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An Integrated Mixed Methods Autoethnography of Pain

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Abstract

This integrated mixed methods autoethnographic research focuses on a personal journey with physical and emotional pain. Initial data from an ongoing investigation highlight how the integrated mixed methods approach, which involves visualizing, *quantitizing*, and *qualitizing* personal experiences, further enriches the data analysis, findings, and discussion. Furthermore, this type of autoethnography provides space for people with short- and long-term injuries to share their experiences, creating an opening for voices of people who often feel disempowered.

Keywords: mixed methods autoethnography, integrated mixed methods autoethnography, integrated mixed methods research, quantitizing, qualitizing, physical disability

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An Integrated Mixed Methods Autoethnography of Pain

Experiencing pain is a human condition. However, the way pain surfaces in relation to school and social activity can be both nuanced and idiosyncratic. Qualitative research is well known for capturing, through writing and visual materials, the “human experiences of others or of oneself in social action and reflexive states” (Saldaña, 2015, p. 3). Autoethnography, which typically is written in the first person, focuses on one’s own experiences within a particular sociocultural context (Chang, 2008), and it is characterized by four main components: “(1) purposefully commenting on/critiquing of culture and cultural practices, (2) making contributions to existing research, (3) embracing vulnerability with purpose, and (4) creating a reciprocal relationship with audiences in order to compel a response” (Jones et al., 2013, p. 22). Thus, autoethnography is not just the study of oneself; it involves the sharing of such study, which includes memories (Wall, 2008), in order to effect change.

In this article, the autoethnographic account of disability and pain provides insight into my physical and emotional experiences. Although there is research focusing on the lives of people with physical disabilities (Malholtra & Rowe, 2014; Stamou et al., 2016), the data typically come from interviews and not from autoethnographies. Given that individuals with short- and long-term disabilities have faced marginalization and trauma (Mitra et al., 2022), the use of autoethnography creates an authentic opening for voices of people who often feel disempowered.

Autoethnography, however, includes vulnerability, which can make the analysis of data difficult due to one’s closeness to the data (Wall, 2008). Although qualitative analyses (including autoethnographic analyses) involve researchers recording their own biases, a mixed methods research approach supports additional analytic clarity, especially when creating “unique visual elements to summarize and highlight important data characteristics and research implications” (Onwuegbuzie & Dickinson, 2008, p. 209). In this study, mixed methods research analyses helped me to *quantitize* (Sandelowski et al., 2009) the qualitative data (e.g., recording frequencies of written and visual data), as well as *qualitize* (Onwuegbuzie & Leech, 2019) these frequencies (i.e., providing meaning to these frequencies by describing how various words related to each other, how [and why] I arranged them, and how they are important in relation to my experiences). Doing so helped me to identify the relationships among the emerging themes, as well as to articulate the meaning of the various experiences I encountered when I was unable to use my right leg for 6 weeks.

Method

Context

After sustaining a basketball injury to my right knee, on January 31, 2023, my orthopedic surgeon repaired a tear across one third of my meniscus. Afterwards, my leg continuously was confined to a two-pound brace that was 19.5 inches in length (my leg is approximately 29 inches long), covering two thirds of my leg. I was not permitted to bear weight on my leg for 6 weeks, meaning that I had to rely on crutches and a wheelchair to move and a shower chair and safety railings to complete daily routines (e.g., showering, bathroom use, dressing). I required assistance every day, which sparked feelings of dependency and incompetence.

Data Collection

I have continued to maintain a record of my experiences with this injury, and data have included visual and physical artifacts, and formal and informal communication, such as journal entries and conversations with family and friends. I have kept detailed accounts of my series of emotions and states of being. In these entries, I explicitly have depicted my physical and emotional struggles with muscle atrophy, involuntary body contortion, and inaccessible spaces and experiences. My writing also has included ideas for policy change regarding accessibility in public spaces. Given that this research is ongoing, I continue to record and to reflect on the healing process and the pain I still feel (see, for e.g., Onwuegbuzie et al., 2024). Thus, my journal entries and my debriefing memos have included realizations in present and past tense, something that, during data analysis, also has helped me to distinguish sensory-based from perception-based noticings.

Data Analysis

After reviewing my journal entries and reflecting on the different stages of my physical and emotional experiences, I placed these entries into the word cloud generator, tagcrowd.com, which also showed the frequency of word use (see Figure 1). Then, quantitizing the data, I created a data chart of the words from most to least frequently used. I immediately noticed that "pain" was the most prevalent word, with the majority of the other words being either directly or indirectly related to pain. From there, I qualitized the data by using the "5W 1H" method (i.e., asking who, what, where, when, why, and how; Onwuegbuzie & Leech, 2019), which enabled me to consolidate the words into six different themes: school, state of being, time, sister, athletics, and body. The latter theme includes the sub-themes imbalance, lack of control, and rotation. Then, I examined the data within and across the themes and identified the importance of them within the context of my experiences. Figure 2 provides a snapshot of the integrated process of data analysis, with quantitizing (on the left) informing qualitizing (on the right). This type of integrated mixed methods analysis (Hitchcock & Onwuegbuzie, 2022; Onwuegbuzie & Hitchcock, 2022) enriched my ability to review and to interpret the data despite the feelings of vulnerability that I confronted as I reviewed my journal entries and engaged in data analysis. Furthermore, the data analysis process supported my realization of a meta-theme, or "a phrase or sentence that subsumes one or more themes as a special case" (Onwuegbuzie & Leech, 2019, p. 110). In this case, "loss" emerged as a meta-theme.

Figure 1

The Word Cloud of My Journal Entries

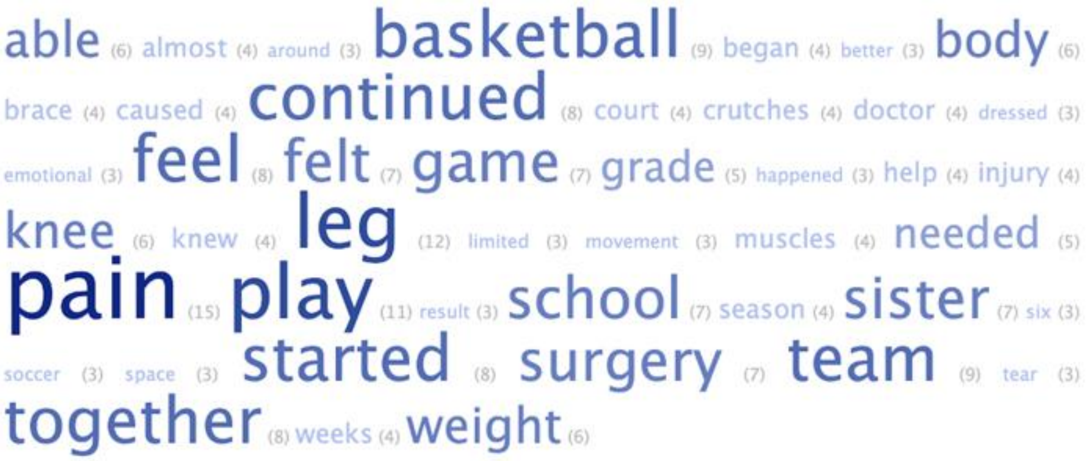
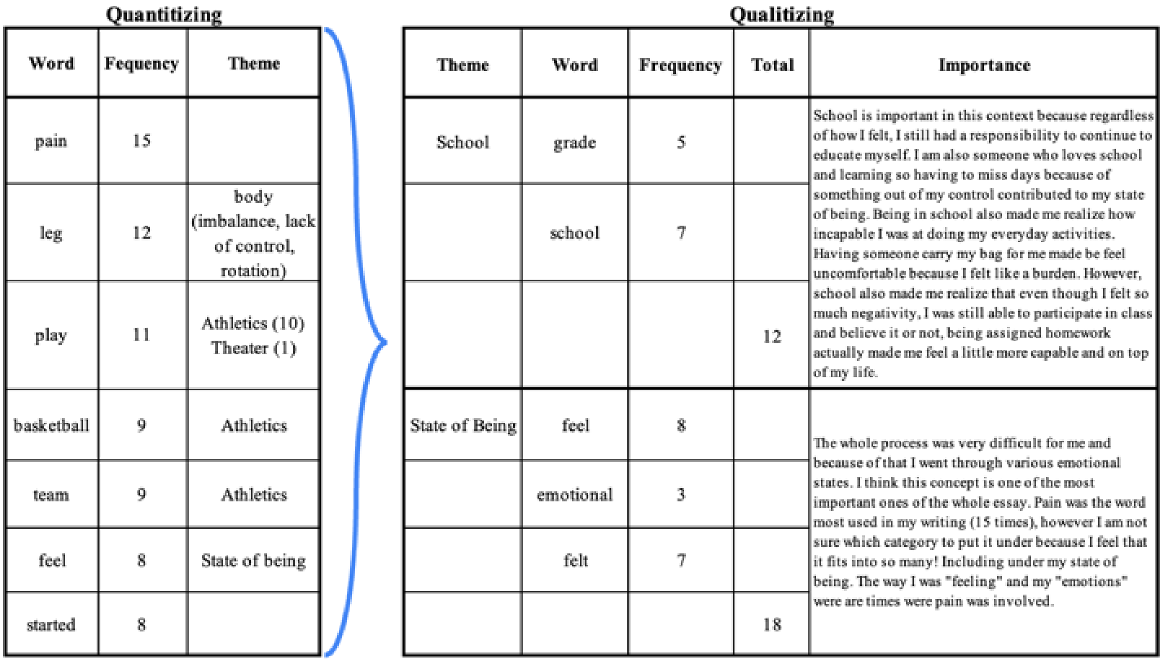


Figure 2

An Example of the Quantitizing and Qualitizing Process that I Adopted



Quantitizing

Word	Fequency	Theme
pain	15	
leg	12	body (imbalance, lack of control, rotation)
play	11	Athletics (10) Theater (1)
basketball	9	Athletics
team	9	Athletics
feel	8	State of being
started	8	

Qualitizing

Theme	Word	Frequency	Total	Importance
School	grade	5		School is important in this context because regardless of how I felt, I still had a responsibility to continue to educate myself. I am also someone who loves school and learning so having to miss days because of something out of my control contributed to my state of being. Being in school also made me realize how incapable I was at doing my everyday activities. Having someone carry my bag for me made be feel uncomfortable because I felt like a burden. However, school also made me realize that even though I felt so much negativity, I was still able to participate in class and believe it or not, being assigned homework actually made me feel a little more capable and on top of my life.
	school	7		
			12	
State of Being	feel	8		The whole process was very difficult for me and because of that I went through various emotional states. I think this concept is one of the most important ones of the whole essay. Pain was the word most used in my writing (15 times), however I am not sure which category to put it under because I feel that it fits into so many! Including under my state of being. The way I was "feeling" and my "emotions" were are times were pain was involved.
	emotional	3		
	felt	7		
			18	

Results and Discussion

Although quantitizing the data helped me to realize that pain was a primary feeling, analyzing the themes that emerged (i.e., school, state of being, time, sister, athletics, and body [imbalance, lack of control, and rotation]) revealed that pain existed in nuanced ways. The following includes examples of pain within each of the six themes.

School

Regardless of my physical and emotional state, as well as how vulnerable I felt, I still had a responsibility to educate myself. I felt challenged by the time I lost in school due to post-operative recovery, medical appointments, and the extra time I needed to travel to and from classes. As someone who loves school and learning, I was anxious about missing school days. Although my teachers and classmates were supportive, I needed to spend extra time at night learning class material that I missed due to my absence. Additionally, despite feeling comfortable asking for help, I became frustrated by *needing* continued assistance. Every day, I learned my incapability of undertaking what I thought were simple tasks. When someone generously carried my bag for me, I was uncomfortable because I felt like a burden. Nonetheless, I was grateful for the kind gestures. I also continued to participate in class, and, by completing assignments as I typically would, I felt a little more capable and in control.

State of Being

In my journals and memos, I used the words "feel" and "felt," and although one is the past tense of the other, I unintentionally used them differently. When analyzing the data, I realized that I associated "feel" with sensory experiences ("I started to feel dizzy") and "felt" with perception ("It almost felt like it happened in slow motion"), and both were important indicators of my state of being at a particular moment.

Time

Time was an important aspect of my journey because, regardless of my pain level, I repeatedly was told that, with time, I would feel better. "Six weeks" defined the period of time when I could not walk or use my right leg in any way. With respect to a full year of approximately 52 weeks, 6 weeks sounds insignificant. However, when it comes to pain and the inability to use a part of my body that I always have relied on, and needed, 6 weeks was painfully long.

Sister

One of the closest relationships that I have is with my sister, and my injury precluded me from spending the time that I otherwise would have had with her before she left for college. Although I supported my sister and fellow basketball teammates from the sidelines, I felt the emotional pain of losing precious time with my sister when I could not participate alongside her on the basketball court. Despite my efforts, I also struggled to be present, and as her daily routines continued uninterrupted and mine were altered, we did not cross paths as often. In the moment, this feeling of loss was intense and pervaded my perspective.

Athletics

The total number of times I referenced athletics (46 times) underscored that this type of activity was important to me and that I was devastated when I could not play due to my injury. Movement in general was physically painful and left me with little hope to contribute to the team. These very real yet different types of pain resounded with me throughout the experience. I did what I could for my team and showed up to every game to support them (albeit from spaces where my crutches or wheelchair could take me), but as I watched, knowing that I could not partake in game play on the basketball court, I experienced feelings of inability, disability, and inaccessibility, and, as a result, I also experienced feelings of loss, sadness, and frustration.

Body (Imbalance, Lack of Control, Rotation)

In my writing, I mentioned many parts of my body affected by the surgery and pain. I discussed each part differently, but all with respect to a sense of imbalance, which referred to muscle mass, strength and exhaustion, control (or lack thereof), and spinal rotation. It was a visual, emotional, and physical imbalance that related to the structural changes that I noticed on myself—the weight of my hanging leg and the twisting of my body, both which were exacerbated by the brace for which I had to compensate and the overall pain of doing so. Because I had to tighten my brace to fit my atrophying leg, I continuously noticed muscular changes, and my "good leg" began to feel exhausted and overworked despite growing stronger. There also was an imbalance in activity because, as an athlete, the more I sat idle, the more my body and my mind changed in seemingly uncontrollable ways. I felt isolated and confined to spaces when my body and my mind were gnawing at me to participate in the daily routines that I could not continue without assistance.

These changes that occurred—from muscle atrophy and spinal rotation to emotional isolation and frustration—called attention to a feeling of loss in the aftermath of pain: a loss of time, of experience, of ability, of independence, and of self. As a result, loss was a meta-theme that highlighted how the six themes (i.e., school, state of being, time, sister, athletics, and body) were interrelated. I simply did not sense loss in one space and not another; rather, loss permeated my entire experience. I lost time at school, with my sister, and on the basketball court. I also lost control of my body (i.e., sudden dizziness, muscle atrophy), and there was little I could do about it. My studies were the only aspect of my life that I was able to control. However, doing so meant that I lost time from something else (e.g., sleep, self-confidence, moments with friends). In other words, along with my physical pain, which was a loss of comfort, I experienced an overall loss of ability to live my life in the way I had known it to be.

Conclusion

When it comes to pain, it is important to recognize that no two people have identical experiences, meaning the physical and emotional processes vary among different people as do the situations that each person encounters. Although I sustained a short-term injury, my understandings about pain and my realizations about accessibility are long-term. This integrated mixed methods autoethnography suggests that it is important to think of pain and loss in *all* ways that it can be defined by each person. Furthermore, this methodology has the potential to draw attention to the many injuries and experiences that have yet to be acknowledged or publicly or privately articulated.

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