Joining the Evocative and the Analytical: A New Format for Multivocal Sociocultural Qualitative Research

Carol Rogers-Shaw
University of Dayton

Abstract: This article shares my experiences writing an autoethnographic dissertation in a creative split-page format that presents both systematic scientific analysis and artistic storytelling. It joins the evocative and analytic styles of autoethnography. It analyzes my experiences as an adult with a disability in an ableist society, offering a counter-narrative of disability, and it explores the process I used as a qualitative researcher situating those experiences within a sociocultural context.

Keywords: autoethnography, split-page format, evocative and analytic, disability counter-narrative, sociocultural research

Autoethnography is a form of qualitative research where the researcher is the subject of the study. There are many types of autoethnography that fall along a continuum between evocative and analytic styles. Autoethnographers often encounter a predicament where they are "caught between two camps—hard social science and interpretive/imaginative/humanistic inquiry" (Bochner & Ellis, 2016, p. 30); they must decide where on the continuum to position their work.

Finding a Place on the Continuum of Autoethnography

After I made the decision to research and write an autoethnographic dissertation on how my disability affected my identity, my marriage, my role as mother, my friendships, and my career, I had to choose how I wanted to situate my work as the nature of autoethnography has been thoroughly debated (Anderson, 2006; Denzin, 2006; Ellis & Bochner, 2006). Autoethnographic researchers "distinguish themselves from one another by separating evocative from analytic autoethnography. Analytic autoethnographers focus on developing theoretical explanations of broader social phenomena, whereas evocative autoethnographers focus on narrative presentations that open up conversations and evoke emotional responses" (Ellingson & Ellis, 2008, p. 445). While I am naturally drawn to creative storytelling (Bochner & Ellis, 2016), I recognized the need to establish my credentials as a researcher through analytic work (Anderson, 2006) in my autoethnographic dissertation. In examining my experiences of disability, I created a unique split-page format that joined evocative storytelling and analytic research. I wrote a layered account of embodied learning that related my lived experience of both disability and of the research process, contributing to the discourse on disability and lifelong learning; "I examined the culture that has shaped who I have become/am becoming as a disabled person, as a researcher, and as a writer" (Rogers-Shaw, 2020, p. 10). This method allowed me to use the techniques of both evocative and analytic autoethnography while examining the meanings of my narratives as they reflected the sociocultural context of my life.

As I began, I kept in mind Mitch Allen's comments on the uniqueness of a researcher's story: "Why is your story more valid than anyone else's? What makes your story more valid is that you are a researcher. You have a set of theoretical and methodological tools and a research literature to use. That's your advantage" (Mitch Allen, personal interview, May 4, 2006, as cited in Ellis et al., 2011, p. 276). Evocative autoethnography appeals to me because I want to make my research accessible and emotional rather than depersonalized (Rogers-Shaw, 2020). I want to "sensitize readers to issues of identity politics, to experiences shrouded in silence, and to forms of representation that deepen our capacity to empathize with people who are different from us" (Ellis et al., 2011, p. 274). Never completely neutral (Ellis et al., 2011), my research is based on my personal experiences, just as other scholars bring their own backgrounds to their work, and I acknowledge this through autoethnography. By including techniques of analytic autoethnographers rather than just evocative autoethnographers, I used my researcher tools to examine how my stories fit within a cultural context and discourse on disability, looking at the self more than examining others. Autoethnographers all along the continuum focus on "visibility of self, strong reflexivity, engagement, vulnerability, and open-endedness" (Bochner & Ellis, 2016, p. 211), but researchers must decide for themselves how to meet the demands of both systematic, scientific study and good storytelling (Bochner & Ellis, 2016; Rogers-Shaw, 2020). Layered accounts provide some researchers with a way to balance the pull of both sides.

It was important for me to construct a multivocal account of my disability experience. Ronai (1995) described layered accounts in contrast to academic writing that "force-feeds the reader a particular understanding of the world masquerading as *the* understanding of the world" (p. 396). I attempted to create a layered account that included not only my voice but also those of my family, my friends, my work colleagues, and disability scholars. By writing a multivocal text, I intended to offer readers "layers of experience so they may fill in the spaces and construct an interpretation of the narrative" (Ronai, 1995, p. 396). They can participate in a dialogue as they "contribut[e] their own thoughts, feelings, interpretations as they investigate their own meanings of the stories told" (Rogers-Shaw, 2020, p. 7). I also wanted to offer my story as a counter-narrative on disability by including the voices of others who are part of my life and can contribute to the understanding of what it means to live with a disability.

Scholars choose to write layered accounts for a multitude of reasons, including the desire to explore their own identity creation within a particular cultural context or as part of a specific social group to critique hegemony. Resisting the unjust social norms of an ableist society became a significant part of my story. Ferri (2011) argued that "a central defining feature of disability studies aims to dislodge the medical model of disability, replacing narrow and deficit-based understandings of disability with alternative knowledge claims grounded in disabled people's subjective and situated experience" (p. 2271). As I began my self-study of disability, I was conscious of Ferri's call for dismantling dominant, norm-centered discourses. By choosing autoethnography that "seeks to describe and systematically analyze (graphy) personal experience (auto) to understand cultural experience (ethno)" (Ellis et al., 2011, para. 1), I found my own way to undertake "a form of social action . . . to talk back to dominant scripts and point to a more embodied form of social critique" (Ferri, 2011, p. 2279). Sharing personal narratives also enabled me to "understand a self or some aspect of a life as it intersects with a cultural context . . . and invite readers to enter [my] world and to use what they learn there to reflect on, understand, and cope with their own lives" (Ellis, 2004, p. 46, as cited in Ellis et al., 2011). Through autoethnography, I could evoke empathy and contribute to understanding.

The Process

In my doctoral research, I felt a strong desire to tell my own story, and I recognized that I "live in the midst of multiple plotlines, which shape [my] research landscape" (Clandinin et al., 2015, para. 24). For me, the appeal of autoethnography is partly that it is not typical academic writing; it liberates the author from a constraining format of introduction, literature review, methodology, findings and discussion. It permits the exploration of deep emotion and vulnerability and can spark empathy as well as understanding (Rogers-Shaw, 2020).

I asked how does having a disability affect my family, friend, and work relationships? How does my embodied learning to live with a disability represent my becoming a person with a disability in an ableist culture? How are struggle and perseverance part of learning to live with disability? My autoethnography reveals my answers. Several methods were used to collect data. I wrote significant memories and poems of my experiences, I conducted semi-structured interviews and email exchanges with family members, friends, and work colleagues, and I reviewed photographs and mementos from my life. I created a comprehensive literature review on related disability topics. Then I thematically grouped the narratives and poetry, the interview and email transcripts, the artifacts, and the academic articles. The voices of friends, family, colleagues, and disability scholars were included to assure multivocality and relay the meanings that a variety of individuals attached to my lived experiences.

I used iterative thematic analysis of the data sources, determining single significant events and themes that would be written on separate pages in the split-page format. The process of dividing the story was an additional analytic step unique to this format as I had to consider the general themes, the story content, and an effective matching of the two that would express the meaning. Autoethnographers offer critical reflection and interpretation of life events as an internal dialogue, and readers can follow the same pattern as they interpret the narrative and draw their own connections to the topic. The presence of multiple voices provided readers with several avenues to access the material (Rogers-Shaw, 2020; Ronai, 1995). An important part of autoethnographic analysis is drawing together lived experiences and the emotions around them, what Ellis (1991) called systematic sociological introspection that

> acknowledge[s] the need not just to express emotions in a story but also to examine what those emotions are, why they surfaced in the story, and what they might indicate. . . . Am I angry or do I feel jealous or frustrated? What made me feel this way at this time in this situation? What does that emotion mean? In autoethnographies, layered accounts also examine the writing process: What emotions did I write about? Why did I choose a story that expresses those emotions? What does the appearance of these emotions in this story tell about me? What emotions arose as I wrote this story and what do they mean? (Rogers-Shaw, 2020, p. 7)

I used "I" poems to present an additional description of events and provide another means of analysis. As I composed and edited the poems, I examined "the significance of the abstracted phrases as they mirrored the essential meanings visible . . . allow[ing] me to re-examine themes that emerged through my reflection and analysis process" (Rogers-Shaw, 2020, p. 9). The following example of one page reveals the story of my diagnosis accompanied by reflection on longing, identity, and loss, themes developed throughout the dissertation (see Figure 1).

Figure 1. *The Diagnosis*

I remember the doctor's office. It was in the basement of his house, in the neighborhood where I had lived as a preschooler. I hadn't been back in a long time, and it was disconcerting, as I had moved on long ago. There was a sense of foreboding, like it would be better to turn around and go back up the stairs. In my recollection of that visit, the consultation room is incredibly white and bright, almost like it is in the movies when the main character has a near-death experience and there's a huge flash of light. For me, there was no walking through a tunnel or watching images from my life flash before my eyes. There was just the clinical room, the feeling of being totally alone, and a vague sense of fear, but no strong emotion, no immediate despair, no confusion, just the clarity of understanding that everything was different now. I had two thoughts immediately when I heard the diagnosis. First, I thought, OK, I can still live with this. And then I thought, Daddy's younger sister died in her twenties from diabetes. So, I wondered, what did I have to do before it was too late, and I died?
What stands out in my memories of the moment of diagnosis is the strong sense of the disconnection of longing that I felt, the "separation, isolation, interruption of life" (Pehler et al., 2014, p. 135). The feelings of being alone and recognizing that a significant change had occurred are foremost in my memory. Unexpected and tragic health events can alter one's life experiences, particularly during periods of intense transition such as the beginning of adulthood (Hendry & Kloep, 2010). With a diagnosis of chronic illness comes a loss of the self (Charmaz, 1983; Helgeson & Zajdel, 2017). In becoming a diabetic, I not only had to deal with the physical manifestations of the disease, but I also had to manage my emotional reaction to and my perception of the disease, including the contradictory thoughts that I could live with it or I could die from it. Helgeson and Zajdel (2017) described how "chronic illness alters an individual's sense of self, as the previously held healthy identity is replaced by an illness identity. . . . [I had to] learn how the sense of self can accommodate the illness" (p. 547). In the doctor's office, I felt the enormity of the diagnosis, yet I couldn't comprehend what this new life would hold for me, what I would become.

Note. From *Performing Disability: An Autoethnography of Persevering and Becoming*, by C. Rogers-Shaw, 2020, The Pennsylvania State University, The Pennsylvania State Electronic Theses and Dissertations for Graduate School, p. 18. https://etda.libraries.psu.edu/catalog/18264car348

I have often found layered accounts that use asterisks to separate personal narrative and theoretical analysis disrupt reading and understanding. I envisioned the story and the corresponding reflection as one unit as the analysis intimately reflected the experience. As a storyteller, I also wanted the reader to be able to read through the narrative on its own, and as an academic, I wanted the reader to be able to examine the analysis separately, although reading them together was a third option. I used a split-page employed by Brian Fawcett (1986) in his work, *Cambodia: A Book for People Who Find Television Too Slow*. While each page of his book was not a single unit, he wrote fictional stories across the top of the page and provided a subtext across the bottom in essay form. I wanted to enhance the connections between myself as the researcher and my readers, providing more accessibility through my stories and corresponding explanations, and contributing to the discourse on disability. My story of childbirth reflects experiences shared by many women, yet it is set within the medical risk discourse encountered by mothers with disabilities (see Figure 2).

Figure 2. *Pregnancy & Childbirth*

Disability complications played out in both my pregnancies. When I think about my younger daughter's birth, it's no wonder that she went to Penn State and pursued a career in sports. By the end of my pregnancy, I looked like I could play defense for the Chicago Bears; anyone viewing the defensive line from a distance would have had trouble distinguishing me from Refrigerator Perry. I had gained over 60 pounds, and it showed in my huge blimp-like stomach, my bloated face, and my swollen feet. When my older daughter's godfather came for a holiday visit, I opened the front door to greet him. His jaw dropped and he blurted out, "Oh my God!" Just the kind of reaction every pregnant woman eagerly awaits. The baby wasn't due until the beginning of February, but complications required a rush to the hospital a few days after Christmas.

For women who are disabled, giving birth can change the way they view their bodies. Some women with disabilities have found that motherhood shifts their attention away from what is wrong with their bodies toward seeing their bodies as valuable (Grue & Laerum, 2002, p. 676). For me, though, pregnancy and childbirth led to added focus on what was wrong with my body because I couldn't do it the "normal" way. Mothers with disabilities often feel the need to strive for perfection. They can't take for granted that they will be good mothers; they "tend to be quite reflective . . . and they seem carefully to monitor their own performance in their role as mother[s]" (Grue & Laerum, 2002, p. 678). I knew the fear of becoming a "bad mother."

Thomas (1997) argued that concerns related to disablism, the mother's impairment, and health consequences all factor into childbearing decisions. I remember being told that I had to get pregnant sooner rather than later to avoid serious complications. After my first child's birth, I was told to wait at least five to seven years before having another one, and after my second child's birth, I was told another pregnancy would kill me. Those warnings from doctors placed me within a medical risk discourse that was disabling and increased the pressure on me to be a "good mother." This discourse also revealed negative attitudes from "we know best" healthcare personnel whose medical advice is rooted in cultural assumptions. According to Thomas (1997), "Despite its apparently 'scientific objectivity,' medical knowledge inevitably draws on deep-rooted cultural antipathy for, and prejudices about, people with 'abnormalities'" (p. 627). The attention was on my bodily deficits, not my mothering strengths.

Note. From *Performing Disability: An Autoethnography of Persevering and Becoming*, by C. Rogers-Shaw, 2020, The Pennsylvania State University, The Pennsylvania State Electronic Theses and Dissertations for Graduate School, p. 36. https://etda.libraries.psu.edu/catalog/18264car348

Conclusion

In my dissertation, I created my own format because I wanted to use the tools of both evocative and analytic autoethnographers. I tackled difficult subjects, like my own death, in a way that connected with my readers on an emotional level and added to their understanding of what it is like to live with a disability (see Figure 3).

Figure 3. *A Near-Death Experience*

It did feel a bit like drowning, my near-death experience, although there was no image of my life flashing before my eyes, more of a desire to roll over and go back to sleep, sink into oblivion. As the EMTs revived me on the bedroom floor, I felt disoriented, recognizing indistinct voices and bright lights, staring at the wood beams across the ceiling, feeling the cold, hard floor beneath me. I thought it was a bad dream, and if I just concentrated for a minute, I could expunge the nightmare and drift into a calmer slumber. As I started to become more aware, I recognized I was on my bedroom floor, people were shouting at me, my head hurt, and my body trembled violently. Eventually, I realized I was being loaded onto a stretcher and wheeled to an ambulance; this wasn't the first time that I had headed to a hospital in an ambulance, but this time I didn't know why. I had not been aware when, in the middle of the night, my glucose level dropped to a near-fatal level, my body shaking so convulsively that I fell out of bed, crashing to the floor and cutting my forehead on the bedside table. Fortunately, my husband awakened and called 911. Only later would I think about what could have happened had he not been there: I would have lain on the floor unconscious after the seizure and eventually died.

It isn't easy writing about death, particularly one's own. . . . A 2017 Kaiser Family Foundation report on attitudes toward death revealed that 92% of Americans recognize their need and their desire to talk about death, yet only 32% have had such a conversation. Ellen Goodman, the founder of The Conversation Project, an organization designed to help people talk about death, said that we "enter into a conspiracy of silence [about death]. Parents don't want to worry their children. Children are reluctant to bring up a subject so intimate and fraught" (Goodman, 2012). . . . It's easier to talk about the near-death experience with my husband because I survived; it was a momentary experience with a happy ending, not a slow decline leading to inevitable sadness. What we do talk about in terms of a future death is the preparations and preventive measures to avoid the worst effects. We avoid the most painful parts.

Goodman (2012) argued, "We often comfort ourselves with the notion that doctors are 'in charge' and will make the right decisions," yet for me, a diabetic who has struggled to make my own decisions when doctors do not know the nuances of my body and my diabetes, this seems so wrong. After spending a lifetime opposing the medical model of disability that puts the power in the hands of medical professionals, I find it counterintuitive now to let the doctors decide how I will die. . . . By its very nature, disability brings about a loss of control over something. As an individual with a disability, I find that there is always this back-and-forth about control. For me, the lack of control, and the fear of losing even more control, has been one of the hardest elements of disability to accept. Personal control and family control are important. Telling the story of one's life can allow a person to assert control so maybe that's what I'm doing now. We may not be able to control the events of our lives, but we can control the meaning we attach to these events in the narratives we compose (Merriam & Baumgartner, 2020; Clark & Rossiter, 2008).

Note. From *Performing Disability: An Autoethnography of Persevering and Becoming*, by C. Rogers-Shaw, 2020, The Pennsylvania State University, The Pennsylvania State Electronic

Theses and Dissertations for Graduate School, p. 61.
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As I hoped to engage my readers, I gave them the following instructions:

> I invite you as the reader to wander through my story from beginning to end, reading the top of each page, finding your own connections between your experiences and mine. Or maybe you will choose to examine my reflections and analysis of what my story means and what it has been like to write my story by reading through the essay, point by point across the lower part of each page. Or maybe you will combine those endeavors and move with grace and intellectual curiosity between my story and my subtext, just as I moved back and forth between my experiences and my connections to a broader context through self- examination (Ellis, 2007). That's for you to decide. I hope my work can be recognized within the more evocative group of autoethnographers who endeavor to promote change by sharing their stories from their hearts. (Rogers-Shaw, 2020, p. 10)

So, in the end, I followed Denzin (2006), and I wrote my own version of autoethnography.

References

Anderson, L. (2006). Analytic autoethnography. *Journal of* Contemporary *Ethnography, 35*(4), 373-395. https://doi.org/10.1177/0891241605280449

Bochner, A., & Ellis, C. (2016). *Evocative autoethnography: Writing lives and telling stories*. Routledge.

Clandinin, D. J., Caine, V., Estefan, A., Huber, J., Murphy, M. S., & Steeves, P. (2015). Places of practice: Learning to think narratively. *Narrative Works, 5*(1). https://journals.lib.unb.ca/index.php/NW/article/view/23783/27556

Clark, M. C., & Rossiter, M. (2008). Narrative learning in adulthood. *New Directions for Adult and Continuing Education, 2008(*119), 61-70. https://doi.org/10.1002/ace.306

Denzin, N. K. (2006). Analytic autoethnography, or déjà vu all over again. *Journal of Contemporary Ethnography, 35*(4), 419-428. https://doi.org/10.1177/0891241606286985

Ellingson, L., & Ellis, C. (2008). Autoethnography as constructionist project. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 445-465). Guilford. https://scholarcommons.scu.edu/gender/34/

Ellis, C. (1991). Sociological introspection and emotional experience. *Symbolic Interaction, 14*(1), 23-50. https://doi.org/10.1525/si.1991.14.1.23

Ellis, C. (2007). Telling secrets, revealing lives. *Qualitative Inquiry, 13*(1), 3-29. https://doi.org/10.1177/1077800406294947

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An overview. *Historical Social Research/Historische Sozialforschung, 12*(1), 273-290. http://www.qualitative-research.net/index.php/fqs/article/view/1589/3095

Ellis, C. S., & Bochner, A. P. (2006). Analyzing analytic autoethnography: An autopsy. *Journal of Contemporary Ethnography, 35*(4), 429-449. https://doi.org/10.1177/0891241606266979

Fawcett, B. (1986). Cambodia: *A book for people who find television too slow*. Talonbooks.

Ferri, B. A. (2011). Disability life writing and the politics of knowing. *Teachers College Record, 113*(10), 2267-2282. https://www.researchgate.net/publication/299016963_Disability_Life_Writing_and_the_

Politics_of_Knowing

Ronai, C. R. (1995). Multiple reflections of child sex abuse: An argument for a layered account. *Journal of Contemporary Ethnography, 23*(4), 395-426. https://doi.org/10.1177/089124195023004001

Rogers-Shaw, C. (2020) *Performing disability: An autoethnography of persevering and becoming* (494) [Doctoral dissertation]. The Pennsylvania State University. The Pennsylvania State Electronic Theses and Dissertations for Graduate School. https://etda.libraries.psu.edu/catalog/18264car348