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Autoethnography as 'Valid' Methodology?

A Study of Disrupted Identity Narratives

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Abstract

Despite its burgeoning popularity in recent years, autoethnography is still considered a contentious, even a 'self-indulgent' genre, at least within some quarters of the social sciences, where it is viewed as more akin to 'navel-gazing' autobiography than to rigorous social scientific research. This article considers some of the advantages and challenges of working with a variation of the genre – a *collaborative* autoethnography. Our research project examined from a sociological perspective disrupted athletic identities occasioned by long-term sporting injuries. Whilst not a narrative analysis *per se*, we examine here some of the narratives (spoken and written) co-produced during the process of injury and rehabilitation. Such narrative activity facilitated sense-making at the phenomenological, interactional and analytic levels, and helped counteract the threat of identity disruption caused by long-term, serious injury. The article considers the potential of the autoethnographic approach for providing unique insights into lived-body experiences, and concludes with a discussion of just some of the ethical issues arising from this methodological approach.

Key words: autoethnography; ethics; narratives; sporting injuries

Introduction

Despite its burgeoning popularity, autoethnography is still considered a contentious, even 'self-indulgent' genre, at least within some quarters of the social sciences, where it is viewed as more akin to 'navel-gazing' autobiography than to rigorous social scientific research. For others, it represents an innovative variation of ethnography, where the roles of researcher and participant coalesce and the researcher's own experiences *qua* member of a social group are subject to rigorous analysis. This article considers some of the advantages and challenges of working with a variation of the genre – a *collaborative* autoethnography – which examined disrupted athletic identities occasioned by long-term sporting injuries.¹ Whilst not a narrative analysis *per se*, we examine here the potential of autoethnography by giving as an example the narratives we constructed around our injured and rehabilitating sporting bodies. The article is structured as follows. The autoethnographic approach in general is first described, including criticisms surrounding issues of 'validity' and 'legitimacy'. The specific project and methods are then portrayed, before the analysis moves to consider the potential of the genre for portraying lived-body experience, by examining some of the key narratives emergent from the study. We also identify some ethical challenges arising from autoethnography, including within our own project.

Autoethnography

Autoethnography, in common with its ethnographic parent, is a particular research strategy underpinning the use of specific methods. Gaining more

¹ Some of the data used here originally appeared in an earlier publication (2001) and are quoted with permission.

widespread usage and acceptance within the sociological and anthropological communities in the last two decades in particular (see for example: Hayano, 1979; Ellis, 1997, 1999; Reed-Danahay, 1997; Sparkes, 2000), the development of the genre received considerable impetus during the 1980s when qualitative researchers engaged in fundamental questioning of the ways in which research accounts were constructed. One of the consequences of this 'crisis of representation and legitimation' (Denzin & Lincoln, 2000) has been the flourishing of new modes of research and writing.

Autoethnography is one such mode, nowadays spanning a range of forms, from 'analytic' autoethnography to more 'evocative' (Anderson, 2006) forms, although such a categorical distinction has also been problematised (Ellis & Bochner, 2006). In general terms, however, autoethnography has been posited as an autobiographical genre of writing and research (Ellis & Bochner, 2000: 739), which examines the dialectics of subjectivity and culture, albeit with differential emphases on the various elements of, respectively: the self (auto), the socio-cultural dimension (ethno), and the research process and its representation (graphy) (see Reed-Danahay, 1997). Often distinguished from autobiography by its detailed and systematic examination of experiences within the researcher's life that aim to illuminate wider cultural/subcultural aspects, one of the distinctive features of autoethnography as an investigative process lies in its efforts to combine detailed fieldnotes with 'headnotes', the researcher's highly reflexive account of engaging with the research process.

For some, this means that autoethnography is not so radically divergent from its ethnographic parent, for ethnographers have traditionally sought to operate reflexively, subjecting to analysis their involvement in the social worlds they study, making ethnography 'highly particular and hauntingly

personal' (Van Maanen, 1988: ix). One of the key features distinguishing autoethnography is the requirement for the researcher's own narratives to be 'written in' (Tedlock, 1991), explicitly, in rigorous and analytic fashion as a central, fundamental and integral part of the research process, rather than as a subsidiary, confessional 'aside'. Some autoethnographers have also sought to engage with different styles of representation, such as poetry, ethnodrama, fiction and performance autoethnography (Spry, 2001). In terms of new forms of writing, as Richardson notes: 'Writing is also a way of "knowing" - a method of discovery and analysis. By writing in different ways, we discover new aspects of our topic' (1994: 516). Autoethnographic narratives often contrast starkly with more traditional forms of much social-scientific writing, on a whole series of dimensions (see Ellis & Bochner, 2000: 744), including the questioning or abandonment of the researcher/researched distinction, and attempts to write evocatively, emotionally and emotively. These present a direct challenge to conceptualisations of the researcher as a neutral, 'objective', distanced observer.

Taking up the challenges of this relatively novel strategy, researchers across various disciplines have produced a myriad of autoethnographies ranging from reflections on: undertaking fieldwork (Duarte & Hodge, 2007), taking swimming lessons (Rinehart, 1995), being an Olympic rower (Tsang, 2000), illness and injury (Tiihonen 1994; Sparkes, 2003; Denison 1999; Silvennoinen 1999; Allen-Collinson and Hockey, 2001) to, perhaps inevitably, doing autoethnography itself (Ellis & Bochner, 2006; Wall, 2008). The genre is not without its critics, however, particularly in relation to questions of 'validity'.

Criticisms, issues of validity and legitimisation

Even well-established qualitative research methods continue to encounter resistance, as Wall (2008) notes, because they do not adhere to traditional research criteria. Highly personalised methodological approaches such as autoethnography are even more 'suspect' not least because of their blurring of the researcher/subject boundary. The use of self as data source has led to criticisms of autoethnography as self-indulgent, navel-gazing introspection and highly individualized (Holt, 2003). Further, writing in such a personalised and emotional style challenges the old orthodoxy of researcher as neutral, 'objective' and textually absent, leaving the autoethnographer vulnerable to charges of being 'irrational, particularistic, private, and subjective, rather than reasonable, universal, public, and objective' (Greenhalgh, 2001: 55).

The 'crisis of representation' raised corollary issues of legitimisation, and judgement criteria in general. Critics regard autoethnography as problematic due to its failure to meet the 'holy trinity' (Sparkes, 1998: 365) of traditional criteria: validity, reliability and generalisability. This can of course have implications for the acceptability and 'publishability' of autoethnographic accounts by academic journals, and thus for research careers (see Macdougall, 2007). As we, and many autoethnographers (e.g. Sparkes, 2000; Holt, 2003; Wall, 2008) can testify, the credibility of the genre as scholarly work has often been subject to severe contestation by reviewers and editors. For if a research account is explicitly posited as the author's own perspective, a personal, individualised interpretation of what has occurred, constructed via the researcher's craft of writing, and an emotional, engaging, evocative, rather than putatively 'objective' account, then many of the conventional criteria for evaluation of academic research seem woefully misplaced. Writing, it is now

recognised, is an integral feature of the research enterprise, and there can never be 'a neutral, innocent report since the conventions of the text and the language forms used are actively involved in the construction of various realities' (Sparkes, 2002: 12). It makes little sense therefore to attempt the 'measurement' of the account against the 'reality' it portrays, in terms of traditional criteria at least.

Under the onslaught of trenchant critiques, traditional criteria for evaluation have been highly problematised, so that taken-for-granted terms like validity, generalisability, and reliability have been subjected to scrutiny and scepticism. Given the distinctive epistemological and methodological foundations of autoethnographic research, its judgement via criteria derived from positivistic or post-positivistic social research is somewhat nonsensical. So, the question arises as to what criteria might best be employed to judge autoethnographic accounts, and indeed other forms of qualitative research. Various alternatives have been proposed, for example, that the conventional criteria-triad be replaced with substitute criteria such as credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985: 42-43). The philosophical contradictions of this 'parallel perspective' (Sparkes, 1998: 366) have in turn been critiqued (Smith, 1993), and a whole raft of different, open-ended, flexible criteria has been proposed, such as verisimilitude, authenticity, fidelity, believability, congruence, resonance, aesthetic appeal, to name but a few. Other autoethnographers, writing at the more 'analytic' end of the autoethnographic spectrum (e.g. Duncan, 2004) argue for the retention of certain traditional criteria such as construct validity, external validity and reliability, alongside more specific criteria like 'instrumental validity'. The context-dependency of criteria selected needs to

be emphasized, with a reminder that these are of course historically, culturally and socially situated, and therefore, as Smith (1993: 139) notes, subject to review, interpretation and re-interpretation over time.

Whilst our own contribution might also be placed at the analytic end of the autoethnographic continuum, one of the principal aims of the research has nevertheless been to convey, as accurately and *evocatively* as possible, our lived experience of the emotionally-oscillating injury and rehabilitative journeys, to share with readers feelings and emotions, and hopefully to make an empathic connection. Commensurate with the autoethnographical spirit, we now provide some relevant 'accountable knowledge' (Stanley, 1990), as to the genesis of the collaborative project.

The research project

We are two non-élite, but 'serious' middle/long-distance runners with an athletic background of distance running and racing requiring a commitment to training 6 or 7 days a week, sometimes twice daily, for 21 years (first author) and 41 years (second author) respectively. We are thus 'veteran' runners and our degree of involvement mirrors Stebbins' (1992: 6 *et seq.*) concept of 'serious leisure', involving: perseverance, progressive improvement (generally), significant personal effort based on specially-acquired knowledge and training, durable benefits (such as health and fitness), a unique ethos or idioculture, and a tendency to identify strongly with the chosen pursuit. All six of these dimensions are reflected in the biographies of both authors, for whom enforced withdrawal from the serious-leisure activity was consequently a severe challenge to identity.

By a strange coincidence, one year we both suffered serious running injuries during the same week of winter training, stumbling into wind-fallen

debris in the darkness. It quickly became apparent that our injuries were not the normal niggles that plague the serious runner, and consequently we rapidly arrived at a decision systematically to document our experiences, the principal motive being to achieve something positive out of ill-fortune. We planned to undertake a joint study of the injury and subsequent rehabilitative process, which turned out to be a period of circa two years for both of us. In this sense, it was one of those unhappy accidents of current biography which gave us access - physical and psychological - to the research opportunity (c.f. Lofland & Lofland, 1985: 11).

In terms of systematic documentation, we were used to keeping training logs to record details of timings, distances, terrain type, weather conditions, health and so on, and replaced these with 'injury-rehabilitation logs', to record individual and collective engagement with the injured state, and attempts to regain sufficient fitness to run again. We thus each constructed a personal log, whilst in a third, joint analytic log we synthesised emergent themes and reflected together on our experiences, and on the research process itself. In addition to keeping fieldnotes, we carried around micro tape-recorders, which also accompanied us on visits to some health-care practitioners such as physiotherapists, and a knee surgeon. We transcribed recordings as soon as practicable.

In creating the joint analytic log, we utilised a method akin to the constant comparative method (Glaser & Strauss, 1967), although on a much less formalised basis. For example, if one had documented a particular analytic theme, we would check with the other for any similar emergent themes, exploring congruences and differences. We thus acted as the recipient and co-producer of data and analytic explorations, providing regular feedback

and critique as the research progressed. We now briefly present some of the key narrative strands that emerged from this study, coalescing around: the suffering body, sacrifice, pilgrimage and quest, and finally empowerment. Although the narratives are presented within a chronological structure representing the 'career' of our injury journeys, it should be noted that in reality many of the narratives were overlapping and intertwined, re-emerging at different points in the process, so the linearity of the textual representation does not reflect our actual lived experiences.

Narratives of the suffering body

... there was the "awful week" when we were both stopped literally in our tracks. On Tuesday she stumbles over foliage and stubbornly limps through the remaining mileage, whilst on Friday he ends up slipping on a mud patch and shuffles tentatively home, swearing profusely. We tell each other to 'do the right thing', 'be sensible'; so we lower the intensity of the training, consume anti-inflammatory tablets, and for the next month we stagger and wince our way through the usual training mileage. For us, this reduction in training constitutes being 'sensible'. We still need to 'put in the miles' in order to feel better after the stresses of the working day, to sustain the fitness levels and above all else because this is what we do, and in a fundamental way this is who we are. (Joint Log)

As distance runners, we were long-habituated to corporeal discomfort and duress from the usual fatigue of completing training of high mileage and intensity in order to compete effectively, and also to sustain general running fitness. The knee pain was, however, a very different experience, especially as over the next month the pain increased, beginning to affect us during walking,

sitting and even sleeping. During this period, narratives of suffering emerged as the predominant form, as we described, conferred over and compared the physical pain. We observed each other anxiously – alarmed and frustrated by feelings of impotence, unable to help, yet simultaneously also plagued by pain. In the logs we railed against the knees and their ‘defectiveness’; we felt grounded - metaphorically and physically, with our running biographies disrupted and disconnected. Comparing the non-running present with the ‘gloried’ past brought psychological pain, as the second author recorded:

This knee fiasco means I contrast now with the past and it’s painful to have sunk to this level of being a ‘crock’, but also strangely because as I am now not running it is as if I have been disconnected with the past, it feels as if I never ran like that somehow. I know I did but it’s hard given the present state to believe I did and that’s painful losing that surety.
(Log 1)

Narratives of sacrifice

Our narratives of pain and suffering were often intertwined with tales of sacrifice, for prior to the injuries our working days had been tightly structured and constrained, primarily by having to fit training around the demands of paid work:

The alarm rings at 6.30 am and we haul ourselves into each working day, rapidly shovelling down breakfast cereal, gulping hot tea, grabbing our sandwiches and driving to work in somnolent state. At the end of the hard working day, we speed home to prepare the evening meal, slam it in the fridge, and then rapidly haul on the running gear... We mutter to ourselves ‘maintain momentum’, for the clock is running and any small

delay, such as stopping for a cup of tea, or even answering the door bell, will result in reduced mileage that evening, so we must MOVE!... Post running, we must focus on rehydrating the body, stretching weary muscles, and then consuming a carbohydrate-rich evening meal... No chance to digest our dinner at leisure as we sprint off to wash dishes, manufacture tomorrow's packed lunch and take a speedy shower. With luck, there is enough time to unwind a little before we fall into bed. (Joint log)

This was our daily workday routine, and just as time had to be regulated and disciplined in order to squeeze training into the interstices of the workday, so too were our bodies regulated and transformed over decades of self-imposed disciplinary practices into the characteristically lean forms of distance runners. As our bodies had become habituated to the fatigue levels engendered by serious training, our running minds too had grown stoic in relation to the habitual physical rigours. Such corporeal and mental discipline of course required regular and ongoing sacrifice in the face of a constellation of cultural, social and leisure temptations. A month into the injury process we hit a collective low point, acknowledging that on a whole panoply of indicators our attempts at maintaining the running had failed; if anything the knees had become more dysfunctional. Forced to concede defeat, despite our sacrificial offerings, in desperation we decided upon a new course of action: a quest to find professional medical help for the injuries.

Narratives of pilgrimage and quest

Whilst the medical practitioner route might seem an obvious one, it should be remembered that in Britain, the National Health Service (NHS) rarely provides sports medicine, and the low quality of much NHS treatment for sports injuries

has obliged many non-professional participants to pay for expensive private health services (Howe, 2004). Despite having full-time jobs, the cost of private health care insurance was prohibitive for us, and so health practitioners such as physiotherapists and sports therapists were indeed a last and expensive resort. At this point in the research project, narratives of quest (c.f. Frank, 1995) and (secular) pilgrimage abounded in the data, as we sought to convince ourselves of the necessity of finding a decent healthcare practitioner. We began to recount stories of injured runners who had discovered the 'right' person. On recommendation of fellow sportspeople, after finding treatment at a local sports injuries clinic to be totally inadequate - indeed actually exacerbating one of our conditions, we both attended a centre of excellence specialising in knee injuries, in order to undergo diagnostic scanning via a Magnetic Resonance Imaging (MRI) scanner. During the wait in the scanner annexe, we worked to substantiate the narratives of pilgrimage; we were anxious but cautiously optimistic, eager to proceed and obtain results, as indicated by a fieldnote:

Sitting in the *inner sanctum*, with the knee immobilised and encased in a strange apparatus within the scanner, which hums incessantly. I must keep the knee still at all costs - for a full hour - and I'm anxious to do the right thing. The technician is friendly but concentrates on his console, monitoring the machine, watching the screens, giving nothing away. I can just glimpse some of the images out of the corner of my eye. Strange to think that those dark, inner, secret, recesses of my body will soon be graphically illustrated. A sense of excitement fills me, but also nervousness. What will be revealed? (Log 2)

Narratives of empowerment

Unfortunately, the narratives of medical pilgrimage and quest proved unsustainable, for the outcome of the MRI scan - and indeed all the other medical interventions we underwent - was inconclusive, leaving us angry, frustrated, despondent, still in pain, and with no clear direction for recovery, given our complete loss of (misplaced) faith in the medical profession. This anger, however, proved to be a positive source, driving us out of the depths of despondency, and making us all the more determined to 'come back' with or without medical support. We were determined not to lose the connection with our running biographies, having too much investment in our running identities (Allen-Collinson and Hockey, 2007) to abandon these, at least without a battle. We decided to seize control, take charge, and try to resolve our medical problems. From that point, narratives of empowerment began to emerge as we started carefully and with cautious optimism to draft rehabilitation programmes, including retaining our ring-fenced 'training time', first in order tentatively to walk, then to jog and eventually to run. We also devised programmes progressively to strengthen the supporting musculature of the knees. Gradually, almost imperceptibly as we trudged through the darkness, month after wintry month and then into the longer spring and summer evenings, the pain became more manageable and then began to subside. Adhering to our strict dietary regimen required of us considerable self-discipline and willpower, but the new programmes slowly began to pay dividends in terms of both functional fitness and running identity:

I noticed today that it's 4 months since we have run. What's interesting is that neither of us has put on any extra weight, so whilst at the moment we can't run or even jog, we still look like distance runners. That helps

because I can still see myself in the mirror and not someone else... I know I can't run at the moment, I know I'm totally unfit for running, but it looks as if I am still running. That's comforting because objectively I know when I start running again the experience will not be as hard as if I were carrying surplus poundage. More importantly, I feel I am still here. I can see my running self. (Log 2)

The whole rehabilitative process took almost two years. Having seized the momentum and taken charge ourselves, we sustained ourselves with narratives of empowerment, determination and progress. We used the past as a yardstick against which to measure the present: whenever our progress faltered or a set-back was encountered, we reminded each other of the times when we could barely climb stairs or ascend a tiny slope. Upon achieving a programme goal, we ritualistically marked the milestone, often via the oral gratification of visiting a favourite haunt to consume some culinary treat, thus giving rise to the celebratory 'bread pudding' narrative, where proof of our progress was in the very eating.

This then is selection of just some of the narratives emergent from our collaborative project. To conclude the article, we finish with a consideration of some of the ethical issues confronting autoethnographers.

The ethical dimension

In terms of the challenges faced by autoethnographers, the ethical dimensions are noteworthy, but, as Wall (2008: 49) notes, have scarcely featured in the literature, resulting in a dearth of guidance for those grappling with autoethnographical ethics. Although writing about one's own life and

experience may at first glance seem relatively devoid of ethical worries, thinking beyond the traditional remit of institutional ethics committees reveals some thorny ethical dilemmas. The ethics of representation are particularly acute, for as autoethnographers we need to be concerned about the ethics of how – and indeed whether – we represent certain others within our accounts. Concerns surrounding anonymity and potential identifiability of co-participants can loom large (see for example, Jones *et al.*, 2006). Additionally, as Wall (2008: 49) highlights, there are questions of how to ‘use’ another person’s life to tell our stories. In the case of our own co-autoethnography, we made sure to check carefully with each other as to what was included in (and excluded from) academic papers, whether sole- or co-authored. We did not, however, seek the same assurances from other participants, such as the health-care professionals whose services we found so wanting (Allen-Collinson and Hockey, 2001) and other ‘bit-part actors’, such as irresponsible dog-owners who feature in our narratives with somewhat negative connotations (Allen-Collinson, 2008).

As Wall (2008: 41) also emphasizes, taking forward Ellis’ (1999) discussion of the autoethnographer’s vulnerability, representation is not just about others, for autoethnography also confronts the author with ethical dilemmas regarding appropriate presentation of self, and how much biographical information and ‘self’ to reveal. In our case, matters were to some extent mitigated by our ability to discuss and make decisions jointly, but this autoethnographic partnership also presented its own problems. If one of us was happy to reveal personal information, for example, whilst the other was not, then at times extended discussions were needed to resolve dilemmas, not always to mutual satisfaction. Like Wall (2008) we also experienced anxiety

about self-representation and the potential effects upon relationships with families, friends, running-mates and work colleagues.

A final and related ethical point was our wish not to 'finalize' each other as co-participants, or to 'merge' with each other, but to engage in dialogical rather than monological research (Smith *et al.*, 2008), to 'converse' with each other and with the autoethnographic process in general (c.f. Wall 2008: 40). As Frank (2005) reminds us, whilst all conversation and stories fall on a monological-dialogical continuum to some extent, there are differences of practical concern for researchers. So, for Bakhtin (1984) and Frank (2004), monologue is a self-narrative that believes itself to be self-sufficient, telling what the speaker knows and the listener must learn. Of specific interest to us as co-autoethnographers is the concept of monologue as a self-narrative seeking, explicitly or implicitly, to *merge* with the other, assimilating the other into the narrator's self, and abridging difference and distance. According to Bakhtin (1984), dialogical speech and writing involve abandoning the (albeit comforting) illusion that we can, often out of the best intentions, merge with another person.

Bakhtin's (1990: 102) example of suffering is apposite to our narratives, for he reminds us that the other's suffering, as co-experienced by us is nevertheless essentially different. Thus, we can never truly merge with another person and presume to know exactly how s/he feels; we must acknowledge and respect differences and preserve some distance. This does not, however, mean that research efforts at empathizing should be abandoned, as such imaginings of another's experiences constitute an important component of much qualitative research. We must, nevertheless, maintain critical reflexivity and guard against assuming that we can effectively

empathize with the other by *merging* with them, for this may serve only to project our own thoughts on to another person, rather than recognizing their own distinctive experience. This was a key issue for us as co-runners/co-researchers who empathized deeply with the pain and injury each other was suffering. A fieldnote of the first author testifies to such empathy, and dilemmas surrounding merger between self and other:

We attempted a very small incline for the first time, just to test the knees a little to see if they would cope with the slope... then suddenly J had a vicious, stabbing pain in his knee which forced him to pull up immediately. [J is] Understandably furious... Really concerned about J, he was obviously in pain, absolutely livid and it could have set him back weeks... I didn't know whether to hug him or to stand back and give him some breathing space. Tried to be sympathetic, but also calming and supportive and positive. Took all my energies, but I know just how he feels...

J has been icing up the knee at regular intervals until the skin turns the requisite degree of pink. We are both incredibly anxious... 'It'll be fine, Bud, it's probably just a tweak and will settle down by the morning'. As soon as the words are spoken, though, I know they are more in faith and hope than anything. 'Let's hope so,' I add fervently so as not to frustrate him further. (Log 2)

The final statement of the first paragraph ('I know just how he feels') is an example of the dangers of merger, however well-intentioned, of presuming to know how another person feels, and to speak *for* them. Although her intention was to be 'sympathetic', the first author's reflections and self-doubt about the best course of action demonstrate awareness of the limits of empathy, a

respecting of mutual otherness, and the need for the second author to retain his own space, both physical and interactional. This self-questioning succeeded in maintaining some dialogical space between us. The sentence in the second paragraph, however: 'It'll be fine, Bud, it's probably just a tweak...' provides an instance of closing the dialogue and inadvertently 'finalizing' the other. Bakhtin (1984) and Frank (2004) contend that monological narratives seek to 'have the last word', to finalize other people, relationships and events, to speak *for* them, to close off other possibilities. Whilst well-intentioned in her wish to reassure and comfort her training partner, the first author's statement seems to close off the possibility of further discussion, to diagnose him and to speak *for* him, although she quickly realizes how problematic and potentially annoying her words are, and so re-establishes dialogue with the more open 'Let's hope so'.

Finally (or not!), dialogue involves giving up the belief of self-sufficiency, and acknowledging our human inter-relatedness, so that an individual's self narratives, 'are structured under the continuous influence of someone else's words about him [*sic*]' (Bakhtin, 1984: 207). In this way, analogously to symbolic interactionist theorizations of the self, we are viewed as fundamentally relational beings; no-one is ever entirely self-sufficient. An important consequence for us as autoethnographic researchers is that no individual person's story or indeed self is completely and entirely her/his own; the voices and selves of others intertwine with our stories, as Wall (2008) so evocatively recounts in her autoethnographic study of being an adoptive parent.

Concluding comments

The analysis of our autoethnographic data revealed a complex interweaving of narrative resources to contextualise and make sense of our injured bodies, and to sustain the momentum of self-healing. Of particular importance in sustaining this momentum was our narrative interaction, via which we did achieve a high degree of empathic intersubjectivity, whilst seeking to balance this with any tendency to 'merger'. Having the opportunity to give voice to our innermost feelings and emotions, and to be acknowledged and understood, was fundamental to our recovery. In effect, this narrative interchange and undertaking the collaborative autoethnography contributed to our remedial 'self-help' (Williams, 2003: 147), just as much as did the physical programme we devised. Undertaking the autoethnographic project helped us to make sense, psychologically, phenomenologically and sociologically, of an intensely difficult and emotionally-charged period.

One of the key aims of the autoethnographic study was to convey, as accurately and evocatively as possible, the lived-body experience of an emotionally charged rehabilitative journey, and hopefully to make an empathic connection with the reader. In addition, we were concerned to present, analytically and experientially, the ways in which we managed to sustain rehabilitative momentum, in the hope that this might help others suffering from analogous injury processes. In terms of 'validity', one of our central criteria for autoethnographic 'success' was met when a journal reviewer wrote of the high degree of empathic resonance s/he had experienced in reading our account. To have achieved such a writer-text-reader connection certainly 'validated' for us the decision to write the autoethnographic paper in a fashion that we both found challenging and in many ways unsettling vis-à-vis of our lengthy socialisation into sociological research

conventions where subjectivity and first-person narratives were traditionally deemed suspect. We hope that the 'autoethnographic fragments' (Sparkes, 2003) presented here furnish at least a brief glimpse into the potential of autoethnography as a genre that can generate distinctive analytic insights into embodiment.

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