Making it ‘do-able’: how ethnography has helped generate new themes in Child and Adolescent Mental Health Services (CAMHS)

Dr Dean David-Holyoake- Senior Lecturer- University of Wolverhampton

Abstract

Correspondence:
Dean David-Holyoake

A relationship with ethnography can be a troubling thing. The author has been an ethnographer for the past 15 years. During this time he has become more aware that as a research approach ethnography offers a range of applications for healthcare settings, but it also has many critics. This article explores this dichotomy by discussing a number of key themes that have come to the fore in the authors work. The aim is to therefore offer the reader a brief introduction into the frustrations and ethnographic themes of a practicing ethnographer in a period which has been described as the methodologically contested present (Denzin and Lincoln 2005).

Key words: ethnography, child, mental health

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Background

Years ago and without knowing it, the author had been seduced into being an ethnographer. Now he finds himself observing the way groups of people make sense of rules, rituals and everyday human interactions. He observes the symbolism of the speech, the rituals and awkwardness of action between social agents. The life of an ethnographer is one of curiosity, perplexity with a fair share of having to roll up your sleeves and be a participant observer. A reminder that for the ethnographer, research is about the practical. It is about ‘doing’ and trying to make sense of what action and ‘doing’ means in any situated culture. There is nothing neutral, detached or necessarily sophisticated about being out there ‘in the field’. Researchers such as Kate Fox (2004) have explained just how hands on this type of people research can be and also shown us all that topics such as ‘the white van man driver’ (SIRC, 2003), horse racing (1999), ‘flirting’ (2001), and the ‘rules of buying a drink’ (1996) are all worthy topics for the would be ethnographer. These types of topic may not be at the forefront of academic acclaim and perhaps criticised by some university departments, but the manufacturers who make white vans, soft drinks and condoms are more than happy to put their money forward to encourage this type of research. In much the same way as many hospital managers are just simply relieved that some poor sod is doing healthcare research to demonstrate the meeting of care standards. Recent writers argue how an ethnographic approach allows for the complete interpretation of issues such as value systems, beliefs and sensitive issues which need time to develop in the safety of ongoing relationships (Denzin, 1997, 2001, 2003). Across disciplines such as education (McClaren, 1999) communication studies (Alexander, 2005), social work (Hall and White, 2005) and nursing (Smith and Gallo, 2007) ethnography has enabled varied, complex and responsive exploration to take place. The methodology offers a naturalistic approach, which can get under the skin of simple research aims. Ethnography is many different things to many different people.
For some it is nothing more than an excuse for hanging around clinical areas asking silly types of questions, but for the author one of the main appeals is the fact that the approach promotes the hands on idea of learning about culture from culture. So when asked about the possibility of exploring Child and Adolescent Mental Health Services (CAMHS) by his managers the methodology was just perfect because it was able to produce both plausible and realistic research aims and deliver the methods for both data collection and analysis.

Ethnographies about CAMHS

Over a period of 5 years and as part of his doctoral research and ongoing audit responsibilities the author was able to collect data from a number of adolescent units in the UK and interview over 100 healthcare professionals. In addition, he was lucky enough to have sponsorship to work and stay in a number of these unknown adolescent units away from home as a super-numery member of staff. This enabled a complete immersion and in technical terms offered him the chance to go fully ‘native’ and be a ‘participant observer’. The data and subsequent analysis were developed by the author into 4 distinct yet related ethnographies (see figure 1 for a brief breakdown). These 4 ethnographies were not planned or sequential. They simply occurred like most ethnographies do, because ethnographies are messy and take researcher to places they cannot always account for.

The Counseling Industry

This is an ethnographic performance and makes use of data derived from field note observations, individual reflections, personal correspondence, private interactions and interviews. The research took over 2 years of fieldwork to compile. The outcomes of the research would suggest that counselling is governed and governs. Counselling simulates metaphor with similarities to time, place and space. And from this, there emerges a newness. Narratives and stories which are not individual, or fixed by diagnosis. Yet here we do. So, welcome to the world of the sell off. This is an ethnographic critique. A critical analysis of something very dear to healthcare professionals. A progression of learning about the overwhelming and arrogant assumptions made by the counselling industry.

Wendy and the Mystery of the Crisis in Nursing Franchise

The research methodology is based firmly within the realms of constructionist philosophical tradition and is guided by the simple research aim of being nothing more than what it is. An account of ‘identity’ and subject positioning. The research conclusions go to indicate that in this system subjects can be so unforgiving in the name of caring. It is about Wendy a Staff Nurse. She nurses ill young people. Throughout the book she attempts to interpret the nature of subject-positioning. This means the way patients and professionals fit into the organisation of care. Wendy does an analysis which focuses on systems as opposed to the individual.

The Adolescent Unit

The Adolescent Unit started off as an ethnographic research project. Unfortunately, like the young population it talks about, it doesn't sort of fit in. It is about a brave new world of improving healthcare services. It is about user involvement and a 'feel real' account of living and working in an adolescent unit. It seems there have been 1 or 2 academic reports about Child and Adolescent Mental Health Services (CAMHS) purporting to give a good all round account of what these places are like. But they don't. This book is personal. It is special like the young people who wrote it. It is a dare. We dare you to read it without being able to say: 'I know what they mean, that happened to me'!
Doing Improvement Work

So on my first proper research day I jammed the photocopier and then (DAMN) split my nail on the laminator machine. I suppose this answered why Woodbury’s mission statement is WGTSWD*. Woodbury Hospital, a nice little self-contained community trying to come to terms with the fact that it is now 2008. This is a story of change. A travel log of action research. A journey that helped the author realize organizations, like people, have a memory. A long one which outlives us all. You’re welcome to join the journey.

Each of the 4 ethnographies started as a simple exercise in collecting data about how and what the young 12 to 18 year old patients thought about their adolescent units. Originally this was couched in an initial management task of wanting audit data so that budgets could be adjusted and external funders satisfied. What began to transpire was a loose research intention which was to find out as much as possible about as much as possible from every angle (and therefore every person / perspective) about adolescent services and see what comes up. The author is aware that for most this is nothing more than an excuse for doing whatever he wanted and asking whatever he wanted to whomever he wanted. And so it was, but it soon became apparent that adolescent unit cultures allow for a whole multitude of data to come to the fore which other research methodologies could not have predicted or processed. Explorative ethnography (later an interpretive and performative) approach allowed for a very useful level of significance to be established. As the author began to shadow colleagues, ask questions, observe groups and incidents, loiter around, ‘mull in the corridors’ and attend handovers it didn’t take long for the data boxes to start over flowing.

This process of development points up the fact that ethnographies unlike many fixed research designs allow for change and are adaptable to differing circumstances. If soon became apparent to the author that instead of asking the patients questions about the services, he could learn better types of questions to ask from suggestions given by them. In addition, it was recommended that he should ask questions about the professionals (his colleagues) and even more radically about himself and the relationship he had and was having with the environment, interactions and data being collected. More recently this has become known as auto ethnography (Gobo, 2008, p62). As the months of data collection sped past (in total 2 years of data collection – with a few additional months finishing up) the author would ponder on comments, interviews, observations, policy documents and write them down carefully as a type of subjective record in a field journal. This was a reminder that sample sizes in this type of approach often change (Silverman, 2000). Also, validity is reframed as relativist as opposed to realist notions of truth means that data is about what Marradi (1990) describes ‘as the knowable’ and perhaps, nothing more. This notion of knowing a culture as opposed to finding out a truth about it is similar to the comment made by Psathas (1995) who points out a person can learn a great deal about swimming from books on the subject, but he still cannot swim (Gobo, 2008, p268).

The transcripts and observation sheets that were carefully complied, completed, as with his interview data and jottings were boxed and pawed over and helped to steer and devise the next data sets and data collection from the different adolescent units. The idea of collecting as much data and generating themes held fast. The idea that the data collection period was flexible is probably an under statement. In fact, it was ultra-flexible, but this enabled the development of the 4 unique ethnographies to have characteristics of their own and therefore related yet distinct themes all data were viewed as having equal worth (see figure 2 for more philosophical underpinning). As previously mentioned, in the beginning there was never the intention to set out and write 4 separate ethnographies, it just happened that way. It could have happened any number of ways as it was through the author’s choice, but this strength of approach for some is also seen as a major weakness. Typically what each of the 4 ethnographies illustrates is a thinking through of ideas and cultural meaning. They are narratives and stories, which members of that particular culture would recognise as a representation of their life experience. They act as a reflection of meaningful symbols and practice and perhaps nothing more. None of them claim to be the ‘truth’.
What is ethnography and can it really help us understand clinical practice?

According to Denzin and Lincoln (2005, p116) we are currently in ‘the methodologically contested present’. Now that may be easy to say, but it is also reflected in the very recent work of Gobo (2008) who acknowledges that many social scientists would like to be ethnographers, yet because of idleness, or ‘for fear of beginning an endeavour with unpredictable results’ researchers tend to stick to tried and tested methods such as surveys, questionnaires and power statistics. Ethnography has often been considered a ‘soft’ type of research. For one, it usually involves interviewing, observing and participating in one way or another with groups of people. It can be seen in the above abstracts that the ethnographic research of the author centres on nothing but people, their relationships and culture. This seemingly non-neutral and unscientific application has typically reminded many trained researchers that ethnography is sometimes thought of as nothing more than an anthropological backwater. So much so that some researchers snub the approach because it is unable to deliver certainty in this outcome driven and obsessed age. Add to this that ethnographers rarely convert findings into numbers (the perceived gold standard for research data) and it is easy to see why quantitative researchers often laugh ethnography off as superficial social science. And to be honest, it may be the case that ethnography as an epistemology, methodology and discipline cannot offer the rigour and validation expected of other research approaches. It may also be prudent of us to be suspicious of it’s historical pedigree, but once all of these skeletons are acknowledged and out of the cupboard, the remaining research status that ethnography is able to cling onto reminds us that the times they are a changing. Ethnography offers healthcare researcher enthusiasts a practical and very feasible vehicle through which to achieve multiple modest research aims.

What can ethnography do for you?

These days it is not uncommon for healthcare professionals to be expected to perform some type of research or audit activity at some point in their career. Some relish this, but for others it’s less heartily welcomed. Whatever the reasons, the prospect of the dreaded ‘R’ word always brings up the idea of the numbers versus the non-numbers debate. Novice researchers will be left wondering what to do for the best, experienced colleagues will ask things like, ‘are you doing quantitative or qualitative research?’ There is a lot of misunderstanding about what this actually all means, but for ease of explanation there is always the assumption that approaches like grounded theory, phenomenology and ethnography belong to the so called ‘qualitative half’ of the research divide. Not wishing to robustly challenge this assertion in this article it is possible to accept as previously noted that times are changing and there is more of an acceptance that ethnographic and phenomenological approaches to research have been and are likely to be the mainstay of much nurse led research over the last couple of decades for the simple fact that they are ‘doable’ at very little cost (possible giving the connotation that such work is not as worthy of as much consideration as the more expensive random control trial). Ethnographies are situational and often shrouded in the myth that they are easy, so it can come as a great shock to the uninitiated to discover that there is nothing plainly simple about ethnographic research. It is a concoction of cultural colour and reflection.
A relationship with ethnography

The author observed a complex kaleidoscope of practices, actions and rituals in the practice are of CAMHS. His ethnographies represent part of a subjective journey of classifications. Like all research his descriptions of nurse – patient interactions and recorded inferences are not neutral. Rather they are emic attempts at ordering and making sense of everyday cluttered cultural meaning. Such meaning makes sense and gains validity from the reconcilability the results have to the people within the given culture. According to Gobo (2008, p17) ‘they [the ethnographies] must acquire consensus in [the] linguistic community’. This echoed by Abu-Lughod (2000) who highlights a main point about ethnography in that they are about the sustained contact between social agents. Bearing in mind that all classification (including the themes given from the author’s own ethnographies) do nothing more than attempt to simplify reality to some degree.

Some Philosophy of Ethnography:

- All knowledge is situated in a time and place.
- Observation and the image are the primary vehicle of all cultural meaning.
- We are all constituted through language and discourse.
- Power is not neutral.
- Everything is meaningful even the mundane.
- Action is doing. Action is doing.
- Meaning and reality is arbitrary.
- Classifications and labels are things in themselves.
- All cultural objects have meaning through their relationship with other objects.

Typical Ethnographic Methods and Applications:

- Participant Observation
- Demand for the emic.
- Collecting of cultural articles such as notes, diaries, policy documents, journals, photos, and interviews.
- Being inside and outside of the cultural codes.
- The use of case studies, fieldwork and methodological pluralism.
- Reflexivity.

- Going native.
- Not desk anthropology.
- Action through participation.

Figure 2: some primary ideals about ethnography

Child and adolescent mental health like many mental health services is always at pains to demonstrate the validity of its wares. In this outcome driven and image saturated era there is a pressure and assumption placed on most researchers to shoehorn wiggle and wangle research methods into meeting over generalised and yet all to typical research aims. These include examples such as: What is the best form of treatment for all young people at all times in the whole universe? And then, usually armed with such a torrid task the novice, (often) young researcher steps forth and attempts the impossible only to face the barrage of criticism bestowed upon them for being naive. Thus, it was the case for the author, yet he was saved by the fact that ethnography allowed for the gentle and honest progression of his research at a self-governing pace. Each case study (or adolescent unit) simply added to and progressed the data collected from the previous. Thus, the process was graded and directed in a purposeful manner. Quite unashamedly the authors work sought simple questions and received simple answers, but answers that are recognisable to all informants involved. Indeed, all 4 of the ethnographies are recognisable to any young person and professional working within CAMHS. They have a local validity and represent meaning that only translates well as a regional understanding (eg. Within the culture of CAMHS practice).

What we have learned

To date the work of the author has taken snippets and fragments of the fabric of CAMHS Tier 4 adolescent units and created an ethnographic patchwork. A representation of how healthcare professionals, young people and their families make sense of the service provision. In addition, the concept of narratives, performance and lived stories which share an epistemological pedigree with ethnography reveal an interconnecting of data hastily scribbled down into dog eared jotter pads. The telling of stories through ethnography offers healthcare professionals and their patients a chance to re-think practice.
It reflects the everyday, the mundane and the rituals that occur between people on a daily basis. Ethnography helps to foster a dialogue between the researcher and the researched. The researched in this case are ill young people, and ethnography allowed the author to work amongst the disadvantaged and also be a social critic and someone concerned with policy. Ethnographies are critical, awkward and frustrating because they attempt to reflect the real world regardless of how pleasant we would like it to be.

The Adolescent Unit

Primary Themes:
- The public and the private
- The ethics of exhibition
- The gaze and power of image

The Counselling Industry B

Primary Themes:
- Objects and systems
- Performance anxiety
- Audience participation in my story
- Gonzojournalism

Wendy and the Mystery of the Crisis in Nursing Franchise:

Primary Themes:
- Subject positioning
- Locating identity in place
- A small space for action

Doing Improvement Work:

Primary Themes:
- Cultural memory
- Changing cultural systems
- The notion of self

Ethnography is more than just a way of finding things out about what happens in healthcare settings. It is also a philosophical companion. As woolly as this may sound, there is no doubt that the ethnographic approach allowed the author to develop the above ethnographic themes in relation to his observations of CAMHS. No other methodological approach could allow for such generation of interrelated, generalised and contextual themes, which have a real and tangible meaning in this healthcare speciality. Each of the themes above (see figure 3) were developed and grew from simple hunches and ideas fostered by informants from within the various cultures. As collective themes were devised, they were crafted to be the closest representation possible. So for example, the theme of public and private tells how young people inhabit a practical space within such healthcare settings. They have to manage themselves and present in various ways as to project particular images. But such analysis works on many different levels in practice; illustrated from the fact that young people do not have the privacy to masturbate or the subject positioning to exercise any degrees of undefined selfhood. Although never the intention of the author to provide an analytic breakdown here, it should be noted that ethnography allows for the in-depth induction and hypothesising which is now considered advantageous to most conceptual thinking (usually outside of the box and postmodern). It allows for the questioning and critical reflection on issues, encouraged in all healthcare education programmes.

Likewise, the theme of subject positioning grew out of everyday observations and the way certain groups of nurses felt trapped in their roles. In all of the different CAMHS settings the author was able to note how there was a common thread that could be applied to all the groups. Nurses work in multidisciplinary teams. In the everyday run of things some nurses feel they are in a one down position. A subject position, which is often portrayed as an outcome of personal characteristics, traits and personality. Usually something to do with the fact that nurses ‘just don’t have the brains to be doctors’ (an actual common connotation and not an insult – remember that ethnography allows for the ugly and frustrating to be apparent). In every profession there are important people and then there are less important people.
Each trying to better themselves and move up career, social and status ladders - even these categories are determined by the successful. Professionals and lay people alike are constantly aware of being subject to hierarchical positioning, critical (e)valuation in an overall arena of their use value. There is not space enough here to consider all of the themes, but suffice to say that ethnography as a research approach has allowed the author to re-think, consider and even generate new ideas about clinical issues and he would encourage other healthcare professionals not to dismiss it in their own research arsenal. The 4 studies have at their core a number of issues to do with personhood, the nature of identity in healthcare settings and how mental health organisations create the stage on which people perform. On the surface these appear to be quite innocent, but as the author has discovered, using ethnography to think about culture is not the same as persuading other people of its value. We truly are in the methodologically contested present. This brief article introduces the reader to the idea that ethnography is a worthy champion to the novice researcher, but not because it is easy, but because it is simple and ‘doable’.

Some Last Remarks

For some ethnography is the methodological equivalent of Rammstein when compared to the Beethoven of Positivist science. But this article has introduced the idea that even though ethnography is often viewed as being less rigorous that other research approaches it does in fact have a number of advantages. Namely, it is flexible enough to allow for ideas to generate (indeed to allow for complex and interchangeable ideas to germinate, grow and even determine the nature of the overall study). Ethnography is not for the faint hearted because it requires the researcher to be the research tool. It is about participation and as can be seen in the philosophical box (figure 2) does actually have some heavy weight ideas upon which it rests. The 4 ethnographies that have been loosely introduced here inform the current ideas we as healthcare professional have about current CAMHS practice. The themes the work has produced are conceptual and ready for the next research stage. A stage which might and possibly should involve more of an informed research approach involving correlation and testing. Such firming up sits well with ethnographers who are getting more and more used to the unpredictable nature of the ‘the methodologically contested present’ (Denzin and Lincoln 2005).

References

Response Vol 1 (2) p261 – 267.


