

Exploring autobiographical writing as a potential formative instrument for professionals working in paediatric wards

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Abstract

The specificity of a paediatric ward adds complexity to medical and health practice: Providing care, especially to children, invariably involves an educational dimension. Professionals working in paediatric wards are required to deal with such complexity on a daily basis.

In this paper I explore the potential of writing, a specific mode of human language, to act as an instrument for helping professionals operating in a paediatric ward to deal with the complexity of their work context. In particular, I assess whether autobiographical writing may be used as an educational training instrument, with a view to designing a course of personal and professional development for professionals in paediatric hospital settings. I focus on the process of reflection stimulated by writing as a source of awareness about how we act in our daily lives and work: such reflection can bring about the desire for change and allow us to find meaning in our individual experience.

Keywords

Autobiographical writing, health professionals, paediatric ward, personal and professional development.

Introduction

People go into hospital on account of illness, an alteration in the balance between good and ill-health. Each of us lives out a specific representation of the concepts of “health” and “illness” on the basis of our own ethical, moral and cultural values. As expressed by Good: “The concepts of health and illness reflect conceptualisations elaborated by social actors in different contexts and historical moments” (Good, 2006:178).

On admission to hospital, the personal world of each patient encounters the hospital institution, within which different professionals, with different care paradigms, operate. The hospital experience may be particularly difficult for children, given that hospital is structured very differently to their family context and brings them into contact with a large variety of unfamiliar people. Children are obliged to leave their homes, their toys and their daily lives outside the hospital, and this leads them to experience fear: separation from their familiar environment is frightening for children, because it implies a drastic loss of reference points just when they have a strong need for them. (Kanizsa & Dosso, 1998).

Children are generally accompanied to hospital by their parents, who as adults have to deal both with their own fear and with that of their children. In this sense, a child’s admission to hospital may be viewed as the arrival of a “double-patient”: the child – and its parents, who will be the first to interact with the care professionals.

For all patients, but especially for children, the hospital is configured as an educational place: patients are required to live there according to rules and types of social relationships that are different to what they are normally used to. This educational component generated by the hospital institution is often experienced at an unconscious level: staying in hospital is an

experience that educates children and their families in specific ways, such as introducing them to rules, behaviours and emotions that they do not normally encounter in their daily lives.

Hospital is a place that is complex at different levels: human, emotional and relational. Thus, my aim here is to explore the hospital from an educational perspective, by investigating the possibilities that writing, as a reflective and self-educational act, can offer to hospital professionals, to help them cope with the specific characteristics of their work with greater mindfulness.

Professionals operating in hospitals daily come into contact with the pain of others: this makes it necessary for them to care for their own feelings, because “rejecting and never naming one’s emotions and feelings may foster the belief that one is dominating them, but it can lead them to manifest themselves in forms that are not always appropriate or compatible with one’s professional role and emotional resources” (Zannini, 2001, pp. 303-304)¹.

Writing can help to give meaning to what professionals experience in their care relations. It becomes a resource when: “feelings question existence” (Iori, 2006:25). Writing not only serves to narrate processes of physical therapy and overall care, but also becomes an “inner place of wellness and care” (Demetrio, 1995, p. 10). Thus writing can enrich professionals, when undertaken as a “philosophical exercise applied to themselves” (Demetrio, 1995:10).

Care professionals need wisdom and reflexivity, especially in an emotionally complex context such as a paediatric ward. In this kind of context in particular, writing focused on professional action can enhance awareness: it incites us to select our memories, to reconsider them before transforming them into written words. It can allow us to recover feelings from an implicit and unconscious world, leading what in the course of our daily routine usually slips away or gets reduced to aseptic unemotional language, to emerge. Such assumptions are not commonly shared within the Italian health system, so the research presented here, which was conducted for the author’s Masters Degree thesis, was a preliminary exploration of a paediatric hospital context with a view to assessing the feasibility of a training proposal based on autobiographical writing.

The research project was qualitative in design, using a narrative method to explore the stories of care professionals in a paediatric ward. With the aim of providing an initial exploration of the context, focus group discussions and narrative interviews were the instruments used to elicit the participation of a series of professionals operating in a paediatric ward. The focus was on the meanings attributed by participants to their work place and to their own professional role within it. A further specific focus was on how the participants normally used writing in their daily work practice.

On the basis of this exploratory research I drew a training proposal, based on narrative and autobiographical writing, that targets this specific context and focuses on the specific characteristics of the different professionals that work with children in hospital.

Theoretical framework

The beginning of human writing marked the passage from prehistory to history: thus this specific activity played a key role in human evolution (Martin, 1988; Ong, 2002). Through the graphic act of writing, human beings expressed the need to fix their experience and their thoughts. The handing-down of culture changed after the invention of writing: orality was no longer the only way to pass on knowledge and values. In addition, writing gives a material and linear form to thoughts and memories, which may then be communicated as a collective patrimony.

¹ When I quote from Italian texts, the English translation is my own.

In relation to the current research, I now focus on that particular form of writing that is related to the self. This specific mode of writing implies an author who wants to put thoughts, emotions and events regarding him or herself and his/her story or experience into written form: it is an instrument that can endow these existential dimensions with visibility and concreteness, thanks to an effort to engage in a particular mode of thinking: “in writing about emotions that we have experienced, our thinking analyzes and reproduces them” (Demetrio, 2007:165).

There are various types of writings about the self: distinctions could be made on the basis of complexity or primitiveness. In this sense, we can list written fragments, letters and self-descriptions as minor forms of self-writing and diaries, odes and autobiographies, as major ones.

When writing about the self, the subject engages in a particular mode of thinking that involves both interpretative and meta-interpretative procedures: this is so-called “narrative” thinking, which has the potential to «re-signify knowledge and meaning created both inside and outside of oneself» (Castiglioni, 2008:115).

The act of writing, of itself, produces a particular awareness, because it brings the author back to his/her lived experiences, but in a more conscious way. This reflection, set off the physical gesture of a writing hand, enhances our awareness of our own actions, existence or profession; and this in turn may generate the desire to change or reshape a particular aspect of our lives or work: when people becomes more consciously aware of how they usually act in a mechanical fashion, they develop a willingness to change. It is through reflection that we can rediscover meaning in our individual experience and subjective action. (Fabbri, 2007).

This type of writing also has specific self-educational features: its introspective focus allows us to observe the structures of our own thinking and our frameworks for constructing meaning, leading us to revise the habitual mindset that we may tend to take too much for granted.

Thus writing about the self, implies engaging in an introspective and self-educational exploration: authors adopt a mental posture that splits them off from themselves, as though the written words concerned someone else. This posture, which recalls the philosophy of Husserl and the concept of *epochè* (Husserl, 1907), implies undertaking a search for one’s inner self through practices such as autobiographical writing.

In this sense, writing may be viewed as a form of “care” when it is experienced as an attempt to develop a mindful and critical perspective on our surroundings and on ourselves: writing, thanks to its introspective nature, becomes a care practice when it spurs adult subjects to question their inner and outside worlds, which may thus be born to a new existence (Castiglioni, 2007).

This process is not aimed at isolating subjects nor at having them focus exclusively on their own individuality: other people and the world itself are also present in the writing process. Therefore self-writing may also be thought of as an attempt to rediscover and re-write the role of others in our own development. This aspect in particular implies that writing is a form of care, because it can bring us closer to others. By creating written words, it is possible to care for oneself without generating isolation and individualism, because this is a care practice that facilitates a particular view on the world and on actions. It is a mindful practice based on an authentic listening to oneself that the subject can also draw on in his or her relationships with other people .

The richest manifestation of this process is the autobiography: in writing it, the author undertakes a search for his/her identity, that necessarily involves interpreting and assigning meaning to his/her life-story. The very narrative structure of an autobiography illustrates a process of reinterpretation on the part of the subject: the author is the focus of the writing and

it is therefore a formative experience. In this sense, autobiographical writing is a means of “caring for”, regulating, and saving the self from dispersal and loss. (Cambi, 2007).

This process may also be undertaken in relation to our daily life and work: writing can be a useful tool for giving concrete form to the reflections and questions arising from our everyday experience. Hence the use of writing as an instrument for questioning our daily professional actions: thanks to this process we can become consciously aware of the world view through which we elaborate the meaning of our experience (Mortari, 2006).

Let us now focus on the health professionals involved in the research outlined here: their specific kind of work brings them into daily contact with stories of physical and emotional suffering. They are required to care for patients’ “overall” stories, which involve emotions, representations and feelings in addition to biology.

These aspects demand considerable engagement on the part of health care professionals, who have to deal with their own thoughts, emotions and fears: this requires great effort, generating unconscious defensive mechanisms when the emotional dimension is overlooked, as well as “the risk for health care workers to get emotionally overwhelmed by their patients’ suffering» (Vaes & Muratore, 2012:181).

A narrative approach, based on autobiographical writing, may help health workers to manage the complexity and the suffering they routinely encounter (Engel, Zarconi, Pehtel, & Missimi, 2008; Iori, 2006). I here present a first exploratory study carried out with a view to introducing this practice in a health institution in which it has never been experienced before by professionals.

Writing requires dedicated time, a pause to stop and reflect, a quiet moment in which emotions can come to the surface. Time for reflection facilitates the emergence of feelings that are normally quashed by the urgency of everyday practice. Thus emotions may be named instead of hidden, creating a work practice that is difficult to aspire to in the course of frenzied daily routine.

The time dedicated to writing may represent, as suggested by Iori, as “a time in which it is possible to cultivate reflexivity, reinforcing one’s energies in order to tap into *knowledge* and *authenticity*» (Iori, 2006:65).

For care actions to be implemented, practical rules and behavioural codes are not enough: each situation is unique and complex, requiring decisions based on uncertainty. Providing care implies the ability to be close to other people. In this perspective, feelings and emotions may be thought of as a source of knowledge, about both the self and the recipients of care. The different emotions originating in the encounter with others can become opportunities to enhance knowledge and comprehension.

A time dedicated to writing can make professionals more aware of these aspects, helping them to mindfully redesign their professional practice, also focusing on the emotional dimension of providing care: writing contains a knowledge-building and transformational potential that can help to re-think professional care actions.

When writing is experienced as a habitual practice, it can become a place to share feelings and emotions with other colleagues: knowing that one is not alone and sharing reflections can help to find direction and interpret difficult situations. Thus a setting may be created in which emotions can be allowed to emerge, developing a key competence for health care workers.

From this perspective, writing in professional practice can also protect from burn-out, which frequently affects health care professionals (Vaes & Muratore, 2012). The search for the meaning of daily actions, can help develop new ways of “humanising” the health care services.

Finally, writing may also represent an opportunity for emotional growth, so that professionals will be less likely to be overwhelmed by the questions of meaning arising from the care practices that they daily experience and implement with suffering people. Self-

writing can help professionals to question how they act in their professional role, and therefore to experience their work in a more authentic and mindful way.

Research ideas and objectives

In 2009, a group of paediatricians in the Milan area created a website on which to share their professional practice through forms of writing. They had met each other while attending a course at the Anghiari Free University of Autobiography (in Italian “Libera Università dell’Autobiografia”): this is a cultural association founded in 1998 by Duccio Demetrio and Saverio Tutino. Its principal aim is to create a research and educational community focused on autobiographical writing and the culture of memory.

This group of paediatricians, having discovered writing as an educational instrument, began to think of using it in relation to their profession: in developing this idea, they designed the website www.camiciazzurri.com, a virtual space dedicated to paediatricians who wish to write about an event or an aspect of their professional life and share it with other colleagues. The key premise for this writing is awareness of its self-educational potential.

The writings posted on this website are based on contributors’ professional lives. Once they have been published online, they may be read by anybody. Thus, each piece of writing may help others to reflect as well as the author.

This project inspired the current research, that is to say, the idea of exploring whether writing as an instrument can support professional practice in the health services. It also helped me to identify some of the key dimensions to be included in the research design.

First of all, the specificity of a paediatric context adds complexity to medical practice. Children’s illnesses strongly engage professionals’ emotions, because of the innocence and simplicity associated with image of the child.

Children are subjects that are still developing: this implies that they have special needs in terms of relationships, learning and education that go beyond what the health system normally provides.

Finally, children in hospital are generally accompanied by their parents or other significant adults, creating the peculiar phenomenon of “double-patient”, with the child as the sick subject, but with his/her parents asking questions of and speaking with health professionals.

The research idea, which formed the basis for the author’s master’s degree thesis, stems from a view of paediatric health contexts as complex and as requiring pedagogical competence; hence the value of exploring whether and how a pedagogical formative instrument, such as writing, can help health professionals to enhance their practice. Specifically, the research hypothesis was that writing can make such professionals aware of the complexity of their work-place, allowing them to live their professional role authentically and to care for their own life-stories as well as those of the children and the parents they meet daily.

The organizational structure of a paediatric ward encompasses a range of different professional figures all providing care to children: I attempted to cater for this diversity in designing the research. On a paediatric ward, there are doctors, nurses, but also teachers at the hospital school, psychologists and volunteer workers: these are different professional roles, not all directly related to health management, but all making a daily contribution to the care of children in a health context.

The general aim of the research was to explore the potential of writing to foster the personal and professional development and growth of workers involved in providing care to children in hospital. Specifically, I focused on the following lines of enquiry:

- Can writing create a time and a space separate from routine professional practice, in which subjects, in concentrating on the act of writing, can acquire enhanced awareness of their daily actions?
- Can this awareness, generated by writing, stimulate reflection on what tends to “slip away” in the course of hectic daily practice?

During the empirical phase of the research, these lines of enquiry were articulated in specific research questions, which I tried to answer on the basis of participants’ narrated experience:

- What is the role of writing in your own professional practice?
- How do you view writing and reflective practice?
- Would you consider availing of writing as an educational tool as part of your professional training?

Research design

I chose to implement a qualitative research design, with a view to gaining an in-depth understanding of the research themes, focused on the *how* and *why* of my main lines of enquiry. The research fell within the “ecological” paradigm proposed by L. Mortari (2007), following G. Bateson (1979), K. Gergen, M. Gergen (1995), R. Rorty (1979) and J. Creswell (1998). This paradigm perceives reality as structured around immanent, interconnected and continuously evolving logics: thus the researcher’s task is to look for the relations structuring the phenomenon under study. The gnosological framework of this paradigm is based on the assumptions of constructivism, constructionism and connectionism, all of which emphasize the active role of the subject, the environment and relationships in the building of knowledge. From an epistemological point of view, it is critical to recognise the complexity of the research object, which must be explored by the researcher directly in its own context: this requires going beyond a static and neutral concept of objectivity to involve the researcher’s own subjective experience of the research object, thereby accessing a more in-depth knowledge (Mortari, 2007).

The present research was designed within this paradigm: specifically, it was based on the method known as Narrative Inquiry: «Research, as an experiential act, may be narrated» (Mortari 2007:177). Narrative methods may be applied when research is thought of as an experience and when the aim is to understand its meaning. J. Dewey, a key figure for narrative inquiry, wrote that: «Educating means offering significant experiences and educational theory must identify and narrate these experiences» (Dewey 1993:13). The practice of educating is itself a form of experience, that goes beyond the object of educational act, and therefore it too can be narrated. D. J. Clandinin and F. M. Connelly are leading contemporary scholars of narrative inquiry in the Human Sciences: they write that: «Education and its studies are a form of experience. Narration is the best way to represent and understand it. Experience is what we study and we do it in a narrative way, because narrative thinking is the form of experience and the way to write and think of it» (Clandinin, Connelly, 2000:18).

My preliminary exploratory research was conducted between January and April 2010 in the context of a paediatric hospital ward in Northern Italy: participants in the project were two doctors, two teachers, two nurses and one volunteer.

The research took place over two phases, using two different research instruments: a focus group discussion (J. Kitzinger, 1994; R. A. Krueger & M. A. Casey, 2009; J. F. Gubrium & J. A. Holstein, 2002) and narrative interviews (C. Kohler Riessman, 2008). First, all the

participants attended a focus group discussion: the aim was to collect information about the daily organization of the ward, dialogically exploring professionals' specific roles in the context. On the basis of the dialogue between participants, the researcher set out to explore the use of writing in their professional practice.

In the second phase, each professional took part in a semi-structured narrative interview: the aim here was to access a more detailed description of each professional's role in the context and of how they had each learnt to use writing in the course of their own educational histories, as well as to discuss in more detail the training proposal being assessed. Thus each participant was asked their opinion about the value and feasibility of using writing as a professional support and training instrument.

The collected material was analyzed by the researcher using the analytical method proposed by D. Demazière and C. Dubar (Demazière & Dubar, 2000): the material was approached inductively, in order to elaborate a theory based on «understanding the narrative logic organizing participants' narratives and identifying their structuring categories» (Demazière, Dubar, 2000:221).

Analysis of a complex context

Analysis of the narrative material led me to identify, as significant elements of the context under study, the themes of *time*, *aspects of complexity experienced by subjects in the ward* (a transversal theme, present in all the others), the *child and his/her family* and the *training proposals* offered to the various professionals in the context.

All these themes reflected the general complexity of the context, experienced from different perspectives: all the professionals employed by the hospital had the feeling that they were always in a hurry, and that their daily practice left no time over for them to think about themselves or their emotions. They also spoke about the intricate and bureaucratic organization of the ward as an additional complication. The paediatric ward employs a wide range of professionals operating within different care paradigms, and the practical management of the professional team, the environment, the children and their families requires a very complex degree of organization.

The training courses these carers usually attended were strictly related to their specific professional role and to the core skills they had already focused on in their basic education and training for their particular role.

The narratives of the participants present in the context but not employed in it (the volunteer and the young trainee doctor), reflected quite a different perspective, describing a context that was complex, but within which they also enjoyed moments of relative calm, or training proposals based on their needs.

I found a specific link between the perspectives of the teachers and the volunteer, both engaged in a relationship with children that involved educational aspects: they worked with children in hospital but did not act on health aspects; rather their role was to meet needs falling outside of the health care assured by the hospital. In contrast with this link, which emerged from analysis of the narrative material, I found that the context was organized in such a way that the teachers and volunteers did not work together and had very few opportunities to meet.

A particular focus of the analysis was the theme of writing: all the participants reported making frequent use of writing as part of their work, yet writing was never undertaken as an opportunity to reflect or to focus on the emotions and feelings experienced in the work context.

Exploration of this theme was particularly complex, because it led the participants to reflect on something that was highly unusual for them: they were surprised by this reflection, finding

it difficult to express their thinking on the topic. What the hospital institution requires from its professionals in terms of writing is a recording function that helps to standardize procedures. This does not allow a subjective viewpoint to emerge, making it impossible to think of writing as an instrument for caring for feelings.

Reflecting on this theme, participants came up with several ways in which writing could potentially be a valuable educational tool: one teacher observed that writing could be used to express a number of issues related to difficulties arising in working with and relating to the children. This participant also reported trying to bury and forget about these themes, leading to an approach to the job that did not adequately care for the self, the lived experience in the context or for the relationships with the children.

Participants also emphasized the innovative nature of a training proposal based on autobiographical writing for their work context.

Conclusions: formulating a training proposal

This exploratory research showed firstly that any training proposal to be applied in a paediatric ward must take into account the practical and logistical conditions of this peculiar context, particularly the feeling of not having enough time reported by most of the participants. The creation of a non-compulsory setting, designed and led by an expert in narrative methods, could help these carers to experience time in a different way: in other words, this could be a context in which participants can take time out from their daily work actions and begin to think about and elaborate their lived experience through writing.

The study also showed that the ward context is organized in a way that makes it difficult to share stories related to carers' feelings about work practice: analysis of participants' narratives suggested that this dimension of communicating lived experience is only possible in unusual contexts, and through instruments that are unrelated to everyday routine: the training proposal formulated is designed precisely to create an unusual context, based on writing used as a way to express thoughts and feelings. Via this action, it is possible to care for life stories, recognizing the importance that these have for the overall formation of each participant, present in the ward with a specific role and skills.

With regard to whom to target with such a proposal, it is again appropriate to be guided by the findings of the exploratory research: on analyzing participants' narratives, I noticed that the link between teachers and volunteers was weak. Looking at the context of the ward from a pedagogical perspective, teachers and volunteers both have the roles that are primarily focused on educational care for hospitalised children.

Thus, a proposal such as that formulated here, could be initially targeted at teachers and volunteers, in order to support their activity in the ward. The joint-participation of the two groups in this training activity, might facilitate the creation of connections and relationships between teachers and volunteers.

The autobiographical approach, implemented using narrative practices, is the key element of the proposal. It assumes that writing is a useful instrument for creating a context in which daily work practice and the related feelings may be thought about. The proposal is designed as a care context, following the four steps in the *care spiral* put forward by Formenti (Formenti, 2009).

The first movement in this spiral is *authentic experience*, understood as the attempt to bring participants «in contact with what happens in daily practice, with his/her emotions [...]. The re-connection with experience is an self-caring process» (Formenti, 2009:33). This step may be effected by inviting participants to engage in an initial autobiographical reflection on the theme of “who you are” and “what you do” in the paediatric ward, generating a first level of sharing between participants.

The second step involves *aesthetic representation*: the trainer can propose the use of an aesthetic language that “creates representations of experience in metaphorical forms or using symbols, preverbal gestures” (Formenti, 2009:33). This step is designed to help subjects communicate their experience more fully: “experience itself is not communicable; an appropriate language is needed to transform experience into a sign, into something that others can see” (Formenti, 2009:33).

The third step is termed *intelligent comprehension*, understood as “the attribution of meaning to experience” (Formenti, 2009:34). In other words, participants are guided in the use of narrative, presented as “the main method of comprehension” (Formenti, 2009, p. 34). The focus could be on narrating an episode of care, given or received, in order to bring to participants’ attention that it is possible to give meaning to lived experience. Finally, participants can access the perspective of *deliberate action*, because «comprehension opens possibilities for action, this is its meaning, its essential task» (Formenti, 2009:35). This type of action may be implemented in the context, based on the way of thinking learnt from reflecting on experience: «An action is deliberate when it is born of acquired wisdom» (Formenti, 2009, p. 35).

These steps constitute the broad guidelines for the proposal, which may be implemented over four or more sessions, and may be supplemented with additional elements for reflection and action, using writing as an educational instrument. The key aim is to set off a reflective process focused on participants’ working practice that can become a habit for them. It is hoped after the training programme they may continue this type of writing, experiencing it as supportive of their daily practice, and of their life-story in the ward.

Based on the exploratory research reported here, a two-year pilot training scheme was designed by the author, targeting school teachers operating in hospitals: with a care structure similar to that just outlined, and using the autobiographical approach and writing, a training context was proposed in which teachers could think about their work and how they felt about it, in this way caring for their own professional life-stories.

The pilot project, implemented from 2010 to 2012 with a group of fifteen teachers working in an hospital in Northern Italy, created a care context that became a matter of habit for the participants, who currently still continue to write about their professional practice on the ward.

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