

Article

Conceptualizing Autoethnography as Assemblage: Accounts of Occupational Therapy Practice

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Abstract

Drawing on theoretical work within ethnography and poststructuralism, this article discusses a conceptualization of autoethnography as *assemblage*. The concept of assemblage includes but goes beyond the literal bringing together of a range of heterogeneous elements in different modalities to offer different perspectives on a phenomenon. It challenges and displaces boundaries between the individual and the social through a focus on practice, which offers a new ontology of the social. These ideas are illustrated through excerpts from an autoethnographic study of an occupational therapist working with young people in a Sydney children's hospital in the mid-1980s. The article makes visible a material, relational, and affective landscape of remembered practice. Through successive displacements of the self as the primary site of experience and meaning, we seek to contribute new understandings about the potential for autoethnography to engage with professional practice as a space of multiplicity.

Keywords: assemblage, autoethnography, health research, memory, multiplicity, occupational therapy practice, writing

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Autoethnography can be defined as “a research method in which the researcher’s personal experiences form both the starting point and the central material of study” (Uotinen, 2011, p. 1308). It can be characterized as a mode of inquiry that uses writing about the self in a way that makes visible an aspect of culture (Reed-Danahay, 1997). Because it is an emerging methodological field within health research, there are as yet few studies examining the epistemological and ontological possibilities and challenges of autoethnography and few reflexive explorations of possible forms that autoethnographic writing can take. Furthermore, autoethnographic work within health research has focused primarily on accounts of illness (Bruni, 2002; White, 2003), grief (Hoppe, 2005; Salmon, 2006), or disability (Ellingson, 2006; Neville-Jan, 2003; Richards, 2008). There has been little focus on the complexities of professional practice in its everyday manifestations, with some notable exceptions (see Kinsella, 2006).

An important feature of the autoethnographic literature in health research is a prevailing epistemological realism, together with an under-theorization of the notion of the *self* that writes. An implication of the unproblematic privileging of the *auto* in autoethnography is that it can reinforce a binary divide between self and culture, thus risking the elision of more complex socio-material arrangements and circumstances that produce both the self and the practice being represented. The reinforcement of this binary is, we suggest, one of the unintended consequences of the continuing marginalization of autoethnography within a hierarchical subject/object divide in health research.

In this context, we draw on the arguments of Reed-Danahay and others in the widely cited 1997 collection, *Auto/Ethnography: Rewriting the Self and Writing the Social*, which examined the ways in which selves and social entities are culturally constituted through different biographical modalities. The / (forward slash) in the term auto/ethnography indicates a destabilized and dialectical relation of self and other. Our aim in this article is to contribute to this theoretical work by exploring the possibilities offered by notions of *assemblage* (Marcus & Saka, 2006) for further de-centering the narrative “I” that reduces social complexity. An assemblage of heterogeneous components deploying different representational modalities and different perspectives on a phenomenon can, we suggest, work with complexity, offering “site-ontological” accounts of practices, experiences, and lives. Our particular interest is in how professional practice can be construed as a “space of multiplicity” (Schatzki, 2002) composed of a contingent and constantly metamorphosing mesh of actions, relations, and material orders. Selves are constituted relationally in and through acting within practices.

In what follows, we assemble a set of selected “takes” from an autoethnographic study of an occupational therapist, who is writing about her early professional experience in a children’s hospital (Denshire, 2010). A material, conceptual, relational, and affective landscape of practice and experience is presented, from which the self is successively displaced as the primary site of experience and meaning. In the next section, we conceptualize autoethnography, in particular in health-related research, and introduce the term assemblage as we use it. Then, selected excerpts—“A Decade of Creative Occupation,” “Notes for a Cultural Geography of the Camperdown Children’s Hospital,” “A Door,” and “Orchestrating a Surprise Party”—from a study of an early career occupational therapist are used to exemplify juxtapositioning multiple accounts. And finally, we return to consider some of the theoretical and methodological challenges and possibilities within these ideas.

Conceptualizing Autoethnography

Autoethnographic writing has become increasingly common in a range of disciplines, including those drawn on in health-related research. Different approaches in autoethnography can be

characterized in terms of different relationships between the personal and the wider social and cultural world the writing seeks to inquire into. These differences have been classified by Ellis and Bochner (2006) in terms of “evocative” and “analytical” approaches, where evocative autoethnography foregrounds the writer’s personal stories and analytical autoethnography connects to “some broader set of social phenomena than those provided by the data themselves” (Anderson, 2006, p. 387). These two different approaches are extensively explored in a special issue of the *Journal of Contemporary Ethnography*.

This binary classification is useful as an initial way of making visible the variation in how autoethnographic writers integrate the strands of self and culture in their writing. Ellis and Bochner’s (2000) preliminary definition, grounded in the writer’s personal experience, has been particularly influential:

I start with my personal life. I pay attention to my physical feelings, thoughts, and emotions. I use what I call systematic, sociological introspection and emotional recall to try to understand an experience I’ve lived through. Then I write my experience as a story. By exploring a particular life, I hope to understand a way of life. (p. 737)

In emphasizing the centrality of the personal, this account arguably backgrounds the social or cultural world in which the writing occurs, or rather, reads the social and cultural through the personal. A consequence of this is that a fine dissection of a particular personal experience that the writer has lived through will frequently mean sacrificing opportunities to craft a broader ethnographic account that may also be autobiographically reflexive (Atkinson, 2006; Delamont, 2009).

In the analytical tradition, on the other hand, a sense of objectivity is valued. Anderson (2006) sets out the following key features for analytic autoethnography: “(1) complete member researcher (CMR) status, (2) analytic reflexivity, (3) narrative visibility of the researcher’s self, (4) dialogue with informants beyond the self, and (5) commitment to theoretical analysis” (p. 378). In the same special issue of the *Journal of Contemporary Ethnography* mentioned above, Atkinson endorsed Anderson’s “analytical, theoretical and objective approach to autoethnography” (as reported by Chang, 2008, p. 46).

Beyond the binary distinction of evocative and analytical forms the question of what is ethnographic about autoethnography requires a reflexive examination of conceptions of both self and culture in terms of writing. In this regard, Reed-Danahay (1997) suggests that auto/ethnography calls into question and then synthesizes both “a postmodern ethnography” and “the realist conventions and objective observer position of standard ethnography” and “a postmodern autobiography” and “the notion of the coherent, individual self” (p. 2). She explains that the term has “a double sense—referring either to the ethnography of one’s own group or to autobiographical writing that has ethnographic interest” (p. 2).

This synthesis requires a reassessment of how the self and culture are conceptualized and written. In a parallel move, Richards (2008) classifies autoethnographic accounts into three classes: testimonies, emancipatory discourses, and destabilizing narratives, where writers who are both vulnerable and critically reflective may be effective because they “problematise representation” and invite readers to “co-create meaning” (Richards, 2008, p. 1724).

In the healthcare context, such questionings can create discomfort through their challenges to traditional realist modes of representation. They can also bring new visibilities and awarenesses, however. In the context of writing about clinical practice, for example, autoethnographic accounts

may necessitate questioning and re-working received clinical binaries such as patient-therapist and client-practitioner. Putting the self into the picture at all is challenging enough in this context, but putting the very notion of a self at risk opens up places of vulnerability that can also be opportunities for radical re-working of categories of thought and action, including those that cross boundaries between fields or professions. For example, the various professional fields in health have worked within particular conceptions of the domain of health that have largely excluded the extensive field of disability studies (Hammell, 2006), but now autoethnographic writing from disability studies (Richards, 2008), occupational therapy (Kinsella, 2006; Salmon, 2006), and nursing (Muncey, 2005; Wall, 2008) is challenging dominant discourses in health that define experiences of illness and wellness, self and other.

A point of difference between the grief, illness, and disability autoethnographies and the autoethnographies of professional experience is that the former are often more individual, private, and intimate experiences, while those written by professionals may be more public and overly relational. They are different types of experiences. The power relations and expressive needs are different too. If one is speaking from a position of a vulnerable or somewhat voiceless minority speaking back to power (Pratt, 1991) then one might, as a rhetorical act, focus more on conveying one's own experience while relegating the social and relational to the background.

An example of the power of autoethnography to represent illness and disability is a compelling insider account of kidney failure, transplantation, and recovery (Richards, 2008). This account resisted "any notion of authorial omniscience and objectivity" (p. 1720), and it showed the layered complexity of "different points of view and different positionings in a given situation" and the "underlying theoretical assumptions that inform the positions being examined" (Richards, 2008, p. 1725). Uotinen (2011) further expands the conceptual terrain of autoethnography through her inquiry into "bodily and unbeknown knowledge," where autoethnographic writing can excavate "those practices that have become invisible because of their ordinariness or repetitiveness" (Uotinen, 2011, p. 1309).

It is in response to this challenge that our work with ideas of assemblage has developed, in order to enable a reflexive engagement with modes of writing and representation that trouble a taken-for-granted given-ness or pre-existing stability of self and other, of profession, of knowledge and practice, of work, and of culture and history more broadly. Our conceptualization of autoethnography as assemblage seeks to problematize the relations among these elements through a foregrounding of modes of representation. In the next section we will select excerpts from a study of an occupational therapist early in her career in the 1980s (Denshire, 2010). To begin this exploration, we first sketch out an idea of what we are intending to bring into visibility by our use of the term assemblage.

In a literal sense, the term assemblage refers in our work to a portfolio of texts and other representations produced through the study of a time and place in the history of an occupational therapist's professional life in Sydney, Australia. Materially, this assemblage is a collection of items that fit together to provide a rich, multi-perspectival account of this time, this place, this moment in the history of a therapist and of a profession. To understand the collection in this way is to liken it to the assembling of artifacts from an archaeological site, or to a sculptural composition consisting of an arrangement of miscellaneous objects or found materials, made up of different forms and modes of representation. The importance of this move is to foreground, through juxtaposing multiple accounts one against the other, an uneasy, unstable relationship between the writer and the self she writes about.

Assembling an Account of Occupational Therapy Practice in Camperdown Children's Hospital in the 1980s

The discussion in this section centers around excerpts from the larger study, which sought to reinscribe the everyday world of occupational therapy practice in one time and place, the Camperdown Children's Hospital in Sydney in the 1980s, from the reconstructed perspective of a young practitioner ("Sally"), positioning other participants in this practice, including patients, other practitioners, and the organization itself (Denshire, 2010). This was a time when occupational therapy as a profession was in the process of becoming a scholarly discipline within the university, when there was as yet no Adolescent Ward in the Hospital, and when the youth-specific occupational therapy program discussed in the study was in its infancy.

Many of the teenagers admitted to the Hospital have experienced hospitalization over a long period, some since birth. Prior to the opening of the Adolescent Ward in 1987, young people over 12 years old were scattered throughout the hospital wards solely on the basis of diagnosis. Approximately 45% of all adolescent inpatients have a chronic or disabling condition requiring regular admissions to hospital (Denshire & Bennett, 1985). Sometimes a young person would spend their birthday or Christmas in hospital. The protracted campaign to open the Adolescent Ward focused on securing dedicated space for these "regular customers," on the assumption that "teenage patients support each other and receive better and more comprehensive care when they are grouped together" (Denshire, 1985, p. 147). Until the Adolescent Ward opened in 1987, the youth work with teens in hospital, in particular the informal work at the bedside, in the corridors, and in the youth center, was often viewed as marginal in this paediatric hospital.

This inquiry into professional life in this workplace attempted to restore something of the materiality and particularity of occupational therapy practice, which—we argued—had been left behind in the search for scholarly and professional legitimacy in the professional scholarly literature. We understood practice not simply as something undertaken by an individual but as a "space of multiplicity" (Schatzki, 2002), consisting of arrangements of doings and sayings complexly located in time, space, and history. The larger study was presented as a portfolio of writings and other representations, in a "layered account" (Ronai, 1995) of remembered practice. A selection of journal articles, described below, reporting the initiatives published by Sally provided a prompt and trigger for memory, new writing, and commentary. What follows under six sub-headings is a description of putting together the elements in this autoethnographic assemblage (see Figure 1).

Selecting Journal Articles

Three scholarly articles, each published roughly a decade apart, formed the centerpiece of the portfolio. This trajectory across these three articles demonstrates developing understandings of practice in the 80s, the 90s, and the early 21st century (Denshire, 1985, 1996, 2005). Here we illustrate how the layering was done by selecting one of the earlier published articles, "A Decade of Creative Occupation: The Production of a Youth Arts Archive in a Hospital Site" (Denshire, 1996), and demonstrating how a range of material was assembled in relation to the work formally described in the earlier article.

Linking Journal Articles and Twice-Told Tales

A set of fictive narratives was produced, each drawing out key ideas from the practices being written about in the published articles. The fictive narratives, reconstructing the events reported in the earlier article and told twice from the point of view of different actors, served to open out and

re-write the original account. These new tellings were juxtaposed against a visual image from the time of the events in question, a fragment of ethnographic narrative, and a section of commentary. The juxtapositionings seek to provide not only different perspectives on the spaces and practices first presented in the published articles but also a successive destabilization and reflexive problematization of the forms of representation of self, place, and practice. These artifacts all focus around the early years of the Youth Arts Program at Camperdown Children's Hospital, following its establishment in 1984.

Straddling Multiple Temporalities and Personal-Professional History

We had to grapple with the challenges of writing across the multiple spaces and temporalities involved in reconstructing what had been everyday-ordinary moments of one person's experiences of her early practice as a therapist in that setting. The study was undertaken between 2006–2009, but it drew on a range of materials—texts, visual records, memories, published scholarly articles that spanned two decades—to re-craft a history of a piece of the practice of hospital-based occupational therapy as it occurred then and was remembered and re-told now as personal-professional history.

Crafting Fictions and Ethnographic Writing about Practice

Each tale dramatized what we construed as “paradigmatic scenes” (Van Maanen, 1988) from a remembered practice world, recalling moments of practice with young people living and dying at the Children's Hospital, which were assembled together with other historical and visual representations of occupational therapy at that time in the history of the Hospital and the occupational therapy profession in Australia.

Commenting Back to the Profession

The larger study investigated the absence of ordinary things that, superficially, are unaccounted for and suppressed, the things missing from mainstream accounts of practice (Denshire, 2010). In keeping with the professional focus of occupational therapists on the everyday activities of others, our larger aim was to contribute to the study of the everyday world of practice of occupational therapists themselves and to argue for its inclusion as a legitimate professional domain of concern for occupational therapy.

Reinscribing Aspects of Practice

The everyday processes of professionals are often overlooked as “under the radar,” relegated with no pause for reflection to what too easily can become the “back rooms and corridors” of our working lives. Autoethnography enables the “writing in” of these everyday experiences, reinscribing the everyday world of practice (Denshire, 2010). Within the sanitized representation of this project, the messy, difficult process of assembling an autoethnography is elusive (see Figure 1).

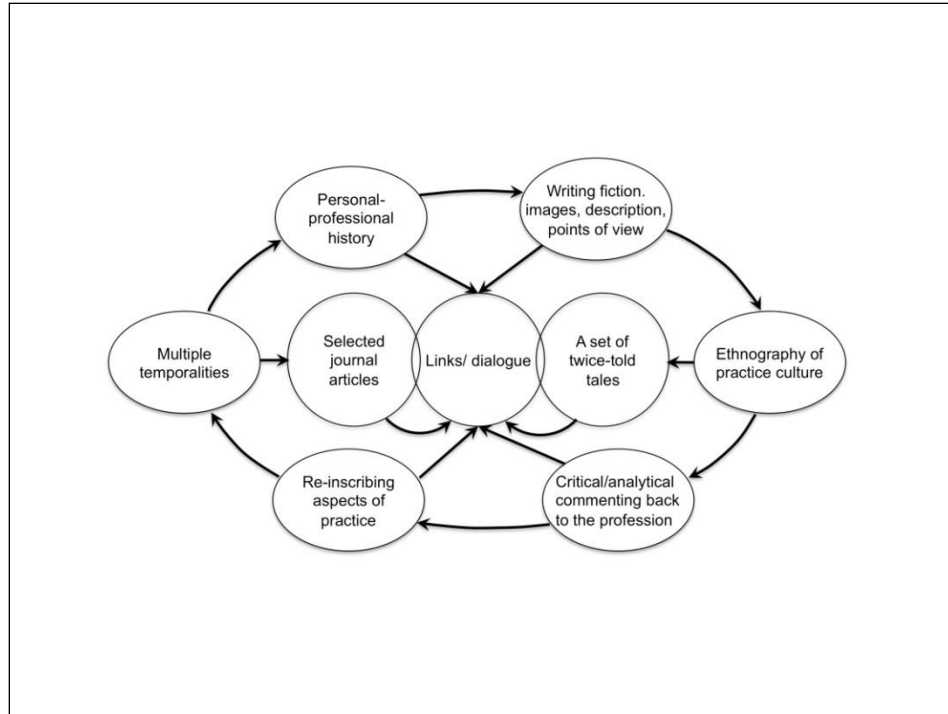


Figure 1. The autoethnographic assemblage of this project.

Now what follows is the first of four excerpts from the larger study.

A Decade of Creative Occupation

“A Decade of Creative Occupation” was published in a special issue of the *Journal of Occupational Science: Australia* produced locally soon after Sally had relocated inland to help establish the first occupational therapy course in inland Australia, at Charles Sturt University in Albury (Denshire, 1996). The Youth Arts Program had developed a concept of *creative occupation* to focus on the kinds of creative practices that addressed the health and maturational needs of young people at the Hospital. The participants in the Youth Arts Program were young people aged between 12 and 20 years who had frequent admissions to hospital. Often they were recovering from orthopedic surgery with restricted mobility. These young people actively engaged in various creative occupations in hospital with members of the Youth Arts Team, for example making “masks, video art and computer generated images, giant board games, radio documentaries, stories, poetry, sculpture and cultural events” (Denshire, 1996, p. 94).

“A Decade of Creative Occupation” explains the Youth Arts Archive as being a permanent record of ephemeral art-making. The article highlights archival, curatorial, and historical perspectives on youth creativity in hospital in an account of academic research written explicitly for the readership of the journal. Thus, the rationale for permanently recording otherwise ephemeral art works was formally expressed as follows:

From this foundation, a more secure second decade of life for the program is anticipated, despite its existence in increasingly competitive times. It is predicted that, with the advent of further health and art programs that are based on the value of creative occupation, place making will come to be regarded as a priority in the building and redesign of our future hospitals. (Denshire, 1996, p. 97)

Notes for a Cultural Geography of the Camperdown Children's Hospital

The Youth Arts Program took place in the grounds and buildings of the hospital in the 1980s. The following fragment of ethnographic writing, told in the first person, is attempting, through a reconstruction of Sally's memories, to present something of the complexity of the institutional space:

Wandering through Camperdown Children's Hospital prior to the opening of the Adolescent Ward, what comes to mind were images of that pale green environment, sick children in beds staring at endless blank walls painted very pale green. There was the institutional green of antiseptic gowns and drapes in the Operating Theatres, sights and sounds of Wade House and the Outpatient Department, that smell of baking from Weston's Biscuit Factory.

One morning I remember when pest control chemicals forced thousands of cockroaches to crawl out from under the M-shaped inpatient main block housing the wards, operating theatres and kitchens. The surrounding lawn turned black and seething as the insects lay blinking, unaccustomed to the daylight ... Then at Christmas, the front windows of the dark red brick flats at the 470 bus stop opposite the hospital were festooned with tinsel, and Christmas lights blinked between the Venetians.

There was no signage on the liver colored brick mortuary. There was a room assigned in Casualty to quarantine distressed parents to contain the grief that must be contained whenever a child had died at Camperdown Children's Hospital. Where in the hospital grounds was a father permitted to grieve who could not read the sign in English? Chain-smoking, he listened to the bird song in the aviary. Sitting, on a dilapidated park bench he rocked, lost under the sweeping purple jacaranda boughs, his worn soles tapping the asphalt. (Denshire, 2010)

A Door

From remembering the hospital site now we turn to analyze a door as one of the socio-material artifacts of the Youth Arts Program. The image of "Group project of carved and painted door, Youth Arts Archive 1988-89" is one of the ordinary pieces of everyday art-making that were typical of many ephemeral projects comprising the Youth Arts Program (see Figure 2). This door—salvaged by Colin Stokes, who was an artist-in-residence with the Adolescent Medical Unit in the late 1980s—was carved and painted by several young people in hospital as a group project.



Figure 2. Group project of carved and painted door, Youth Arts Archive 1988-89.

Colin had grabbed the door off the top of a skip full of rubbish on the pavement of a dirty inner city street, together with a curved metal chair. Presumably it had come out of a house that was being demolished, and he had brought it into the youth center across the road from the (supposedly) sterile hospital precinct. The paneled door was carved and painted in acrylics by a small group of young people collaborating with Colin. They painted the upper part with domestic objects from everyday life, perhaps things that young people in hospital missed from home—fresh fruit, and their pet cat placed in pride of place in the middle. The egg slice might be a reminder of ordinary domestic life, making your own breakfast, far from the hospitalized lives of the young painters.

Lower down on the door the decoration looks more symbolic with what appears to be a carved cross, a South Pacific flower possibly in tapa cloth style, and further down, the esoteric symbol of an eye on the pyramid, the so-called “eye of providence” that appears in Egyptian mythology, Buddhism, Christianity, the Freemasons, video games, and on the American one dollar bill (Potts, 1982). There is also an image that might be of a person holding a book on top of their head. The swirls on the sky-colored backdrop are reminiscent of Vincent Van Gogh’s *Starry Night*, which he apparently painted while in an asylum at Saint-Remy in 1889 (Crispino, 2008). The meanings and intentions behind the symbolism are lost in the histories of the painters, but eventually the finished door was hung, as an imposing record of the activity, on the wall of the activity room on the Adolescent Ward once Camperdown Children’s Hospital was relocated at Westmead.

A door is a barrier, a threshold; it can open or close the entrance to a house, a bedroom, or a back room. It is both an architectural object and an architectural metaphor, with many layers of symbolic meaning associated with young people. A door can be the threshold to transition to a new phase of life; something young people can open to reveal the way out or forward, into adulthood. In a hospital or prison, a door can be locked and unlocked. While young people may

be given a key to the front door of the house and close or slam their bedroom door for privacy, this privacy is not available to them on hospital wards where screens and curtains around beds replace doors. “The Door” was the name of an iconic multi-service youth center, on Avenue of the Americas in New York City, associated with the free clinic movement of the 1970s, signifying a way out of the constraints of traditional, hierarchical modes of service delivery for young people.

Orchestrating a Surprise Party

The last line of an adolescent boy’s opening speech, “... and we are going to have a party!” (p. 96), at the premiere of a video by young people in hospital was quoted in the final discussion in “A Decade of Creative Occupation.” This utterance was a departure point for the fictional twice-told narrative, “Orchestrating a Surprise Party,” which reconstructs a moment in the everyday experience of working and living in the hospital that, until now, remained undocumented. Julie is a young Aboriginal woman who comes into hospital regularly because of chronic kidney disease. She will be turning fourteen on the day of her discharge from hospital and going to live with her older sister, who is about to have a baby. In the twice-told tale, “Orchestrating a Surprise Party,” Julie’s friends Kat, Davo, and Dimitri are helping to secretly prepare a farewell celebration for her.

“Working Behind the Scenes,” the narrative reconstruction from “Sally’s” point of view, picks up on the range of complex relational dynamics of working within and against the normal hospital protocols and procedures. Sister Thompson, a dialysis educator; Cheryl, an Aboriginal support worker; Sister Scott, the ward sister; and “Sally,” the youth-specific occupational therapist, converge on the ward during the day of discharge, a traditionally busy, high-pressure time. Each member of staff is trying to finish off their individual treatment of Julie prior to discharge. All these interactions are going on during preparations for a surprise party, as well as during the party itself.

Two brief excerpts from the narratives must suffice, together with some brief commentary for each, to show the multiplicity of elements assembled to manage such an event. This commentary is written from three timeframes: (1) from the present (two decades on from the events being narrated), (2) from their first discussion in the article a decade earlier, and (3) from the time of the event itself. The commentary is subjected to a set of reflexive comments about how the therapist has positioned herself, troubling some of the forms and modes of self-representation presented in the earlier work. The first excerpt from “Working Behind the Scenes” shows adolescent testing behavior written from a therapist’s point of view:

Suddenly, they were all yelling at once. Where are all the things ... Sally? Well ... she replied ... here’s the fruit, tinned pineapple, tea and ginger ale to put in the punch [pause] oh and smell the mint from my garden. You forgot the vodka! They said. Yeah right! She replied, raising her eyebrows and smiling at them. Always they were testing her. Yesterday they said, please, please Sally take us to see [the movie] Puberty Blues at Hoyts! She knew she had better check with their parents first.

Here, the unflappable demeanor attributed to the therapist in response to her young charges in hospital joking about drinking and puberty recalls traits of Edwardian children’s nanny Mary Poppins in the therapist character—composure under pressure, the ability to set limits, and deference to authority. Comparable virtues (Barnitt, 1998) were still expected of those young, middle class white women who became occupational therapists in Australia in the late 20th century (Australian Association of Occupational Therapists, 2005). Those few therapists who wrote for publication could risk seeming overly virtuous in their heroic portrayals of the therapist

(redemption narratives) and her work (victory narratives). To some extent, these virtuous performances still survive in this excerpt.

In the reconstruction of this event from Julie's point of view, titled "Made Some Deadly Friends this Time," Julie explains why she is in hospital this admission:

I've lost count of how many times I've been on this ward. This time I'm here to go on the dialysis machine again to help my kidneys work better and clean my blood so my skin doesn't look so yellow. Sister Thompson hooks me up to the dialysis machine in the morning on the ward. Looks at me like I'm just a risky, Indigenous kidney!

Here the lack of empathy attributed to Sister Thompson, the dialysis educator, in thoughts the author attributes to Julie stands for an underlying ambivalence between nurses and occupational therapists. Comparable "othering" is highlighted in a recent ethnography of mental health nurses and occupational therapists working with older mentally ill people in which some informants expressed the view that "occupational therapy was not real work when compared to the work of other professions" (Fortune & Fitzgerald, 2009, p. 83). Their study suggests that "the extent and nature of occupational engagement is significantly impacted by interdisciplinary relations" (Fortune & Fitzgerald, 2009, p. 81), and an unresolved tension between Sister Thompson and the "Sally" character also exists in "Orchestrating a Surprise Party."

Re-Writing the Self

The published piece, "A Decade of Creative Occupation," could in some ways be classified as a "celebratory account" (Groundwater-Smith & Mockler, 2009), in the sense of being a heroic success story of an innovative, demonstration project in a teaching hospital, which is intended to impress, not disrupt. It is thus performative of the author's identity as an effective and moral professional (Convery, 1999). The fictive narrative, "Orchestrating a Surprise Party," on the other hand, offers two different new tellings of the activities and events summarized in "A Decade of Creative Occupation." In these narratives, young people's voices are louder than in the published article and they have a 1980s sound track. The tale animates issues of culture and difference, with characters speaking from Indigenous and immigrant, as well as Anglo-Australian, points of view, albeit with still quite a strong performance of the heroic "self" of the therapist character.

"Orchestrating a Surprise Party" is a "back room" tale, problematizing the preparing and sharing of celebratory food in a children's hospital. And young people's everyday art-making on a door also has a "back room" quality to it in so far as the door was salvaged and the project unorthodox. The idea of the back room makes visible and literal the places not normally acknowledged or written about as the legitimate sites of professional practice. These unwritten backroom practices have been called "derided interventions" (Selby, 2005, p. 9) within the heartland of traditional medically dominated accounts of health care practice. In "A Decade of Creative Occupation," the everyday creativity and conflict involved in these social practices had stayed implicit, but these things were foregrounded in "Orchestrating a Surprise Party."

The issue for this autoethnographic study was how to tell, and re-tell, unexpected, uncomfortable stories that sat behind the idealized account, as local, particular fictional tales of practice. These retellings sought to foreground other voices, other experiences, and other spaces and practices, as well as provoke reflexive, critical commentary. For example, the ethnographic writing on Camperdown Hospital is rich with sensorial detail and goes behind the idealized account to re-create that pale green environment with its black cockroaches, liver-colored mortuary, and purple jacaranda. The published article, "A Decade of Creative Occupation," had little behind-the-scenes

description that evoked colorful images of particular youth arts projects, because its purpose was to evaluate the program for a scholarly readership.

Rethinking Autoethnography as Assemblage

In this final section, we consider some of the theoretical challenges of autoethnographic writing exemplified in the previous section. Specifically, our thinking about autoethnography as assemblage goes beyond the literal, material descriptor of a set of artifacts assembled into a portfolio to address problematic questions about the relationship of self and culture that sit at the heart of autoethnography as a research method.

In recent social and cultural theory, the term assemblage has been taken up in a range of schools of thought, from Foucault to Deleuze and beyond, to define a new “ontology of the social” (Schatzki, 2002), which attempts to come to terms with social complexity through rejection of the hard-bounded distinctions between the micro level of analysis (the individual) and the macro level (society as a whole). Within recent theoretical work on ethnography itself, the idea of assemblage has been taken up by Marcus and Saka (2006), who characterize the concept of assemblage as “a sort of antistructural concept that permits the researcher to speak of emergence, heterogeneity, the decentered and the ephemeral in nonetheless ordered social life” (p. 101). Within the context of debate about ethnographic forms of representation, assemblage (juxtaposing made objects) and related terms such as collage (co-locating objects) and bricolage (using found objects) appear to offer “hope of a working access to the difficult and elusive objects” (p. 102) in the world imagined by contemporary social theory.

Autoethnography’s value seems to us precisely to offer the opportunity for the self who writes to achieve simultaneously the identification of the self as writer, a professional self invested in the account she produces, and a situating and problematizing of this self and this account. Through multiple tellings from different perspectives, times, places, and histories, a situation or an event can be re-presented in relation to larger social, cultural, geographical, and historical frames. In this way, an ever-present danger in autoethnography of a “return to self” (Game, 1991) of the writer as autobiographer is disrupted and supplemented through these multiple locations and relocations. Some of these are through a shift in writer positioning from autobiographer to reflexive textual analyst; some through the narrative trope of changing point of view in the tellings of normal incidents in the daily life of the children’s hospital; and some through imparting the biography and heritage of a profession through visual and documentary methods, at the same time as telling something of the professional history of an individual therapist.

Nevertheless, sometimes the heroic self of the therapist character is still in danger of representation as overly virtuous and heroic in the context of the successive layering and de-layering in the new writing. This unresolved problem can be understood in terms of the affective attachments, or passions, that professionals bring to their work, which allow them to go on, often in the face of adversity and discouragement (Gherardi, Nicolini, & Strati, 2007).

A critical motivating concern in developing our ideas of assemblage involved our early realization of how the published scholarly articles that were the originating texts remained bound up in just those modes of celebratory account of professional practice troubled by Groundwater-Smith and Mockler (2009). This meant that an uncomplicated, smooth account of events was presented, a version without shadows and contradictions, struggles and failures, and where the achievements of success were warranted primarily by extensive citation of secondary literature. The authorial figure, who is also the occupational therapist in the practice being represented, remains unproblematized in terms of her agency, morality, and centrality to the account.

These realizations, two decades on from the publication of the articles, prompted a reconsideration of the representational resources that might be available to reconstruct a different kind of account. In the fictive re-tellings of the three articles in the study, where each article was placed in dialogue with a corresponding tale, each told twice, from the perspective of two different participants in the moment, specific material aspects became visible and significant. Details of the activities and events in the articles were recast in both everyday-ordinary terms and in terms of primal elements of sexuality, food, and death, all of which are largely erased from more traditional scholarly accounts of occupational therapy practice. In this way the tales “coloured in” the spaces in the articles, in particular, the body—including the bodies of patients, through accounts written fictively from their points of view, the body of the professional, and the institutional “body,” the Hospital. These re-tellings offer the possibilities of representing something more of the complexities of the everyday life of a health professional than any singular account told from one point of view (see also Uotinen, 2011, for an account of “bodily and unbeknown knowledge” in autoethnographic writing).

Ideas of bodies and practices as sites of multiplicity and of institutions as assemblages of actions, events, doings, and sayings (as the example of ethnographic writing shows) all offer new and rich possibilities for autoethnography. These ideas resonate with contemporary socio-material theorizations of practice that see practice as the “site of the social” (Schatzki, 2002), an assemblage of heterogeneous elements in which others and selves are actors, alongside institutional arrangements, times, spaces, histories, material artifacts, routines, and circulating relations of power and desire.

Conclusion

In this article we have argued that the idea of assemblage can expand the conceptual resources of autoethnography to address complex theoretical issues of the relationship of the self to the social world. Our focus has been on the use of autoethnographic writing to examine the intricacies and problematics of professional practice. In foregrounding the spaces of multiplicity of professional practice, we have drawn attention to material and embodied elements and a range of actors, arrangements, and circumstances. The self that writes about the practice is a self de-centered and de-stabilized through multiple modalities of representation. Taking published scholarly work as a provocation for re-writing has allowed us to say what was not and perhaps could not be said in a singular account or a single modality. Working with images opens out the fictive potential of stories to show moments of difficulty as well as the mundane-ordinary of practice. The everyday practices of health professionals are saturated with such moments, yet these are largely absent in most of the health literature. Autoethnography has functioned as something of a corrective to de-personalized and disembodied accounts of professional work, yet it can run the risk of simply occupying an opposite pole on a binary.

The concept of assemblage both complements and extends Reed-Danahay’s (1997) and Richards’ (2008) conceptualizations of autoethnography by destabilizing the distinction between the individual and the social and by foregrounding complexity, heterogeneity, and materiality. As Marcus and Saka (2006) argue, such conceptions of assemblage can offer “hope of a working access to the difficult and elusive objects” (p. 102) in the world. Through a brief sketch of an autoethnographic study into occupational therapy practice with adolescent patients in Camperdown Children’s Hospital, we have attempted to demonstrate how the elements of self and other, the material circumstances of illness and therapy, the struggles with institutional histories and geographies, the mundanities of the everyday worlds of professionals and patients, and the possibilities of creativity in professional practice can be assembled in such a way as to expand and extend understanding.

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