

Nurses are heroes: the public perception

1987-acute admission ward

> *"You lot are real heroes, she wouldn't be alive now if it weren't for you".*

Headline: "Pub set to honour heroes of nursing"
Gloucestershire Echo
Tuesday, January 10, 2012

Letter: "Unsung heroes of the NHS"
> *I write to say thank you to all the unsung heroes of the NHS - the nurses, receptionists, paramedics and lovely patient transport staff.*

Crawley Observer
Monday 16 January 2012

I've been sitting here wondering how I might define what a hero is. When I think of heroes, I think of men and women who have shown great courage in going above and beyond what might be considered reasonable given the situation to think of someone else, to save their lives, to show they are worthwhile. A number of heroic men and women in WWI and WWII were awarded the Victoria Cross, 634 in WWI and 182 in WWII. Then of course we have 'superheroes', Superman, Batman and

Robin, Spiderman for example who secretly go about their business of saving humanity (or at least North American humanity) from crime and danger and evil villains. They do this secretly, without being paid, showing great humility in a truly altruistic way. Perhaps that is how I think of heroes, generally humble, often unsung, but going 'over and above' the call of duty. Is this what we do as nurses, do we go 'over and above' or is what we do actually just part of the job for which we are paid? Perhaps nurses are not heroes or heroines as the public perception might suggest, perhaps they are simply professionals (Street-Porter, 2009).

Nursing is a Profession

The origins of profession lay within religious history, wherein a vow was made to follow a particular set of beliefs and behaviours pertaining to those beliefs. Following this idea, medicine and law were brought under the umbrella of profession, alongside divinity. The premise of a profession became that it had to be a full time occupation, with professional ethics and licensing laws that regulated practice, and that bodies of people conducting themselves in the same way could be formed through established schools of education. Consequently, nursing sought to establish a scientific research base upon which to increase the credibility of nursing as a discipline (Weaver and Olsen, 2005), mirroring the path of medical doctoring practices.

I have had many debates with nursing colleagues within higher educational institutions about the differences between 'training' and 'educating' nurses. The idea that we might be training 'technicians'; people equipped with a skill set but with the implicational lacking in creativity (OED online 2011), who 'just do' rather

than professionals, who make reflexive choices based on reflections on their practice, has caused much consternation and heated debate amongst my colleagues at times. The recent introduction of 'mass' Cognitive Behavioural Training (DH, 2008) has caused further discussion around producing people who 'do CBT' (technicians) or whether we are in fact able to educate people into becoming psychotherapists (professionals). For me the answer is a straightforward, 'yes' I train psychotherapists, but I suspect some of my Nursing/Psychotherapy colleagues still hold skepticism.

Nursing, although seen as a profession across the world (ANA, 2005; NMC, 2008; ANMC, RCN(A), and ANF, 2008; CNA 2008), has struggled with itself as a professional identity (Short and Sharman, 1987; Salvage, 1988; Salhani and Coulter, 2009), rather than remain confident in its status alongside the medical or legal profession. Therefore, while some nursing texts might proclaim nurses to be highly valued within the medical profession for their contributions (Padilla, 2005), I think nursing as a profession might lack self-worth.

Qualities of Nurses: The other side of the coin

I have presented an idea as to how nurses are 'supposed to be'; it might be useful therefore to look at another view.

Nurses are NOT caring or Compassionate: The client story

The National Service Framework (NSF) (DH, 2008) and Nursing and Midwifery Council code of conduct (NMC) (NMC, 2008) clearly define the standards of practice required to deliver safe, compassionate care to the people we nurse. Despite these directions, however, evidence of a discrepancy between the delivery of caring in nursing practice and receipt of that care appears to persist. Persistent use of power based practices, rules and regulations (Coupland, 2007; Hardcastle,

2007; White and Karim, 2005), sit alongside published and anecdotal accounts of client and staff experience where clients have spoken of feeling 'uncared for' by mental health services and in particular, by nurses.

While it can be acknowledged that in any caring interaction, there are two sides or constructions of the experience, giving weight to the experience of the person being *cared for* might be considered most relevant. Rogers (1959) suggested that it was the way in which the person experiences empathy from another, rather than the act of being empathic, which was crucial. In my experience working in mental health teams, the clients who seek care from mental health nurses are often distressed and often appear, at that point, to lack the skills to manage their distress. Therefore being able to experience the care they receive as compassionate and caring, to be treated as if they have worth, is arguably crucial within the interaction. The NMC code of conduct (2008) reminds us that nurses "have a duty of care to (your) patients and clients, who are entitled to receive safe and competent care", furthermore, that nurses are personally accountable for ensuring that they "promote and protect the interests and dignity of patients and clients", which would include treating the person as if they had worth.

Sadly, in my experience of practicing as a nurse psychotherapist working with distressed people, I have also heard accounts of treatment by mental health colleagues that has been at best uneducated, and at worst abusive. Nursing colleagues have also shared with me accounts of experiences, which reveal their levels of stress and frustration, and how these levels of stress and frustration affect their interactions when they find themselves working in difficult situations with clients.

A story: the acute admission ward

Heart racing,

> What does this say about me that I can't say to them 'enough' I'm not going to let you treat me this way

She has said 'enough', sometimes, occasionally, but the other person becomes angry with me "You're being unreasonable", they say, "you are overreacting", they become irritated, they wander off up the corridor, she just catches his voice as the office door closes…. "Sarah?....oh she's just being a PD again…."

> Here we go again (I think); Screw up your courage, I'm going to tell them that I don't like the way I'm being treated here…. Right…

She walks down to the office and knocks on the door

Heart pounding

"Don't treat me this way…. …please?", "what way?" the charge nurse asks sternly, "well, er, when you do this…..dismissing me…it feels…..disrespectful" (already on the back foot).

Silence

The four nurses sit looking at her

> Panic sets in. Punishment with silence, with contemptuous looks, that's what I'm heading for. The look that says 'you're overreacting…I'm not interested' Panic!!!!! I need to retrieve the situation quickly! Quick! Quick! Quick! I can feel my abandonment schema kicking in, I'm wrong, I shouldn't have said that, they're angry with me, they'll reject me, I'll be on my own,

Head down and apologise, "sorry", she knows the routine. Heart pounding

The four nurses sit looking at her

> I promise (myself) to be a good girl and I won't complain and I'll be grateful with what I have rather than what I don't have and I hope that it's going to

be ok and I won't be dumped, rejected, abandoned. I know I've stepped over the mark; this isn't the game you want to play

Anxious moments…, is she to be forgiven? I can see she is desperately willing it to be ok, I can see her as if from an observer view, she's stepped back over the line now, back to safety, hoping that she can retrieve her trespass

Just shut up. Just deal with it. It's your problem not theirs. Reframe, reframe quick! I've lost my judgement. My heart says 'this feels like shit', 'it hurts', 'I don't want to be treated like this', ignore it, it gets you into trouble, listen to your head, your sensible head that tells you to just stick within the lines. Why do you have to keep stepping outside them? I feel pathetic. I ***am*** pathetic and scared. I put my head over the parapet. Shouldn't have done that….. You stupid girl, you shouldn't have done that. You know what happens when you do that. When will you learn?! I just need to put my head down and compromise, comply, and reframe and reframe and reframe until I can live with myself. I don't have the courage to challenge it (really). You know if you stick within the lines everything is ok…… subjugation they call it, a working strategy to prevent abandonment. Don't complain, don't rock the boat, put the needs, wants, wishes of those who might abandon you before your own and you can't go wrong!

"I think you are confused", the SHO said kindly from the corner of the office "perhaps we can ask your mother what she thinks when she visits this afternoon".

I wanted to have one of those little voice modulating machines that you see in sci-fi films, strapped to people's throats translating alien speak into English, 'your feelings and opinions about yourself are invalid, you and I both think so don't we…' I heard her ask them to stop, she said 'enough now', I heard her, but she doesn't know how to give her thoughts and feelings any validity, and the staff are not about to give them any. She tries and then creeps back under her stone and reframes and reframes and reframes until she can live with herself.

The literature tends to be weighted towards accounts of client experience in relation to inpatient units. Norwood (2007), Ockwell et al, (2007), Shingler (2007), Short (2007), Short et al (2007), for example, reveal how they, as users of mental

health services have felt 'uncared for', mostly within in patient settings. Literature, which examines the attitudes of mental health staff, particularly nurses, towards diagnostically defined groups of clients, such as those with Borderline Personality difficulties, or emotional intensity difficulties suggests that they may, due to the nature of their challenging presentation, be treated with a negative attitude and thus with a lack of worth (Adshead, 2001; Dagnan et al., 1998; Markham and Trower, 2003; NIHME, 2003; Reich and Green, 1991; Sharrock et al., 1990). According to these studies, factors which affect mental health nurses' ability to care for clients, include: poor response to treatment, heavy use of mental health services and increased risk factors, all signs that suggest that the interventions delivered by nurses might not always be very effective. The literature suggests that the perception of this group of clients is that they are difficult to treat and take up a lot of time, with a further link drawn between level of sympathy and perception of control, suggesting that the more mental health nurses perceived the clients to be in control of their behaviour and the negative events in which they found themselves, then the less sympathy they were likely to feel for that person.

If we imagine ourselves as the mental health nurse, we hope and to some degree expect that the interventions we deliver will be successful. If we do not fully understand the nature of the presenting difficulty, then we might believe that either we are doing something ineffective that might affect our own view of ourselves and our abilities, which, as a nurse, might be examples of our 'worth markers'. Alternatively, we might believe that we are doing a good job and that the person is choosing to remain distressed with unhelpful thoughts and behaviours. We may not understand this, or we may simply not like that all our hard work has been 'wasted', we might conclude that the person is not worthy of our help.

Sharrock et al. (1990) follow this idea by noting that "an important determinant of helping is optimism arising from attributions of a patient's problem" (p.849), with Dagnan et al. (1998) suggesting a relationship between "level of optimism' and 'attribution of controllability to the cause of behaviour" (p.59). In other words, if a person 'can't help' the way she is thinking or behaving, then we can feel sympathy and 'do something' to help someone. However, if the person is deemed to be responsible and accountable for her behaviour, and chooses not to use the help she is offered, if she chooses not to change, then our sympathy for her distress might diminish. They also noted that their findings were in keeping with Weiner's theory (1985), which suggested that "the perceived controllability of a cause for a negative outcome in part determines whether anger or pity is directed toward another" (p.15). Thus, if it is felt that a user of mental health services is unlikely to 'get better' despite the efforts of mental health staff sometimes over many months or even years, then there may be a hopelessness, attached to any caring interaction, and this hopelessness might affect the worth that a nurse feels or the perception of worth for the other person with which they underpin any interactions. Similarly, Snyder (2002) when exploring his ideas around hope theory suggested that "people had enduring, self-referential thoughts about their capacities to produce routes to goals, and their capacities to find the requisite motivations for those goal pursuits". (p.252) If, when caring for a client, mental health nurses believe that their interventions may produce little positive change or reduction in the clients' distress, then they may feel less inclined to 'give of themselves'.

So, in summary, if mental health staff perceived that the client could choose to behave in an alternative way, that was less challenging for the nursing staff, but doesn't 'choose to', nursing staff might find it *more difficult* to care and may value the client less than other clients (Dagnan et al., 1998).

"So after two years of work, this woman who has been walking around our CMHT [Community Mental Health Team] with vulnerable people, not only tries to take her own life, but that of staff who have tried to help her"
"She is still learning the skills to manage her distress", I suggested somewhat weakly
"Hmmmm, maybe she just likes manipulating the service"
"To what ends?" I ventured, my heart picking up a pace, "I don't believe she enjoys feeling so distressed so much of the time"
"Well people who know what they are dealing with can take over now" he said, turning to walk away from me
"Meaning I don't?"
There was a look that exactly conveyed his meaning as he walked out of the office
"We have lots of people here who deserve to be looked after"

Although centred around a particular client group, the research described above draws out the themes which might be associated with obstacles or inhibitors to mental health nurses being able to deliver interventions that are compassionate and caring in nature because of their perception of a lack of worth for the client or indeed themselves. It might depend on the markers a mental health nurse might use to measure their worth in the nursing arena. If we were to measure our worth by how successful we are at relieving distress, at getting people better, by how many times someone thanks us for our intervention, or the value our work is given by mental health colleagues, then we might imagine our worth, under these circumstances, to take a knock.

The Mind report (Baker, 2000) on in-patient psychiatric user experience, quoted from service users themselves, who had been surveyed on their experiences of being treated on acute admission wards suggests that:

> "Thirty one percent of harassment or assault episodes were perpetrated by a ward staff member" (p.3)
>
> "One in five (20%) of respondents felt they were treated with respect and dignity by staff. Almost the same proportion (17%)

> stated they were never treated with respect or dignity by the staff". (p.3)

In addition, the report describes a client's perception of his treatment whilst under the care of mental health services:

> *"I was a voluntary patient and was physically dragged upstairs by two nurses with no dignity or respect at a time when I had been violently sick and was physically ill" (p.9)*

These quotes make me feel sad to read them, we can only imagine the role worth or lack of it may have played in these descriptions of incidences and statistics. They are, however, only *one side of the story*, and the mental health nurses involved may have an alternative view of the events discussed. It might be considered unlikely that mental health nurses would go to work with the view to abuse the clients they were supposed to be caring for, nevertheless, there remains accounts of a discrepancy between the *giving* and *receiving* of care, and of the negative impact this may have on client experience, and people, both people giving and receiving care may well behave in ways that are unhelpful.

Nurses are Co-dependent

I came into nursing, as you know, by accident. Once here, however, it fitted me like a glove. I found that I could keep my head down and 'give of myself', and for that, the people that I 'nursed' appeared to benefit. Or maybe it was that I benefited from them receiving my care. On the first ward where I worked, there were a number of elderly people who had a diagnosis of dementia. I don't think I can remember any of them showing me any indication that they were orientated as to time and place or even person. I would watch family come and go, spending an hour or two trying to make conversation, while their relative, got up and wandered

around, sometimes touching their visitor kindly, sometimes taking a swipe at them, but very rarely, conversing in an kind of coherent way. I saw relatives, often following a cheery goodbye to us, with a look of sadness, or even a few tears, as they left their loved relative to our care. One lady had been married for 30 years, her husband coming every week, without fail to sit with her and hold her hand. I never saw her respond to him, and was told that he had long since moved on, his partner sitting waiting in the car or on a grassy patch of the lawn in the hospital grounds when the weather was warm enough. I loved working on that ward. I loved the simple nursing tasks that appeared to help calm agitation, gentle washing of a back, or sitting reading some poetry, pretending to accompany an elderly gentleman to his 'club' and performing a (extremely poor) waltz around the spacious lounge.

For whom was I doing this however? For the people I was nursing or for me? I enjoyed seeing someone calmed, apparently, through some simple action I had carried out, or a smile on someone's face when it felt as if we actually 'connected'.

Hall and Wray (1989) present a checklist of symptoms nurses need to watch out for. They present us with a picture of a nurse whose interactions lack collaboration, who gives more of her or himself than is required. They speak of the nurse who is overworked and over committed but who doesn't say 'no', the strive for perfectionism overtaking the need to look after themselves. I wonder if this is part of being a nurse. This selfless commitment to the role, thinking about others more than themselves, gives us a picture of a person who might be lacking in self-worth, and who needs to be needed.

> *"Nursing attracts people who rank lower in self-esteem and initiative and higher in submissiveness and need for structure".* (Nyberg 1998 p.78)

Therefore, I wonder, do we as nurses need to be needed, should we be recognised as invaluable, do we see ourselves as indispensable despite our apparent low self-worth? Is self-sacrifice the flipside of entitlement, or actually just a 'fag paper away' (as a friend of mine would say). Should we be rewarded for our self-sacrifice, and what if we don't?

Nurses are Entitled

> *She was one of the best nursing administrators I had come across, efficient and pragmatic, but always there with a tissue when a distressed student came her way troubled by a broken printer come 'assignment hand in day', or after having had a row with the sister of the ward on which they were working.*
>
> *This day I had come into the office and she was enraged.*
>
> *"Fifteen emails I have here!" she almost spluttered as she waved the printed off hard copies at me at me, her hands scrunching them slightly around one edge where she was gripping them so tightly. I stood and waited for her to continue.*
>
> *"Fifteen emails, all complaining about where they are working, what they are being asked to do, and to top it all, complaining that they are being asked to*

work before 9 and after 5!! What is the world coming to, they are Student Nurses, Nurses work shifts don't they??" I nodded.

"I certainly did until I reached a banding where I was too expensive to pay shift allowance", I told her.

One of the other Nursing tutors had wandered into the office and had been listening to the interchange between us.

"Yeah, but I guess they aren't like their friends are they, their friends who are doing academic degrees rather than a clinical one, probably have a lot more free time than they do as Nursing Students". He suggested, gently offering a possible explanation for the students complaints.

"But these are NURSING Students!" the administrator said again, "they are different, this is supposed to be a vocation, they are supposed to put the patient first, not their social life, spoilt a lot of these kids are, always had it their own way".

There was a pause while we, the Nursing tutor, administrator and me, stood or sat reflecting on the conversation that had just taken place. I looked at the administrator.

"You seem upset, not just irritated", I suggested to her, slightly puzzled and a little concerned at her distress.

"We live in a selfish world" she said, "Where people expect things all the time and don't take responsibility for themselves and their actions; I suppose I thought that Nurses and Nursing Students were different."

"Less entitled", I ventured

"Exactly, that's the word, entitled."

She paused, still seeming sad, and maybe weary

"Maybe I've been in this job too long; things aren't like they used to be"

I think it might be unreasonable to suggest that it is just nurses that are entitled. I think that we probably all have the potential to be entitled at points in our lives, and being a nurse is just one part of our selves. I have a theory that our 'entitlement factor' has increased since WWII, along with the advent of agreements such as The Universal Declaration of Human Rights (1948) Charter of Fundamental Rights of the European Union (2000), generally increasing economic wealth and systems such as the 'welfare state' and the National Health Service, and perhaps wanting to give our children more than we had when we were young. Whilst I believe it is absolutely essential that society looks after its own, perhaps we have, instead of being thankful for our education, our health care and our benefit systems, come to expect these things to be provided. We don't have to worry about who might look after us if we become sick, or how we will feed our families should we lose our jobs, or how we will learn to read and write, the 'state' provides us with that care and the means to achieve, which, as I suggested, I think is a good thing. However, we can quickly move from agreeing that we will have access to these 'benefits', to assuming that we will, to expecting them to be provided, when and where we want them. This idea can then take a short jump into the entitled world of 'shoulds'. We *should* be able to get what we want (rather than might need), when and where we want it. We *should* be able to have the latest technological advances (designed to make our lives easier and happier) at affordable prices, we *should* have access to enjoyment and fun 24/7 and we *should* be able to get these things without undergoing little or any hardships, which might include physical, social or psychological discomfort, and we *should* be able to work in a way that doesn't interfere with doing the things we want to do. We don't need to be grateful any more, we don't even need to just accept our lot, we are worthy of these rights. As the L'Oreal adverts suggest we now are now encouraged to think differently from

that wartime sense of personal and social responsibility where we encouraged to "make do and mend", "dig for victory", "grow your own food" with songs which reminded us of the need for us to pull together in our contributions,

> *Dig! Dig! Dig! And your muscles will grow big*
> *Keep on pushing the spade*
> *Don't mind the worms*
> *Just ignore their squirms*
> *And when your back aches laugh with glee*
> *And keep on diggin'*
> *Till we give our foes a Wiggin'*
> *Dig! Dig! Dig! to Victory"*

in addition, images that reminded us that the consequences of our "careless talk" was to "cost lives" to a society where we are encouraged to spend money and time on ourselves "because I'm worth it", "because you're worth it", "because we're worth it" and we can value our children by buying them cosmetic products because they are "worth it too".

Perhaps nurses are not entitled; perhaps they have just had enough.

> *CPN retirement party speech*
>
> *"It may seem selfish, but I just don't want to do it any more, I've done my time, I've had enough".*

Nurses are burnt-out and compassion fatigued

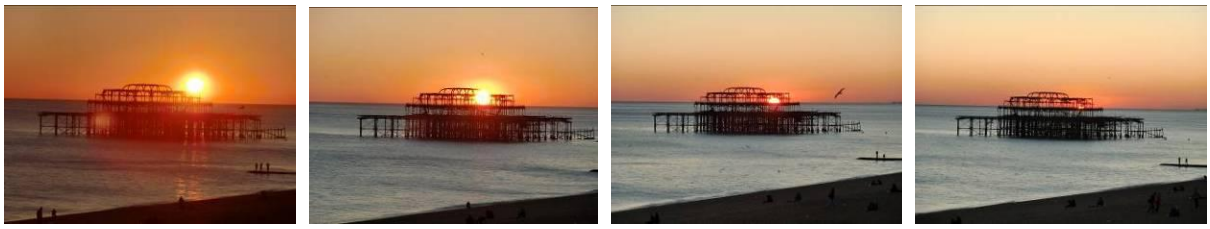
During my career I have witnessed, experienced or heard from colleagues and clients I have worked with, several examples where people being cared for by nurses have experienced what they perceive to be 'unhelpful' behaviours.

> I have witnessed self-inflicted cuts being stitched without anaesthetic, to "teach the patient a lesson".

I have seen people who have been behaving in a way that staff believe to be 'risky' in some way, forcibly held, and 'watched' extensively and intrusively in a punitive fashion.

I have been cornered in a nursing office by an irate charge nurse who was angry that *my* patients' "manipulative and attention seeking behaviour" had 'got him into trouble'.

I have frequently heard the terms "attention seeking", "acting out", "game playing" and "manipulative" being used in conversations *with* and *about* people who have become so distressed; they have been unable to manage their emotions in a helpful manner.



These types of behaviours are 'disturbing' and unhelpful, but perhaps they are also examples of how nurses behave when they don't understand, or are scared of getting into trouble, or being blamed, or as suggested previously, when their own worth measures are being tested. Perhaps this is the price we pay as nurses for caring, for 'putting others before ourselves', for working in difficult conditions on a daily basis with poor pay (Sabo 2006). Perhaps we all reach a point where we run out of patience, tolerance, kindness and empathy. It might be for a brief time at the end of a long and difficult day, or we might wake up one morning and it's gone; perhaps it's knowing when to stop.

"Enough now", she said.

Chapter 7
Theoretical underpinning 3: Nursing, the organisation and worth

There is a bed that I have laid in. It is a comfortable bed, sometimes the under blanket runkles a bit and there are squeaky noises which emanate from the metal joints as I move around, but basically it's a sound bed, a safe bed. I lie in this bed and look at the ceiling sometimes, the paint flaking from the old artexed ceiling, with little stick on stars and planets dotted in groups in the bare patches where the artex has fallen off or been picked off, I imagine, during thoughtful 'reflecting on life moments'. The gentle sea breeze wafts through the window and I can hear all sorts of different sounds depending on the time of day (or night), seagulls in an early summers morning, the wind racing itself through alley ways, and around trees and chimney stacks on a winters night. The window is usually open, whether it be night or morning, summer or winter, and it's good to snuggle under the warm feather duvet and feel content, peaceful and able to leave behind my often value laden professional life, strewn with deadlines and targets, power and uncertainty.

A nurses' worth

"I've boxed it all up, and I took care to put everything in your drawers and on top of your desk into a box"

"I thought I had another six weeks in the office"

"In your email you said that you were clearing out"

"Clearing up, not clearing out, I still have students that haven't finished the course"

"Oh well, never mind, I'm sure we can find you a desk to share somewhere"

"It would have been helpful if you had arranged a convenient time for me to box my stuff up and move out of the office"

"Well time was pressing, they've shut that building, and well, the builders have had to come back to that building……and besides, I know you're busy"

"Not too busy to at least have been told before rather than after the event……"

Whilst, I would argue, this is not a particularly helpful way to treat anyone, I feel it is made all the more ironic that this happened in a school of nursing, and it involved two nurses. The value and respect with which we treat others, could give us some insight into the way we measure the worth of another. Since working in the NHS for a number of years, I've had an idea that this is how it works in crude representation:

Acute care	**Mental Health Care**
Top of the hierarchy	
Consultants: Heart Surgeons Neurosurgeons Anesthetists Orthopedic Surgeons	
	Consultant Psychiatrists
	Psychologists
General Nurses	OT's
	Mental Health Nurses
	Clients/patients/service users?
Bottom	

I have been unable to substantiate my thoughts, apart from in conversation with my 'down trodden' mental health nursing colleagues, maybe no-one else shares my perception and indeed, my medical and psychology colleagues might vehemently disagree with this proposal, however, it seems (to me) that (anecdotally) organisationally, mental health has always been the poor relation of the acute services, and that often mental health nurses find themselves at the bottom of the pile. Within this picture it may simply be the case that acute services cost more. Major costs of acute services are not only highly trained staff, but expensive equipment and procedures. Mental health costs tend to be staff and buildings. In the early 1990's, NHS Trusts were formed with an idea of making services more responsive to the local community and to challenge the domination of the hospital as the focal point of healthcare. In some areas these Trusts were formed of both acute and mental health services, with often the acute services requiring the lion's share of funding, and mental health services left trying to balance the books.

> *The ground floor window looked out over the packed tarmac covered car park. Angry grey clouds lumbering slowly overhead. The senior staff member sat across the table looking exasperated and somewhat disapproving.*
>
> *"I think the word you are looking for is 'unpleasant' rather than bitch. 'She was very unpleasant in her manner'", he recited as if teaching a reception class, "calling her a bitch is not very friendly and somewhat judgmental," His slow condescending voice suggested.*
>
> *"Yes, but, she was very rude and patronising and played power games with me", I said in a rather childish and somewhat defensive manner "the client, who had been included in every meeting up until now, is now going to be excluded, and talked about in her absence. Surely that's just wrong. It's disrespectful".*
>
> *"I'm sure she knows best, you lack political skills Lydia….perhaps you could go and think about how you might learn some".*
>
> *I left the room, suitably contrite, but hackles still up, shamed into realising that I hadn't been very friendly in the way in which I had described my*

colleagues' behaviour. I wandered back to the room and slumped in to the swivel chair next to the 'hot desk', which had once been my desk, my office.

"Why don't you just play the game Lydia, and once you've got to where you want, then you can have influence, you can change the things you want to change" the CPN said. "We all have to play the game".

"I don't think so" I muttered, "not when it compromises the quality of the care we give vulnerable people" he sighed audibly and looked at me in a sad (well don't say I haven't tried) way.

Our modern day NHS has become a target driven market place, where, in an attempt to provide the most efficient, value for money, care for the greatest number of people, we have sunk into a frenetic world of bidding for funding against our competitors (other NHS, third sector and private providers) to pay for services and staff. These government plans, shrouded in the finery of buzz words such as 'innovation', choice and competition conjure up a fast slick business where

inefficiency is not an option, a world whereby if we want the best for our services we become more motivated, push harder and become more inventive. My experience of the modern NHS is very different. With our increasing population,

the NHS, although close to my heart, is not a *viable business* any more. These new initiatives with their catchy titles have resulted in the stick rather than carrot management style, clinicians and managers turning their efforts to meeting targets rather than ensuring quality care for the people they work with. This target driven business model helps to encourage a culture of competition, not for the best quality care, but for reaching numerical targets. Clinical staff might have their 'figures' displayed to all, as a way of encouraging those that are achieving those targets to feel good about their performance, while reminding their colleagues that they are not quite 'good enough'. Seddon (2008) argues that this culture encourages and indeed thrives upon exploiting "selfishly competitive behaviour" (p.6) which will inevitably lead to a hierarchical structure, whether through target achievement or through management style.

> *I had a dream, a nightmare*
>
> *I was responsible*
>
> *Responsible for the welfare, indeed the lives of the people I managed*
>
> *They were my responsibility, my priority, I was loyal to them.*
>
> *But I had other loyalties*
>
> *Loyalties to my wife and children*
>
> *Spending time with them, them having a healthy and happy Father and husband*
>
> *But I couldn't prioritise this, I was responsible, I felt responsible, even though when sitting with my wife, at times where I would actually talk with her about this instead of brushing her attempts at conversation on the subject away in a terse manner, we would agree that the people that worked for/with me, weren't actually my responsibility. They were adults; they were responsible and accountable for themselves. I can remember saying to her, 'but what if they work too hard and become ill or even worse? It would be devastating for their families, their children and I would be responsible'. I wasn't about to 'give this up', it felt too important.*

So I remained responsible for 'my' workforce, and when my wife actually saw me (briefly before I went to work and briefly when I came home in the evening), I was too tired, too preoccupied, too irritable.

She put up with it

I was trying to keep everyone happy and I was struggling

The staff were oblivious to my sense of responsibility, I think. It was an expectation that I would help with things, even when it meant that they didn't take responsibility for it themselves. I could make sure that I rewarded them and included them, and protected them from anything that might disrupt or upset them.

They didn't see the disappointed look on my wife's face, her tears, or hear my cold words as I avoided facing what I was doing. She asked me to stop once, asked me to choose between her and the job. I became angry (of course), and refused to discuss it any longer.

She would put up with it, this was how things were, I wasn't about to hear her distress. The team leaders and therapist sobbing in their 1-1's or the admin staff, of course, I could manage that. As for my wife, a brief hug, and quick kiss, roll over and straight to sleep, that way I could get out of bed sometimes without even looking at her, without having to seen the pain in her eyes, after all, there were targets to be met, staff to keep happy, bosses to keep happy. Priorities to be established.

In a business model, which centres on productivity and targets, with the services shadowed by threat of financial penalties, cost cutting and redundancy, I talk with colleagues and sense of a culture of fear. A culture, which during a conversation with a senior manager once, I was told has been promoted to "make people knuckle down and get the targets met, or they won't have jobs, me included". This is the NHS in which I work, one where people sit in large rooms, me alongside, 'hot-desking it' with the best of 'em. Sitting in some environments reminds me of my school days, being (just) old enough to have witnessed (although thankfully never received) caning as a punishment, blackboard rubbers come flying through the air to hit some unfortunate boy on the back of the head, who had turned

around to speak to his mate. The ritual humiliation of being 'made' to stand up in front of the class and practice Latin pronunciation (badly in my case).

"Caecilius est in horto" (Caecilius is in the garden). "Canis in via dormit" (The dog is sleeping in the street). "Servus in culina laborat" (The slave is working in the kitchen).

Phrases that have served me well throughout my career, or maybe not, I think this is probably the first time I have used them in thirty years, which is probably just as well considering the inappropriate nature of these 'useful phrases'.

My administrative and clinical colleagues sit with their heads down, furiously typing away at keyboards or on the phone. I tried an experiment one day, I walked in and said hello loudly (to the various assembled workers) with a big smile on my face. Not a murmur. Some looked up at me, with, I imagine, the same look that I used to have on my face when confronted with the two lads in my school class (one blonde, one redhead, both with freckles, both cheeky) when they decided, as a double act, to distract the teacher by putting something gross (I think I would have said at the time) on their desk or by managing to produce the most vile smelling wind; A look of part curiosity, and part fear that I would somehow be implicated in their mischief by the teacher if I was caught looking.

I wonder at this culture, this culture of choice and innovation, are NHS 'customers' or 'consumers' getting good quality care? Are our staff 'happy' and therefore more productive, less likely to be off work sick, or to leave to find alternative employment?

It appears that there is an equation, which might help us to think about the level of satisfaction in our organisation:

Si [Individual job satisfaction] = f [function of] (ICi [individual characteristics] and JCi [job and workplace characteristics])

(Brown and McIntosh, 1998)

I would imagine that if I were to apply this equation to my colleagues, then I might find low levels of job satisfaction amongst a workforce that was trying to do the best they could under difficult circumstances.

> It's hard to care about my boys, be their Mum, be a good enough Mum and love enough when I feel I'm not valued, when I'm alone and (feel) abandoned, maybe I should be able to keep the two issues separate. Can we care about the people we work with when our lives are in disarray, when we feel let down by our partner, friends, by the organisation? I have to find the skills to care for the kids, when I'm feeling pretty worthless and have difficulty caring for myself at the same time, and then I need to go into work and apply a non-judgmental attitude to people whose difficulties sometimes feel less disabling than my own.

In my current role, I am a Nurse who, as well as working with clients as a psychotherapist, trains other professionals in measurable skills acquisition, I use the term *measurable skills acquisition*, deliberately. Although I have argued that philosophically, I am sitting with an ontology that either suggests there is no ontology or on other days, a transient one, and an epistemological stance that become so constructivist at times, that I am not sure how I know what I know, I teach Cognitive Behavioural Therapy (CBT). CBT is based on post-positivist thinking and research. Therapeutic interventions have usually undergone 'gold standard' randomised controlled trials (RCT's) to prove that 'the truth is out there'; you just have to find it through robust experimentation.

The people I teach CBT to come from the NHS. They are the people I have described above, the people that work in a target driven culture, where their performance is measured in number of clinical appointments rather than the

quality of the intervention imparted at each appointment. Their managers, with their stick rather than carrot approach, need their workforce to be efficient and successful at what they do. Alongside the desire for increased quality of care, (National Service Framework: DH 1999) is a parallel move towards education and upskilling the workforce; the capable Practitioner (The Sainsbury Centre for Mental Health 2001). If I move away from government and mental health documents for a moment and think about what is best for the people we see as clinicians, as nurses, then I think it would be for them to have the best quality care they could be given under the circumstances. If those circumstances were that the clinician or nurse had had access to further specialist training, that maybe they felt invested in, treated with some worth, then they might be able to give a better service to the people they care for, or deliver treatments or therapy to.

Email to a senior manager:

> I've been thinking more about what happens to people after they've been trained in CBT within the Trust, its sitting a bit uncomfortably with me from a strategic, organisational and ethical point of view.
>
> There is evidence in the literature to suggest that 'integrating' new skills into existing practices tends to result in a loss of skills rather than in enhanced performance. I think, that our conversation the other day suggested we need to find a way to enhance psychological mindedness across the board rather than continue with current custom and practice which, I guess due to the demands of a performance driven culture, tend to be money, political or power minded rather than psychological; just the culture which tends to stifle rather than facilitate.
>
> I appreciate that the current economic climate means that the NHS has to 'tighten its belt but I fear that if we 'keep' people on less than band 7's following training by keeping them in existing roles, skills and knowledge may well be lost as other more dominant discourses 'pull' energies towards other nursing agenda's, which would be a waste of training and we

would go around the same old buoy again. There is also a strong chance that people will become demoralised if they try to practice CBT and aren't allowed to because of other 'duties' and they might leave the trust or cease to practice.

I also appreciate that I haven't seen the budget and so am not privy to the actual calculations per head, but assuming that there is only money to pay for the training and nothing else, and the Trust can't afford to put pay up, could jobs be created whereby these people have roles as CB therapists/workers/technicians with a job description that somehow keeps them in a band 6 but allows (nearly) full time practice of CBT skills, and acknowledges a change in job/role. As 'old fashioned' jobbing Nurse Cognitive Behavioural Therapists, although not ideal, most of us ended up care coordinating at least a few people (even if we didn't see them for therapy) and took time talking with housing associations and filling in DLA forms on a fairly regular basis, which isn't so far from a CPN role at times.

If we work on the premise that these practitioners are employed to offer straight forward rather than advanced interventions to clients, then they could remain on a band 6 but as a CBT therapist/practitioner, and it might allow and encourage mangers to acknowledge the effort and change in practice, while still managing a similar workload in their place of work.

Let me know what you think

Where does being politically skilled within the health service sit with regard to being outside the box? I am having trouble fitting into the politically current box. What is being politically skilled all about, perhaps power and influence or leadership to put a kinder slant on it? Perhaps I am not going to go anywhere without this political skill set. But I don't agree with it, or maybe I don't understand it? So we have a small amount of money and big training, do we compromise, I

would say no, the politically 'correct' answer might be yes of course. An interesting dilemma.

What effect then, I wonder, does the culture of the NHS have on mental health nurses' self-esteem and worth?

Nurses and worth: the organisation

As discussed in previous chapters, worth can be seen as seen as a state or trait phenomenon (Crocker and Wolfe, 2001; Elmer, 2001; Crocker and Luhtanen, 2003; Crocker and Park, 2004) in other words, worth can be seen as something that underpins all that we are (Fennel 1999), or it can be seen as something that varies in intensity, depending on the situation, our interactions, our roles, or our multiple selves. There does appear to be a general consensus in the literature, however, that measures of worth are relational (Baumeister and Leary, 1995; Brennan and Bosson, 1998; Leary et al., 2001; Leary et al. 2003; Pyszczynski et al. 2004; Denissen et al., 2008).

White (2002) brings a twist to the relational aspect of worth by viewing the role of nurses from a feminist perspective. She makes a bold statement:

> *"Women's work is devalued; nursing, as paradigmatically women's work, is therefore devalued". (p289)*

I'm not sure I altogether agree with this statement on a number of levels, after all, in this day and age we live in a western society where women don't have to fight for equal rights anymore, so is women's work devalued? Indeed, is nursing women's work? Historically, 'general nursing' was indeed 'women's work' dating back to Florence Nightingale and the Crimean war, inevitable as the men were mostly fighting or getting blown to smithereens, however, mental health nursing tended to be within the domain of men. In the 1920's women were actively recruited as it was thought that women might have a calming influence on those

disturbed and distressed with mental health difficulties (Nolan, 1993). Maybe White (2002) has a point; perhaps women are more able to be caring and compassionate than men. Anecdotally, after conducting a short survey in the social club one evening after a late shift, my fellow student nurses and I discovered that on average, throughout the three years' worth of student Registered Mental Nurses (RMN) we had represented, there was a general ratio of 5 women to 1 man in every cohort. This ratio, interestingly, was generally replicated in both the MSc. course I attended and Post Graduate Diplomas I have taught on, all of which comprised professionals of all varieties working within the mental health setting. Perhaps then, the dominance of women in the caring profession is not just in nursing, perhaps it extends further into the 'caring professions'.

The themes of recognition and validation in relation to worth

Recognition runs as a theme throughout the literature of autoethnography, nursing and worth. Although not necessarily explicit, recognition and validation go hand in hand. Within a system in which both client and staff turnover is rapid, despite fairly high core stability year on year (NHS: The information centre 2008) efficient tasking may result in an environment where people come to work at the start of a shift and go home at the end with little social interaction amongst their colleagues. Staff might not be recognised even in terms of name, which starts to erode identity and creativity, belonging and worth (Austin et al., 2003). Furthermore, if the distress caused by this lack of recognition is then not recognised, it will further impact on worth and performance, and performance and worth (Dallender et al., 1999; Cotrell, 2001; McVicar, 2003; Severinsson, 2003; Taylor and Barling, 2004).

Not to recognise autoethnography as a legitimate research methodology in the wider field of research invalidates the work that has gone into undertaking the research. Not to recognise the contribution mental health nurses have made to relieve the distress of a person they work with, or their contribution to the organisation that of their local team, the Trust that employs them or the NHS as a whole, is to invalidate that contribution. Invalidating the nurse's contribution may well have an impact on the worth of that individual, after all, why keep putting the effort in, if it is not given the notice, status or value it deserves.

It may be that local contribution by mental health nurses is recognised; nominations for staff awards, letters from clients and relatives, an email from the manager might all be forthcoming, but rarely. In a British culture, which praises rarely and values humility as a personal quality, this might be appropriate and indeed, rewards for everything we do dilute the value of those rewards. Although straying somewhat from the world of nursing, a description of those who play village cricket, "that most English of pastimes" might be used to summarise my sentiment here. Wade (2004) in describing the response from a cricketer when asked how he had got on, couched the response as being with "little testosterone, less boasting and much gracious self-effacement" (p.29). To seek plaudits for our contributions whatever they may be, I would argue, would be going against our cultural heritage. Should we demand to be recognised, demand to be rewarded for our contributions? Act *as if* we have great (self) worth; being confident in our value to the people we work with, our contributions to healthcare, to education, to the profession. Or perhaps recognition needs to be given without being asked for, and be from a 'higher' context, for example an increase in pay scales to bring us in line with non-health sector industries (Nowak and Preston, 2000; Taylor, 2007).

A story

"Ok so we have a meeting with the Director in our diaries for next week and the board the week after, excellent. I'll look forward to catching up with you about that report later in the week; I'll ring you to see how you are getting on".

"Great" I thought, feeling a sense of worth, I was starting to get somewhere in the organisation, I was starting to become accepted, it appeared my opinion was starting to be valued by my colleagues and by my boss. I wandered off to start on the report thinking how my ideas might fit within the organisation, imagining the response of my boss as he read the figures I was about to compile, imagining how pleased he might be with how I had gone about trying to manage this particular solution. A little scenario ran through my head……

My boss sat beaming at me across the desk, "well done Lydia, I'm really proud of the hard work you have put in here; I think we can now include you on the steering committee".

I sat in his office. "Er, how come I didn't know about this?" I asked feeling crestfallen thinking about all the hours I had put into to producing what he wanted. He looked slightly embarrassed, "well we were meeting and just ended up arranging to do it like this instead. I didn't think about mentioning it to you". "How come I wasn't included in this discussion?" I asked. "Like I said, I just didn't think, now can we move on", he was starting to get irritated, I decided to let it drop.

I thought about the hours I had spent working on this. I became angry at myself for imagining how he might be when he realised the amount of effort I had put into this role. It didn't matter to him actually, he wasn't interested, he was going to do things the way he wanted to.

"Ok", I said, standing up. "Have we finished our conversation?" he asked. All the bonhomie had left his voice, my heart rate had risen and I could almost hear my heart beating out of my chest

In for a penny in for a pound

"Well… about that other matter, the meeting with the board". Another silence, "well I've arranged to take Sarah to that instead". Sarah formerly had the role that

I now sat in. I didn't know what to say, it wasn't her remit anymore. "How come?" I asked lamely.

I'm going to have to leave this job I thought, this was happening repeatedly, just when I established myself in this role, just when I thought I was being valued for my skills, Sarah turned up again to 'fill my shoes'. She had experience with the board; she was a familiar face to the chief exec. I could feel my chest tightening as a wave of anxiety came over me. What had Sarah said I wondered, when she was asked, or maybe she volunteered? Did she know that it was supposed to be *my* remit not hers to go to these meetings? Had my boss mentioned me? Had Sarah asked him why I wasn't going? Did it even occur to either of them at the time that after all the work I had put in; it might be at least respectful to include me as well, even if Sarah had the experience?

"Look Lydia", he said with an edge in his voice

Here comes the 'I never promised you a rose garden' speech.

"I told you when you came into this job how it would be. That I would use you to do what needed to be done, but that's all your role is". "But my role *is* to come to the board with you or meet with the Director", I protested, "you are happy for me to compile these reports and be there to support the service, to support you, but when the crunch comes, my role becomes undermined, you give me no status, I get excluded from emails and conversations and you conduct meetings in my absence"

I was on a roll now, his face was hardening, he wasn't happy. I can't keep doing this; I can't keep having these conversations I thought. I put in a lot of effort only to have it thrown back into my face, and when I try to discuss this with him, he is not only disinterested, he often becomes pretty pissed off…..I make him angry.

"Bottom line Lydia, I am the senior manager here and this is the way I want to be". He turned his gaze away from me and back to his desk, I was dismissed

I stood there in the middle of the office feeling about ten. Where is my self-respect I thought, I am supposed to be a confident robust person, is it ok for him to treat me like this…. it doesn't feel ok.

"Mark", I said. "What?" He looked up irritated from his paperwork. "What would you do if you were me in this job? What would you do if you were treated this way, excluded, asked to put in a lot of work only to have it ignored or not valued?" "Oh I'd have left a long time ago", he said, almost casually, and turned his attention back to what he was doing.

We were sitting in the pub garden overlooking the cricket match being played just over the fence, what looked like miniature trains passing each other in the background.

"Well done on the promotion…. …. cheers"

"Cheers" he responded as we clunked glasses

"So go on, give me a quick overview of this new job in the city"

"Well, I am in charge of one of the audit departments for the oil company, I have about 25 people to manage, accountants, admin staff, secretaries, etc."

"Sounds like my CMHT [Community Mental Health Team] boss" I said with a grin

"Yeah, he replied" meeting my grin with one of his

"So, go on then, I know it might be rude to ask, but just how much will you be earning now?"

"Oh around 130 k per year"

But we need a balance. We need to be skillful and educated enough to be able to practice our 'craft' proficiently and safely. We need to be compassionate and caring enough to make our interactions meaningful and helpful, and we need to feel worthy enough to enable both skillful and attitudinally sound interactions to take place between us and our clients. We also, I would argue, need to be recognised and valued by those around us for our individual contributions, and as a profession by the wider community and the 'powers that be'. However,….we need to be humble, self-effacing, and stoic as befitting our cultural heritage of nursing in a British culture.

So where does that leave mental health nurses? That profession, I argued previously, that sat at the bottom of the 'caring profession' barrel.

Moreover, where does that leave a mental health nurse who chooses to undertake doctoral research using autoethnography as a research methodology? As Short (2010) asks in his Doctoral Thesis: how can we write about ourselves, and remain out of the limelight, humble, "Is it possible to write about me and yet remain the quiet man who dislikes 'showing off?" (p2.68).

Autoethnographic research, arguably, is not a humble pursuit. In order to be able to write about oneself, reveal the inner workings of ones' mind and soul, then we must deem what we have to say, worthy of being put out into the public domain to be read (and perhaps judged). The esteem of our "selves" needs to be intact for us to undertake such a journey, surely. It is an interesting dilemma. I have argued that I have a low sense of worth, I have discussed a low sense of worth amongst mental health nursing colleagues and the wider nursing profession, I have battled with intrusions of memories and happenings throughout my life, which serve as evidence to contest a 'truth' to this idea. Yet, despite my low personal worth, my low professional worth, I have decided to use autoethnography as a research method(ology). I have spoken about an ontological and epistemological position of construction, whereby there are no facts, no truths, just constructions, inter- and intra-personal constructions, yet 'evidenced' worth as a concept, moreover, evidenced 'low worth' as a concept, and given 'proof' that this concept exists.

As my teenage son might say, (following one of my emotive outbursts whereby I had contradicted myself in terms of asking for a 'don't do what I do, do what I say' type behaviour) with a wry smile on his face, "how does that work then Mum?"

There is a bigger picture here, I think. I am a contradictory character, as, I would argue, are we all. We might agree that smoking is dangerous, that it can make you ill, perhaps even kill you, but we continue to smoke, and we could make the same comparisons with drinking alcohol, or driving fast. We somehow 'square it with ourselves'. We might hate the idea of being selfish, and then act in a selfish way, we might hate to think of ourselves as thoughtless, and then behave in a way that might be deemed as such. We might change political allegiance, or divorce someone we were once madly in love with. In this way, I have undertaken this study. I have squared a lack of worth with writing about myself, and 'acted as if' what I have to say might be useful for other mental health nurses to read. Displaying the workings of my thinking about the subject of worth and mental health nurses in a way that rhizomatically conceptualises the process (at least to some extent), I hope to be able to facilitate some moving and shifting in the way that mental health nurses think about their practice. Recognition, not in terms of status or achievement, but in terms of recognising a familiarity with something that is written, Frank (2004) would argue, makes a story more compelling to the reader. They might be more willing to immerse themselves in its contents with reading of the research becoming an interactive, reflective and reflexive journey, thus signifying the importance of the relationship between writer and reader (Ellis, 1999; Berger, 2001; Sparkes, 2001; Spry, 2001; Walford, 2004; Denzin, 2006; Ellis and Bochner, 2006; Ellis, 2007; Etherington, 2007; Poulos, 2008).

Conclusion

I wonder therefore if nurses might read what is written here, whether you might recognise yourself in the stories. Perhaps we might all think about ourselves in our organisations, our role in that organisation, the way we are treated and the way we treat others. Are we as nurses humble characters that put others before ourselves, and as a result lay ourselves open to the possibilities of being ignored and unrecognised? Do we keep quiet about our talents and find we are taken for granted. Perhaps we cannot all be lumped into one category of nurses, or mental health nurses, perhaps we are all individuals who end up as mental health nurses working for our caring organisations for our own different reasons. Perhaps some of us do feel valued, recognised, and that we have a voice in the organisations for which we work. Perhaps we do feel 'worth it', or perhaps not.

Chapter 8
The process:
A discussion on the joys, difficulties, challenges, obstacles, emotions and journey of using autoethnography and rhizomatic conceptualisation to write at doctoral level about my worth

Sometimes I make cakes; quite elaborate (if not terribly professional) themed cakes. If I want to make, or am asked to make a cake, I start with some ideas on what I know about the person for whom I am making the cake. What type of cake they might like; a fruitcake or a sponge cake or something else a little more unusual such as a carrot cake. I then think about who others and I think they are in terms of their interests and passions and maybe their dislikes. I then think about the occasion, an anniversary, a birthday or even a wedding. Sometimes the celebratory occasion dictates the way the cake will look; A champagne bottle in a champagne bucket shaped cake for a 50th birthday, a revealed bare bottom with a round sticking plaster on the 'upper outer quarter' for a retiring CPN for example. The cake may centre on the particular interests or hobbies of the recipient; a Koi carp shaped cake or an embroidery sample and hoop. Sometimes I might receive direction on what someone has in mind for the way they want the cake to look; purple, pink, blue and orange icing flowers around an un-pillar'd wedding cake, but often (I think) people have asked me to make a cake for them because they think I might come up with something that suits the occasion, but is idiosyncratic enough to surprise.

When I make the cakes, I start with some scribbled ideas and pictures on some scrap paper. These may have been produced on my own or through discussion with someone else. I might look through books or on the internet make a note of others comments on the subject to give me some inspiration. Then I fix an idea in my head as to what it might look like when I have finished and it's on to the cake making. Before I actually get down to the weighing of ingredients, I go shopping. Now I don't like shopping generally, I am not and have never been a girl or woman

who enjoys a day's shopping with my girlfriends; in fact, it fills me with dread. I am more of a pragmatic shopper. If it cannot be bought on line or I really want to see it (or be able to *see* a selection to choose from), I go shopping and if possible, I visit one shop only. If necessary, (if I were to buy something I had little idea about, a camera for instance), I would have a chat with the shop assistant as to which is the best choice for my purposes, then I would make up my mind and buy.

Shopping for cake decorating ingredients is different. I have an idea about what I might like to buy but also want to see it/them first. I might be looking for edible glitter or gold paint, flower stamens or particular food colourings. These shops, however, are like inspirational Aladdin's caves. You see what you want but you also see a load of other beautiful, decorative, artistic objects/tools/ingredients, and these in turn bring on new ideas, which lead you to look for other beautiful,

decorative, artistic objects/tools/ingredients, which inspire yet more ideas. The people that work in or own these shops, also contribute to this inspirational reflective, reflexive iterative cycle with further suggestions and variations on the themes you bring into the shop with you, and provide helpful tips (always mix metallic edible paint with white spirits such as vodka or gin rather than water), which are invaluable pieces of advice at the time and ones you can later share at appropriate moments.

I always make too much cake. I think about what shapes I might need, and how big those shapes might need to be, what particular cake tins, ovenproof dishes, mixing bowls or shaped foil structures might be required, and then choose slightly bigger bowls and cake tins, with more inclusive less precise, idiosyncratic foil structures. And as suggested, I inevitably end up with too much cake, but rather too much than too little as I trim and shape the component parts that will eventually create the finished article, the pile of left over cake eaten by those around at the time, frozen for later or make into a sort of secondary accompanying cake accessory.

The making of the cake mixtures depend on the preference of the recipient. I prefer to eat sponge cake, but it isn't always great for a cake that will require seriously heavy amounts of icing sitting on top of it, but it is better for some more precise sculpting of shapes. Fruitcake on the other hand is more robust and obviously denser. It is a more expensive cake to make as it simply requires more expensive ingredients, but it can be made much further in advance and so has the advantage of contributing to a less hurried cake. It isn't, however, so easy to carve and sculpt, but mistakes can be more easily hidden with layers of marzipan and icing.

Once I have made the main body of the cake, I leave that aside and start working on the fiddly bits. Little icing flowers, or perhaps fish scales, a pile of icing

books or miniature gardening tools. Sometimes, I get fed up with the cake making half way through the process of compiling these vast amounts of building blocks and leave the process unfinished while I get on with the more enjoyable (but necessary to be done at some time, I argue with myself), fancy bits, the decorations and flourishes, the painstaking pretty bits that will be on show, using all my wonderful tools and edible objects I have collected from my shopping trip or trips.

Finally, I have the building blocks, my lumps of cake, my (usually) bought fondant icing (there is a limit to how much my sanity will stretch in the weighing out of glucose, although to be fair, it isn't that arduous, but if I can get away with not doing it then I will), little icing objects and sculptures plus any other ingredients I might require in the construction; edible food paint (along with a miniature of vodka or gin if the effect required is metallic), washed blocks of Turkish delight (realistic ice cubes), coca cola flavoured space dust (for gravel paths) and sherbet (makes good snow but needs to be managed in breezy conditions).

Then, when I have everything ready to go, I construct. Even then, this construction becomes iterative. I might affix one lump of cake to another with icing, but find the weight distribution wrong, so I will reinforce the structure with a bamboo skewer. I might imagine a piece of icing sculpture on one part of the cake, but when placed against other items, decide it looks better in another place. I might change the colour, hurriedly make more little flowers or decide that the cake doesn't 'need' all the flowers I have made. I might also look at some of my icing sculptures (often the ones made late at night) and decide they really have no place on the cake at all, and either completely remake them or abandon the idea of their being there altogether.

Finally, I end up with my cake. It never looks quite as meticulous and precise as it does in my head, but usually, (I think) it is a fair representation of the brief I have been given or the ideas I have nurtured.

Introduction

I have themes on what to write

Where to write

If to write (why to write)

How to write

How to 'live' with what I write

Worth and my worth

The process, the process, the process, being autoethnographic, being rhizomatic, being me, in my cultures.

The difficulty with this chapter is that, although none of the chapters fit into a conventional format, they can be shaped and moulded to at least resemble an introduction, method(ology), theoretical underpinning, and possibly a conclusion, but then it starts to go astray and by the time I have got here, this thesis has become true to its research methodology and in doing so has moved far away from the expected conventions of a doctoral thesis. Gone are the demarcations between method and methodology, data and data analysis, they have all become part of the same rhizome(s)-**the process,** the being and doing and the doing and the being, which is the research**.**

This process is the data, which is the analysis, which is the methodology, which is the analysis, which is the data.

Discussion

It was my turn to speak in the group

"In her feedback, she kind of pulled it apart really, in a nice way, though, more or less (I can remember it feeling very painful at the time). She says it's too academic! (I think that's the first time anyone has said something like that to me) that I hide behind others words that it reads as if I'm being defensive, rather than defending, that there is an implicit realism in the way I'm writing".

There was a bit of a silence

"So, er...what, it needs more of you?" One of my colleagues ventured

"Yeah, I guess so"

There was a silence, my colleagues, though very supportive, implicitly knew that I needed to try to resolve this one for myself. Eventually, the silence appeared to get the better of one of them

"So you're back to that tricky question of how much of you do you put in. It's scary isn't it?"

"Yeah, it can make me feel very anxious, writing about me"

"I guess you've started though, so perhaps you can take a bit more of a plunge"

I thought about this for a bit

"The bits she seemed to like the best have almost no references in at all, though, finding a balance is difficult, I'm trying to be true to the methodologies and write at doctoral level."

"Autoethnography is autoethnography isn't it and I guess you need to find your own balance"

"That lecture was interesting, when they were talking about autoethnography NOT being realist writing and then telling us what autoethnography is and isn't". We mused on this for a moment in silence....

"It would be difficult to critique 'you' and your personal contributions, it's what you, me and others make of it in a social cultural way isn't it. It's a bit like laying your soul out to dry or be blown away, I think that's one of the difficulties with writing autoethnography", my colleague suggested.

I stroked my face and grinned at the group

"By the end of the weekend, I had just about got a tenuous grip on this thing And now it feels like I need to start again which I know part of the deal". I groaned. "I probably now need to write about this and the difficulties I feel I'm facing, it's part of the autoethnographic process isn't it"

One of my eminently sensible colleagues spoke up
"It might be useful for people who are just starting to try out autoethnography as a methodology to read about how you have struggled with these things. You often talk about this sense of trying to scoop up mercury and how it just moves away from you and you are unable to grasp hold of it. Maybe this 'mercury' is already sitting in your hand, perhaps it's this type of conversation we are having now. I know this might sound easy but our conversations about your struggles sound like really rich data."

"I think the problem is that I could use sixty thousand words to write about this 'stuff', my struggle with the process of undertaking autoethnographic research, and not go near the subject of writing about Nurses. I could write about autoethnography and rhizomatic conceptualisation, about worth and about me, shed loads of writing, but it would have nothing to do with nursing"

"You are writing it as a nurse though"

"But surely it needs anchoring to Lydia the nurse not Lydia the person or maybe it's to both".

"Are you always a nurse when you are at work?"

"Hmmm, good question"

"The one thing I keep losing track of and needing to remind myself to 'include' is nursing which is ironic as it's a bloody nursing doctorate"

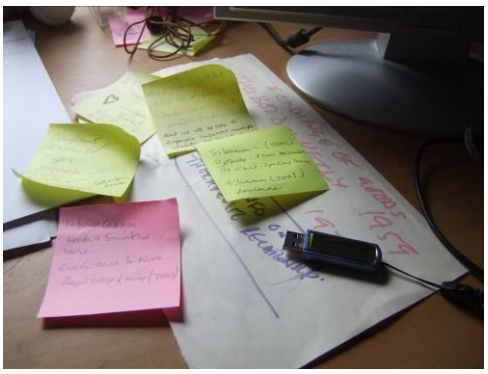
"I think I know what you mean", he said "but this sounds fixed rather constructed. I appreciate there are philosophical questions but maybe it's about what you think it is. Perhaps your Professional Nursing Doctorate using Autoethnography and Rhizomatic Conceptualisation includes all of the above, you, you being a nurse, you being you, you being you when you are in a 'nursing role' all of it."

"Hmmmmmmm, I guess it's the theoretical underpinning on which I have written my thoughts that I am trying to position at doctoral level, substantiating comments and suchlike, so... I suppose my dilemma is that I am trying to put the theoretical underpinning to what I think and who I am at this time, the theoretical

*underpinning about **what I think** seems to be defensive, and the theoretical underpinning to **who I am** seems to be self-indulgent. Perhaps I am looking to be led by what others think is ok, which makes me feel a lot more secure, but perhaps is curbing what I write. I guess when I have directly quoted others it's because they agree with what I think (or vice versa) and often they have said it far more eloquently than me, maybe it's that I've been too academic in the way in which I have gone about this, maybe I'm just having an autoethnographic crisis!"*

*"It might be worth thinking and reflecting more on her critique of your work, then perhaps it's time to present and then defend what **you** think it is. It sounds to me like undertaking autoethnography with this rhizomatic conceptualisation stuff is full of regular crisis's!" he grinned, "but this is it isn't it, your mercury? Get it down on paper"*

The books sit piled up on the floor or on my desk, journals and papers with colourful sticky tabs sticking out of them to mark an interesting or relevant piece of writing to come back to in the future. I have always had this slightly magical idea that if I surround myself with this information, it will somehow seep into my head, and I will become familiar with the content of this work by osmosis.



I have read and re-read papers, research, articles, book chapters, whole books. I've made notes, on 'post-its' and scraps of paper, in electronic files , held within other files, files within files, with the folder title 'stuff', but I still come across papers and notes I've written as if for the first time.

Driving in my car alone is often when I think. Sometimes that thinking is very unhelpful, I ruminate on things I have said or done, mulling over and over whether I should or should not have said or done these things, small surges of anxiety tensing my body as I travel. Sometimes I ruminate on being hurt and feeling worthless, running scenarios through my head as if to try to explain why I might feel as I do. None of this is helpful; ruminating isn't helpful, it has the

tendency to bias recall and lower mood (Addis and Martell, 2000; Nolen-Hoesksema, 2000; Lyubomirsky and Nolen-Hoesksema, 1995) and, I have found from personal experience that ruminating dulls more constructive thinking and lowers my self worth. At times like this, the trick is to recognise that I am ruminating and find some way of breaking the cycle of rumination; I find loud singing along to whatever might be playing on my iPod at the time, a helpful distraction.

September 2009

> *I was sitting in the kitchen at a friend's house. Three of us sat around the table while the fourth friend was washing up. Two of the usual group were not around that afternoon.*
>
> *"We've got Aqualung on Wednesday haven't we?" Sarah said while fiddling with the corner of the Independent.*
>
> *"Yeah", David said from over by the sink*
>
> *I looked at Sarah*
>
> *"You are going to see Aqualung?!" I said, surprised*
>
> *"Er, yeah" she said*
>
> *"All of you?"*
>
> *"Er, yeah" she said*
>
> *I left soon after, not a word was ever said about them going without me.*
> *I didn't listen to Aqualung for a year*

Sometimes, less often, unfortunately, and somewhat more frustrating, I find my head teeming with a wonderful array of data for my research. I can reflect on recent experience, link it neatly with literature I have read and with ideas that I have written. Inevitably, at times like this, there is not the opportunity to stop and write things down, my digital recorder, which has become a helpful ally, is

either out of reach or the batteries are flat, and I find myself frantically trying to remember what it is I have been thinking about.

> *"Right remember that Lydia"*
>
> *"That meeting when she said that, and then you felt your worth drop, you can link that with the bit about organisations and perceived rank, and how nurses feel in comparison to psychologists, but remember not to make assumptions, so you need to substantiate your claims, remember that Lydia, substantiate your claims, you bang on about it to the students don't you, you wrote in red all over Sarah's work, all those unsubstantiated comments, she was telling you what she thought as if it were true, but I guess it was for her at the time, but that was a different essay, different philosophical underpinning, you are going off track Lydia, remember what it was you wanted to capture, the meeting, the look on her face, remember that one, everyone around the big table, did Alec write something about this part of organisation life, mental note, another mental note, look up his paper, not sure if I have an electronic copy, and what about that picture, that picture of the flock of seagulls on the beach and that one seagull sat at the side, that would go well there with this, flock of seagulls, the lead singer had quite a dramatic hairstyle, lots of gel and hairspray, I think I have a single somewhere, focus Lydia! Remember what it is you want to write down, the meeting, the comment, the picture of the seagulls, and I need to write this down to don't I, this is what happens, all this thinking, all this helpful thinking at the least convenient moment, why can't I think all this stuff when I am sat in front of the computer with time and space to write, aaarrrggghhh, list, remember what it is you need to remember....."*

How do you keep an interest in something over a period of four years? I have ended up writing more about the process than the subject. There were times when I became easily bored and others where I would struggle to concentrate, I would start to read papers and become distracted and disinterested, that's if I picked them up at all and didn't just skip over the idea, thinking that I would come back to papers and books in the subject in the future. Is this part of the process? To become bored and disinterested, am I not supposed to be avidly interested every hour of every day, just waiting to be able to get back down to my study? Surely, it shouldn't be like pulling teeth, each word laboriously tapped out on the keyboard. Boredom and finding tedium with the whole process should

be of interest to me as an autoethnographic researcher. I don't have tedium with the whole process really, just parts of it. I do have an interest in new experiences and new information, things which capture my imagination, and these new experiences do become linked, almost implicitly now, with the subject of worth.

The Spooky Men Chorale http://www.spookymen.com.au/

It was a wonderful experience that kept me enraptured for a couple of hours. The quality of the singing, the humour and the sheer randomness and off the 'wallness' was incredibly refreshing. The room, however, was filled with what appeared to me to be the local middle class people (a judgmental and somewhat global view I admit). People who were very confident in themselves, their voices, their opinions, the idea that others would want to engage with them; Intact worth personified in the loud, "darling, hello!", 'mwaa', 'mwaa' (that kissing in the pocket of air just beside the others cheek). I found myself marvelling at their audacity and confidence in not only interacting with each other in such a 'loud' and confident manner, but with the performers who appeared to be a very personable, but humble bunch of people.

These people were very unlike me (I think). I sat next to the wall, my partner next to me, watching the 'stood up' waving, middle aged, middle class, women. Stood up! Standing in a room full of sat down people, exposing themselves to being looked at, drawing attention to themselves without any apparent hint of self-consciousness at their actions. I was acutely aware of the contrast and polarity of their behaviour (and assumed accompanying confidence) to my own. I couldn't do that, what if someone thought unkindly of me for 'making an exhibition of myself' for showing off, for being loud and over confident, the idea felt shameful. Yet here were these people, women and men, standing up while others sat, moving swiftly out of their seats to greet others so loudly that I could hear their whole conversation from the other side of the room. I think it lacked humility, their behaviour lacked humility. There is something to say about my worth here, my lack of confidence about being able to 'be' who they appeared to be, but then again, I'm not sure I would want to have such confidence, such a lack of awareness as to my behaviour and how I might appear to others.

Drifting off again or maybe not; I guess I'm still writing about the subject of worth and me in my culture which includes being a nurse and nursing and watching Spooky men, it's all part of me and my culture.

There is a randomness undertaking an autoethnographic piece of research. In being me and reflecting on what I think and feel, I need to acknowledge that part of being me is to have all sorts of 'stuff' float into my mind. Thoughts, feelings, experiences, moods, sights, sounds, more thoughts, feelings, memories, which 'felt', interweave, fold back on themselves, go off at tangents, from the present to the past to the future, to the distant past, the recent past, just now, in a minute and off into a fantasy land, my mind and senses drift and move, swirling and changing like oil in a puddle agitated as a car tyre splashes through it-rhizomatic conceptualisation (in action) anchored at and by me. Rhizomatic conceptualisations of connections, one strand leading to another strand or different strain, which might double back on itself, or lead off in another direction again. Being 'hoiked' back to the present WORTH and NURSING and then straying off again, sudden intrusions that plant themselves in the middle of this maelstrom with seemingly no connection to its immediate neighbours, and I watch the process unfold, the rhizomes, growing, their tentacles spreading out from the first word on the page, to then cover the screen, the page, the spaces in between me and the page, and the surrounding edges. Then, in order to gain a little distance, to seek a grassy bank overlooking me and my life, nursing and worth, a grassy bank in the warm sunshine where I can watch the rhizomes unfurl and unfold, route and re-route, I sit back in my chair, look out of the window and back at the screen, watching and trying to make sense of where these 'rhizomes' are going, *how* they are going, where they might end up or not, and whether any of this is the 'stuff' of my doctoral research.

Studying at doctoral level is tough. How do you stay interested in a subject for four years, particularly when that subject grows and changes, moves becomes elusive, evading capture as you sit at the computer, staring out the window (again) before

dragging your attention back to the screen. When it shows itself in neon lights at the very moment you are without a net to capture it or a scrap of paper on which to write it down. And when you do capture the elusive, the 'stuff' of the doctorate, on your subject or subjects of choice, when you have finally wrested it (yourself) into submission, and stuck it firmly, speared with a virtual spike through use of the computer keyboard, to a virtual piece of paper on a memory stick, you then back it up, and email to a friend, just to make sure that while you are sleeping it doesn't unpeel itself word by word from the 'paper', and then, ironically, when you come back to it at a later date, you wonder what all the fuss was about. Those words, so carefully nurtured, so hard fought for, become consigned to the 'trash can', a trash can which comprises pieces of writing too shameful, badly written or just too plain irrelevant, to see the light of day. No wonder it's difficult to stay focused and interested in this work. It's not a lack of interest in the subject or subjects per se, just the (sometimes) mind numbing, heart wrenching, tedious, inconsistent, bloody hard work that goes into capturing 'me(s)' in my cultures .

> *Sat here again*
>
> *Tedious*
>
> *Don't know what to write*
>
> *Unexpected tears when I think that I can't write and I need to write so I write about not being able to write … … again!*

Hawley (2010), when discussing the qualities that successful doctorate students possess (in her opinion) very helpfully concludes that "successful students must have more than 'book smarts' they must also have *street smarts*. This means they must be tough (intellectually and emotionally), politically savvy, disciplined and able to accurately read the environment in which they have to function." (p 20).

So here I am again

So here I am again, papers strewn across my desk in a haphazard fashion, their original neat piles arranged and rearranged, and then dissected, papers absentmindedly placed on tops of a pile of books, or on the floor, post-its stuck to the desk, trying to keep a corner of their brightly coloured selves on display to save them slipping out of view, into another forgotten thought only to be rediscovered at a different time, perhaps while emails are being checked alongside toast and tea, whereupon they might be repositioned or screwed up and chucked unceremoniously into the waste paper bin.

Such is my doctorate, or at least the sitting at my desk, trying to think and write something intelligent part of my doctorate. Sounds of machine gun fire, or 'goaaaal' from the x-box in the loft, and perhaps some chatter on the merits of Emile Heskey over some Italian footballer I have never heard of, or discussion over whether the strategies of the mission being played on this occasion are any more successful than the last time.

Occasionally one of my four boys (the number of steps missed at any given time, gives me an indication as to whether it is one of my 'over six foot tall' boys or one of my 'about my size' boys) descends from the loft, with a "hello Mum, what's for dinner?", and I remind them of my usual answer "I'm not sure, I haven't looked in the fridge yet", after which usually follows a grunt or a particular request (usually for a take away curry), before they

disappear past me into the lounge to watch something on the TV I would usually categorise as rubbish.

And I sit here, waiting for the fog to clear, gazing out the window at the honeysuckle and passionflower, (which really needs cutting back), and brightly coloured washing gently blowing in a warm breeze. But back to work. This Doctorate feels like giving birth sometimes, but obviously without the pethidine and gas and air. When I was first pregnant, many women, who I might know well or know slightly, would tell me about their experiences of giving birth.

> *"It was easy, didn't even need any gas and air, just a little back ache. I was in Sainsbury's when my waters broke, didn't even know I was in labour, then my husband finished off the shopping and I took myself to hospital, and after he had taken the shopping home, he came up to the hospital and I gave birth".*
>
> > *I remember thinking that her experience sounded just like the kind of experience I wanted to have. No fuss, no messing around, or hours of pain and pushing, just matter of fact.*
>
> *"Have an epidural, I wouldn't give birth without one, in fact I insisted on a caesarean the first time round, in the days when you could choose".*
>
> *Pain free or even a semi-conscious birth, that didn't sound like a bad idea either. Somehow, though, I didn't imagine it would be like that for me, and of course it wasn't.*
>
> *"I sent my husband away, didn't want him anywhere near me, I had my Mum and my friend with me, they were much more understanding"*
>
> *Hmmmmmm, I thought, I can see how that might be, but I'm Mumless and however good a friends I have, I'm not sure I would want to be in that kind situation with them.*
>
> *"Pete was a rock, he led my hand and got me whatever I needed, I couldn't have gone through it without him"*
>
> *I certainly wasn't keen on going through this on my own even if my fantasy (doting husband, verbally adept at expressing love and compassion at the drop of a hat as a birthing partner) was probably pretty far-fetched.*

Eventually, after what seemed like a lifetime (it was, in reality, only around 9 months) I 'went into labour' or so I thought, until I discovered after about 6 hours of what I considered to be some serious pain, I was only(nearly) 2cm dilated.

"We don't count labour until you are 4 cm's"

The nice midwife told me cheerily. Great, so if this was the amount of pain that 2 cm's had caused, what was reaching 10 going to be like, I hardly dared think about it. Another 6 hours later and I had got there, the magic 4cm! (No, not 10). The nice midwife asked me if I wanted her to 'break my waters'. I can remember shrugging and thinking that it seemed like a plan. "Please" I said in between contractions.

I nearly died, well I didn't really, but that's certainly what it felt like and I can remember thinking on several occasions that death seemed like an excellent alternative to the pain. From the moment the midwife had broken my waters to the point where I finished giving birth was about ½ hour, give or take a couple of minutes. Afterwards I shook, I was sick, and then relatively quickly was back and up on my feet. I've given birth five times, each time like this. After the first time, at least I knew what to expect, but the first time was like nothing anyone had told me, or anything I had read in a book.

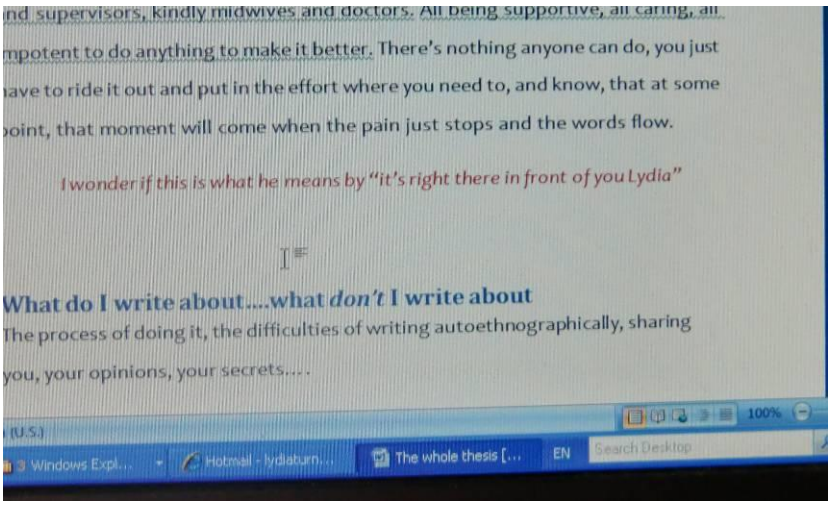
So what has this got to do with my doctorate, I'm asking myself as my 'giving birth' story appears on the screen one letter at a time, cursor flashing as I stare at the words. Good question.

I think now (undertaking this doctorate) and then (giving birth), both feel scary. Journeys into the unknown. People have told me about their experiences, I have seen completed doctorates, wonderful pieces of work, just as I had visited my friends in the hospital who had 'just' given birth. I know a doctorate can be produced, just as babies can. Now, as then, the theory was accessible to me, I knew and know what was involved. I knew and know procedures. I knew it would hurt giving birth, I know that feeling confused and overwhelmed is part of writing a doctorate. Nevertheless, while I was in the middle of many a contraction, I truly believed I might die, and on many occasions in the middle of this doctorate, I

believe(d) that I would never get to the end, produce anything coherent or vaguely relevant, and I might just go mad in the process!

It's very lonely being in the middle of a contraction. There is nothing that anyone could do (even assuming your dream partner is there with an anguished look on his face struggling to cope with your pain); you have to go through it alone, even in a room full of people. It's also very lonely being in the middle of this doctorate. Chats about chasing mercury, being told "it'll come", "everyone goes through this, its normal" leave me feeling stupid and thick, and very much alone. Kindly friends and supervisors, kindly midwives and doctors. All being supportive, all caring, all impotent to do anything to make it better. There's nothing anyone can do, you just have to ride it out and put in the effort where you need to, and know, that at some point, that moment will come when the pain just stops and the words flow.

I wonder if this is what he means by "it's right there in front of you Lydia"



What do I write about....what *don't* I write about

The process of doing it, the difficulties of writing autoethnographically, sharing you, your opinions, your secrets….

"I think that it took me a while to suss out that what I wanted to do and write about was staring me in the face and I wonder if you aren't quite there yet"

"Hmmmm, do you have an idea about what is staring me in the face?"

"you tell me about things and talk to me about things that you suggest are the meat of your work, it sounds like you think you will find them lying around somewhere, when perhaps it is the words you are telling me that ***are*** *you being within your culture(s). It sounds as if you think that through talking with me you will find the answer, when actually it really is there in front of you, this is it. Am I making sense?"*

"No not really", I said miserably.

"Ok, When we discuss this stuff, it's almost as if your purpose of having the discussion it to facilitate an 'aha' moment at which point you discover this elusive stuff you are trying to find to write about, when actually, our conversations and the thoughts and feelings you express to me during the conversations we have ARE the autoethnographic writing, does that make sense?"

"Ok, yes it does, thank you"

"Write. Write. Write; you can always amend. I am not suggesting its easy, ok, but get it down, get it down"

"I think there are things that stop me"

"What are they?"

"For example, the validity of what I write, it's head heart stuff, you know I lack skills in trusting my own judgment

"Can I suggest you get it down and then discuss the validity? I understand your difficulties, believe me, but you seemed to have already decided upon something before you have done it

"What do you mean?

"Well you have already decided about 'its' validity"

*"No, really I haven't, it feels valid (heart) but then I start thinking about what I **should** be writing, it's the difficulty I have with putting thoughts on paper, worrying what people might think. It's the conversation I have in my head when I think about writing and then I think about what other people might say about it and then I think maybe I am 'wrong', that I have got it wrong"*

"Ok what does this conversation seem like, in terms of its validity?"

"It's positivist judgment"

"Well let's throw that away then, what does this conversation 'feel' like?

"It feels ok"

"Well maybe this is the conversation to have then, maybe this IS your autoethnography, it is your rhizomatic conceptualisation. If I was starting on an autoethnographic journey now it I might find it helpful to read how difficult it is to do it, and this IS your research, and your data and your data analysis. I really do appreciate this difficulty; I think this is part of undertaking an autoethnographic journey. It is a tricky one, despite it having been around for some years, it is still relatively 'new' in terms of being used for doctoral research, and arguably people have been discouraged from doing it, because it's not worth it."

"When I did my masters, the university at which I took it told us that we could choose to do qualitative research which wasn't worth the paper it was written on, or we could do a proper piece of research. My research had stats and everything!"

"Well I think that this kind of research is worth it, but it is a struggle. I appreciate it's a bit genie and bottle, if you write this stuff and then put it out there, you can't really take it back, so I guess it's going to involve some courage, so maybe the next bit IS risky. All I can say is that I tried it and then saw what happened. I didn't spontaneously combust or lose all my friends, but I do remember going through similar things that you are so maybe you need to grapple with these questions and maybe write about your grappling, have faith in yourself it might contribute to change for you and others"

The "space" to write

How will I find my "writing space"? is it there already? Is it a how or where will I find it?

I did find my writing space. I found thinking spaces in moments in crowds, with others, others 'helping' me think. I find it harder to do it/find it on my own. My colleagues often find their space on their own, they need to be apart, separate, compartmentalised away from work and families. I need to be with, connected, integrated to find my space, when I'm not, my space goes or doesn't appear.

Writing about worth, while feeling worthless leaves me in a dark place sometimes. "Writing is difficult and painful, and I resist it" (Gale and Wyatt 2010, p.40). It is for me too. Do I need to make it less painful to be able to do it? Or is it the pain that gives it flavour? I write in questions as if seeking/finding the answers will make it feel less painful. Perhaps the questions open doorways in my mind; I can wonder and muse at the possible answers to these questions.

My writing space needed to be compassionate, understanding and allowing of the pain that it brought.

> *"Always ambivalent, both wanting and not wanting to write, never fully immersed, feeling writings slow, cumulative process" (Pelias 2004 p.42)*

Muncey (2010 p.134) asks "what is the difference between a writing and a non-writing day? What distinguishes these days from each other? What is it that allows writing to happen? What has to be in place for creativity to occur?"(p.134). At the end of my autoethnographic/doctoral journey I have not been able to answer that question, but perhaps that's as it *should* be. If I am constructing my world, then there are going to be different things that make it ok, at different times in different places. After having written earlier about the need for company and people around for me to be at my creative best, I am sitting alone at the computer. I have been alone for the last four hours and I have written, and I expect to be alone for another two hours and I will continue to write. As Blumfield-Jones (2002) suggests,

"understanding will only flow from your doing" (p.90). I sit, (at some place, at some time), I think, I write, I think, I write, I sit (I delete) I think, I write. The text jumps around, from her to over there and back again and then sideways for a bit, up down, as my mind shifts and different things catch my attention, it is being reflexive I think.

> *I don't want to do this anymore. This research is about me, there's no getting away from it. It (I) sit on my shoulder most days, every day. It's worse when I have the time to do this work. That's when I really don't want to do it anymore. I'm tired of it. I'm tired of thinking about my worth and about nursing, I get so overwhelmed so easily, there is just SO much to write about, SO much I've read, that I need to think about in relation to what I write. I don't write ENOUGH, however, I haven't read ENOUGH. I could do this research for a lifetime. What do I include? What do I leave out? Can I stop now? No? I'm nearly there now. It would be a shame to stop just before the finishing post. I talked about giving birth earlier on. This is like giving birth. So much pain, so much pushing, and I don't want to do it anymore. It hurts. Thinking about and writing about my worth is painful. I want to stop, stop just before the final moment. Midwives seem to be familiar with this idea. They are very good at encouraging you to just keep going. People around me have also been encouraging. My partner has been encouraging, but again, writing this thesis mirrors other life experiences. I have had friends, and I am sure I have been guilty of this too, who have just talked endlessly about having broken up with a partner, even having lost someone. You can listen and empathise, wipe away tears, hug, distract, but at the end of the day, they need to find their own pathway through. At some point enough is enough, they (I) need to stop talking about it, stop thrashing around in the mire and the confusion, and just get it finished! Move on! But this is part of it isn't it? This is process of being autoethnographic.*

Being reflexive

Within the autoethnography chapter I discussed the construct of reflexivity. As the whole autoethnographic rhizomatic process requires reflexivity, I thought I would revisit it. Finlay and Gough (2003) refer to reflexivity as requiring "self-reflection of

the ways in which (the) researchers' social background, assumptions, positioning and behaviour impact on the research process" (p.ix), I think, for me, it might require a bit more than this. Being reflexive and writing in a reflexive manner can be emotionally and intellectually fraught, it's not 'just' an intellectual exercise; it needs to involve the whole being and, to be fair, Finlay and Gough (2003) do acknowledge this by submitting that "reflexivity is challenging to do" and that "it requires huge efforts on the part of the researcher to identify and interrogate personal and professional practices" (p.1). Without including reflexivity within the process of autoethnography and rhizomatic conceptualisation, the evocative nature of the experiences, thoughts and feelings, of the researcher become two dimensionally reported, rather than multi-dimensionally suspended within the spider's web that is the researcher/researched.

"I wanted to try to display the frustration, ambivalence, reflexivity and sheer excuses that enter into the writing process" p.72 (Muncey 2010).

In discussing the use of critical reflexivity in research, Freshwater and Rolfe (2001) support this idea that "research is an interactive and iterative process with particular emphasis on change" (p.527). Autoethnographers continually reflect and the associated reflexivity is part of the process of *being* autoethnographic.

Reflection and reflexivity are in evidence throughout this text. Both Freshwater and Rolfe (2001) and Finlay and Gough's (2003) descriptions of iterative processes which refer

to the backward and forward movements, narrow and wide lensed, inter- and intra-personal views of the person within her culture, remind me of that sharpened focus, blurred focus view through a pair of binoculars or focusable lensed camera.

> *At night, I lie in bed and look out of the window. I can see the town stretched out below me. Orange street lights, bright white lights signifying an open-air football pitch. Rows of lights, odd ones dotted here and there, bright red break lights and occasional moving bright blue flashing lights, which move across and around town. In the day time, I can see the world about its business, cars coming and going, trains pulling in and out of the station, people shopping, birds, trees, sea sky. I can see with my glasses on.*
>
> *If I take my glasses off, the world becomes different place. In the daytime, an impressionist picture which little blurs of colour, that because of my familiarly with the landscape I can identify with some accuracy. A long whitish shape over to the right hand side, must be a train, a blurry tan coloured building in the foreground, which is probably the supermarket. At night, the lights are those that you would see through an out of focus lens; big orange blobs, smaller white blobs, moving white, red and blue blobs which overlap each other.*

Being reflexive and writing in a reflexive manner is an integral part of the evocative autoethnographic process and requires the researcher "to identify and interrogate personal and professional practices" (Finlay and Gough, 2003 p.1). What all these descriptions omit, however, is the apparently random process that this is. The lens (for me at least) does not move smoothly backward and forward focussing on the close up and internal, and then on the wide lensed cultural worlds, it has extra dimensions to it. It moves up and down, and sideways, not to mention backwards and forwards through times and space, and not in a smooth motion either. It might take a long slow smooth change in focus from here to there, but it is far more likely to stop off at the past and over there and a bit in front before it gets to 'there', if indeed it actually arrives 'there' because iteratively, soothing might have well

diverted it along the way. In this way as Freshwater (2005), proposes, "what is conscious and in awareness can be articulated, but this will always be both complete and incomplete and as such presents a partial view". (p.311-312). Within autoethnographic process, reflexivity is key, reflexivity is part of the process, but also part of that process is the rhizomatic conceptualisation (Deleuze and Guattari, 1987), and it is the rhizomatic conceptualisation that describes the folding and felting, the connecting and disconnecting and the randomness with which I think, feel, write and experience.

The doctoral journey: my self worth

Since commencing the doctoral journey, I appear to have developed two sets of friends, those who are willing to move along the path with me through my changing roles and identities, and those who have a very different world view, preferring, it would seem, to continue with a relatively unchanging view of themselves, others, the world and me. One of the recurring themes that I continue to encounter with these people is, as Ellis (2004) commented, "people assume you continue to be the stories you wrote" (p.33). In undertaking autoethnographic research, we hope that we will discover something new, a new way of thinking about a subject, a new way or ways of being. This I would argue is a continual process. As Kolb (1984) proposes, we enter an experience, we reflect on that experience, we think about how that experience relates to us and then we think about how our new knowledge can be integrated into future experience and learning. Ellis in (Bochner and Ellis 2002) argues that "the self that is writing the story is changed by the process of writing it" (p 91). This, I believe has been and continues to be, the case for me.

This research is about nursing and worth and me. I have talked in an earlier chapter on the impact of my own worth on this research. When my self worth drops, my

mood drops alongside. In cognitive therapy terms this is explained in a neat formulation by Melanie Fennel (2009), in which she describes how a fundamental perception of the self as worthless can have an effect on the way in which we see the world on a day by day basis; it colours our perceptions and our consequential behaviours and results in our mood dropping which then has a further impact on our fundamental sense of self as a worthwhile person.

When my worth is low and my mood is low, I enter a twilight world.

In this twilight world, I am being drawn towards my internal processes, but am able to keep a foothold in the external world; this is the place where most of the difficulties lie for me. In this twilight world, I can 'actively listen' and hear what I am being told, but might not always remember what was said. I can engage in activity, participate (apparently to a fair degree) but I might not remember the experience. It would seem that during this state, I am not able to 'process' information. I can make sense of it at the time, I can manage both internal and external processes in the moment, but it is as if this is done in 'working memory' which then isn't laid down as verbal or 'picture' memory, but more likely as emotional memory, I might remember the event as a feeling/emotion or set of feelings or emotions, but these 'emotional memories' lack reference points which can often inhibit recall in a useful format.

In trying to understand some of these processes, and indeed attempt to climb out of this twilight world, I headed for more concrete ground familiar and returned to CBT literature. I discovered when looking through research I felt relevant to my twilight world 'symptoms' that findings of a meta-analysis reviewing the literature on information processing and Post Traumatic Stress Disorder (PTSD), (Buckley et al., 2000), suggested that empirical studies appear to show some consistency in

findings in which there are deficits in information *retrieval* rather than *processing* following a traumatic event and that this may be due to "damage to the hippocampus which can occur through repeated exposure to conditioned-fear stimuli" (p.1057). Now I appreciate that this is a world away from the way in which I had been writing and thinking about the research I was undertaking, but this was still part of the process, part of trying to understand what was going on for me. A lack of memory retrieval when the whole nub of one's research is to capture in verbal form, multi-sense experiences can be a bit of an obstacle.

Whilst I am not suggesting that *I* am traumatised or have diagnosable borderline personality difficulties, links between PTSD and Borderline Personality Disorder (BPD) or emotional intensity difficulties (EID) have been suggested within empirical studies and within the BPD literature (MacLean and Gallop 2003, Linehan 1993, Herman and Van der Kolk 1987). There has been found to be both memory and skills deficits within people who experience difficulties with emotional intensity, which it is suggested, occurs when attention is drawn towards trying to manage emotions as they happen rather than paying attention to 'incoming data', the implication being that this might lead to both memory and skills deficits (Linehan, 1993; Blum, 2002).

Although drawn from empirical rather than qualitative literature, the above findings might be considered relevant when thinking about my own levels of attentiveness at times, along with my inability to recall the details of evocative experiences. I wondered if I lack the skills to manage emotion and thinking at the same time, and if this is the case, where does this leave me reflexively and autoethnographically? I am writing this now, and can think clearly, and although I can remember the distress that comes with a combination of low self-worth, low mood and difficulties recalling, I am not there now, so perhaps it is yet another rhizome or set of rhizomes that I move along. It does have implications in terms of

my own learning and moving my thinking forward, but only if I am in that twilight world. It also has implications in terms of being able to read and retain information, but again, only if I am in that twilight world. It might be that reading, writing, and being able to reflect upon and synthesize new knowledge with current knowledge needs to be done and has been achieved during periods when I have little or no other emotional arousal.

I am wondering what has led me to go from thinking about how I change and how others see to me to difficulties with worth. I think it is all about the process. I know that when I am with people who see me as the way they have always see me, I can feel quite frustrated and sad.

> *"You're still doing that nursing thing?"*
>
> *"Sort of, I moved into psychotherapy and then into teaching. I am still a nurse but work in a very different world that I did when I was twenty"*
>
> *"Oh yeah, right, don't big yourself up, (said with a grin) you're still working for the NHS aren't you?"*
>
> *"Well yes....."*
>
> *"There you go then"*

Autoethnographic research explicitly acknowledges the shifting sands of being. It acknowledges that we have different selves at different times in different places with different people, and indeed that what we write is "changed by the process of writing it" (Bochner and Ellis 2002 p 91)

The speed at which we might shift from one way of being to another might also influence how others are with us and therefore how we construct ourselves at that moment. My frustration and sadness at the others' expectations for me to be

unchanging, I think throws doubt into my 'right to be different', especially as if any change in how I come across is met with the idea that I have done something wrong, or disgraceful. This, I guess then taps into my sense of worth.

"You've changed"

"You're not the girl I thought you were"

"Everyone agrees, you aren't the person we thought you were"

"The children need a mother, not a therapist"

These comments suggest a positivist view of the world. A view whereby *things are the way they are* and any suggestion of 'multiple truths' here appears to feel deceitful on the part of the person who experiences themselves in 'multiple modes'.

Up to this point, the discussion in this chapter has been autoethnographic and rhizomatic, it has moved and changed, ebbing and flowing, weaving and felting strand of subject with strand of subject, which although connected, might have randomness to them. This randomness and the rhizomatic thinking, is the way I experience myself. I think the idea that often pulls me up short is the idea of truth and fact versus construction, and while I can argue it until the cows come home with academic colleagues in a pleasant and convivial atmosphere, the idea that I am "not the girl I used to be" causes me to feel anxiety.

Please don't be in any doubt that I am not happy with my ontological and epistemological positioning. I do believe that things are constructed and I know that my emotions and thinking changes alongside the day, the company I find myself in, what I am doing etc. As suggested earlier in the text, I feel sad that some others within my culture expect me to be the same as I have 'always been'. Furthermore, if they accept I have changed (which in itself suggests a move from one truth to another rather than a constructed evolving process) I have deceived them because I am different than I used to be, and I have changed for the worst. The idea that I have pretended to be a certain way for years and then have

revealed my true identity, not only suggests extreme psychopathology and diligence in the task, it suggests some kind of overall master plan which knowing me is unlikely, and if people do not like my changing self, then that is sad. Any changing I do, whether it is purposeful or 'along the way' is designed to move me towards having more qualities that I would value rather than less.

> *Each society has its own regime of truth, its 'general politics' of truth:*
>
> *That is, the types of discourse, which it accepts, and makes, function as true.*
>
> *The mechanisms and instances, which enable one to distinguish true and false statements;*
>
> *the means by which each is sanctified;*
>
> *the techniques and procedures accorded value in the acquisition of truth;*
>
> *the status of those who are charged with saying what counts as true.*
>
> (Foucault 1980 p.131)

What is the point of this research?

In some cases, the recognition of their own experiences, as seen in mine, resulted in tears. I particularly remember a friend and colleague coming up to me at the end of my presentation with tears in her eyes and giving me a big hug (Foster et al. 2005 p6)

This is a good question, what is the point? I was asked to pin this down when submitting my abstract of this thesis for approval. An odd task, as I hadn't quite finished writing this thesis, and as I have explained throughout, this thesis has evolved and grown, changed shape, recoiled, always moving. I was asked to pin down the point of this and my findings in a robust manner. I tried to say that what I found was that "my experience of self-worth varied throughout the different cultures and different selves I inhabit, and that this impacted on the ways in which I interacted intra- and inter-personally". I noted in the abstract that "through this

iterative process of reflection and reflexion I found I was sometimes able to influence my intra- and inter-actions in a helpful way, but sometimes my low self-worth impacted unhelpfully on the outcomes of myself/other encounters which led me to further reflection and reflexion, and resulted in ideas about which parts of me and/or my cultures might need to be reconsidered, in either practical or intra-personal change terms, to bring about a more helpful outcome". The feedback was that although the process was interesting, they needed the **findings,** and furthermore, my presentation of what I had found needed to be contextualised and expanded upon and made more robust. I found myself back trying to nail jelly to the wall, and I was overcome with a weight of sadness and physical tiredness. It might be a bit dramatic to say I was overcome, but I did and do worry, even at the point of writing this, that I am not making sense, that what I am writing lacks robustness and coherence, it does not fit too much!

The point of this research is to provide nurses with an opportunity to be reflective and reflexive around the concepts of their own value and that of the people with whom they work, with an idea that this work might facilitate new thinking and the new thinking might facilitate new practices, beneficial to nurse and/or the client. I will not know if this happens, however. This is not a process whereby I find out a 'truth' a fact, a 'right' way to do things, or an evidence-based way to carry out an intervention; this has far more subtlety.

Chapter 9
Conclusion

"It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to heaven, we were all going direct the other way - in short, the period was so far like the present period, that some of its noisiest authorities insisted on its being received, for good or for evil, in the superlative degree of comparison only."

Dickens (1859) A Tale of Two Cities

So how do I conclude?

The role of this investigation was to address a research question:

How do I experience the concept of worth within mental health nursing?

Its aims were to:

Explore the idea of worth within the context of mental health nursing;

And

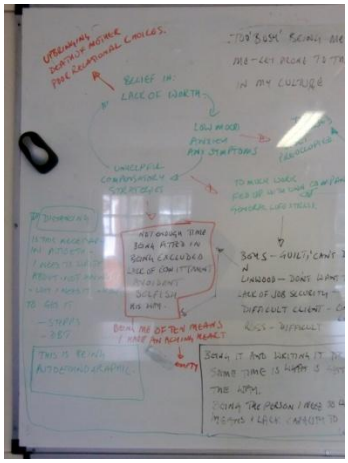
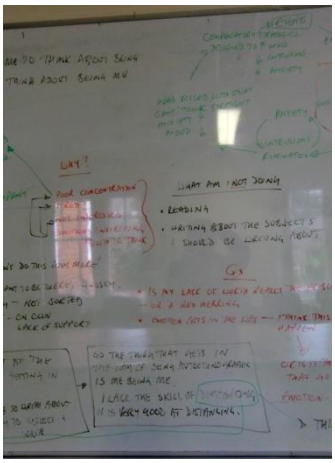
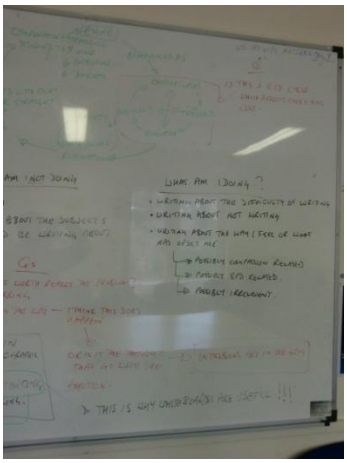
Stimulate professional debate inviting examination of personal experience around worth.

In order to:

Produce an original contribution to the nursing literature on worth.

Have I achieved what I set out to achieve?

I started this journey with a disturbance, an idea about there being something missing, something with maybe acted as a filter through which I saw my selves and the world. I listened to colleagues who were dissatisfied and clients who were upset, and I struggled to put my finger on this elusive gap. I thought about caring and compassion but they did not quite 'cut it' and then, one day, it occurred to me, it was all about worth, my worth, others' worth. How nurses valued others, how nurses valued themselves and how the organisation valued their contribution, or not.

Overview

In undertaking the process of a professional doctorate, my thinking has moved on, and alongside it, my emotions have rearranged themselves. I become less upset in some situations when I might have become quite distraught before. I am more able to contain unhelpful feelings so they do not overwhelm me, and I have become more compassionate with others and myself. In the process of this journey, to date, however, I have apparently confused and indeed alienated people through my 'self-initiated' and 'indulgent' change process. This makes me sad. It

appears, I have been able to 'help myself' to some extent, but in helping myself I have been unhelpful to others. It does seem as if there is a cost-benefit process taking place in the experience of moving my thinking forward. I wonder, if in order to undertake research, particularly autoethnographic research, we put ourselves into a 'particle accelerator' whereby we start to change, and change so rapidly that others have difficulty in keeping up, indeed, do we move away so rapidly that others can't keep up?

Conversations with my supervisors, friends and colleagues undertaking autoethnographic writing or study have involved metaphors about vanishing around corners, moving so quickly that I can't keep up conversationally or emotionally. This has felt unnerving at times, and abandoning at others. However, their thinking and rapid movement, has helped to shift *my* thinking, helped me to move my thinking on, but I have been willing to engage with the process, chase them around corners, run to keep up, and tolerate and manage the feelings of abandonment until they decide (or not) to wander back to see where I was. They have had the patience and willingness to help me 'catch up'; I hope this is something I might continue with others who might be interested in what I have to say.

During the course of undertaking this research, I have given my work to others for their comments, a reflexive iterative process (Kolb 1984) important in autoethnographic writing. I have discovered that I find it hard to *just* be observant of others' feedback or comments of my work, after all, my writing and their feedback is often evocative and I experience the new learning emotively. I have noticed that initially I had a tendency to get 'caught up' in my reactions - how I might feel about what I think, and how I might think and feel about what someone else has said about what I have written, rather than just observe with interest to see what I might learn or discover. Ellis (2004) comments that when engaged in autoethnographic research the researcher should "concentrate less on how the readers' reactions made them feel and more on what they could learn from their

responses" (p 21), and indeed the emotional impact has eased with time and I have learnt to embrace the process rather than fight it.

The chapters

I began by introducing the reader to my philosophical positioning, contextualising it historically and in relation to my chosen methodological principles. I contextualised the research with discussion about my selves underpinning historically my journey to the point where I chose to undertake this research. I discussed my early life and my development as a nurse, moving from student nurse, through being a staff nurse, a nurse psychotherapist and finally a tutor teaching other nurses in a psychotherapeutic field. I then presented the fundamental premise and context of the research: Evocative Autoethnography and Rhizomatic Conceptualisation, giving a brief history and critique of postmodernism and constructionist ontology and epistemology thus further underpinning and justifying the research stance, methodology and process in Chapter 2.

The study was undertaken using an evocative autoethnographic method(ology) and rhizomatic conceptualisation process. In Chapter 3, I discussed both methodology and process, justifying and critiquing the use of these very subjective constructs around which to structure the research. Through autoethnographic representation, I showed how evocative autoethnography and rhizomatic conceptualisation were the way in which the research was undertaken, the way in which the research is presented and *are* the research itself.

Worth and nursing are the subjects of the research, and the threads that run through this felted presentation. The constructs of each were used to theoretically underpin the research dividing discussion into Chapters 4, 5 and 6, Worth, Nursing and Nursing, the Organisation and Worth respectively. I then presented a 'process' chapter, Chapter 7 where I showed my 'working out'; a presentation of

the subjective, reflective, reflexive process that I had undertaken autoethnographically, and rhizomatically through the journey of my own worth and its relation to my selves as a nurse and person(s).

Throughout the research, I have sought to be faithful to the evocative autoethnographic methodology and rhizomatic process, while undertaking formal study at doctoral level. This thesis is therefore not presented in a standard format. I have discussed and justified my interest in the subject of worth and nursing; I have theoretically underpinned the discussion that has taken place and I have anchored the study methodologically. The 'data', 'data analysis' and discussion on the findings, *are* however the methodology and process. The methodology becomes the data becomes the data analysis becomes the methodology becomes the process. Presentation of my findings has therefore been littered throughout the research in the form of pieces of narrative, pictures, and some poetry and prose. Although I have not directed the reader towards a meaning, I hope to have provided pictures, which, meaningful for me, evoke some of the emotions, cultures, and constructs about which I am speaking in the nearby text.

The notion that texts are either readerly, that is, attempts are made to restrict the number of meanings that could be drawn from the text; or, alternatively, writerly; texts are written in an unpredictable way, forcing the reader to bring themselves to the story by way of making meaning (Barthes, 1977; Rolfe, 2000; Walford, 2004; Gannon, 2006; Childers, 2008) is an unhelpful distinction. This research has been undertaken and presented autoethnographically and rhizomatically, so it will move and change and go off in different directions. However, I also have core themes, which run through the work. There are gaps, not deliberately left for the reader to be 'forced to fill them in with their own experience' but left because that is the nature of autoethnography, it will always be incomplete. The gaps give the reader opportunities and spaces to think about what is being written. It is the space between reader and writer, the space between the two (Gale and Wyatt 2010).

My learning so far?

Through undertaking this study, I have learnt that so much of my worth is bound up in relationships, as I often obtain my measure of worth by the response of others. I once believed that if I was clever enough and successful enough in my role, I would get recognition for the hours and effort I put in. That if I was empathic enough, skillful enough and cared enough about the distressed people I work with then they would 'get better'; however, I have learnt that this might all be naive fantasy.

However 'good enough' I am, I may never be 'good enough' in the eyes of others. My measures of clever enough, empathic enough, or attractive enough might not be others' measures - our scales might just not be the same, the people I work with might not 'get better', and, after all, worth is just a construct.

I have also learnt that the concept of worth for me cannot just be corralled into the world of mental health nursing. I experience many selves in many different cultures and contexts, I cannot separate my selves one from the other, I am them all, and others that I have not spoken of. My sliding scales of self-worth move in and out of my various selves, at different times, in different contexts, so what I have written, I have written about me(s), and that may be me(s) the nurse(s), or me(s) the non-nurse. Arguably however, all these me(s) overlap, meet, crossover and touch like a dynamic Venn diagram, constantly moving, shifting and changing rhizomatically. So this research is not just about my experience of the concept of worth *within* mental health nursing, it is without it too, alongside, behind and in its foundations. Although I started with some insight, through the reflecting and reflexive writing required in undertaking this study, I have become more aware of the way in which my judgment can be skewed and my perception biased towards finding evidence to support the 'truth ' of my lack of worth. I have also learnt that I am a sucker for intermittent reinforcement, all it can take at times is for someone to make me feel worth it, just occasionally, and I will keep going back for more.

I also have learnt that this is unhelpful.

The idea of writing autoethnographically is that the reader thinks with the story, and in thinking with the story, their thinking moves and changes. My idea was that in thinking with the story, nurses might reflect on their own worth and any associated unhelpful practices, and do something differently. Writing and reflecting have moved my thinking on, and ethically; I should not be suggesting that others could do something if I am not prepared to do it myself. Therefore, alongside learning that some of the ways in which I think are unhelpful, I now need to be reflexive. I need to think with my story and as my thinking has moved, so I need to change my behaviour and practices.

So perhaps a better research question might have been

> How do I experience the concept of worth within the varying selves of me-Lydia, mental health nurse, mother, psychotherapist, partner, teacher, friend, etc…?

A final word

This thesis will remain unfinished. It does not have the last word in defining worth, where worth fits with nurses, or where worth fits with nursing and the organisation. I have often talked with students about the structure of their essays or dissertation, suggesting that it begins by introducing a concept, and then it continues through discussion, theoretical underpinning, and explicit ownership of opinion through critique, synthesis and justification of the argument being presented. I then suggest that the student draws 'all of the above' together with a flourish and a metaphorical bow. I imagine in my mind a small drum roll or Taadaa! when I reach the end of their work, and have often sat back satisfied that they have produced a 'complete' package that fits its academic remit.

This research is not the same. Although, arguably it contains the ingredients of concept, construct, discussion, theoretical underpinning, ownership and justification, I will not finish with a triumphant declaration that I have discovered the answer, thus reaching the end of the journey. This research is dialogic; it is a conversation between the people who read this work and me. Within this conversation I might seek to influence the direction of the readers' views towards worth and nursing but I cannot know if that direction is influenced, and if so how. The reader will make of this what he or she will (Frank 2005), the text being both readerly and writerly (Denzin 2003). This idea is not new, all research will be 're-authored' by the reader (Barthes 1977), and this is no exception.

This thesis was written within time and context, and will be read in time and context.

> *"Instead, the meaning of any present story depends on the stories it will generate. One story calls forth another, both from the storyteller him or herself, and from the listener/recipient of the story. The point of any present story is its potential for revision and redistribution in future stories. This principle of perpetual generation means that narrative analysis can never claim any last word about what a story means or represents. Instead, narrative analysis, like the story itself, can only look toward an open future."* (Frank 2005)

"So" he said, "will getting a doctorate actually make you 'Good Enough'"?

"I don't know", I said, "it's not about 'getting a doctorate', is about making a contribution, making a difference. That has remained my theme throughout my nursing career, to make a difference, a difference that might just have a helpful impact on people's distress."

"Well couldn't you do that being a staff nurse on a ward, instead of having to go through all this stuff?"

"Maybe… initially the idea of being able to talk with someone, give an injection, dress a wound was enough, but it quickly became not enough. I felt

bound and stifled by rules, procedures and quite frankly, the limits of my knowledge and understanding of how things were, how people worked. So then I needed to specialise, learn more, then it was teaching. Teaching other nurses how to make a difference. So maybe now I can contribute in another way. Perhaps in undertaking this research, and disseminating what I have found, then I can help nurses to take another look at their own worth. How their self-worth affects the interactions they have with those around them, how their worth might be affected by the people with whom they work and how the organisation can have an intrusive impact, contextualising their interactions, shaping them and moulding them, at times unhelpfully and at times prohibitively."

"Sounds quite grandiose for someone who doesn't think much of themselves"

"Perhaps it is", I said.

"Ok, so has it been worth it, if you get this doctorate?"

"I don't know about actually getting a doctorate, but in undertaking the research I do feel as if I have learnt a lot and that I think differently about nursing and myself now, so yes I think I have achieved something, and that this makes me think and feel differently about myself, I feel more worthwhile."

Epilogue

This Epilogue, true to the formation of the thesis, has been written and re written several times. The challenges that faced me undertaking the research and writing it up, have cropped up again in trying to bring an end to the thesis. I had wrestled the thesis into a 'finish' although was still writing it in my head, and I found that after 'carrying it around' in my head and on my shoulders, when I finally printed it off and had it bound, I put a copy in my back pack and have continued to 'carry it around'.

I had (obviously) moved on by the time I came to take my Viva, and have continued to move on. Thus these challenges that occurred while writing the thesis have continued with this epilogue.

The ethics of continuing to write myself, while trying to stay sane

I found I had put my (lack of) worth over there propped up against the banister at the bottom of the stairs. I knew it was there, I walked past it frequently on the way up or down stairs, but sometimes I would go away for a few days and I could forget about it being there.

After the Viva I wasn't quite sure what to do. I wrote:

> *It has taken me 24 hours to tell people, and I've done this gradually, face to face, text, facebook. Those I have told have been lovely, congratulatory and delighted for me.*
>
> > *"Well done Dr Turner! ☺"*
>
> *However, I still don't know what or how to feel. Yesterday at the exam, I found it hard. I cried and felt foolish, thick and stupid. I suppose I hadn't given it (the idea that my worth was to be examined alongside my written work) too much conscious thought, in fact I had probably avoided the idea that if I was to be examined on a doctoral thesis that used autoethnography*

(reflective, reflexive and rhizomatically processed) around the subject of worth, then I was inevitably going to be examined on my worth. So there I was slap bang in the middle of the table, exposed not only in the careful way I had eked myself, or directly inserted me(s) in a bold, but thought through (can I expose this to the world) way, but suddenly, stripped bare, my worth(lessness) for all to see, and I cried. What made it worse was the complimentary comments, I was uncomfortable, and unskilled in receiving and knowing what to do with these comments.

I think this was when I propped it up by the stairs. I didn't know what to do with it. I had had enough of thinking and writing about it and my lack of it. I suppose I had secretly wondered whether passing my viva might make me feel 'worth it', and it occurred to me that (God forbid) undertaking the doctorate was partly driven by one of my measures of worth-shameful little secrets. And anyway, my lack of worth was still hanging around, and I was a bit tired of it.

What to leave in and what to take out

The endless, write and delete and write and copy and paste to another document somewhere else for later. I write the ending to this story and then I get side-tracked, or maybe not, perhaps my thinking evolves rhizomatically around the subject, perhaps that is part of the difficulty, staying on subject. As I write this now, I am not sure that what I have written here, before or after this will stay or go.

So what do I feel is the 'worth' of the thesis in both personal and professional terms.

One of my sons asked me, "was it worth 4 ½ years of typing and typing and typing and typing and typing and just typing……"

This is a good question. As I have asked myself this question the answer has changed and the question has mutated.

Professional worth

I feel more confident in the worth of the thesis in professional terms. I recently delivered a short presentation on my (completed) thesis at a doctoral conference. I thought with (or rather in front of) the audience about how to share what I had found out.

> In thinking about the relevance and implications for nursing practice since finishing the work, I have found that my thoughts have easily strayed from 'what the relevance and implications of the work are' to how will I disseminate what I have found out. My mind wandering off to muse on articles, and conversations, journal papers, how I might present myself at meetings and in front of a class of nursing professionals now. I have daydreamed about 'selling the rationale for my book to publishers', talking with student nurses about its contents and have been aware of trying to 'be with authority' on occasion, in front of academic colleagues. All this assumes a worth to the work. I have quickly moved from what is the relevance and implication, to assuming a relevance and implication and thus a need to disseminate. An interesting turn of events.

I had a conversation with a nursing colleague the other day.

> *"I've got nowhere to sit now, I haven't even got a desk, just a small locker, where am I supposed to keep all my stuff?"*
>
> *I made an empathetic noise. "It's tough at the moment isn't it, I know the directors are 'hot desking too', I guess there have got to be savings"*
>
> *"But we can't work under these conditions, where am I going to keep all my papers and journals and questionnaires".*
>
> *"Perhaps some collective shelf space in the team office", I ventured tentatively.*
>
> *"But someone might steal them".*

I could feel my patience starting to ebb away. "I'm sure they would be safe", I said reassuringly.

"Well it's not good treating us this way, not one ever tells us anything" he mumbled and turned on his heel to walk away.

An unhappy disenfranchised nurse. I wondered how much he had been told about trust strategy and structure, or maybe he had been told but didn't think it applied directly to him. Maybe he could have found out, or maybe he expected to be told. Where does self-worth become entitlement, or entitlement become a symptom of a lack of worth.

Anecdotally, my experience is that nurses have lacked inclusion in decisions about the organisations in which they work, about policies and procedures. Suspect 'consultation processes' where the conclusion is forgone, and any 'consultation' is entered into with a 'learned helplessness' (Seligman, 1974) thus furthering the apathy nurses may feel in being able to be 'listened to'.

"It's easier to just keep quiet isn't it", he said looking at his feet.

I had arrived breathless after running up three flights of stairs to find out what had happened following his meeting with the director. He was sitting on the wide Victorian windowsill in the stairwell.

"How come? You brought the matter to his attention, there was a problem and now he knows, and something can be done about it". I suggested.

"He's not interested, all I've done is cause him more hassle now. To quote him directly, why did I come to him with this matter when I knew the implications".

"Er….let me see… because perhaps you had tried to sort it out for weeks and had got nowhere??" I was getting angry now.

"Like I said, he's not interested, he doesn't want to hear, he suggested I keep my head down and be glad that my job wasn't at risk".

I wonder if while anyone buys into the notion of putting up and shutting up, nothing changes. And if the nurse or the person or one of 'me(s)' speaks out and is shouted down, silenced, shut up, through games of power, designed to silence and keep the status quo, then nothing **will** change. Cycles of worth and power, maintain worthlessness and power. It's easier to keep your head down. Not keeping your head down will have consequences, if you buy into the power game, those consequences might not be great, but then again, how might they be if you don't buy into the power game.

Perhaps this is where this research comes in. Perhaps if nurses have the opportunity to think alongside my thinking and writing then they might decide to think about themselves and the way in which they behave differently. They might seek alternative ways of acknowledgement and recognition, they might treat others and themselves with more respect. They might be inspired to undertake further education or training in their field. They might decide they have some choices.

Personal worth

Worth, or my lack of it is something that I have beaten myself senseless with for so long now but I've never really succeeded in shifting how 'I' feel. Even that phrase doesn't work anymore. I guess there are times and moments when worth as a subject or an issue fades into the background, unfortunately, however, it still hangs around (boring and tedious, my little shameful manacle), and I end up with evidence that supports its truth. There is always evidence to support its truth – if I look for it. I wonder what sticks it to me(s) and me(s) to it. Maybe it's too visceral to really explain, too painful maybe, perhaps I simply don't have the words. As we know though, it does 'stick me', it causes me to become stuck. Like wading through the squelchy mud at the bottom of a ditch picking celandines, at some points your boots get stuck and you fall forward, hands landing in the stinging

nettles. I often have stung hands; perhaps it's time to hang up my wellies, my light cotton short sleeved dresses and stop wading in ditches, maybe I should pick my celandines elsewhere or just buy carnations from the supermarket instead.

My experience of being an author

In my viva I was asked to comment on my literary style. I had not anticipated this question as I hadn't thought of myself as actually having a literary style. I try to write authentically, that is, my writing style reflects the me I am at the moment in which I am writing. My critic's, the other me's that look over my shoulder make judgments about form, my poor grammar and spelling and about being self-indulgent in the content of my writing. My writing is heart and image led, I try to convey feelings and the pictures in my head that go with the image, a way of translating a performance or multi-dimensional description, it's me waving my arms around trying to 'get' you to experience (close to) what I experience.

The way I write has been influenced by others, many others. Poets, classical authors, songwriters, academics, people I love, people I dislike. The way I write is influenced by music, and colours, sounds, films, art, and texture.

> "I am using these other voices to say me." (Gale and Wyatt, 2010, p60)

And finally….

In summary, the research and constructing the thesis has worth in terms of helping me to understand more about how some of my 'me's' get stuck in unhelpful patterns of thinking and behaviour when my lack of worth and unimportance 'stuff' becomes triggered. Through reflectively and reflexively writing about 'being' has, and does, give me a 'third eye' through which to observe and try to

make sense of my ‘me’s’. Professionally, it has helped me recognise when and where these unhelpful patterns occur in my working roles and how they interfere with some of my more functional selves.

The original premise of this research was to provide an opportunity for nurses to ‘think’, reflect and perhaps experience, alongside my stories about their own ways of being both personally and professionally. They might discover some things about themselves that they would like to address or change which might helpfully influence the way in which they practice professionally as a nurse. They might discover that some of their practices have become habitually led or that they buy into concepts of organisational power and as such, they would like to practice their nursing in a different way.

I would like to think that some of what I have written will resonate in some way with my professional nursing colleagues, but there are no guarantees, it might not.

I have also discovered that I could probably go on writing and adding to this thesis ad infinitum so I am going to stop now.

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