

# An introduction to autoethnography as a research methodology for chiropractic

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**Abstract: Objective** - To introduce the qualitative research method of autoethnography for the purpose of seeking a deeper meaning within the typical chiropractic doctor-patient encounter and to document those findings as a Chiropractic Autoethnographic Case Report.

**Discussion** - Autoethnography is the science of writing your lived experience. It is a valid scientific method of contextualising experiences in cultural, social, political and personal history. As such, autoethnographic writing is not analogous to autobiographical writing, the former is the application of a scientific method and the latter is more often than not, an indulgence.

Autoethnography is applied to report personal experiences in fields as diverse as anthropology, sports sciences, nursing and allied health care, design, creative art, political science and organisational management. Emerging in 1935 it was not until the mid 1990s that the method was applied within health care. This paper discusses autoethnography as a method to broaden the understanding of chiropractic by embracing philosophies of science beyond those of Post-Grecian Western methods, a necessary requirement given the intensifying multiculturalism of chiropractic expressed through Asian and Islamic lenses.

**Conclusion** - The common feature of all case reports is modulated for chiropractic: *'well-written and transparent case reports (i) reveal early signals of potential benefits, harms, and information on [clinical methods and] the use of resources; (ii) provide information for clinical research and clinical practice guidelines, and (iii) inform [chiropractic] education.'* This paper commends the methods of autoethnography for exploration by *'the chiropractor as expert'* of the experience of being an engaged participant in the phenomenon of chiropractic. This approach to inquiry may find a deeper level of meaning embedded in the chiropractic patient encounter.

**Indexing Terms:** chiropractic; autoethnography; epidemiology; phenomenology; research methods.

## Introduction

**I**n this article I introduce a new method to document a lived clinical experience within a health-care environment and call it clinical case-based autoethnography (CCBA).

Arising from the field of anthropology (1) about 1935, (2) autoethnography is reported by O'Hara as *'the science of*

... The use of autoethnographic methods in chiropractic promises a deeper understanding of the phenomena within and about a chiropractic encounter ...'



1. O'Byrne P. The advantages and disadvantages of mixing methods: An analysis of combining traditional and autoethnographic approaches. *Quali Health Res.* 2007;17(10):1381-91 DOI: 10.1177/1049732307308304.
2. Doloriert C, Sambrook S. Ethical confessions of the "I" of autoethnography: the student's dilemma. *Qual Res Org Management: An International Journal.* 2009;4(1):27-45 DOI 10.1108/17465640910951435.

writing your lived experience'; (3) but not all lived experiences can equally be written. Professional regulatory bodies prohibit the publication of a patient's lived experience in a clinical health-care environment in any way other than a formal scientific manner called a Case Report. (4)

Guidelines for autoethnographic writing have progressively become homogenised with the intent to coalesce yet contrast the relating of the experience and its felt emotion. The appropriate contextualisation of these distinguishes autoethnographic writing from the simplistic ego-centric autobiography.

The difference between an autobiographic case report and an autoethnographic case report is twofold; the latter follows a scientific method and must situate the case into a biopsychosocial context. It is not a simple piece of writing about one's self as we see in an early medical autobiographic case report. (5) I have no ability to defend autobiographies as a means of reporting the profound effects of chiropractic care as experienced by individuals. On the other hand I must say I am a proponent of more chiropractors making the effort to write an autoethnographic report of their individual experiences. The rider being appropriate contextualisation.

### The regulatory environment

Australian chiropractors, and probably others with similar dysfunctional regulatory bodies, face the constrictive and punitive belief that it is evil for a health practitioner to facilitate a patient to report their experience. To do so constitutes a testimonial, the publication of which is a career-ending move by a registered chiropractor. It is noted that the *Chiropractic Board of Australia* holds this position in the absence of any evidence that a testimonial is harmful in anyway. A reasonable discussion with the Board is not possible as obscurity and obfuscation accompanies such measures (6). Regrettably even the process of publishing patient reports through the peer-reviewed, indexed process is not protected. (7)

It is within this combative environment that autoethnographic case reports are emerging as a defensible method for documenting the lived experience of a recipient of chiropractic care.

### Autoethnography as a scientific method

The qualitative inquiry of autoethnography as a research method has emerged over the past 20 years to be now accepted as valid in fields as diverse as anthropology, sports sciences, nursing and allied health care, design, creative art, and political science; Doloriet and Sambrook writing of it as a student assessment tool in the education field of organisational management. (2)

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3. O'Hara S. Autoethnography: The science of writing your lived experience. *Health Environments Research and Design Journal*. 2018; 1-4. <https://doi.org/10.1177%2F1937586718801425>.
  4. Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, et al. [CARE guidelines for case reports: explanation and elaboration document](#). *J Clin Epidemiol*. 2017 May 18 pii: S0895-4356(17)30037-9. DOI 10.1016/j.jclinepi.2017.04.026.
  5. Thygeson N. Fifty years with a Brooke Ileostomy: An autobiographical case report. *Cureus*. 07 August 2021,13(8): e16980. DOI 10.7759/cureus.16980.
  6. Australian Health Practitioner Registration Agency. Communication to practitioner {name withheld}. Reference number 0000159687 5 March 2020. Held by the author.
  7. Australian Health Practitioner Registration Agency. Communication to practitioner {name withheld}. Notice advising you of proposed action in relation to complaint about advertising. 8 January 2020. Held by the author.

Chang (8) describes autoethnography as a utilisation of the *'autobiographic materials of the researcher as the primary data ... (emphasising) cultural analysis and interpretation of the researcher's behaviors, thoughts, and experiences in relation to others in society'*. The rigour of its methods raises it beyond contentious allegations of being a *'self-indulgent'* genre. (9)

A recent attempt in the field of medicine to capture one clinician's lived experience as an *'autobiography'* (5) approximates the rigour of autoethnography but leaves the author open for a claim of indulgence. It is important to appreciate the difference between a clinical autobiography and a clinical autoethnographic account. This is given by O'Hara (3) who describes autoethnography as *'a scientific method which contextualises experiences in cultural, social, political and personal history. Through an evidence based approach, professionals in academic, practice, and research can bring their past experiences to a place in the present, and provide direction for future professionals.'*

The main downstream issue is the defence that a contextualised and well-written autoethnographic case report which has survived critical peer review is a piece of scientific writing which in a sane and reasonable world is expected to stand as an evidential report beyond personal opinions held by a Board.

The disciplined approach of autoethnography with its imprinted methods should go a long way to address such pedantic regulatory antagonism. This viewpoint allows the proposition that autoethnographic methods are appropriate to document one's own lived experience as a patient. After all, who better to interpret the subtleties of a chiropractic adjustment than one skilled in providing them to others with an intent and an expectation of certain outcomes. My colleague Murakami and I have previously noted (10) that chiropractic case reports may be improved by writing in a prospective manner and by using the methods of phenomenology, again a strong argument in favour of autoethnography.

### Autoethnography as science

An autoethnography is both prospective and reflective and allows evidence-informed hermeneutic interpretation of present as well as of retrospective reportage, where *'reportage'* is *'writing intended to give an account of observed or documented events.'* (11)

Autoethnography as it is practiced today emerged in the 1980s in response to research of the ways ethnographers interact with society. (12) It is considered a transformative (13) qualitative method connecting life and research (14) through evocative narrative, a phenomenological tool to

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8. Chang H. Autoethnography as Method. Raising Cultural Consciousness of Self and Others [Doctoral Thesis]. Eastern University PA: 2008. [https://www.academia.edu/1244871/Autoethnography\\_as\\_method](https://www.academia.edu/1244871/Autoethnography_as_method).

9. Allen-Collinson J. Autoethnography as a 'valid' methodology? A study of disrupted identity narratives. *Int J Interdisciplinary Sci* 2008;3(6):209-17. [https://www.researchgate.net/publication/292498972\\_Autoethnography\\_as\\_'Valid'\\_Methodology\\_A\\_Study\\_of\\_Disrupted\\_Identity\\_Narratives](https://www.researchgate.net/publication/292498972_Autoethnography_as_'Valid'_Methodology_A_Study_of_Disrupted_Identity_Narratives).

10. Ebrall P, Murakami Y. Constructing a credible case report: Assembling your evidence. *J Contemp Chiropr*. 2018;1:45-52. <https://journal.parker.edu/index.php/jcc/article/view/29>.

11. Merriam-Webster. Reportage, noun. 2018. <https://www.merriam-webster.com/dictionary/reportage>.

12. Holt NL. Representation, legitimation, and autoethnography An autoethnographic writing story. *Int J Qual Methods*. 2003;2:18-26.

13. Custer D. Autoethnography as a Transformative Research Method. *The Qualitative Report*. 2014;19(37):1-13. <https://nsuworks.nova.edu/tqr/vol19/iss37/3>.

14. Ngunjiri FW. Living Autoethnography: Connecting Life and Research [Editorial]. *J Res Practice* 2010;6(1):Article E1 <http://jrp.icaap.org/index.php/jrp/article/view/241/186>.

connect the '*Person with Culture*', (15) and in the case of this paper, with the culture of chiropractic.

The exegesis of chiropractic is largely an expressive, exoteric ontology gathered with both quantitative and qualitative methods, the latter largely by Case Reports. Where reports are written by a practitioner of their own care it is considered a first-person autoethnography. When written by a patient managed by the practitioner it is considered second person; and when another person reports their observations of a practitioner-patient interaction and documents experiences using quantitative or qualitative methods such as phenomenology and perhaps hermeneutics, they become third person.

All case reports are encouraged to consider the CARE Guidelines (16, 17, 18) with the benefit being a more common structure to allow consilience from multiple sources and agglomeration of evidence from specific to the general and back to the specific, relevant to a particular individual patient presentation.

### The purpose of autoethnography

An autoethnographic case report is not intended to be an exposition of a particular condition. It is a process to connect the reported self with context through active participant observation, specifically relating to the context of chiropractic in which people interact in a role variously called patient, client, practice member, or other. This relation is one of power-imbalance where the person brings a perceived matter, which for some reason they perceive a chiropractor can do something of benefit to them. Little has been published to date on this aspect of chiropractic and this paper is not to explore it.

After Napolitan (19) the key purpose for an autoethnographic case report in chiropractic may be crudely summarised as to understand the concept of a '*person*', a unique, individual matter, within a context common to some 110,000 chiropractors globally where the 'doctor-patient' encounter is played out over half a billion times a year (author's estimate).

The challenge is that the experience of the person is a matter that can not be reliably reported by other than the self. In this sense it is both Massimi's (20) and Taylor's (21) 'unobservable phenomenon' or '*entity*', a sense of intimate involvement, engagement, and embodied participation. (22)

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15. Pitard J. Autoethnography as a Phenomenological Tool: Connecting the Personal to the Cultural. In: Liamputtong P. (Ed) Handbook of Research Methods in Health Social Sciences. Singapore: Springer 2017. [https://link.springer.com/referenceworkentry/10.1007/978-981-10-2779-6\\_48-1#citeas](https://link.springer.com/referenceworkentry/10.1007/978-981-10-2779-6_48-1#citeas).
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  17. CARE Case Report guidelines. About. <https://www.care-statement.org/about>.
  18. Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, et al. CARE guidelines for case reports: explanation and elaboration document. J Clin Epidemiol. 2017 May 18 DOI 10.1016/j.jclinepi.2017.04.026.
  19. Napolitan N. Making persons and selves from lumps of matter. Macalester Journal of Philosophy. 2004;13(1): Article 7 <http://digitalcommons.macalester.edu/philo/vol13/iss1/7>.
  20. Massimi M. Saving unobservable phenomena. Br J Philos Sci. 2007;58(2):235-62 <http://www.jstor.org/stable/30115225>.
  21. Taylor GP. On how to refer to unobservable entities. Macalester J Philos. 2005;15(1): Article 2 <http://digitalcommons.macalester.edu/philo/vol15/iss1/2>.
  22. Ellis C, Bochner AP. Analyzing analytic autoethnography: an autopsy. J Contemp Ethnog. 2006;35:429-48 <https://www.emeraldinsight.com/doi/full/10.1108/17465640910951435>.

## Autoethnographic Genres

The method has a genre of analytic autoethnography which is objective writing and analysis of a particular group, and a genre of evocative autoethnography which is an author's introspection connecting readers with the researcher's feelings and experiences. (23)

The matter of writing an evocative report requires avoidance of '*descriptive and evocative illness self-narratives*' while offering '*sociocultural insights about the illness phenomenon.*' (8) While similarly avoiding descent into an '*evocative illness self-narrative*' the chiropractic paradigm allows this method to give a sociocultural insight into its well-being subset of practice.

The genre critical autoethnography is a relatively new form of the method with limited influence at this time. (24) It has been applied to allow three researchers to use their personal experiences and sympathetic eyes to analyse and critique injustice pertaining to educational contexts. (24)

Evocative autoethnography is a genre placing the author as the phenomenon and is a narrative specifically focused on their professional and/or personal lives. Ellis et al (25) consider this as the most controversial form of autoethnography for traditional social scientists. Its use in chiropractic is appropriate for an individual's self-reflection on their practice or, as may be required by regulatory bodies, self-managed professional learning. Validity is required by including a more traditional analysis and/or connection to scholarly literature.

Analytic autoethnography has been mistaken for evocative in that it draws upon postmodern sensibilities. Its advocates distance themselves from realist and analytic ethnographic traditions and are distinguished by the researcher being i) a full member in the research group or setting, ii) visible as such a member in published texts, and iii) committed to developing theoretical understandings of broader social phenomena. (26)

Clinical autoethnography is a term developed by the author to describe the genre of analytic autoethnographic methods in the clinical context. When reporting chiropractic the sub-genre is '*chiropractic autoethnography*'. I expand on this below.

Performative autoethnography (27) is the challenging genre of self reconstruction to explain an experience. The report may be written as a script for role-play and as such maintains the presence of the self and the person associated with the experience which explains the cultural phenomenon. This variant may be useful in chiropractic education as an aid to developing capability based on understanding the appropriateness of applied competencies in terms of when, why and to whom.

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23. Méndez M. Autoethnography as a research method: Advantages, limitations and criticism. *Colomb Appl Linguist J.* 2013;15(2):279-87. <http://www.scielo.org.co/pdf/calj/v15n2/v15n2a10.pdf>.
  24. Marx S, Pennington JL, Chang H. Critical autoethnography in the pursuit of educational equity: Introduction to the IJME Special Issue. *Int J Multicultural Educ.* 2017;19(1):1-6. [https://www.researchgate.net/publication/315978141\\_Critical\\_Autoethnography\\_in\\_Pursuit\\_of\\_Educational\\_Equity\\_Introduction\\_to\\_the\\_IJME\\_Special\\_Issue](https://www.researchgate.net/publication/315978141_Critical_Autoethnography_in_Pursuit_of_Educational_Equity_Introduction_to_the_IJME_Special_Issue).
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  26. Anderson L. Analytic autoethnography. *J Contemp Ethnography.* 2006;35(4): 373-95. <https://journals.sagepub.com/doi/abs/10.1177/0891241605280449>.
  27. Andreatta MM. Being a vegan: A performative autoethnography. *Cultural Stud Crit Method.* 2015;15(6):477-86. DOI: 10.1177/1532708615614025.

## Discussion

### *Autoethnography as Qualitative, Self-focussed, and Context-conscious Method*

Chiropractic autoethnography is the first-person, *N of 1* qualitative reporting of evidence where the experience of a chiropractic encounter is expressed by the person who experienced it. It would be egregious for a regulatory view to consider these as testimonials. There is no basis for such a notion when an autoethnographic Case Report is prepared in accordance with the rigorous methods presented in this paper and is reflective of the CARE Guidelines.

### *Autoethnography and Clinical Case Reports*

This esoteric method of epistemology existed before its formalisation and can be identified as such. McDowall (28) identifies 194 first person Case Reports published by DD Palmer in the pre-Modern period, the early 1900s. The Modern period is given by Méndez (23) as commencing post-war (WWI) with the intent to formalise qualitative enquiry to be as rigorous as quantitative research.

The key differential between a clinical autoethnography and a case report is that the former reports the experience, the latter the health condition.

An autoethnographic Case Report is one written by the author about their own experience with their own condition. The term derives from '*auto*' (Gr *autós*, self), '*ethno*' (Gr *ethnos*, race or peoples), and '*graphy*', (Gr *grahia*, the process of writing). Ergo, an autoethnographic case report is a self report of an event experienced by the one who writes it.

Autoethnographic Case Reports are therefore the application of a valid research method to document Massimi's (29) perspectival truth. In philosophical terms this allows scientific inference and probability (30) as potential outcomes. This may reflect the self acting to logically connect and create the conditions for Boole's conditions of experience. (31)

The Autoethnographic Case Report is a mixed method of qualitative research involving phenomenology interpreted as self awareness and both stochastic and observed clinical findings.

The autoethnographic method places the researcher as the researched. In this sense an autoethnography is both '*process and product*'. (32) Doloriet and Sambrook describe this as where '*the researcher is the central focus of the research and therefore the "auto" becomes the "ethno."* In this case, the researcher is the sole participant and focus of the research, she is the intellectual idea and her voice speaks as the cultural framework and her lived-experience is co-constructed through multiple reflections'. (2)

This is the case where the researcher and the researched are two entities and goes beyond simple phenomenological reports which are usually derived from a researcher interviewing subjects with pre-determined questions about a shared experience until one or more themes

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28. McDowall DA. Daniel David Palmer's heritage and his legacy of tone to chiropractic [Doctoral thesis]. Southern Cross University. 2021. DOI <https://doi.org/10.25918/thesis.121>.
  29. Massimi M. Four kinds of perspectival truth. *Philos Phenom Res.* 2018;XCVI(2): <https://onlinelibrary-wiley-com.ezproxy.scu.edu.au/doi/epdf/10.1111/phpr.12300>.
  30. Campaner R. Experience, reality, and scientific explanation essays in honour of Merrilee and Wesley Salmon. *Br J Phil Sci.* 2000;51:941-5
  31. Boole G. On the theory of probabilities. In: Pitowsky I. George Boole's 'conditions of possible experience' and the Quantum Puzzle. *Br J Phil Sci.* 1994;45:95-125.
  32. Richards R. Subject to interpretation. Autoethnography and the Ethics of Writing About the Embodied Self. In: Pillay D, Naiker I, Pithourse-Morgan. *Academic autoethnographies: Inside teaching in higher education 1e.* Sense Publishers. 2016 DOI 10.1007/978-94-6300-399-5\_11.

emerge, which are then reported as a reasonable collective description of the felt effects of the experience.

To consider phenomenology as a simple method is a statement of relativity, not of status. I see an important role for phenomenological case reports in which an independent researcher documents the lived experience of a sequence of chiropractic patients. Jamison applied this method to her 1997 report of patient perceptions of stress during a chiropractic consultation (33) supported by a descriptive report. (34) Phenomenological methods have resulted in other reports of the chiropractic encounter (35, 36) and underpin an understanding of the clinical art in chiropractic. (37)

### Veracity and ethics

Autoethnographic Case Reports are attended with two matters of substance. The first is that history is only ever a report of an event of experience and as such may be considered unfiltered, unreliable reporting. It can only be an interpretation of truth where truth is a reality constructed through the interaction between two people. (6, 11, 12) In this regard it is analogous to quantitative stochastic data which as best can provide a numerical prediction, some say guess, of where truth may reside.

Data are useful but not definitive. Qualitative inquiry assesses veracity in a manner analogous to the Confidence Interval (CI) of quantitative inquiry, the determination of a statistical range in which a true finding may fall with acceptance of the 1, 5 or 10% chance it will not. Confidence Intervals are an expected range and when at 99% (representing a very narrow lens) mean that less is known about about the sample, and while 90% gives greater confidence (38) yet it remains at best a guess. This compounds the problem of extrapolating a finding from a general cohort to a specific patient.

The second matter is the question of ethics. The literature provides two essential ethical requirements for research and publication; to do no harm and to preserve confidentiality. The *Code of Conduct for Scientists Revised* (39) of the *Science Council of Japan* encompasses both with its requirement to 'respect the dignity and rights of individuals who cooperate in their research, and ... safeguard and give proper consideration to their welfare ... also treat animals and other research subjects with all due care and respect'.

The literature seems silent on the matter of any role for an Institutional Review Board or Human Research Ethics Committee in Case Reports in general, let alone autoethnographic case reports which to the author's knowledge are yet to be published. Therefore this paper and its companion may set the template of expectations and it can be stated that approval from a review

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33. Jamison JR. The chiropractic consultation: a stressful experience? *J Manipulative Physiol Ther.* 1997;20(6):377-81.

34. Jamison JR. Stress: the chiropractic patients' self-perceptions. *J Manipulative Physiol Ther.* 1999;22(6):395-8. <https://www.ncbi.nlm.nih.gov/pubmed/10478772?dopt=Abstract>

35. Vernon H. Review. What is different about spinal pain? *Chiropr Manual Ther.* 2012;20(22). <https://doi.org/10.1186/2045-709X-20-22>

36. Wuytack F, Miller P. Research. The lived experience of fibromyalgia in female patients, a phenomenological study. *Chiropr Manual Ther.* 2011;19(22). <http://chiromt.com/content/19/1/22/abstract>.

37. Coulehan JL. The treatment act: An analysis of the clinical art in chiropractic. *J Manipulative Physiol Ther.* 1991;14(1):5-13. <https://doi.org/10.1186/2045-709X-19-22>.

38. Gardner MJ, Altman DG. Confidence intervals rather than P values: estimation rather than hypothesis testing. *Br Med J (Clin Res Ed).* 1986;292:746. <https://www.bmj.com/content/bmj/292/6522/746.full.pdf>

39. Science Council of Japan. The Code of Conduct for Scientists Revised: 2013. <http://www.scj.go.jp/ja/info/kohyo/pdf/kohyo-22-s168-1.pdf>

board is not required with the exception being when the undertaking of such is an element within an approved institutional research activity. This shifts the ethical emphasis to one of protecting Institutional reputation as much as it does for protection of the cohort.

However, ethical considerations hold a prominent position in the mind of editors and an autoethnographic case report must deal and be seen to deal with the matter of self-disclosure. This requires the researcher to report their own experience with completeness, knowing such detail includes one's health and behaviours. It is therefore a specific requirement that an autoethnographic Case Report contain a statement by the researcher acknowledging the need for, and compliance with, personal disclosure.

Self disclosure conflicts with the principle of confidentiality and is validated by the view the author is the expert, and only expert, in the matters of his or own experience being reported. (40) This position of expertise can not be challenged nor may it remain latent. The accepted ethical requirements for publication are met when a journal's *Instructions to Authors* are met, specifically non-submission elsewhere, disclosure of interests, and author information.

These two matters are evident in a result of the application of autoethnography as a research method by a colleague of mine. The written report (41) is published by an on-line resource funded by 32 Australian universities (42) and noted for academic rigour with journalistic flair. In that case the methodology is applied within a doctoral thesis and the author is known. That paper sets the precedent for any autoethnographic Case Report in the field of chiropractic.

To qualify as credible evidence an autoethnographic case report must meet certain criteria in addition to those specified in the CARE Guidelines (16, 17, 18)

In addition to these the report must comply with a Journal's Manuscript Requirements. The editorial tests of all autoethnographic case reports submitted for publication are given by Chang (43) as:

1. Does the autoethnography use authentic and trustworthy data?;
2. Does the autoethnography follow a reliable research process and show the process clearly?;
3. Does the autoethnography follow ethical steps to protect the rights of self and others presented and implicated in the autoethnography?;
4. Does the autoethnography analyze and interpret the sociocultural meaning of the author's personal experiences?; and
5. Does the autoethnography attempt to make a scholarly contribution with its conclusion and engagement of the existing literature?

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40. Wong PSS. Doctoral candidate. Gold Coast: Southern Cross University. 2019: personal communication by email. 18 January 0723

41. Wong PSS. Expecting autistic people to 'fit in' is cruel and unproductive; value us for our strengths. *The Conversation*. 2018;October 30: 6.11am AEDT. [https://theconversation.com/expecting-autistic-people-to-fit-in-is-cruel-and-unproductive-value-us-for-our-strengths-103888?utm\\_medium=email&utm\\_campaign=Latest%20from%20The%20Conversation%20for%20October%2030%202018%20-%201148210360&utm\\_content=Latest%20from%20The%20Conversation%20for%20October%2030%202018%20-%201148210360+CID\\_fd82adde44da33afb8f9e9e4c66263b6&utm\\_source=campaign\\_monitor&utm\\_term=Expecting%20autistic%20people%20to%20fit%20in%20is%20cruel%20and%20unproductive%20value%20us%20for%20our%20strengths](https://theconversation.com/expecting-autistic-people-to-fit-in-is-cruel-and-unproductive-value-us-for-our-strengths-103888?utm_medium=email&utm_campaign=Latest%20from%20The%20Conversation%20for%20October%2030%202018%20-%201148210360&utm_content=Latest%20from%20The%20Conversation%20for%20October%2030%202018%20-%201148210360+CID_fd82adde44da33afb8f9e9e4c66263b6&utm_source=campaign_monitor&utm_term=Expecting%20autistic%20people%20to%20fit%20in%20is%20cruel%20and%20unproductive%20value%20us%20for%20our%20strengths)

42. Jaspan A, Ed. Who funds *The Conversation*? *The Conversation*. 2013;May 3:10:09pm AEST. <https://theconversation.com/who-funds-the-conversation-13921>

43. Chang H. Autoethnography in Health Research: Growing Pains? *Qualitative Health Research*. 2016;26(4):443–51. [sagepub.com/journalsPermissions.nav](https://sagepub.com/journalsPermissions.nav)



O'Byrne (1) warns of the challenges associated with mixing research methods to achieve an autoethnographic report. He argues that multiple approaches to data collection each '*span competing paradigms ... researchers must evaluate paradigmatic philosophies and methods of inquiry for commensurability and delineate the advantages and disadvantages of combining methods as they relate to each paradigm.*' This is not dissimilar to the tests of Garraghan (44) and others (45) for accepting and continuously testing artefacts within historical narrative methods.

### Criticism of autoethnographic case reports

An autoethnographic Case Report may be seen as unfiltered, (46) a generic criticism of Case Reports. This is an incorrect assumption even though case reports generally are, as their name implies, an *N of 1* study. A Case Series is a different matter, but neither approach can be considered unfiltered.

Filtration occurs at the level of peer review and on several occasions by the Editor, first in receiving the manuscript and determining its suitability to be considered, then by selecting two or more reviewers with the necessary expertise to understand and critique the manuscript, by the author/s anew to contemplate and effect reviewer recommendations, and then finally by the Editor to accept for publication.

Typically, tertiary filtration is achieved on receipt of two reviews of the original manuscript where the author 'reviews each review' marking points felt to have credence and some which may not. The author will then consider each point and reach a decision to amend or not. This step requires the author to not be recalcitrant and to accept that another's words may be able to better express what the author is wanting to say.

Finally, the re-submitted manuscript is again subject to Editorial review.

### Benefits

It is indeed possible that the *N of 1* reportage of a case report is valid and a report of a single clinical encounter is not unusual. (47) Indeed, on 17 October 2021 the *Index to Chiropractic Literature* returned 2,417 articles with the advanced search terms 'case' and 'report'. Whilst prevalence is not an indicator of validity in research it is a powerful marker of the utility of *N of 1* studies to inform clinical practice and research.

Above all, an autoethnographic case report will bring a hitherto unpublished dimension of chiropractic care, being that of perceived benefit to the person who is the 'case' being reported. A Case Report can only record observed data, such as '*activities of daily living improved by an estimated 45%*'

In contrast, an autoethnographic case report can document the qualitative elements, such as the 'patient/case' being reported '*felt more balanced, more grounded*' or that '*I felt as if a burden had been lifted off me*'. This is, in essence, a form of personal hermeneutics and its inclusion in

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44. Garraghan GJ. A Guide to Historical Method. New York: Fordham University Press. 1946.

45. Bucheli M, Wadhvani D. Organizations in Time: History, Theory, Methods, published to Oxford Scholarship Online (Jan 2014). <http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199646890.001.0001/acprof-9780199646890> and <http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199646890.001.0001/acprof-9780199646890-chapter-13>.

46. University of Canberra. Evidence-based practice in health. [Library]. <https://canberra.libguides.com/c.php?g=599346&p=4149721>

47. Christiansen TL, Niazi IK, Holt KR, Nedergaard RW, Dueher J, et al. The effects of a single session of spinal manipulation on strength and cortical drive in athletes. *Eur J Appl Physiol.* 2018;118:739-49. <https://doi.org/10.1007/s00421-018-3799-x>.

one's own case report is '*auto-hermeneutics*', reported as a phenomenological approach (48) to an understanding of the human experience.

It is at this point autoethnographic methods enter more deeply a philosophy of qualitative science unfamiliar to those holding only a Western view of quantitative science. A tenet of autoethnography is the exploration of the human experience, particularly its sociocultural inter-relationships.

Reports of this nature create another hurdle for editors of biomedical and chiropractic journals on the basis that the fields of humanities, social sciences, and philosophy are served by distinct groupings of journals and there is considerable variance in the specific focus of any particular journal. The small number of journals serving chiropractic have a broad brief to cover.

Added to this is the intensifying multiculturalism of the indexed literature. This is evident both in the world-views that are expressed, for example Western post-Grecian philosophies of science with divergence as argued by Aristotle and Sartre, as a contrast to the Eastern philosophies of post-Buddha understanding argued by Confucius and the Chinese Dilun school of Yogacāra, in contrast to the Islamic Hellenistic philosophies which themselves stand in contrast to the Aristotelian understanding. Chaberek (49, p. 13) shows it is possible to hold two world views of this nature in one's mind at the same time by applying Gould's (50) principle of *Non Overlapping Magisteria*.

Each approach has its own view of the human condition. Some chiropractic scientists may be firmly grounded in the Western paradigm of evidence-based illness-care but to be successful with an autoethnographic chiropractic report the authors argue one must also hold not only training in qualitative methods but also a firm understanding of the chiropractic paradigm of wellbeing.

Both Hawk (51) and Senzon (52) have documented the world-views of chiropractic from Western post-modern positions. I bring the lens of Japanese Philosophy (53) to this inaugural paper on the topic of the autoethnographic chiropractic Case Report.

The Japanese mind is understood as comprehending reality by cultivation of a meditative mindfulness with a '*knowing*' from esoteric, authentic, innate and scholarly sources. (53 p. 1311t) This world-view facilitates the exploration of self in a cultural context, in this case a patient within the culture of chiropractic.

### Strengthening autoethnographic Case Reports

Farrell argues better outcomes with autoethnography are achieved when the experience is shared with travel companions, (54) an idea which would encompass the experience of a family in case reports about the management of infantile colic, for example. It must be stated that my

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48. Gorichanaz T. Auto-hermeneutics: A phenomenological approach to information experience. Library & Information Science Research. 2017;39:1-7. <http://dx.doi.org/10.1016/j.lisr.2017.01.001>.

49. Chaberek M. Aquinas and Evolution. Trinity, BC: Chartwell Press. 2017:13.

50. Gould SJ. Nonoverlapping Magisteria. Natural History. 1997;106: 16-22, in Leonardo's Mountain of Clams and the Diet of Worms, New York: Harmony Books :1998 pp. 269-83. [http://stephenjaygould.org/library/gould\\_noma.html](http://stephenjaygould.org/library/gould_noma.html).

51. Hawk C. When worldviews collide: maintaining a vitalistic perspective in chiropractic in the postmodern era. J Chiropr Humanit. 2005;12:2-7. <http://archive.journalchirohumanities.com/Vol%2012/JChiroprHumanit2005-12-2-7.pdf>.

52. Senzon SA. Chiropractic professionalization and accreditation: An exploration of the history of conflict between worldviews through the lens of developmental structuralism J Chiropr Humanit. 2014 Dec;21(1):25-48.

53. Heisig JW, Kasulis TP, Maraldo JC. Japanese philosophy. A sourcebook. Honolulu: University of Hawai'i Press. 2011:1311t.

54. Farrell L, Bourgeois - Law G, Regehr G, Ajjawi R. Autoethnography: introducing "I" into medical education research. Med Educ. 2015;49(10):974-82. DOI [10.1111/medu.12761](https://doi.org/10.1111/medu.12761).

research includes a 4-Generation autoethnographic collection of reports which is being arranged for publication. It seems rather remarkable to collect and report the ideas of 4 generations of one family with their experience of chiropractic care with the one practitioner. The forthcoming paper will be published in these pages.

An interpretation of a *'travel companion'* is given by Harris (55) who speaks to *'three in a room'* being embodiment, disclosure and vulnerability. The implicit warning is that one who applies the methods of autoethnography must do so in mindfulness of the need for disclosure which creates vulnerability from embodiment of one's own case information in the report. The ethical implications must be considered and one should only proceed on doing so, and with acceptance of the conditions embodiment brings. A statement to this effect must be included in the resultant report submitted for consideration to publish.

### Considerations for publication

Given the concept of an autoethnographic case report is emergent, care must be taken to submit a meticulous manuscript. By way of full disclosure I state that this manuscript was rejected by another journal because a reviewer could not come to grips with the idea that an author reporting their *'self'* experience was not bound to have third-party ethical approval to talk about themselves. The reviewer was categorically incorrect.

The author must ensure that:

- ▶ the abstract be structured. Two common formats are found in the literature of chiropractic. The first a three-element abstract for writing in the manner of humanities, with the elements being Objective, Discussion, Conclusion; and the four element abstract with Objective, Clinical Features, Intervention and Outcome, and Conclusion; and that
- ▶ the text be more free-flowing narrative style than rigid and compartmentalised. This approach actually represents the intent of the CARE Guidelines which specifies the contents but not their sequencing, although some may argue the sequencing is implicit in the order the contents are given.

In an autoethnographic case report it is recommended to replace the element *'outcome'*, a term representative of the external argument of the Western philosophy of science seeking evidence of cause and effect, with the word *'experience'*, and further, that the Japanese transliteration *'taiken'* be used. The argument is that *taiken* embodies deeper meaning than *'outcome'*, one based in the internal argument of the Japanese philosophy of science aligned more with understanding the dissolution of boundaries between events than trying to *'prove'* cause and effect.

*Taiken* has deeper meaning specifically about the events that make up the conscious past of a community or nation or humankind generally, and the chiropractic profession in particular.

An abstract used in a Case Report submitted to this journal as a paper to be considered for publication may be structured as *Objective, Clinical Features, Intervention, Taiken, and Conclusion*.

The use of narrative is not a license to omit or obfuscate, if anything it demands a higher level of attention to achieve completeness.

### Conclusion

The common feature of all case reports remains as stated by Riley et al, (18) modulated a little for chiropractic: *'well-written and transparent case reports:*

- ▶ *reveal early signals of potential benefits, harms, and information on [clinical methods and] the use of resources;*

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55. Harris M. 'Three in the Room': Embodiment, Disclosure, and Vulnerability in Qualitative Research. *Qualitative Health Res.* 2015;25(12):689–99. DOI 10.1177/1049732314566324.

- ▶ *provide information for clinical research and clinical practice guidelines, and*
- ▶ *inform [chiropractic] education.'*

It is this final attribute that specifically roused my interest in Case Reports in the understanding that well-written case reports, both quantitative and qualitative, provide '*early signals of what works, for which patients, and under which circumstances*' (10) which in turn informs the contemporary curriculum.

I recommend the methods of autoethnography for exploration by the chiropractor as expert of the experience of being an engaged participant in the phenomenon of chiropractic. The position to be taken is 'self' as a provider or recipient and thus a participant, but not observer.

This approach to inquiry may find a deeper level of meaning embedded in the chiropractic patient encounter.

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#### *Disclaimer*

This paper was critically reviewed by two separate members of the *Editorial Board* and amended to reflect their advice.