Using autoethnography to explore and critically reflect upon changing identity

ANNMARIE JUDGE PRESTON

Abstract
Reflexivity is a professional requirement of the Adult Guidance Counsellor, with reflexive practice paramount to our work. From 2008 to 2010 I trained as an Adult Guidance Counsellor while working with an unemployed adult client group. During this time, I also journeyed through my first pregnancy. Towards the end of my training, I experienced a crisis, which led to a process of reflection and transformative learning. In this paper, I share personal writings from my learning journey, using autoethnography as a vehicle for reflexivity. Autoethnography is a research method that allows the author to write in a highly personalised style, drawing on his or her own experience to extend understanding about a social phenomenon. My reflections show a subjective change over time to the understanding of my changing self, and highlight the role of autoethnography as a reflexive tool for the Guidance Counsellors’ Practice.

Introduction
We must write about what we really prefer not to write about. It is not about presenting ourselves in a good light – in charge, competent, controlled, organised and so on, or how we might like to be seen. Rather it is about writing rich, full accounts that include the messy stuff – the self-doubts, the mistakes, the embarrassments, the inconsistencies, the projections and that which may be distasteful. It is about writing all of it.

Tenni, Smyth, Bochner, (2001:4)

‘My Story…’
On November 4th 2008, the world changed, as Barack Hussein Obama became the first African American to be elected as president of the United States of America. I lay on my bed watching the TV footage for hours, unable to sleep, late into the night. ‘Change’, the reporters kept telling me, ‘Change has come’!
On November 4th 2008, my world had changed. I had just had confirmation from my doctor that I was pregnant with my first child. The pregnancy was unplanned and I was terrified. On the TV, Obama was happily declaring how he had ‘never felt more hopeful’, while, on my bed, I had never felt such despair. My husband was beside me, and numb with shock. I felt completely disconnected from him.

‘This can’t be happening’ he muttered over and over again. He had his head in his hands.

In the background, Obama was strongly asserting how ‘We will get there!’

‘No, no, no…’ My husband was muttering.

‘Yes you can!’ Obama was in full swing.

As my husband talked through his fears, I kept hearing the new President…

‘There will be setbacks… but we will get there!’

I really wanted to believe him.

‘This is not the right time; The next few years were supposed to be all about career… What about your Guidance Counsellor Training? My business? I don’t want a baby right now. Maybe in a few years…’

I could not say anything to my husband, and I started to wonder if I knew him at all.

So the pregnancy was not planned, and career was important to both of us. I wanted him to tell me that it would all be ok, that we would all live happily ever after… but these reassurances were not coming. I vividly remember turning my back to him, blocking out his words and staring intently at Obama. His first speech (Obama, 2008) as President of the United States will stay with me forever.

‘The heartache, the hope, the struggle and the progress…

YES WE CAN…

We shall overcome…

YES WE CAN!’

But I really was not sure if I could.
Background to the Research

From 2008 to 2010 I trained as an Adult Guidance Counsellor in the National University of Ireland, Maynooth, while working with an unemployed adult client group. During the course of the two years of training, I also journeyed through my first pregnancy. This pregnancy was unplanned, and my son was born in the middle of the training.

A major requirement of the training is the submission of four recordings of guidance counselling sessions with clients completed over the two years. Each recorded session is accompanied by a verbatim transcript, comments of the trainees’ experience of the session and skills they used; and a critique in the form of a critical reflection. I had just submitted the fourth and final recorded session, and within the safe confines of my monthly peer supervision group, took the risk of confiding that something about the client I had recorded unsettled me. I felt ‘stuck’, and did not know how to progress with her. The feedback I received from my peers implied that the impact of becoming a mother and adapting this to my professional identity was a struggle.

The Disorienting Dilemma

Mezirow (2000:23) stressed that only once a frame of reference (i.e., a cognitive lens through which one orders his/her world) has been broken, the transformative learning process can begin. The initial trigger for change is usually experienced through ‘a disorientating dilemma’, Mezirow (2000: 3-33). The painful experience of receiving negative feedback from my peers became my disorienting dilemma. Angry with my peers for their suggestion, my initial reaction was to retreat. Eventually, I spoke to my tutor, who encouraged me to write.

Write about what, I asked?

Just write, he said, Trust the process.

Remaining unsettled from the experience, I decided give it a try. I started to write… at first angry ramblings, then questions about myself, my place on the training course, my family, my life… I did not know it then, but my writing was being encouraged as a way of making sense of my story. I started trying to analyse other writings I had done. I began reading my course learning journal, my personal diary, class notes and assignments… everything I could find pertaining to my training and myself. Finally, I started reading the verbatim transcript of the four recorded guidance counselling sessions I had completed throughout
my training. It was only after reading these that I truly began to understand the meaning of reflexivity in practice, as my own story began to unfold.

**Counsellor and Motherhood Identities**

As a Guidance Counsellor working with adults in the process of developmental change, it was imperative that I understood my own identity, and in the process work through my disorienting dilemma. I began to study identity in adult development. Two of the major psychoanalytical theorists who focused on identity formation were Freud and Erikson. While Freud focused on identity formation in childhood, Erikson took it through further, to the later stages of a person's development. Erikson can be credited with giving the care of children greater visibility through his concept of ‘generativity’ as an important stage of adult life; yet few developmental theorists have explored how bearing or adopting and raising children causes major changes in one’s self-concept and relationship to others, Liebert, (2000: 19-44). Although developmental theorists such as Bowlby and Winnicott looked at the identity of the infant in relation to the mother, they failed to directly address the notion of the changing identity of the pregnant woman. Much is written medically, but not psychologically.

Birthing and motherhood are powerful rites of passage. Anthropologists who have studied religious rites of passage in cultural contexts have observed that they are characterized by three stages – separation, liminality and reentry, Wilbur-Threadway and Miller-McLemore, (2000: 169-190). Mahdi, Foster and Little (1987) quote Turner’s (1967) definition of ‘liminality’ within the context of identity as;

> Capturing the state of being suspended between former conventional expectations and new expectations and norms about one’s identity and place… one is betwixt and between.

Neither here nor there. Therefore, in terms of the identity changes a woman experiences on her journey to motherhood, Wilbur-Treadway et al (2000: 169-190) assert that ‘the duplicity of one’s identity is seldom as acute as when one is simultaneously one and two persons, containing in oneself the other almost but not yet born’.

Stern and Bruschweiler-Stern (1998:3) describe the process of becoming a mother fittingly;
In a sense, a mother has to be born psychologically much as her baby is born physically. What a woman gives birth to in her mind is not a new human being, but a new identity: the sense of being a mother.

Understanding Countertransference

It became clear from reflecting upon my four recorded sessions that another drama was being played out within each session – that of my own emotional entanglement with each client, or countertransference. Countertransference is the counsellor or therapist’s emotional reaction to the client. Kahn, (1997:127) defines it as;

Much of what goes on in the minds of our clients… is hidden to them. Each person’s history, each person’s deepest wishes, impulses, and fears lie out of sight. Nevertheless, they powerfully influence the person’s behaviours and conscious attitudes… this influence works as strongly in the therapist as in the client.

Freud originally thought of countertransference as an obstacle that the therapist needed to overcome, Clarkson and Nuttall, (2000:361); yet over the years therapists gradually came to recognise that no matter how much personal counselling or supervision they had, inevitably two complex dramas were being played out in every session – with one in the mind of the therapist. Therefore, the more aware the therapist was of countertransference, the safer the client would be.

Methodology

This study was born out of a crisis (my disorienting dilemma): the painful feedback from my peers that I displayed confusion surrounding my own development as a practitioner.

The data upon which the findings are based emanate from the four recordings with clients, conducted throughout and as part of my learning programme. However, I was to be the subject of my research, rather than my four clients. A pivotal aspect of myself being the research subject was what stage of pregnancy I was at for each recorded session. In session one, I was ten weeks pregnant. In session two, I was eight months pregnant. In session three, my son was born and was seven months old. In session four, my son was ten months old.

In developing my methodology, I was influenced by the autoethnographic style of research. Performing thematic content analysis, Smith, (1992:4) on each of
the four recordings, I read each completed assignment and made notes along
the text to identify initial categories that emerged from the data. I then gradu-
ally identified subcategories related by content or context to identify themes. In
line with the autoethnographical approach to research, I used vignettes to focus
on personal issues and the recorded sessions to explore and illustrate practice.

Reflecting upon each completed assignment, I asked myself: Can I connect my
style of intervention with each client to my feelings surrounding my own self at
this time? My reflections show a subjective change over time to the understanding
of my changing self. This transformative learning highlights the power of auto-
ethnography as a reflexive means. I discuss these findings at the conclusion of the
research data for each recorded session. Under the heading of ‘Upon Reflection...’
I reveal my learning progression towards understanding my own development.

In order to ensure ethical research, I made use of informed consent. Homan
(1992: 321) defines informed consent in research as where study participants
are given a full explanation and are able to reach clear understanding of what
participation involves. The clients used in the recorded sessions were contacted.
I sought permission for using their words explaining that I was the subject of
research for this project. Their names were removed, and identifiable details
carefully reconstructed. All four clients granted permission. Permission and
agreement was given by my husband and my tutor to include the parts of my
personal writings where they are mentioned.

**Autoethnography**

Emerging from postmodern philosophy, where the dominance of traditional
science and research is questioned and many ways of inquiring are legitimized;
autoethnography offers a way of giving voice to personal experience to advance
sociological understanding. McIlveen (2008:1) describes autoethnography as;

a reflexive means, by which the researcher-practitioner consciously embeds
him or herself amidst theory and practice, and by way of intimate autobio-
graphic account, explicates a phenomenon under investigation.

By writing themselves into their own work as major characters, autoethnog-
raphers have challenged accepted views about silent authorship, where the
researcher’s voice is not included in the presentation of findings Holt, (2003:
1-7). Autoethnography is an autobiographical genre of writing and research
that displays multiple layers of consciousness, Ellis, (2004: 37). The text of auto-
ethnographic writing does not feature the traditional distanced researcher, but is written in the first person, highlighting stories of relationships and emotions affected by social and cultural frameworks.

Autoethnographers attempt to learn something about themselves through their research: they attempt to look inwards to discover things about themselves as researcher that perhaps were unknown or unexplained until examined. In praise of autoethnography, Holman Jones refers to the use of the personal text as ‘critical intervention in social, political and cultural life’ (2005: 763).

Yet autoethnography is not without its critics. The use of ‘self’ as data has been questioned and referred to as ‘fiction, not science’ by Denzin and Lincoln (2005:8). Autoethnographers have been criticised for being too self-indulgent and narcissistic; being too ‘voyeuristic’ and for ‘indulging our culture’s perverse curiosity about the private… peeking in on damaged selves’, Ellis and Bochner, (2000:749).

Those in support however, believe that autoethnography helps to undercut conventions of writing that foster hierarchy and division by bringing us into ‘lived experiences in a feeling and embodied way’, Meekums, (2008:287-301).

There is a growing interest among counsellors in the therapist’s embodied subjective as a source of wisdom. Meekums (2008:287-301) writes that autoethnography as a broad methodological approach is consistent with reflective practice in the fields of counselling, emphasising as it does self-understanding, creativity and immediacy of communication, while maintaining a critically subjective stance. Holman Jones (2005: 763-791) describes autoethnography as ‘speaking in and through experiences that are unspeakable, as well as inhabiting and animating the struggle for words, and often our failure to find them’.

**Reflexivity and its Relevance within Guidance Counselling**

*Life must be lived forward, but can really only be understood backward.*


Writing on the importance of reflexivity for the Guidance Counsellor, McCormack & Ryan (2011:7) refer to the process as;
A disciplined commitment to regular and skilled scrutiny to one’s practice… we all need to develop the capacity to sift through the flux of our experiences on an ongoing basis to be able to discern what our feelings and experiences are telling us about ourselves, our clients, our world…

Reflexivity is paramount to the practice of the Guidance Counsellor. The capacity to look at oneself and take account of what one finds represents a critical dimension of what it takes to be a good counsellor. Guidance Counsellors who continuously reflect upon their practice in their training and in their work become able to create new meanings and gain a better understanding of the guidance process.

Etherington (2004: 29-30) describes reflexivity in counselling practice as the ability of the counsellor to operate on at least two levels. The first level is the ability to reflect on ourselves, with an awareness of ‘self’ as an active agent in the process. The second level is knowing what we think, feel, imagine and understand of our own inner story – the story we tell ourselves as we listen to our clients’ stories. So, we are moving in and out of several levels of awareness as we listen to ourselves, and our clients.

**Recorded Sessions and Reflections**

*Recorded Session One: November 2008*

This was my first recorded session with a client in Year 1 of my training. The session takes place in my office. The client, ‘M’, is a lone parent seeking a return to employment. ‘M’ arrives with her six-year old son accompanying her. I do not explain to her that it is inappropriate to allow him to be present. I am ten weeks pregnant.

**‘The Invisible Child’**

I do not make reference to the child’s presence until halfway through the session when I ask:

*And what time… would he be going to school? (I point at the child)*

‘M’ had already told me her child’s name earlier. Yet I refer to him only as ‘he’.

Later in the session, I make a judgement;

*… You have young children, and can only work part time?*
This was not what the client said. This was an assumption based on my value system that when one has a child, they are no longer available for full-time employment.

Later, I make another judgement. ‘M’ wants a job, and I am talking to her about a career.

My own value at this point is that children hold back careers; therefore, when the client does not want to consider re-training for a career right now, I assume she means she will retrain in a career when her children are older. This was not what the client said. She just wanted a job and not a career.

In my written reflections, I made reference to the fact that the child was in the room;

I needed to explain that children were not allowed to be present… Instead, I allowed the child to come in. Why was I afraid to challenge ‘M’? I felt sorry for her. (It must be awful being a lone parent with no one to help you with your children?)… During the session… I did not notice the child as he sat quietly and coloured at a table. However, as I listened back to the recording, I’m surprised at the noise his colouring seems to be making and it actually sounds very disruptive.

‘Upon Reflection…’

At this point in my life I was in total denial about my pregnancy, and like the real child sitting colouring at my office table, I hoped that by not naming him, he might just quietly leave. I blocked out the children and made them invisible. I had spoken to no one apart from my husband about my pregnancy at this stage, and so my pregnancy is not mentioned in the session critique. I have not yet understood the meaning of countertransference through my training, therefore, I do not recognise its occurrence. I am preoccupied with my own problem, and have not fully understood the true meaning of the counsellor’s role.

Recorded Session Two: May 2009

This was my second recorded session with a client in Year 1 of my training. The session takes place in my office. The client, ‘C’, is a young woman aged twenty-three years. She is an early school leaver, long-term unemployed, and has been ‘directly referred’. This is when Social Welfare informs a client they are at risk of losing their Social Welfare payments unless they engage with our service and progress to employment, education or training. I am now eight months visibly pregnant.
‘The Fuse is Lit…’
This was a very poor session, and my tutor recognised this in the feedback. I identify in my reflections that;

*I am annoyed with the client as I feel she is wasting my time.*

Throughout the session, I am in ‘attack mode’ and sound like I am interrogating the client. Examples of such dialogue include;

… and why, why did you not go back?

And have you been doing anything since then?

‘No Space Left for Anyone Else…’
I make no reference to my pregnancy in the critique, even though I was heavily pregnant. At the time I could not see how it was relevant to the session. I did make reference to the fact that the client annoyed me, explaining;

*I had… been challenging the client because I was annoyed with her… I was not present to [her] at all… there were a lot of other people present in that room with us during the session,… people she took in to discuss… Social Welfare, her Mother, her sister…*

I got a poor grade for this tape. My tutor’s feedback read,

*You didn’t at any point ‘name the obvious!’*

My tutor also mentions ‘Liminal Space’. I do not know what he means, and this washes over me. At the time of feedback I understood ‘naming the obvious’ to mean that I did not ask the client how it felt to be sent to see me under threat of losing her welfare payment. Having reflected on this now, over a year later, I realise that my tutor also meant ‘naming the obvious’ as giving voice to the fact that I was heavily pregnant and my baby was very obviously protruding from my belly? And what implications did this hold for me in where I was at emotionally? Motherhood was weeks away. It was all about me and not the client.

‘Upon Reflection…’
I am angry because I am large, hot and bothered and about to give birth. I wonder now, as I reflect back, how much of this anger was a heightened sense of countertransference? I’m on the verge of becoming a mother, and reluctantly
so. My client is young, carefree and has no responsibilities. She is not even worried about getting a job as she was forced to come here!

I am completely disconnected from my role now, and offer no space to the client at all. The expanding physical space I now occupy myself is the only space I can consider. I am terrified of the weeks and months ahead. I have not mentioned countertransference within my critique. Do I even understand what it is yet?

Recorded Session Three: February 2010
This was my third recorded session with a client in Year 2 of my training. The session takes place in my office. I have returned to work following maternity leave. The client, ‘P’, is middle-aged woman, who has been in full employment until two years ago. She left her job to care for her ill mother. Her mother is now in a residential home, and ‘P’ is seeking a return to work. My son is eight months old and I am back in work three weeks.

‘The Good Mother and the Bad Mother…’
When ‘P’ tells me her mother has Alzheimer’s and in a home, my reflections read;

Oh, her poor mother! So sad… It must be terrible losing a parent like this!

Then ‘P’ tells me her mother abused her while growing up. I admit to feeling confused as I write;

This is awful… What happened to the lovely old lady I imagined..? I’d never hurt my child! I’m feeling a very powerful negative feeling towards this mother… HOW could a mother do this?

Yet I quickly recognise feelings towards the client’s mother and write;

I’m able to recognise this feeling and tell myself to stop

Afterwards, I write about feeling… deeply upset, when I realise that my own ‘stuff’ had got jumbled up in the client’s experience;

… My maternal instinct is very powerful and sometimes overwhelms me.
‘Upon Reflection…’
I saw myself as the client’s mother and she became my child. I understood the countertransference issues at play; recognised them during the session, and commented about them at length. I have also finally acknowledged being a mother.

Recorded Session Four: April 2010
This was my fourth recorded session with a client in Year 2 of my training. The session takes place in my office. My son is ten months old and I am back in work twelve weeks.

The client, ‘A’, is a middle-aged woman, who is a qualified professional. Since moving to Ireland from overseas, she has not worked as she has taken the primary role caring for her children. ‘A’ is starting to feel quite low from being at home all day caring for her family, and longs to be back in the workplace. Yet she feels her children need a full-time parent at home until they settle into the country.

In the reflexive comments I write;

She is so well qualified it should be so positive for her, and [yet] it’s not.

Later in the session, ‘A’ is describing how she would be happy to work in a lower grade role, as long as she could feel involved in a career again. I ask her about the implications of how she would feel working at a lower grade, coming from where she was at holding a very senior professional role. She says she thinks that would be ok.

I then respond;

So what I hear you saying ‘A’, is you don’t have a problem with status?

My reflective comments read;

‘Status’ is my word not hers. I have issues surrounding my professional identity as a woman, and am feeling for her because of her situation. Countertransference?

‘You Can be Both…’
‘A’ is experiencing frustration at the loss of her professional identity. I have just recognised through this reflexive process that ‘A’ represents what I fear the most… a qualified professional ‘stuck’ at home rearing children when her
choice is to be in employment outside the home. I wonder at some level was I working harder with ‘A’ because she represents my biggest fear – to lose my professional identity to motherhood? Up until now I have not been able to understand that it is not about choosing one identity over another – I don’t have to be a mother or a Guidance Counsellor. I can, in fact, be both.

‘Upon Reflection… I am Transformed by the Learning’
I now accept that I have issues with my own identity. I fear being the stay-at-home mother; I fear ending up like my client. It becomes clear to me now that I have been resisting opening up to multiple identities – a mother as well as a Guidance Counsellor. To me it had to be one or the other. I now understand that I can be both, and more. I can accept my life history and understand why I hold the values that I do. The vital learning is not to act them out in the space with the client, but to bring them to supervision and reflect upon them. I am finally starting to understand myself.

The journey is just beginning.

Discussion
My reflections show a subjective change over time to the understanding of my changing self. This transformative learning highlights the power of autoethnography as a reflexive means for the Guidance Counsellor.

In sessions one and two, I am frightened, angry and scared, and fear the transition that is taking place and bringing me forward towards the role of mother. At the time, I do not recognise this and project the anger from myself onto the clients. I realise now the powerful message in my tutor’s words - ‘Liminal Space’ – I was betwixt and between, neither here nor there, in;

…but the place where boundaries dissolve a little and we stand there, on the threshold, getting ourselves ready to move across the limits of what we were into what we are to be.
Mahdi, Foster, Little, (1987: 3-22)

Being in this space affected my learning. I am unable to make the physical transition to motherhood, as my son has not yet been born. Yet in sessions three and four, having made this transition, I have not only accepted the mother identity, but have adopted the mother role with enthusiasm. This is especially prevalent in the third recording, where I have just returned from maternity leave and end up seeing the client as my own child in need of mothering. In session four, the
client is the woman I fear becoming, as I battle with my own fear of being a mother unable to return to her professional role.

**Autoethnography in Reflexive Practice**

McIlveen (2008:4) believes that once an autoethnography produces a narrative that is authentic, it will enable the reader to deeply grasp the experience and interpretation of this one interesting case. The experience that I write about is authentic. It holds value for professionals involved with adults in developmental change, and where reflexive practice is vital to their practice. Mine is a real and genuine story, yet writing myself into my story was not an easy process. I had difficulty disclosing many pieces of myself. These difficulties emerged firstly as denial, as I refused to believe that someone who was good at their job, as I believed myself to be, could be carrying such confusion surrounding their own identity. It dented my confidence and many times I felt like the fraud within. I also worried about how I might be seen by friends, family, and even work colleagues who may read this. Would my son grow up and one day read what his mother had written, and wonder was he a child who had not been wanted? Would readers understand the deeper meaning within my story?

Clients often enter into career guidance counselling in order to learn or to change in some way, and this may be their main motivation. Much research work in counselling has therefore focused on client experiences of counselling, aiming to discover how client change may be best facilitated, McLeod, (1990:17). Less research seems to have been carried out on the counsellor’s experiences. This research focused on the learning and change that I, as an Adult Guidance Counsellor experienced as a result of my client work; which happened to occur as I journeyed through my first pregnancy. My own story signified a crisis in my life, which had to be dealt with before I could progress.

What I wrote about was very real, and I’m inviting the reader into what was my own lived, felt experience. Using autoethnography as a means for reflexivity allowed me to construct a critical understanding of myself, in relation to the influences of my own life with my clients. It allowed me to understand my own experience to extend understanding of my role. I was transformed by this learning. Within the field of counselling, self-understanding is vital. For if I cannot understand my own ever-changing self, how will I be able to facilitate my clients’ change?
Conclusion
Autoethnography is a methodology I found to be of significant value as a tool for reflexivity while training as an Adult Guidance Counsellor. Reflexivity is paramount to critical practice. As my reflections have shown, unless as practitioners we are able to achieve our own self-awareness through critical reflection, we are not going to be able to assist our clients. We won’t be able to clear a space for the client unless we first know how to first clear one for ourselves. The ability to reflect on this experience is of significant knowledge to me, as I can go forward as a trained Adult Guidance practitioner knowing more about myself, my clients, and the power of reflexivity within my work. Fundamentally, I have learned that we have to understand and experience complex change ourselves through the cyclical nature of life, before we can assist others in the process.

‘My Story… One Year Later’
In two weeks time my son will celebrate his first birthday. The son I initially did not want to have; whose birth was going to destroy my career ambitions; whose announcement of arrival sixteen months ago nearly broke up my marriage; and now, whom I could not live without. My husband and I are like children ourselves, bubbling with the excitement of planning his birthday party. From all the worry and heartbreak and tears, has emerged an understanding of unconditional love; a life that feels so complete; and a love that I think I would kill for.

I am a Mother.

Yet, I’m also an Adult Guidance Counsellor.

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