The importance of the autobiographic self during research among wartime children in northern Uganda

Grace Akello

The person of the researcher or evidence of her actual presence or engagement in research is typically hidden in most scientific studies, many anthropological studies included. My doctoral study involving the assessment of wartime children's illness experiences in northern Uganda forced me to confront painful aspects of my own childhood. As I met with school children and their kin, I engaged with their childhoods in an intersubjective space in which I examined my own childhood as it has shaped my adult life. My resulting struggles in the field and in thesis writing have been partly discussed elsewhere but, I have never articulated these experiences as a fundamental aspect of my knowledge development. Up to now it has been unimaginable to think of exploring something which I would rather leave to rest, especially since the memories are still painful and generate distress. In this paper, I intend to explore the fundamental importance of my autobiography as an ethnographic tool for my research.

[autoethnography, poverty, suffering, children, autobiography, intersubjectivity, Uganda]

Introduction

I have come to realise that as a result of my ethnographic research on wartime children's suffering and quests for therapy in northern Uganda between 2004 and 2008, I have, in fact, written fragments of an autoethnography. This was not my intention, but even though I intended to examine the children's experiences, I found myself reflecting upon my own childhood experiences. In part, I could attribute this to the type of training which a medical anthropologist in The Netherlands is subjected to – with an emphasis on self-reflexivity, introspection, and recognising the researcher as a key tool in research. This means that while the researcher is doing fieldwork, and examining the meaning which the study population attributes to particular phenomena, she will also reflect on what the experiences mean to her.

This approach is in strong contrast with my undergraduate training in chemistry and biology, where an individual is expected to provide distant viewpoints and knowledge about study objects.

After my training in how to conduct ethnographic research, and upon setting out to examine wartime children's suffering, initially I still wanted to do a detached assessment. Having considered how much self-reflexive energy it would require for me to be an introspective researcher, I did not feel that I wanted to do it. However, all my pretensions met with difficulties, as I will discuss later. The central issue that I pose in this paper is an analysis of how my personal experience with the topic of research influenced the research process, and the effect of my sometimes unconscious, sometimes conscious subjectivity on various aspects, from the choice of topic to the conducting of interviews, from data analysis to article writing, and even in the selection and use of literature.

I refer to the arena in which the experiences of the researcher meet with those of the researched as an intersubjective space. In my doctoral study it implied that I was a researcher who had had childhood experiences similar to those of the wartime children. I was not a neutral observer of the children's suffering. Ultimately, my study culminated in an autobiographic and an intersubjective narrative.

My childhood experiences

I was born into a large African family where, during the end of school semester, for instance, we could number up to eighteen children at home (sixteen siblings and two cousins). Both of my parents were primary school teachers; my father was of a higher educational level, allowing him to also be a school head teacher, while my mother was in the lowest echelon among the school teaching staff. In Uganda, school teachers are among the most poorly remunerated of state employees. Even though my parents were able to make everyone in the family comfortable in my early childhood – up to around seven years of age – there were various basics that we did not have. The situation gradually got worse when the oldest five children joined secondary boarding schools, which were more expensive. In many instances, my parents had to save as much as possible in order to meet these school expenses, which meant that us younger children were frequently left with virtually nothing, and sometimes we had to fend for ourselves. I remember the time when my father discovered that the cattle which he had entrusted to his sister had been used to pay for his nephew's dowry without his being consulted. He was thus forced to sell almost all the foodstuffs we had because the school bills were accumulating and the headmaster had written to him requesting immediate payment. Many close family members said that my father never recovered from the shock and stress inflicted upon him by my aunt. The consequence was that we were to live in a home without food reserves and no income to purchase even the basics.

During this time, my mother, with an obligation to feed thirteen children (and sometimes fourteen when my cousin came to visit), would collect wild vegetables

for food. She told me that the vegetables we used to eat were not edible under normal circumstances because they were poisonous, so she would pick only the young shoots believing that they were less harmful. At home, she would first wash them, then boil them, and pour out the soup. She would do this three or four times and then she would eat them herself before giving some to her children. We lived like this, sometimes for many months at a time.

As a consequence, one of my younger siblings was admitted to hospital with severe marasmus (a form of protein-energy malnutrition). And yet, it was not my mother who voluntarily took him to hospital. It just happened that a stranger was passing by our home and saw that my younger brother needed urgent medical care. Otherwise he would starve to death, she argued. I shudder at the thought that my mother was unable to see that one of her children was so close to dying of malnutrition. Perhaps she was too busy trying to ensure that all her children got the bare minimum of their daily needs. However, for my then two year old brother, the wild vegetables were not sufficient nutrients; furthermore, he never liked vegetables. My mother took my younger brother to the hospital where he stayed for about two weeks, accompanied by my mother. During the time when my brother was admitted in hospital, my older brother took care of us and we also asked for help from neighbours. My brother was discharged and the hospital team made home visits over a four month period, bringing tins of milk for him and sometimes offering education for my mother about how to feed her children properly. Even now, I think that the improvement in my brother's health is linked more to the milk donated by the hospital than to the lessons given to my mother on child care and feeding.

One day, my mother, to quiet my younger brother's constant demands that she for once cook tea and fish like our neighbours, went to borrow these items on credit. At this time I was about ten years old, and I remember looking at her in disbelief. She had so many debts which I knew about because many shopkeepers frequently came to our home for payments; she would always tell them to be patient until she received her salary. But because we rarely talked about these things, we did not ask her any questions and was she not obliged to explain anything to us. We were still seated outside our small house made of mud and corrugated sheets when the woman who had lent her the tea and fish arrived. She was furious. She shouted, at no one in particular, saying that my mother had told her that she would return with the money for the items as soon as possible. However, when my mother had left the shop, the woman's neighbours had told her about my mother's difficulties, how she was not able to support her family, and how some of them had waited for a long time in vain to be paid; whenever my mother received her salary, the money was insufficient to meet her current needs, pay her debts, and address such eventualities as attending to her sick parents.

I remember that instead of feeling embarrassed about this situation (as I feel now when I think back on it), I felt relieved, as this seemingly cruel act saved my mother from yet another demanding creditor who could have frequently come to our home demanding payments. I do not know what my mother told my younger brother about her attempts to go the extra mile, including lying to others, to secure his favourite foods, but she had failed. When I read Scott's *Weapons of the Weak* (1985) during

my medical anthropology training, I was struck by the fact that here was a different culture altogether, yet I recognised my mother and her experiences in it. When Scott discusses the everyday life of peasants in a Malaysian village, and their tactics include lying, theft, and feigned ignorance, I felt as if Scott had done his ethnography in our home.

In short, at home or in the villages where we lived, many people knew about our challenges to access even basic needs such as food. My eldest sister always muses that we were so poor that even the poor called us poor. We put on our torn clothes without shame, and ate only one meal a day when even our poor neighbours had two or three meals. On various occasions we had to ask for assistance to go to the hospital for medicines which a member of the family needed, because we had no money to cover the transport costs. I could share other experiences involving dismay and distress in our attempts to access secondary school education, when in reality everybody at home knew that the costs were too high for us to afford.

In a one family discussion with my own children, my seven year old son asked me whether I thought he was a rich or poor child. I wondered why he asked this question, so instead decided to ask him and his older brother to describe for me what a poor person looks like. The discussion went as follows:

> My younger son: "The poor do not have things to eat, electricity and water, they have no toilets, so they just ease themselves even on the roadside without shame. In my class, a child told the teacher that she once saw a poor man – and that he only puts on torn clothes. The poor have very tiny houses mainly made of straw". My older son contributed by suggesting that the poor sleep on mattresses which they lay on the floor since they have no beds. The younger interrupted him, saying "… but how can a poor man have a mattress? He is too poor, he does not have any money. So he sleeps on a mat. On that mat he just lays, without a blanket or anything to keep him warm, and since he has no mosquito net … mosquitoes will just bite him the whole night. And when he wakes up, he will be weak and hungry but has to go and dig without eating any breakfast. He does not walk straight because he has no energy. He is like a lame man".

I asked them to stop at this stage, because I did not want to listen to their endless talk about a topic that I generally dislike. Their description of a poor man unexpectedly reminded me of my own childhood. Because I have experienced most of the things they mentioned, I felt that I, or any one of my family growing up, could have been this hypothetical man.

From the experiences above, one can see how living in a situation of abject poverty exposes people to various health problems and distress. For instance, due to lack of food, people may be forced to eat or drink things that could damage their health. They might prepare and eat poisonous plants for lunch, they might drink dirty water or eat contaminated food knowing that it could be harmful to their health – but do so never-theless in a bid to survive. As a family, we were frequently exposed to daily stress as well as easily preventable diseases such as malaria and diarrhoea. Indeed, in my doctoral research (Akello 2010:87-147), I examined how the wartime children described

their frequent self-medication against easily preventable infections such as malaria, scabies, and diarrhoea. I use the term 'easily preventable' here with some reservation, because for the wartime children, as for my own family when I was a child, the context in which one lives may make it hard to practice 'easy' preventive measures.

Research with wartime children

After my medical anthropology training, during which I became aware of the importance of introspection, I selected as a topic the examination of what school children (9-16 years) regarded as common health complaints and how they attempted to restore normality. At the time my motivations for this topic choice were hardly conscious, though I was excited that children could also be respondents. As I have discussed elsewhere (Akello 2007), all of my attempts to be a neutral observer or to silence my personal involvement failed. As I observed or talked to the children, I became conscious of my own experiences at that age. I frequently engaged in dialogue with myself regarding how I could silence my own experiences within my accounts. I thought that I needed to conduct scientific assessments and not become involved with the respondents.

As I said before, witnessing the children's suffering was not only painful but also reminded me of my own childhood. It was difficult to pretend that all I wanted to know about was *their* illness experiences. I attempted to proceed as much as possible with my fieldwork, though at times I had to admit to myself that I had many shared experiences with the children. So many of the questions seemed to bounce back to me like an internal response and a challenge to select what could be important for an assessment of both myself and the children.

During my fieldwork, for example, at the end of the day's work I would read through the field notes and questionnaires and find that they mostly contained statements about myself – my autobiographical self. When a child in distress would complain of persistent headaches and the sensation of something painful moving around his body, I would understand and relate to them my similar persistent complaints caused by the many stressful experiences in my childhood (Akello 2010:162-198). In other instances, I would ask myself questions, such as whether I unconsciously chose to listen to my own childhood stories. Why did I want to know what I already knew? Why did I not engage in an assessment whereby the outcome and findings would suggest an understanding and meaningful representation of the experiences of the researched, leaving out my autobiographical self? Would doing detached assessments be the solution? But how could I distance myself from myself, since there was a blurring of the boundary between me and my respondents in the process of investigating their experiences.

I would be disturbed in a strange way when I asked myself these questions. Some days would pass before I regained the energy to return to the field. Often, due to my internal turmoil and depending on its intensity, I would simply go to the night commuters' shelters, for instance, and observe my respondents. I would also find some

short-lived comfort in interviewing the nurse, NGO coordinators, district health officials, or any other person whom I thought would give me useful (often detached) information about the health complaints of the children. The comfort was short lived, however, because I knew that my primary respondents were the children and I needed to investigate their illness experiences and quests for therapy.

Furthermore, through self-reflexivity and, sometimes, my emotional enmeshment with the children whom I was supposed to be researching, I found myself doing what a researcher would normally not do. For instance, one time I attended to a child's mother who was admitted to hospital; the girl was not able to be there herself because she had to take her end of year examinations, and her school was a long distance from the hospital. In another instance, I bought a few household necessities and foodstuffs for one of the boys and his siblings, though I was angered by the behaviour of his paternal aunt, who clearly wanted to take advantage of him and his siblings and take some of the things for herself (Akello 2007).

By the end of the first phase of my ethnography, I had some data to present (mostly statistics), but deep within me I felt the persistent thoughts and feelings that I had a chance to represent these children's plight, but here I was not being courageous enough (or not willing) to do so. These thoughts were a painful reminder that I had a task to do, one which I did not like; I had to talk in the most honest terms with these wartime children about their illness experiences and how they worked to restore normality.

After one presentation of my findings during the first phase of research to a cluster of PhD students in medical anthropology, one professor asked me the most dreaded of all questions. I dreaded it because I had also asked the question while preparing for and during fieldwork. I knew the consequence of it, unearthing my painful childhood feelings. The question was: why did I choose to study the illness experiences of children who were born into and lived in the context of armed conflict? The answers I provided were about the various statistics provided by WHO publications about children's health (and ill health) and that I wanted to find out their own perspectives since by this stage I was sure that they can be social actors and have perspectives in their own right. All this time, however, I doubted whether I was answering the question truthfully. The matter was made worse when the professor, after all these explanations, simply repeated the question. I fell silent, not wanting to say another word. The meeting moved on to other things.

Later, and in private, I managed to summon up the courage to answer the question of why I needed to research the health complaints of children living in the context of war. I wrote a few pages regarding my awareness of the necessity to look introspectively at the children's illness experiences. I outlined a brief autobiography and showed how my ethnography could and would be affected by my own childhood experiences. I disclosed that I had a personal involvement with the study and that I would use it as a source of wisdom and knowledge production (see McLean 2011).

I recognised, however, the fear that I might not be able to produce objective knowledge – which in fact is required at Leiden University Medical Centre where I would be defending my doctoral thesis. Importantly, I seemed not to want to engage in this

self-reflexive and introspective assessment of wartime children's life experiences. It is not like doing a detached study; it demands a great deal of internal reflexive energy. Many experiences are weaved in an intersubjective space, and mostly I felt that I needed to leave out my experiences in this over one year long fieldwork period. But studying the children was like studying myself. I would have to find the energy to see and analyse my own childhood pain and the shared experiences with children who were born into and lived in the context of armed conflict, and then to write about it all in a coherent manner.

Furthermore, in reading philosophical materials, I discovered that there are various levels of knowledge, which are ranked by importance; detached knowledge, which is most frequently produced by scholars, borders on the complete absence of coevalness. Knowledge produced whereby the researcher and the researched understand one another is rare, mostly because the emotional enmeshment entailed can easily be regarded as biasing the information.

Torn between the need to represent the children in my study adequately and at the same time produce scientific/unbiased knowledge, I decided to unmask my fears and pretentions. There were many consequences of this, including that I became self-aware and recognised it in my thesis – and this affected the process of knowledge production. In short, as I assessed children's experiences, I realised that I was not a neutral detached observer. I was simultaneously assessing my own experiences as a child living in poverty, easily exposed or predisposed to infectious diseases. In particular, I remembered how, when I lost my father at an early age, I frequently felt the same painful emotions expressed by the children in my study as headache and something painful moving around the body. I also had to confront many other distresses, even including simple tasks like filling in a form where there were questions about where my father lived.

Discussion: the autobiographical self and intersubjectivity in research

Anthropologists do not all produce knowledge in the same way, much as they are obliged to study people as fellow human beings. In the majority of readings, one finds a representation of the respondents and cultures studied as though they were different from the researcher's. There is often a misrepresentation of the Other. Makerere University in Uganda banned the teaching of anthropology in the early 1960s when the country received its independence from Britain. The argument was that the knowledge produced only served the interests of colonial masters in seeing Ugandans as savage, primitive, and what Fabian (2001) calls the Other.

What this paper shows, however, is another type of anthropology – which is called anthropology at home. Anthropology at home has a preference for self-reflexivity and interpreting phenomena by drawing from one's own experiences. Doing anthropology has theoretical and methodological implications, and as I show in this paper a researcher frequently struggles with how to maintain her own boundaries in relation to those whom she is researching. However, where there are shared experiences

between the researcher and the researched, the data collected reflects a weaving of experiences in an intersubjective space, rather than a separation based on maintained boundaries.

Tankink and Vysma (2006) suggest that intersubjectivity can be used as an analytic tool by the anthropologist in her research process on several different levels: as a way of reflecting on one's own assumptions during the selection of the topic; when reading the literature and analysing the data; to remain aware of one's own and the other's subjectivities during the dynamic interaction of the interview process; and when participating in professional discourse with one's colleagues and audience. A person is only able to know reality through his/her own constructions and reasoning; this subject-based experience – or subjectivity – is always partly individual and partly collective, i.e. given by culture and history, as well as the social and familial environment, and shared by others.

This paper shows that sometimes personal pain and struggles can be so intense that a researcher runs the risk of 'losing' this delicately balanced intersubjectivity; in other words, the respondents are used principally for the researcher's own autobiographical examination. The concept of intersubjectivity postulates parallel processes between intra-psychic development and interpersonal (i.e. intersubjective) development. These two sets of processes are interrelated and interdependent, but are nevertheless theoretically distinguishable, which allows them to be observed and traced as separate analytic categories.

Medical anthropologists frequently find themselves assessing suffering, illness, and distress. These contexts are emotive and often difficult, and can force the researcher to think about their own experiences. In the sections above, I have suggested that perhaps it was the suffering and pain in my childhood that I re-enacted during my study among children in the context of war. These shared subjectivities could have resulted in an empathic enmeshment with the children's lives. Thus my ethnography was inevitably connected to autobiography (Fabian 2001:12), something which, as Okely argues, ultimately disrupts and dismantles the positivist machine (1992:3). My fieldwork was not conducted by a dehumanised machine but by a relational being (Bruner 1993:3).

In an earlier publication (Akello 2007), I examined various approaches in psychology and psychiatry, which aim to help an individual who experiences and re-experiences suffering during fieldwork in dire contexts. These are mostly psychotherapeutic approaches and counselling techniques. In the main, I believe that I have not been able to benefit from these approaches. Perhaps it is an internal issue which I am obliged to deal with myself, since the pain persists for me. If it is the suffering and pain in my childhood that I re-enacted during my study with children in the context of war, then I need to find ways to maintain boundaries between myself as researcher and the researched. Nevertheless, my ethnography was inevitably connected to autobiography. The process of doing ethnography had unconsciously turned toward self-investigation, a way of gaining personal knowledge and understanding via the roundabout way of the researched. Therefore, while a psychologist advised me simply to "do my research and stop getting involved with other people's experiences" or "do detached assessments", I did not manage this due to my emotional enmeshments with the chil-

dren, and my distress was the result of the fact that I was doing autoethnography. The boundaries between my respondents' and my own experiences were blurred.

Perhaps what the psychologist meant was that I needed to engage in self-exploration, which would offer me the means to prevent the mingling of my personal experiences within the anthropological study, while at the same time being aware of the effect of my own experiences on the study process. I should learn how to draw boundaries between myself and those I was researching, and keep them clear; or even further, I should discover how, as a researcher, I could use my anthropological study to gain insight into my personal struggles or come to terms with my personal life. How, in short, could I use anthropological investigation as a personal psychotherapeutic process?

It seems to me that my mind was most alert to experiences which were similar to mine. Only recently, however, did I realise that the more I reflect and keep examining my childhood experiences, the more I feel this strange pain. Now I am consciously attempting to minimise the time I dwell on the past; a past whose experiences, I believe, were nevertheless the basis or theoretical standpoint from which I produced knowledge during my doctoral research. For the sake of my mental/emotional health, nowadays I choose to focus more on what is ahead of me.

Having similar experiences does enable one to view and interpret things differently than when there are no common experiences; in short, they help one to understand the Other. The fact of having shared experiences with those I researched made me produce different knowledge compared to other researchers (including some native ethnographers) in the context of war in northern Uganda. It is important to remember, of course, that while the experiences of others may be similar to one's own, one should not assume that they are always the same. It could also be that some academic specialties and training, such as psychology and anthropology, make scholars see and interpret phenomena differently.

In the above paragraph, there are two things that I want to highlight. First is that being a native researcher, speaking the same language, and living in the same context do not necessarily contribute to intersubjective assessments. Secondly, not all ethnographers are able to generate and report emic views. That is why, for my study, I would like to emphasise that intersubjectivity and the autobiographic self were the significant undercurrents in the process of knowledge production. Several scholars (including Clarke 1992, Holt 2001, McLean 2011, Sparkes 2000) have grappled with and acknowledged the loss of boundaries between the researcher/author/ethnographer and respondents during fieldwork. McLean (2011) disclosed that her writing extended beyond observable phenomenology to sensory, affective, and experiential perspectives and self-reflexivity.

While I believe that I was obliged to make autobiographical reflections and analyses based on my (past and present) experiences during my fieldwork, I find that many aspects of what I do in daily life are guided by what Ellis and colleagues describe as empathic enmeshment or emotionality (Ellis et al. 2011:3). These forces compel the observer to minimise the self-other or researcher-researched divide (Okely 1992:3). This kind of personhood has, however, presented me with challenges on many occa-

sions. For example, in a different research situation, I was unable to execute some of my duties as a hired social scientist within a clinical trial looking at mothers and infants' health in a context of HIV/AIDS and malaria. I was expected to perform my duty of generating data in spite of the respondents' condition (for example, administering about two hundred questions to a woman while she was in intermittent labour), and yet I frequently found myself thinking instead about what would be best for the women respondents and their babies.

I also constantly reflected on how, even when they gave consent, the respondents could have felt too powerless to decline participation; in a clinical trial, the doctor who regularly reviews and prescribes medicines is the one to seek consent from clients. There are always clear differential power relations between the researcher and the researched, but in clinical trials this divide is more complex because the researched is not only benefiting from the scientist, they are also in dire need. They are looking at the scientist for answers and solutions to their suffering and uncertainty, and indeed it has been through such studies that pharmaceuticals, vaccines, and many biomedical life-saving procedures have been perfected. Yet while clinical trials may have positive outcomes, there is also the possibility for various adverse outcomes, many of them bordering on a violation of human rights or even endangering the health of those researched.

More importantly, with time and through various experiences, I am working to analyse structural violence (see Farmer 2003), including reflecting on how simultaneously strong and invisible it is; how it simultaneously reinforces abject poverty on the one hand and prosperity on the other. I believe that it is structural violence that underpins the rich becoming richer and the poor remaining poor or becoming poorer. The poor are incapacitated in all aspects, including physically (for example, being unable to secure sufficient nutrition), socially, and psychologically/mentally.

Concluding remarks

The main focus of this article has been the influence of my childhood experiences on my research with wartime children, and how during the ethnographic process I unconsciously engaged in autobiography/autoethnography. I described my encounters with wartime children's suffering in northern Uganda as an intense experience of sharing and I suggested that the researcher may re-enact her own experiences and lose sight of the borders between herself and her respondents. Although I believe that the researched might not always attribute the same meaning to shared experiences as the researcher, my main argument focused on scenarios where there could be similarities; situations where I had the feeling that I understood the researched in an intersubjective space. Consequently, the research outcome reflects a weaving of both my own and the children's experiences.

The narratives in my doctoral thesis are both my own experiences and the realities and experiences of the wartime children who participated in my study. I am still grappling with how to deal with the issue that I appear to have selected respondents

who had similar experiences as my own. This was not a conscious choice. In the early stages of my ethnographic research, what guided my choices for school children (between 10 and 16 years of age) were pre-set criteria; in the conflict setting where I conducted the study, there were thousands of children who met these criteria. However, to finally have 24 respondents, all of whom had many experiences similar to my own, is quite baffling to me. Could it be that my childhood experiences guided me to listen to particular stories and not to others and that they influenced my choices and what I regarded as real and worthy narratives? Could it be that unconsciously I decided to listen to stories which would reinforce or confirm my own experiences, thus turning the investigation towards myself, culminating in writing about myself and gaining personal knowledge and self-understanding through the experiences of others?

I mentioned in my doctoral thesis that there is a danger in being an insider in an anthropological study and that one's vision might be blurred towards many things; at this moment I think instead that it is shared subjectivities rather than being an insider that create the rare capacity for such apparent selective listening, as well as the capacity to see, observe, examine, listen to, and sometimes have empathic enmeshments with those researched. The latter propensity I call listening to one's autobiographical self, and this is reflected in many medical anthropological researches in the context of illness, suffering, well-being, care, and recovery.

Note

Grace Akello, PhD, is a medical anthropologist and senior lecturer in Gulu University's Faculty of Medicine and Department of Mental Health, P.O. Box 166 Gulu, Uganda. Akellograce@ hotmail.com.

References

Akello, G.
    2007   Understanding wartime children's suffering in Uganda: Intersubjectivity at the centre. *Medische Antropologie* 19 (1): 39-58.
    2010   *Wartime children's suffering and quests for therapy in northern Uganda.* Leiden: African Studies Centre.
    n.d.   Paradoxes in ex-combatants' motherhood, psychosocial needs and reintegration in northern Uganda: The legacy of war and violation. *Intervention.* In press.

Akello, G., A. Richters & R. Reis
    2008   Coming to terms with accountability: Why the reintegration of former child soldiers in northern Uganda fails. In: P. Gobodo-Madikizela & C. van der Merwe (eds.), *Memory, narrative and forgiveness: Perspectives on the unfinished journeys of the past*. Cambridge: Cambridge University Press, pp. 186-210.

Bruner, E.
    1993   Introduction: The ethnographic self and the personal self. In: P. Benson (ed.), *Anthropology and literature*. Urbana: University of Illinois Press, pp. 1-26.

Clarke, M.
    1992   Memories of breathing: a phenomenological dialogue: Asthma as a way of becoming. In: J. Morse (ed.), *Qualitative health research*. Newbury Park: Sage, pp. 123-40.

Ellis, C., T.E. Adams & A.P. Bochner
    2011   Autoethnography: An overview. *Forum: Qualitative Social Research* 12 (1): Art. 10.

Fabian, J.
    2001   *Anthropology with an attitude*. Stanford: Stanford University Press.

Farmer, P.
    2003   On suffering and structural violence: Social and economic rights in the global era. In: *Pathologies of power: Health, human rights and the new war on the poor.* Berkeley: University of California Press, pp. 29-40.

Holt, N.L.
    2001   Beyond technical reflection: Demonstrating the modification of teaching behaviors using three levels of reflection. *Avante* 7 (2): 66-76.

McLean, A. (with A. Leibing)
    2011   Ethnography and self-exploration. *Medische Antropologie* 23 (1): 183-201.

Okely, J.
    1992   Participatory experience and embodied knowledge. In: J. Okely & H. Callaway (eds.), *Anthropology and autobiography*. London: Routledge, pp. 1-25.

Scott, J.C.
    1985   *Weapons of the weak: Everyday forms of peasant resistance.* New Haven: Yale University Press.

Sparkes, A.C.
    2000   Autoethnography and narratives of self: Reflections on criteria in action. *Sociology of Sport Journal* 17: 21-43.

Tankink, M. & M. Vysma
    2006   The intersubjective as analytic tool in medical anthropology. *Medische Antropologie* 18 (1): 249-65.