

## Pre-field Autobiographic Situatedness, In-field Situatedness, Post-field Text Situatedness

**Abstract** In this chapter, we move closer to our subject and give examples from pre-field, in-field and post-field situatedness in research. We begin to demonstrate how we can do situatedness in practical research, and to open the text to some of the ethical challenges and power/knowledge issues that research is always engaged. In the chosen examples, we apply some of the Gestalt concepts and understandings of relations, which we see as complementary to books and manuals on contemporary methods. Further explanation of the Gestalt concepts will follow in Chaps. 3–5.

**Keywords** Situatedness · Phenomenology · Researcher ethics  
Emotions

To situate means to locate or to place. Situs is Latin for “site” or location, and position. In situ means on-site or in-place. Location or being placed is a relative phenomenon—you are located or placed in relation to something. A person can be in his right place or in a right location. In archaeology, in situ refers to an object that is still located where it was originally found, while other disciplines use in situ as a reference to a place that is reconstructed so that the object can be situated in its original environment. In the social sciences, situating concerns locating the author (or the producer of knowledge) in three ways: we call them field situatedness, autobiographic situatedness and text situatedness.

Other researchers use the term “positionality”, stressing the position of the researcher relative to interlocutors rather than the site taken up by her as such (Damsa and Ugelvik 2017; Dottolo and Tillery 2015). Given that sites are as relational as positions, the difference between the two terms “situatedness” and “positionality” seems to us to be of little consequence.

Let us start with the conduct of research in the field. When we carry out observations or do an interview, it is relevant how we experience and are experienced by those people we interact with and observe in the field, because such experience is one factor that determines what these people talk about, how they talk about it and how much they talk about it. The unsaid and undone may in this context be decisive for the data created in the field and how we understand that data. It is the researcher’s task and challenge to reflect upon this. We call this field situatedness. To reflect upon this is important not only because it concerns the continuous positioning of ourselves as researchers in the field, how that positioning impinges on what happens when we are in the field, but also because there exists a field, in the psychological sense, between the researcher and her informants or interview partners. This type of inter-psychological field is thoroughly studied by one school of psychologists, the Gestalt psychologists.

Gestalt psychologists are phenomenologists. A key point in phenomenology is that the past and the future always exist in the present, as experiences and as expectations of consequences, respectively, and this has implications for our autobiographic situating. It follows that researchers not only are field situated—i.e. situated here and now in the present situation of doing research in the field—but are also situated by virtue of their past and of their future. The past situates the researchers socially in the sense that they carry with them their own social positioning into the research situation. Their background and their ways of being in the world (sex, ethnicity, class, religion, etc.) are relevant for what they study, what kind of research questions they choose to inquire and how they go about studying them. We are “always already” socially situated before we interact with somebody, to use a basic insight from hermeneutics, a near cousin of phenomenology. Psychologist George Herbert Mead divided identity in two: “I” experience that I am this or that, while “me” is what the significant others experience as me\attribute to me. While field situating is about reflecting on how the others’ experience of the researcher-self (me) continuously influences the data collection processes,

autobiographic situating concerns reflections on how the researcher-self developed through a myriad of personal experiences and past relations (primary socialization by the family; secondary socialization into a specific type of social scientific researcher, etc.). What we call autobiographic situating is thus reflections on one's own social position, experiences and background pre-field, or, to use a colloquialism, "where we come from". To be aware of our autobiography is important because meeting informants in the field triggers certain aspects related to our autobiographies. Doing autobiographical reflection is also important throughout the research projects, because one's own history contributes to deciding the choice of research and how to approach it not only before we enter the field, but also during our stay there. Autobiography bleeds from the pre-field to the in-field phase.

While researchers are field situated in the present, and autobiographically situated by their pasts, they are also situated with respect to the future. Researchers usually have expectations with regard to the results of the research that concern writing up of text as well as the expected publications, and the possible effects of those publications. One social scientist who wrote a book about cannibalism chose the topic because he wanted to make a big public splash upon publication.<sup>1</sup> Such a pre-field choice cannot but impinge on the research and so should have been noted in the published book, but was not. By any standards, this is a non-choice that should be hard to swallow for any methods-aware social scientist. To generalize, the researcher is situated in relation to the processing and finalization of the collected material. Moreover, different requirements apply to the presentation of data in different contexts, such as the writing of a master thesis versus a scholarly publication. The publication will be presented differently according to the genre one chooses (essay, article, chapter, book). Using the material for the second time you, will think differently about it and use it differently than you did in the first analysis. Handling the material also has a legal side. If a criminologist writes about an illegal affair that she has seen or participated in in such a way that stakeholders can be recognized, she may be partially responsible for lending a hand in bringing these people to justice. If an anthropologist does not inform her reader that during her fieldwork sexual abuse of children took place, and such practices are illegal in that country, she may be subject to legal punishment. Furthermore, there are ethical considerations involved: is it, for example, ethically responsible to portray a politician in a way that damages his character based on interviews

with his political opponents? Is it ethically responsible to let one's feminist political stance on women's care work as embedded in the suppression of women, colour one's views of recipients of care in home service arrangements? These examples also point to the political situating of the writing situation. Researchers' publications are often used to legitimize or marginalize the topics, persons, groups or organizations they have researched. They can, of course, not predict the consequence of their actions any more than others—their rationality is limited, as political scientist Herbert Simon (1997 [1947]) pointed out 65 years ago. This, however, does not mean that the researcher may suspend the commitment to reflect on the consequences of depicting informants in specific ways, or of the commitment to reflect on what the consequences of publishing a specific text may be.

The research process is attached to the *Gestalt* world. When we write data into text, we seek the most complete and coherent work. This book, for example, started as a hazy idea, then bloomed first into a chaotic collection of observations and then a somewhat less chaotic collection of text fragments, only to end up as a series of consecutive drafts. All along, the basic thrust was towards greater coherence. Text situatedness is, not surprisingly, related to the *Gestalt* text. Note that the psychological fact that we search for Gestalts does not in any way imply that the world consists of ready-made Gestalts; our identities, research processes and texts are, and must be, far from perfectly complete and whole. If they already *were* wholes, there would be no point in striving towards wholeness. Moreover, both the researcher, the meeting between the researcher and the rest of the world, and the text will continuously appear in different versions. The researcher learns from the research process and is thereby changed by it, the research process changes the world (in most cases insignificantly, but the point here is that doing observation principally changes that which is observed), and the text will keep changing in the sense that it will have ever new receptions—or, more commonly, ever less reception.

In order to situate ourselves, we will now give some examples of in-field situating, pre-field autobiographic situating and post-field text situating from our own research. The first example of in-field situating is from a fieldwork and a subsequent interview with an adolescent from a residential care institution for youths. The example shows how the researcher uses information she has gained through her fieldwork; from participant observations of social interaction and conversations with

different actors, to display sensitivity and cautiousness during an interview. The second example, regarding autobiographic situatedness, originates from an autobiographic text from a meeting with a public health visitor in a public health clinic and reflects upon the meaning of this meeting for the author's subsequent research on public health clinics in Norway.<sup>2</sup> The third example, on textual situatedness, is based on a text where the researcher subject is only implicitly situated in the text. The example shows how the researcher's analytical perspective has grown out of her conscious work with emotional reactions and categorizations as part of her autobiographic pre-field situating and in-field situating. She nonetheless finds it difficult to include this analytical work in the published text.

### FIELD SITUATEDNESS: THE PILLOW

I (Cecilie) am in the residential care institution where I am doing field-work. One of the girls, Vilde, one of the social workers and I talk about how it is to be a child/adolescent, how awkward and like an outsider one may feel, and how it is to make a fool of oneself and to feel embarrassed. Another social worker arrives to show us a poem written by one of the other girls, Gro. The poem is about loneliness. Each of us reads it, and we all tell Gro that we think it is a beautiful poem. The social worker says: "I wouldn't be surprised if she becomes a writer". Gro, the girl who wrote the poem, smiles shyly, but also looks proud and asks me: "did you really like it?" which I confirm that I do. We spend the rest of the afternoon making Easter eggs and having fun. Gro has the touch and makes beautiful eggs. I am clumsy, I spill glue and my eggs end up being rather ugly and uneven. The day after, Gro arrives with a large box. I am sitting at the kitchen table in the common room together with the social worker from the day before, who is also Gro's personal contact person. Gro opens the box. In it she has a collection of pictures from when she was newborn in her mum's arms and up until about 7 or 8 years ago. She is going to make a photo album and has asked the social worker to help her. Considering that she is so crafty and has an obvious sense of aesthetics (which I read from the way she dresses and applies her make-up), it seems to me that she does not need any help to do this job. It turns out that this is true; she does not need help to make the album. What she needs is to be with the social worker, it is to her Gro wants to show the pictures and share with her a part of her life. I sit at the

other end of the table and try not to appear too pushy—eager to see the pictures—or appear uninterested and dismissive by getting up and move somewhere else as if I assume she wants to be alone with the social worker. Gro asks if I want to look at the pictures. Both the social worker and I are deeply touched by the pictures, which nearly makes us cry (we talk about this afterwards). Gro shows us pictures from a life that looks completely standard. There are pictures from when she was an infant together with mother, pictures from several Christmas parties and birthday celebrations, from the first day at school, from playing in the living room with her siblings and at the playground outside of the house she grew up in. Then something must have happened, because after a certain age there are no more pictures of Gro.

Later, when I am about to do an interview with Gro, I have some information about her, and she about me. I assume that she wants to talk to me, she has consented to be interviewed, but I also think that she is understandably ambivalent towards me as a researcher and an outsider. My observations of her way of being in the institution and of her body language in this and other contexts have given me some ideas about which kind of questions and topics she will probably feel offended by and is therefore likely to avoid. What this means more specifically though, is at this point still a matter of guessing.

Entering the meeting room where we are going to do the interview she says: “Is this going to take a long time? You see, I’d really fancy a cigarette”. I answer “No no, you decide, we talk as long as you feel like it”.

My interpretation of this statement is this: Gro immediately tells me that she feels like doing something else. This may be because she actually feels like having a cigarette just then, but it may also be an expression of insecurity about what I will ask her. I interpret the statement as the latter, and as a warning. I need be careful in the sense that she wants to make her own decisions, and that I have to respect her personal boundaries in the interview situation. My answer indicates that this is the way I interpret her.

We enter the room and sit down, me on a chair, she on a sofa. There is a table between us. I comment that the room is a bit cold and ask if I shall turn up the heat. She answers that it is not necessary but simultaneously covers her belly with a pillow and wraps a blanket over her shoulders. She holds the pillow tightly over her belly. Registering this, I am thinking that this is another demonstration of personal boundaries, and

that I should not expect her to talk about things she is not ready to talk about. Then she says: “You have to make sure they don’t take this institution away from us. It is a really good place to be”.

I answer “Yes ok, could you say a bit more?”

She replies “The best thing about being here is that you can be left alone. Everyone here has experienced things, but we don’t need to talk about it all the time. The social workers are nice, and they make us feel safe. This is a place where I can relax—and I really do relax here”.

This is clear speech. She has two important messages for me. First, that she is afraid that I may be a researcher that could ruin the institution she is so fond of. Second, that this is an institution where everyone knows that the reason she is here is that she has been abused, but she does not have to talk about the difficult things all the time. This is a place where she can relax. In other words, she asks me quite clearly to avoid asking questions about the difficult parts of her life, like how it is to be at home, and why she is in the institution. The figure is fairly clear: Do not invade me.

During the rest of the conversation, we talked a bit more about the good things that characterized the institution and also what she missed and would she wants more of. She ended the conversation after 20 mins by asking: “Are we done now?”

For my research agenda, which was to evaluate the institution and, among other things, inquire into the collaborative work between the social workers and the youths and look for possible positive effects and developments in the youths spending time there, it would no doubt have been useful to learn more about Gro’s background the way she understood it. However, I considered it completely unethical to ask her about this. She drew clear personal boundaries through strong bodily signals, and by repeatedly telling me that what was good about this institution was that she was not pushed or manipulated into telling anyone about her difficult early life or present situation. She could talk when she felt ready for it. Note also, and there is no point in denying this, that there is a confluence between ethical and instrumental concerns here. If I had thrown ethics to the wind and pressed on, what kind of quality would my ill-begotten data have had?

Of course one need not be a Gestalt therapist to understand that an informant who wraps a blanket around her shoulders and holds a pillow tightly over her belly most likely expresses a clear desire not to be invaded and to have her personal boundaries respected. But, if I had

been just a little less experienced or perhaps just another type of person, I might have interpreted the pillow and the blanket as a sign that she was cold, and the statement about the institution as an invitation to talk more about how her life was when she was not in the institution. To me, it was the first interpretation of her body language and of her verbal expressions, reinforced several times during the conversation, which became the figure—"don't invade me"—and which became decisive for the continuation of the conversation and the questions that I asked during the interview.

Now, I cannot be completely sure of this interpretation. I could not ask her directly. Still, since I spent time doing fieldwork in the institution and therefore had the chance to observe her in many different situations interacting with the other youths and the social workers, I am as certain as I can be that this was a correct interpretation. In addition, the staff at the institution later confirmed my interpretation, at least indirectly, in staff meetings.

How, then, should an inexperienced student that finds herself in a similar situation behave and react? Or, can an inexperienced student be sure that she will be able to handle a situation like this at all? What is the actual challenge here? The challenge, as we see it, is as simple/straight-forward as it is complicated; a researcher may get a lot of help from taking bodily signals seriously. A pillow pressed hard towards the belly may mean several things to the informant, but it most certainly is a signal that the researcher should be careful, whether it is because the informant is very shy, has the need to demonstrate personal boundaries, is afraid to be invaded, or wishes but finds it emotionally difficult to talk about a specific topic. In addition, the more vulnerable, deprived or marginalized informants are, the more sensitive to bodily signals of personal boundaries the researcher ought to be.

In Chap. 1, we made the point that the researcher creates rather than collects her data. The example of the pillow is an example of this. It was awareness in the field situation that made me pick up what was going on—I was relationally situated then and there, in the present. One reason why no two researchers who do field work will come up with the same data lies in the fact that they will be differently relationally situated in the field. We have just given an example of how one of us was situated in one specific field, and should like the reader to think through how he or she would have been situated differently in terms of gender, ethnicity, age, and so on.



Situatedness does not stop there, however. How we are situated spatially in the field and temporally in the present also depends on how we are situated in a different temporality, namely that of our own personal histories. One reason why I picked up the bodily boundary setting so easily was to do with my own history of learning about bodily boundary setting. Like all humans, researchers cannot observe anything if they have no categories. One's categories come from one's cultural background, and also from one's personal history. What we observe in the present depends partly on our pasts. We now turn to this challenge of self-reflection, which we call autobiographical situatedness.

### AUTOBIOGRAPHICAL SITUATEDNESS: WOMEN AT THE PUBLIC HEALTH CLINIC

As we mentioned in the beginning of this book, there are great similarities between the phenomenon called preconception and what we in this book call autobiographic situating—the latter is the process by dint of which the researcher strives to understand the former. Preconceptions originate from and are the result of the researcher's own life experiences from everyday life, studies and professional work—and is therefore to some extent available for reflection.<sup>3</sup> This process of reflection not only enables the researcher to be as conscious as possible to what he or she brings of perceptions, opinion, knowledge, experiences and prejudices into the research situation and how and in what ways her particular gaze influences and decides what she sees and finds interesting, but also brings into attention how and why she co-constructs knowledge with her informants about the subject of inquiry. The importance of being conscious of preconditions and judgments were paramount to the founders of both phenomenology (Husserl) and hermeneutics (Gadamer) when they outlined how our interpretation of texts and of the world works. It is, however, primarily feminists who have emphasized the influence of the researcher's autobiographies; our preconditions, presumptions and judgments on the production of knowledge within the research enterprise. They have insisted that all knowledge is situated, specific and local, and so have challenged the universalist claims of both knowledge and the "objective" and "analytically unaffected" knower (cf., for example, Haraway 1991; Harding 1991, 2015; Knorr Cetina 1999; Skeggs 1997; Jackson 2011; Sjöberg 2014). On the contrary, and as laid out in the

previous chapter, Harding in particular but also Knorr Cetina and others have convincingly shown how knowledge production even in the natural sciences are shaped by the researcher's preconceptions, specific and general cultural belonging, gender, nature, politics, etc.

When we choose to use the term autobiographic situating and not preconceptions, it is because we want to be more explicitly able to discuss the meaning of the researcher's personal background and experiences, although constantly shaped and reshaped when encountering the field, and, as we will address later in this book, to address the questions of awareness and body language. At this point, we choose to bracket the influence and meaning of empirical and theoretical preconceptions (professional), even if our own experience is that this will be included in the preconceptions as a part of a more experienced researcher's autobiography. We will return to this dimension of autobiographic situating in Chap. 6.

The next example is from Cecilie's doctoral research on public health visitors and their experiences with, and handling of, children they suspected to be victims of neglect, violence or other forms of abuse (Neumann 2009).

When I started interviewing public health visitors, it soon became clear that not many knew much about abuse and violence against children. The dissertation therefore ended up inquiring into the meaning of the public health visitors' worries about children and their parents in general, and their worries about children potentially subjected to violence and abuse in particular. I approached this by asking them what they regarded as their main interests and concerns during consultations, what they were looking for in children and their parents, and what they were observing during such meetings. The analytical framework of my research was guided by the relationship between normality and deviation, and the question of what were the conditions for action that shaped and conditioned the work of the public health visitors.

Choosing public health visitors as my subjects of study was not completely accidental, but neither fully planned. When I had my first child I was a graduate student in sociology. My first encounters with the public health clinic left me provoked to the extent that I often discussed with my fellow students how strange it was that so little research and debate was devoted to such an intrusive institution, which intervened in the life of parents and their parental practices to the extent that it did. I did not let go of the idea of studying health visitors, and several years later, when

I learned that I had received funding from the Norwegian Research Council for my Ph.D. project on public health visitors, I happened to have a clean out in my loft. There, in a little box full of old letters, I found a text I had written after a visit to the local health clinic when my first child was about one year old. It went as follows:

Hedda and I have been at the public health clinic. Hedda is 1-year-old. The health visitor knows everything about children. She knows what Hedda must eat and drink. She knows how tall and how heavy Hedda ought to be, and she knows when she should crawl, climb, walk and run, when she should draw and read, and she knows which toys Hedda should play with and how she should play with them. "Does she pick crumbs?" "Does she play with bricks?" "Does she put toys into crates and take them out again?" the health visitor asks. And I answer yes and tells her what Hedda does and what she knows. But when Hedda and I are at the public health clinic, Hedda is not fully "herself". She doesn't like to be dressed and undressed several times. She doesn't like to be weighed on the scales, and she doesn't like to be placed on the bench for measuring. Hedda cries and the nurse asks if Hedda has had a bad day.

The nurse introduces toys to Hedda to see if she plays with them "correctly". "Does she put the bricks into the crate? Does she add and remove the rings to the pole?" But Hedda is unhappy and doesn't want to play with the health visitor's toys, she only wants to sit on my lap.

The health visitor is running short on time. She asks what Hedda eats and drinks, how often and how much. The health visitor explains that liver pate and brown cheese are important to eat because they contain iron, and iron is crucial for Hedda's physical and mental development. To have a bottle of milk in the evening after toothbrush is a no-no; the teeth must be kept clean and fluorinates taken every day. Then the health visitor asks if Hedda still breastfeeds and I say yes. Then the health visitor comments "we usually recommend weaning when the child is around one year, if not the breast can easily become a comfort object, and it will be difficult for her father and other adults to be care persons for Hedda".

Was there anything else? No, that was it for the 1-year check up. See you again in 5 months. Hedda and I proceed to the doctor, and the health visitor receives the next child in line.

Hedda and I get dressed. I put Hedda in the pram and we walk home. Do public health visitors really know everything about children, I wonder. Are there, for example, other good sources of iron than liver pate and brown

cheese; for what if Hedda doesn't like brown cheese, and I don't want to give her liver pate? Is it really so that breastfeeding after 1 year is bad? And is Hedda really lagging behind in her development because she doesn't want to play with the health visitor's toys?

I feel upset and angry on the way home from the health clinic. Darn control and bugger intrusive interference, I am thinking. I feel that both Hedda and I are surveilled without any reason whatsoever.

For I know Hedda is a wonderful child. A normal, loving and healthy child, who plays and screams, smiles and cuddles, cries and laughs just like any other children her age. She crawled when she was 6 months old, walked when she was 10, she says hello and goodbye, she knows how to clap, wave and show how big she is, she turns the radio on and off, plays with cars and dolls, examines her environment and is curious and eager to learn. And I am proud of my daughter, for all she is and all the strange things she does, but after having visited the public health clinic I am full of doubt and indignation.

This was how I thought then, and it was an important part of my situatedness once I entered the field to study health visitors professionally. Many years and several children later, I have a different relationship to public health visitors and their clinics. In my doctoral work, I emphasized that this was due to less vulnerability on my part, but also that I later encountered nurses with different approaches and foci. I wrote that what I then reacted to with great vulnerability today appears as a standard programme for control, and potential education of me as a mother, as a way of ensuring (the public interest in securing) my child's well-being. I also wrote that I later experienced the public health clinic as a nice and friendly place to be. This experience, however, became important because it alerted me to move from ethical considerations defined by proximity in the health visiting work (the mechanisms framing the professional care given to the specific "other" in the here and now), to an understanding of the public health clinic as a place framed by a public health, second-order care perspective, and to develop an analytical framework to study power relations. I realized that one of the most vulnerable elements of the health visitor-parent relation probably is embedded in the fact that while the child is a specific and (hopefully) significant other to the parent, the child is a specific but first of all a generalized child to the health visitor. This analysis made it possible to see, perhaps paradoxically, that compared to other similar professions such as nurses or social

workers, public health visitors do not exert the same degree of authority. This is due to several structural conditions for action and circumstances not to be discussed in detail here. The interesting part of the analysis was that the public health visitors possess a type of power or influence that partly resembles but also diverts from the types of power normally discussed and problematized in research on professionals' relationships with their clients or users. The power of the public health visitors is more general and less specific, which makes ethical concerns of proximity less relevant to the health visitors, e.g. the possibility to offend or violate clients during consultations presupposes a relationship that is understood as important or even imperative to the client in the sense that the clients material or physical well-being depends on the professionals judgments and decisions, and this is not how the health visitor-parent/child relationship is structured. Their position as a part of the state's power apparatus through the indirect governing of parental practices becomes, however, quite visible.

Before reaching this insight, however, my thinking was for a long time affected by prejudices towards the public health visitors as a profession. More precisely, my personal reactions due to my earlier experiences had turned into a generalized understanding that public health visitors represent women who diverted from the female gendered expectation that they qua women and nurses *should* be adequate care providers. Despite the fact that I consider myself a feminist, and despite my knowledge of feminist voices having pointed out that these female gendered expectations towards female care workers are problematic for women as workers and carers in different public and private contexts (Hochschild 1983; Leira 1992; Skeggs 1997; Solheim 2007), I had a hard time getting rid of these gendered expectations. In effect, I had to confront them actively in order to be able to approach the public health visitors analytically. My preconceptions came in the way of taking seriously what they said about their work and their experiences as health visitors, and also stood in the way when I tried to understand the conditions for action that shape or constitute their work. It was this active situated confrontation with my gendered prejudices against the public health visitors, together with academic discussions with Iver (another example of situatedness), that paved the way for this particular Foucauldian power analysis.

"I" have so far in this example been Cecilie. If I compare—and now "I" am Iver—Cecilie's notes with my own experiences with public health visitors, it becomes embarrassingly obvious how important situatedness

is. My preconception of public health visitors was that she was the one feeling our private parts at school to check if the testicles had fallen down as they should. It was she who served some wicked fluid on a biscuit as vaccine, who shot the Tuberculosis vaccination on the shoulder that left a scar that is still visible, and who was never there when we fell and scrubbed our knees in the schoolyard and needed comfort. The last time I encountered a member of this profession was during three visits to the public health clinic with our son Iver Jakob. The first time Cecilie and I went together. I have during my 54 years never—and I mean never—felt so ignored. The health visitor did not greet me when we arrived, consistently addressed the mother, and did not respond to my questions. The other two times I was there on my own. Then the health visitor insisted on teaching me, who have been involved in raising six children, how to change a nappie. They complimented me for protecting the baby's neck. They became insecure when I asked questions. What is interesting in our context is that they were probably unaware of the fact that they appeared socially and professionally wholly incompetent. My presence did not match their preconception, which dictated that mother should have been present during the consultations. While they probably had oodles of experience in dealing with men in many other situations, they had no training in relating to them in a professional context. Researcher, be aware, that is, beware: you do not want to appear to your informants the way the health visitors appeared to me. Moreover, beware that you, as a researcher, does not let your own preconceptions (or, if you like, prejudice) get the better of you and stop right here. Try to objectify the situation and take into consideration how your presence may *produce* what you see. In these cases, the health visitors were young, lower middle-class female, while I was an older upper middle-class male. My immediate judgments of incompetence may be unfair, even wrong, given that I did not see these health visitors interact with males whose age and class were more similar to their own. An alternative reading, then, is that the situation was not overwhelming for these health visitors because I was a male, but because I was a specific kind of male. Further research by a male other than me is needed before generalizations can be properly made.

The point in giving this example is to show that the autobiographical dimension is important and active, and that it must be subjected to critical self-analysis, whether its particularities become clear to us pre-field, in-field or post-field, so that our experiences do not sneak up on us from

behind and cloud our researcher's gaze. Here, students and researchers may learn from the Gestalt tradition, which deals precisely with how and why the therapist ought to have clarified as many of her central life experiences, values and attitudes (and neuroses) as possible, as this work will enable her to act ethically in the therapy situation, and to meet the individual client as openly and without prejudice as possible. This is an ongoing process through the different stages of research as well as in life in general. A challenge that one of my teachers (and now Cecilie is writing) in the Gestalt education once gave was this: "Can you recognize the aggressive impulse that makes you understand why people hit one another, and even, in extreme situations, will kill each other?" Most of us students answered by denying having had contact with such an impulse. My teacher then responded: "Well, what do you do, then, when you receive a client that needs to process such an impulse?" His message was that if the therapist does not acknowledge and know her own aggressive impulses, chances are that she will enter a morally condemning mode when confronted with a client's aggression, and subsequently, will be a far worse therapist than if she did understand and accepted this impulse as something she could recognize in herself.

It does not make sense to expect an identical self-analysis of a researcher. Our aim is simply to point out that in many different contexts during the research process, it is valuable to reflect on the autobiographic aspects activated when inquiring into a field, be it pre-, in- or post-field. Autobiographical reflections may be analytically useful before the physical meeting with the field (when choosing a project, asking why exactly this project was found interesting), when reading the relevant literature, when preparing research questions and questions for interviews, and during and after experiencing the field. The work of reflecting on how the researcher's own autobiographical status impinges on her production of data is in principle never-ending. It will follow us into our introduction of the third kind of situatedness that we will discuss in this book. If we think of the creation of data in the field as the present tense of research, then autobiographical situatedness will lie mainly in the past. What will also always at some level be with us in the field, however, are the intentions about what to do with the data we create later on.

One key bit of advice is not to concentrate too much on this, for that would detract from the awareness one needs in the field. Still, intentions are always there, and intentions concern what to do in the future. We are moving into the realm of what we call textual situatedness, by which

we mean which data to include and which to leave out in the texts that are the results of our research, and also how we situate ourselves in the finished text. The latter concerns what we tell the reader about our field positioning (was I having an affair with the main informant and, if so, what is the significance of that for data production?), what kind of autobiographical baggage we took with us in there (did I give priority to producing data about diplomacy since I myself was already fascinated by it before I entered the field, or was there something particular about local diplomatic practices that really commanded my interest?) or whether we make our own changing understandings of what is going on in the field a clue line of the text (see Neumann 2007). We will return to that in Chap. 6. Here, we want to concentrate on the anticipations of what will go into the text, what we could perhaps call pre-textual situatedness.

### TEXTUAL SITUATEDNESS: THE EXAMPLE OF MOTHERHOOD

The next example is an excerpt from Cecilie's field diary and the following analysis from an evaluation of a home-based children's residential institution (Neumann 2010). My task was to assess whether or not this institution supported the children's social and emotional progress, and to give an account of how the social workers conducted their care work in this regard. My autobiographical frame of reference as a mother was a central, but implicitly articulated, premise for the analysis, and this reference served as the basis for a brief theoretical discussion on different approaches to care and care work based on the differences between private parental practices and working professionally with children and adolescents in institutions. The challenge of textual situatedness is among other things an ethical one—how might it affect my interlocutors that I include this or that observation about their lives in my finished text (see also Dauphinee 2013)? Second, there is the challenge of style as well as that of courage. Although I included autobiographical points of reference in the text, I struggled with my courage. How would my employers, who had paid for the research, react when I used my experiences as a mother as an analytical strategy to interpret the social worker's professional care work? Here is an everyday narrative from the field that was included in the final text:

Two of the youth, Ruth and Anders, are standing by the kitchen counter, joking. One of the social workers is with them. Anders constantly “bumps”



into Ruth. The social worker looks at Anders and says: “It would be great if you could fill the dish washer now, (smiling) I think you are able to do that”. Anders replies: “Yup, it’s good that I don’t have to clean those darn cups”. Then he puts his own cup and a couple of the other cups on the bench in the dishwasher. He grabs some food and milk from the fridge and climbs the stairs to the second floor where one of the other social workers is available for helping out with schoolwork. Ruth seeks more contact with the social worker than I have seen her doing for a while. She continues to stay in the kitchen talking to the social worker. They talk about which film they want to watch later that week. Anders noisily reappears. He walks with heavy steps. He asks if he can make a cake, and the social worker says he may. She helps him find the right kitchen wear and some of the ingredients necessary for making the cake. A bowl, measuring cup, cake mix and butter; the rest he manages on his own. When the dough is ready he proudly parades it around the kitchen and living room, asking if people are looking forward to taste his cake. Ragnar, another of the youths, seems calm and content. He talks more, jokes and smiles more than he did a few weeks ago. I move into the living room and sit down next to Ragnar and one of the social workers, thinking that their life in the institution to a large extent resembles life in an ordinary family. But there is still an institutional dimension to this life or way of being together.<sup>4</sup> It is something about the staff’s patience and continued presence that contributes to the institutional feel. The staff is very pedagogical—much more so than I am with my own children. Episodes like the following are not uncommon:

Do you want me to help you with your homework?

No, I am tired

Ah, come on, let’s go upstairs and do it, it’s better to be done with it

“No, I want to wait a little”. The boy picks up a magazine, and the conversation ends.

[...]

If this had been one of my children, I would have insisted on the homework. (Neumann 2010, p. 49)

Had I insisted on the homework, as in the example above, I would have created a situation that most probably would have ended up in a conflict. The question then is; what exactly is it that the social workers do, as opposed to what (good enough) parents would do, that is therapeutically helpful for the children?

It was this gap, between my own emotional reactions in the situation and reflections on how I would have handled my own children differently in similar situations, and the social worker's emphatic yet emotionally detached actions, that finally allowed me to appreciate the professional care work done by the social workers, as distinct from care given in a familial environment. Thus, my autobiographically situated categories of the idealized child–parent relationship, bled into my initial evaluation of the social worker–child relationship. Acknowledging this eventually allowed me to analyse care as a sociological concept with this specific institutional context as a point of departure. This is how I wrote up the published analysis:

My observation is that the social workers have flexible and generous boundaries towards the youth, meaning they are much more patient with them than I am with my own children. This does not mean, however, that they do not set clear boundaries or mark the limits of what is and is not allowed and expected of the youths in the institution, and neither that I think they should set clear boundaries more immediately. Providing a youth with care in a public institution is different from giving care in a parent-child relationship, where mutual love and trust, at least ideally, defines the relationship (for different viewpoints and discussions of this, see Løgstrup 1997; Wærness 1992; Leira 1992). If establishing too strict boundaries and limitations to what is and is not allowed in a context of professional care and therapeutic activities, the social workers risk jeopardizing the main goal of assisting the youths to (re) build trust and confidence in themselves and their social surroundings, and to start seeing themselves as worthy and competent actors. Finding the right balance in the conduct of discretion between individual care for the specific youth, defining acceptable and not acceptable standards of behavior that may apply to all, and practicing rules in common and predictable manners, is indeed topics of discussion among the staff in this institution. They are, however, equally concerned with the professional ethos of self-reflexivity as a fundamental prerequisite for doing good professional social work. They talk about how they perceive the youths, how they react at their actions personally/professionally (like how they feel and what they do when the youths are displaying signs of being in need of care and attention through intimate as well as aggressive acts), while maintaining the professional focus of not making the youths into individual deviators (she is a hopeless case, something is wrong with her) or deviators in comparison to the rest of the group (he doesn't really fit in here). (Neumann 2010, p. 50)

Note the weak textual situatedness here: It should be obvious that I draw on personal experiences, but I do not say so directly. We will come back to this, but first, we want to dwell on how this paragraph demonstrates why autobiographical situatedness and reflexivity is such an important preparatory exercise in the pre-field stage: it preps you on your own categories and so increases the possibility of staying aware of exactly how you single out this rather than that phenomenon for data production out of the never-ending flow of phenomena that surrounds you while in the field. This is how the work on autobiographical situatedness comes into play in the field and so becomes a part of field situatedness. Becoming aware of the self and of what happens with you when you relate to the other(s) in the field may be highly analytically rewarding. Being aware of how I (Cecilie) categorize others (persons or texts) with regard to professional social work (or class, or gender, or ethnicity, or...) may open up possibilities for analysing power and care that I had not thought of before I entered the field. For me, this is an emotional path that follows from experiences of anxiety, uneasiness, or restlessness, that often result in productive analytical questions (see also Dauphinee 2013).

This way of making a part of one's autobiographical experience relevant in the analyses of the field is, as should now be clear, a variant of endless possible ways, and in Chap. 6 we turn to more principled and genre specific challenges in text situating. Even if the researcher subject, the I, is relatively clearly positioned in the example above—both as an analyst as well as a mother and a person who reacts and reflects on the interaction between the social workers and the youths—I, Cecilie, did not include the intense emotions that were triggered in me in the final text, even if they were important in two significant ways. First, they let me stay close to the field (the emotions were so present that I had to deal with them). Second, the questions I started to ask myself because of them (what is the difference between care given in private and professional contexts, and why are these differences important) gave an entrance to the analysis of the empirical data. However, I did not fully include the reflections on how I developed my analytical perspectives in the final text. I feared that my employers would judge me as unprofessional if I revealed in the final text that my analysis were partly based on my emotional reactions and autobiographical work on motherhood, even though I believed—and believe—my scientific reasons to highlight the reactions of the “researcher subject” and to specify how I filled the

subject position as researcher were relevant and interesting, thinking here in particular of Harding's concept of "strong objectivity".

Was it a question of courage, or the lack of it on my part? Yes, and it certainly sometimes takes courage to include stuff about how data were produced. One famous non-example concerns Pierre Bourdieu's doctoral thesis, *The Bachelors' Ball* (written in the early 1960s, published 2008). Pierre needed many decades to pluck up the courage to tell the reader that the whole project had been about the prodigal intellectual son's reintegration in his rural Bearn and how his main informant had been his mother. According to positivist research ideals, these were big no-noes, and for all his seeming barricade-storming, young Pierre did not find it in him to come clean. And that was only about himself and his career. In my case, the question of other people was in the balance. Young people who had a bad start found this institution to be a partial redress. That had to count for something, and so I left out certain data and wrote certain other sequences up like this rather than that in order to give them a break. To give them that break was certainly a break with the ideal that researchers shall account for as much of what she observes as possible. Another researcher might have made a different call. This aspect of textual situatedness is particularly tricky because it concerns non-events, namely the leaving out of stuff from texts. The text itself does not bear witness to what went on, only the subsequent extra-textual intervention of author, interlocutors or third parties may bring them to light.

Many of the fundamental questions concerning child protection work, and in particular where children have been removed, fully or partially, from the care and custody of their parents, challenge one of the most central values of Western societies, i.e. that parents and children belong together. Even as an observer, as I was in the example above, it can be painful and emotionally challenging to witness how young people who have experienced different kinds of abuse and neglect have little self-confidence, struggle to trust other people, display that they do not know what is expected of them in different social situations. It is an emotional challenge on many levels that may trigger the researcher's own experiences of abuse and neglect, or her fears that something could happen to her own children. The pain I experienced tempted me to distance myself from the field. As my job was to evaluate whether the "institution" were successful in creating positive changes in the youths or not, I realized

that in order to do this, I had to *adopt a gaze* that made me capable of seeing the youth, and to recognize the work that was being done by the youth as well as by the social workers on an everyday basis in everyday social interactions in the institution, to be able to discern possible changes.

Many researchers who have done fieldwork have articulated how boring it can be to observe interaction for hours, when you are not a direct part of that interaction yourself (see, e.g., Patton 1990; Album 1996; Fangen 2004; Erickson 2011, p. 50). When the observations are directed towards situations that resemble ordinary family life, it is easy to become analytically inattentive. People eat, shower, watch TV, read magazines, talk, do their homework, go for a walk, do the dishes, drink coffee, and so on; small seemingly aimless undertakings that most people do in some form or another when coming home from work or school. Knowing this, I consciously had to activate my own frames of family references and experiences, my classed and gendered expectations and preconceptions, so that I could be able to see—and be attentive of—what was taking place in the institution, understanding that what I observed of social interaction that resembled things we all do in everyday life, had implications far beyond what I usually attribute to my own family life. This is a trivial but important Goffmanian point, still, it was painful to have dinner with seven adolescents knowing and seeing that none of them had the experience of eating dinner regularly, observing how they practiced simple things like passing the spaghetti bowl (with careful support from the social workers), asking each other questions about how the day had been, learning to wait for the response before a new question was asked. If I had not acknowledged this, I would not have been able to recognize the progress they made.

The idea behind this chapter was to give three empirical examples of how situatedness is a part of, often a central part of, the research process. We will return to the questions and challenges involved in situating oneself and give more examples of the three main forms of situating the research. We will also discuss other dimensions and challenges the researcher may encounter in the research process. But before we do that, in order to provide the reader with a conceptual platform, we will first present parts of the historical and philosophical background to the Gestalt tradition.

## NOTES

1. Personal communication to one of the authors from Harald Olav Skar.
2. In the UK, the health visiting services are located at the General Practitioners' offices. In Norway, the services of the health visitors are offered to all children and their parents in specially assigned public clinics. Here, the children's health and growth are medically monitored, parents receive information and advice on everything concerning their child's physical, cognitive and emotional development, and the children are offered vaccinations.
3. We write "to some extent", for, as Lakoff and Johnson argue on the strength of neuroscientific data, most of our own thinking and feeling processes seem to remain unavailable for reflection (see also Damasio 1994).
4. That I discuss institutional characteristics may seem paradoxical, since this institution is an initiative based on youth staying at home as much as possible. The institutional dimensions are activated due to the fact that about 10 youths between the age of 12–16 spend three afternoons and three evenings a week in a house, and also go out for weekend trips once a month.

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2018, VII, 115 p., Hardcover

ISBN: 978-3-319-59216-9