AARHUS UNIVERSITY

Coversheet

This is the accepted manuscript (post-print version) of the article.

Contentwise, the accepted manuscript version is identical to the final published version, but there may be differences in typography and layout.

How to cite this publication (APA)

Please cite the final published version:

Ettorre, E. (2017). Feminist Autoethnography, Gender, and Drug Use: “Feeling About” Empathy While “Storying the I.” *Contemporary Drug Problems*, 44(4), 356–374.

<https://doi.org/10.1177/0091450917736160>

Publication metadata

Title:	Feminist Autoethnography, Gender, and Drug Use: “Feeling About” Empathy While “Storying the I.”
Author(s):	Elizabeth Ettorre
Journal:	Contemporary Drug Problems
DOI/Link:	https://doi.org/10.1177/0091450917736160
Document version:	Accepted manuscript (post-print)

General Rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

If the document is published under a Creative Commons license, this applies instead of the general rights.

Feminist autoethnography, gender and drug use:

“Feeling about” empathy while “storying the I”

Writing *Women and Substance Use* in the late 1980s/early 1990s felt like pathbreaking, feminist sociology. In 1986, when I was asked to write a book on the experiences of women who used drugs, very little had been published on women’s use of substances other than alcohol. At that time, the term “substance misuse” rather than “substance use” was used to stigmatise users; no one dared talk about “the body” or “pleasure” (see, e.g., Poulsen 2015). I had been working as a research sociologist at the Addiction Research Unit in London, and sadly, had not succeeded in drawing attention to women in the addiction research world. Regarded in retrospect as not only one of the first comprehensive portraits of women as substance users, but also as a critical, feminist sociology of a group once regarded as so “deviant” that even those who researched this group were viewed as contemptible, the book appeared to emerge out of the ARU when, in fact, the structure and culture of the unit presented obstacles to my voice, sexuality and views. Not until decades later, when I began to explore the theoretical implications of using autoethnography as a feminist method in the drugs field (see Ettorre, 2013), did I fully process the experience of gendered marginalization and vulnerability that I lived through during that time. By telling my story during my 40 years’ experience as a feminist researcher in the drugs field, I aim to help those practicing critical drug scholarship to become familiar with this methodology as a viable way of employing gender analyses, the focus of this special issue. This paper explores autoethnography as one way of doing feminist research in the drugs field. It is divided into five related discussions. First, I explain what feminist autoethnography is. Second, I look at how doing feminist “drugs” autoethnography helps to develop empathy in the process of

“storying the I.” Third, I describe the methods and use of data employed in this paper. Fourth, I tell my story chronologically from 1972 to the present time. As with many autoethnographies, my analysis of my “story as data” is left until last and I discuss the political implications of my experiences, while “feeling about” empathy as resonance with the other.

What is feminist autoethnography?

When I first started to look at autoethnography as a feminist method, I was mindful that disenchantment with the dominant Cartesian paradigm of rationality at the heart of modern social sciences led scholars to narrative methods. This is because narrative emphasizes the plurality of truths that all cultures claim about themselves. Narrative pushes us from notions that there is a single cultural perspective revealing an indisputable set of truths; through narrative, scholars are able to achieve an understanding of personal experiences “beyond specific historical contexts or shifting relations of power and inequalities” (Bell, 2000, p. 139). An interest in self-narratives as part of narrative inquiry has grown both in the humanities and social sciences (Chang, 2008, p. 32). In turn, narrative methods have generated important ways of creating knowledge about persons, collective agency and the interior language of emotional wounding, which is what good autoethnography is all about, especially in relationship to drug use.

Hannah Arendt (1998) tells us that narratives are “living realities” and it is through “action and speech that we insert ourselves in the world”. We are “not the authors or producers” of our life stories, rather there are many “actors, speakers and sufferers” who exist in the “web of human relationships” wherever we live together—but “no authors” (Arendt, 1998, p. 184). This is because narratives “pre-exist every individual, set the context for their activities, and shape the way actors are understood, responded to and remembered” (Bowring, 2013, p. 18). I mention

Arendt's work because she understood her political theorizing as storytelling, which is instructive to autoethnographers who are storytellers theorizing our stories as political. On the one hand, with Arendt, we see the redemptive power of narrative (Benhabib, 1990). On the other hand, we see the transformative power of "writing the self", which became an important method for feminists during the years in which I was writing *Women and Substance Use* (Stanley, 1992; 1993; 1994). We transform our personal stories into political realities by revealing power inequalities inherent in human relationships as well as the complex cultures of emotions embedded in these unequal relationships.

Autoethnography situates the individual in a matrix of always already political activities as one passes through myriad, cultural experiences. Furthermore, in asking the epistemological question, "How do we know what we know?" autoethnographers reveal several layers of consciousness which link the personal to the cultural (Ellis and Bochner, 2000, p. 739). Knowledge emerges from political understandings of one's social positioning as well as experiences of the cultural freedoms and constraints one encounters. Along with the "I" in the social sciences (Katz Rothman, 2005), autoethnography has made a firm incursion into narrative methods generally (Chang, 2008; , Ellis, 2009; 2004; 1995; Ellis and Bochner, 1996) and feminist methods specifically (Ettorre, 2017, Averett, 2009; Shomali, 2012; Griffin, 2012; Boylorn, 2013). Autoethnography can be placed within the realm of "postmodern ethnography" (O'Byrne, 2007) as a study of culture that involves the self; yet it is often viewed as narcissistic in relation to established academic canons (Anderson, 2006). Considering critics of autoethnography, Ellis notes that autoethnographic work is often "described as atheoretical and insufficiently tied to other ethnographic findings and contexts, while placing too much emphasis on the literary, aesthetic, emotional and therapeutic" (2009, p. 231).

Defined as “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (Ellis and Bochner, 2000, p. 739), autoethnography reformulates the traditional binary emic (observed) and etic (observer) positions with emphasis on research process (graphy), culture (ethnos) and self (auto) (Reed Danahay, 1997). Writing in the first-person voice, autoethnographers look “back and forth through an ethnographic wide-angle lens, focusing outward on cultural aspects of personal experience; then inward, exposing a vulnerable self that is moved by and may move through, refract and resist cultural interpretations” (Ellis and Bochner, 2000, p. 739). In this way, autoethnographers are skeptical of positivistic research, which records only a researcher’s “objective observations” (Ellis, 1995, p. 6). Autoethnographers question “grand narratives which claim objectivity authority and researcher neutrality in the study of social and cultural life” and reject “the assumed ubiquity of stable meanings, existing independently of culture, social context and researcher activity and interpretation” (Short, Turner, and Grant, 2013, p. 3).

While autoethnography may be viewed as a form of autobiographical writing, it is very different from autobiography. Colleagues who do not practice autoethnography tend to place autoethnography within the field of autobiography, personal memoir, etc. They say there is no difference between autobiography and autoethnography or the distinction between them is negligible. For me, autobiography is mainly concerned with placing the 'I' within a personal context and developing insights from that perspective. It may be political or not. On the other hand, autoethnography, although an autobiographical genre of writing and research, is all about placing the 'I' firmly within cultural and political contexts and all that this implies. Here, it is interesting to note that in the addiction field, a form of autobiographical writing came from neuroscientists using their personal stories to authorise their accounts, while returning to a

conventional 'science'. Frazer (2015, p. 38) argues that this work "both troubles and reinforces our taken-for-granted distinctions between science and personal stories as well as between objectivity and subjectivity". In my view, this type of work leaves open the question, What is political?, given that "the gap that supposedly exists between scientific rigor and subjective experience is and always has been a false one" (p. 55-6).

Evaluated through the lens of science and art, autoethnography bridges the gap between scientific and literary writing (Ellis, 2009). Copious detail; a temporal structure revolving between past and present; emotional integrity of the author, reflecting deeply on one's actions; a believable journey of transition from "who I was to who I am"; ethical awareness for others and a reader moved by the story are important criteria in judging the value of autoethnography (Bochner, 2000, p. 270). Distinctions between experimental literary writing (i.e. autoethnography) and social science research are troubled; the traditional social science impulse is to transform everyone into the "object of an analytic gaze," while the literary impulse is to "turn this gaze inwards" (Denzin, 1997, p. 227). While an impasse may be created between these two forms of writing, there is a pressing need to turn these two forms of critical discourse "onto each other" in ways that transcend the liabilities of ethnography and experimental literary texts – which Denzin argues is the aim of the "messy text"¹ (1997, p. 221).

Adele Clarke (2005) contends that autoethnography is part of postmodernist re-representational interventions which, unlike traditional narrative analysis or "grounded theory's analytic centering on social phenomenon, such as being raced, gendered or classed, offers a diverse qualitative approach focusing on individuals or collectivities" (pp. 8-9).

Autoethnography locates research experience in the changing ebb of emotional life, allowing

interpretations of personal “truths” and speaking about oneself to transform into narrative representations of political responsibility (Ettorre, 2010) - an important issue for feminists who often function as cultural mediators. Representationally, handling those politics with great care is crucial (Clarke, 2005, p. 127). Autoethnographers present particular embodied events and emotions and show how these events are emblematic of wider cultural meanings and social trends (Ettorre, 2005; Sparkes, 2003; Neville-Jan, 2004).

Feminist autoethnography has been defined as “a method of being, knowing and doing that combines two concerns: telling the stories of those who are marginalized and making good use of our experience” (Allen and Piercy, 2005, p. 156). They contend that, as feminists, we no longer “insist on being dispassionate or positioned outside the hermeneutic circle to make valid contributions to knowledge” (Allen and Piercy, 2005, p. 156). With these concerns in mind, I envisage four ways in which autoethnography is feminist method (Ettorre, 2017): 1) autoethnography creates transitional, intermediate spaces, inhabiting the crossroads or borderlands of embodied emotions; 2) autoethnography is an active demonstration of the “personal is political”; 3) autoethnography is feminist critical writing which is performative, that is committed to the future of women and 4) autoethnography helps to raise oppositional consciousness by exposing precarity. While there is no space to delve into these issues in this article, I want to emphasize that this work has informed my writing of it, and encourage readers to refer to my earlier book on feminist autoethnography (Ettorre, 2017). I attempt to make good use of my experiences as a feminist working in the margins of non-feminist spaces, while also telling the stories of my interactions with women marginalized by virtue of their participation in substance use.

Feminist “drugs” autoethnography: developing empathy in “storying the I”

The first mention of autoethnography in the drugs field was made by Dina Perrone (2010), who introduced autoethnography as a way of giving more attention to the embodied researcher in the field. While I would have liked to see more evidence of “emotional recall”² in her otherwise excellent piece, I am aware that autoethnography contends for legitimacy in qualitative research (Dingwall, 1992) partly because using “an emotional narrative mode of autoethnographic writing” goes against what Behar (1996, p. 174) refers to as “the orthodoxies of the academy” (i.e. avoidance of the use of “I”, intolerance for ambiguity, and concealment of the researcher’s vulnerable self, etc.) in social science research, specifically in health (Ellis and Bochner, 1999) and the related field of drug research. Since I began writing autoethnographies, I have found that some readers and reviewers doubt the veracity of my research or accuse me of being “self-indulgent” or “narcissistic”. While “intersectional feminists use storytelling as an antidote to the invisibility and silencing which characterise oppressions based on race, class and gender” (Phipps, 2016, p. 305), I use storytelling similarly with a targeted focus on my relationships to drug using women.

This article is my third foray as an autoethnographer³ in the drugs field. On the one hand, using feminist autoethnography demonstrates how throughout my career, my personal work life as a researcher has helped me to sense some corresponding feelings and experiences with the drug-using women that I researched. On the other hand, I am deeply aware that my research respondents are very diverse and can be deeply divided among themselves and towards others. I use my feelings as a way of “seeing”, a sort of compass to know what is happening around me - to myself and those I study.⁴ In a similar fashion to other autoethnographers (Adams, Turner, Short and Grant, 2018; Adams, Holman-Jones and Ellis, 2014; Adams and Holman-Jones, 2011;

Bochner, 2014; Richardson, 2007; Ellis, 2004; Tillmann-Healy, 2001; Ellis and Bochner, 1996; Frank, 1995), I want to develop empathy in my autoethnographic work. Here, the operative word is empathy and it is crucial in all evocative, autoethnographic work “storying the I” (Ellis, 2009, p. 16).

For Frank (1996, p. 158), “storying the I” is about “thinking with stories” by joining with these stories and allowing one’s own thoughts to adopt the story’s inherent “logic of caution, its temporality and its narrative tensions.” The goal of “thinking with stories” is empathy, not as internalising the feelings of the other but rather as a developing resonance with the other. Importantly, an other’s self-story does not become my own. Rather, I develop sufficient reverberation with that story so that I sense and feel its nuances and, perhaps, anticipate any changes in the plot of the story. By cultivating resonance with the other, the storyteller becomes aware deeply that empathy is not something one person has for another; rather empathy is what a person is with another: a relationship in which each understands herself as requiring completion. In the pedagogy of suffering, “empathy remains a wish feeling in which subjects ‘feel’ something other than what another feels in the very moment of imagining they could feel what another feels” (Ahmed, 2004, p. 30). Furthermore, feeling for or with others does not mean a suspension of “feeling about” (Ahmed, 2004, p. 41).

Being aware of empathy requires from me as an autoethnographer a certain level of resonance to be vulnerable and to enter into the terror, pain and sadness as well as joy, celebration and hope that, at times, fill the lives of the women I study. This involves me in recognizing our experiences, whether shared or not, of: 1) marginality; 2) embodying “deviance” and 3) being misunderstood (i.e. undervalued, unappreciated, unrecognised, taken the wrong way, and so on). These experiences are situated in the social worlds we inhabit. Later in the

article, the reader will recognise that both my experiences, and those of the drug-using women who helped to shaped my experiences as a feminist drugs researcher, came out of a Thatcherite milieu that remains relevant to what people in the UK are experiencing today. These relations were not, after all, just at the Addiction Research Unit (ARU), Terrence Higgins Trust (THT) or Centre for Research on Drugs and Health Behaviour (CRDHB), organisations which are discussed later in the article. They were what people experienced when they tried to lift up their truths in that era within the institutions created to respond to drug addiction, AIDS, and “sexual deviance.”⁵ Experiential narratives must highlight clear structural, oppressive, intersectional contexts in which we are situated (Phipps, 2016, p. 315). We often participate in “selective empathies” where we discredit the realities of those who articulate opposing politics. When feminists do autoethnography, we become acutely aware that we are using a method which allows for the formation of critical, interpretative, intellectual areas and also gives way to intimate, intermediate spaces, which include ambiguity, uncertainty and equivocality. In the context of critical drug studies, I become more able through autoethnography to track dynamic, emotional interactions between embodied experiences and gendered discourses that produce changes over time. Indeed, autoethnography is a form of embodied writing “which affirms human life as embedded in the sensual world in which we live our lives” and “is itself an act of embodiment” (Anderson, 2001, p. 84).

Doing Feminist Autoethnography: methods and data⁶

This feminist autoethnography draws on data and analysis from hand-written diaries and notes as well as published and unpublished papers which I have kept for the past 40 years. In exploring the movements in my career from being a junior drugs researcher to a professor emerita, I do a

lot of “emotion work” as a way of reaffirming my identity as a feminist autoethnographer and drugs researcher. For three months, I study my material in which I have records of key events with times, places and people as well as feelings and emotions. As I go through my entries and recall conversations and interactions that I have with “significant others” such as my partner, friends, colleagues, researchers and those I research, I “re-member” both emotionally and physically key events in my career. Before I begin any analyses, I write down all “embodied events” with dates of their happenings. At times, it is difficult because these “re-membering” experiences bring up painful feelings such as despair, hurt, frustration, disappointment and loss. I have the perception that I am re-membering and processing data through me as the now-retired, once-active drugs researcher.

Before writing, I do an intensive study of my material. After my third reading of all the material and before data analyses, I write down all key events in a chronological order. This is difficult. While the material I have makes remembering easier, remembering is somewhat disturbing for me as my experiences were at times difficult and emotionally draining. I want “to write from the heart, bring the first person in my work and merge art and science” (Ellis and Bochner, 2000, p. 761).

As I write, I remember the melancholy I believed I shared with the women I studied. I look out the window and stroke my laptop keys. I have the feeling that as I remember key events, I am processing data through me as the now “sitting on my own” feminist drugs researcher. While reading, remembering, writing and processing this data brings me sorrow, I revisit the past by moving in and out of these sad, painful experiences. Yet, there are some happy moments too. I am moved to work harder. I am excited because I am able to think and write clearly. But, I feel exposed. I am acutely aware that I interpret past events from my current position. I won’t get it

entirely right. I am afraid, but I reassure myself, “There is no such thing as getting it thoroughly right.” Seek verisimilitude. “Evoke in your readers a feeling that your experience is described as lifelike, believable and possible” (Ellis, 1999, p. 674). I feel relieved. My story is about my past work life, constructed in the present. I confront specific events, placing me in shifting relations of power with myself and others around me. I become aware that I am using the method of autoethnography to make sense of my research experiences.

I am doing emotional recall.⁷ It feels good – illuminating and invigorating. Sociological introspection allows me to study my lived research experiences not “as an internal state but an emotional process which I recognise internally and construct externally” (Ellis, 1991, p. 32). This is bound up with my emotions and visceral reactions to others in specific social spaces and exchanges. I construct scenes and dialogue from partial descriptions in all the material I study. I press on and know this work will take time but I feel satisfied. I am curious as to what I will find and how I will feel. I write and write and write. I notice in my writing and analysing a sense of achievement prevails. Yet, in being focused on what my stories are saying, I find both sorrow and joy within them. But, my stories are no less true than those I speak with. I feel as if I am beginning to find my voice. It comes as I write my social science prose. Dialogical exchanges are created in my relationships with others. Our conversations in research or otherwise are always already a give and take – a pull of emotions and a sharing of realities altered in these exchanges.

Doing drugs research with drug using women (1972 to the present)

February 1972

I am a student of sociology at Fordham University. I feel excited to make theoretical and empirical connections between society, culture, politics and people. Mills’ The Sociological

Imagination is sticking out from the bookshelf above my desk in my student quarters. I stare at it, open Mills' book to my markings and go immediately to my favorite sociological text:

The first fruit of the sociological imagination – and the first lesson of the social sciences that embodies it – is the idea that the individual can understand his [sic] own experience and gauge his own fate only by locating himself within his period, that he can know his own chances in life only by becoming aware of those individuals in his circumstances.

(Mills, 1971, p. 12)

I don't think the use of "his" or "he" unusual (no, my critique of that approach would come later.) Rather, I ponder how important these words are and ask myself how I can I employ them in my sociological practice. Just that week I visited a drug treatment facility in Manhattan with James Brown, my sociology professor. Sadly, at that drug treatment facility we saw downtrodden, "abject" drug users who sought help—only men. Confused, I recall asking Jim, "Where are all of the women?" "I don't know," he responded. I was certainly locating myself "within that period" but having some trouble "locating those individuals in my circumstances" as there were no women users around. I felt disappointed.

April 1978

I finish my dissertation, "The Sociology of Lesbianism: female sexuality and female 'deviance'", at the London School of Economics, the first sociology PhD on lesbianism in the UK. Not surprisingly, I am unable to get a job teaching gender and/or lesbian studies in 1978. I am aware that it will take a while for the academic fields of gender/women's/lesbian studies to become institutionalized in the UK. I learn that "Women's Studies develops through the Women's Liberation Movement" in campaigns, study groups, workshops and adult educational

*organisations such as the Workers' Educational Association and "in the mid-1980s, some institutions begin to offer first postgraduate, later undergraduate courses in Women's Studies, beginning with an M.A. at the University of Kent in 1981". Lesbian studies and gender studies follow some five to ten years later.*⁸

December 1978

Terry Morris, my PhD supervisor, phones me ... quite excited, he says, "Betsy, have you seen the job advertised at the Addiction Research Unit (ARU) at the Institute of Psychiatry? You must apply for it. They are looking for a research sociologist and it's just for you". "Are they looking for someone to do research on lesbians?" I ask. "No," he replies, "they want someone familiar with deviance theory and I am sure you have a chance of getting it." Terry is acutely aware that since getting my PhD I have been applying steadily for academic posts with no luck. I am depressed. He continues, "Betsy, you're going to have to emphasize your knowledge of deviance theory and I'll give you a good reference. At least, it's a step up on the ladder." "OK, Terry, I'll apply," I say, feeling anxious, while thinking sorrowfully, "At least I'll share being 'deviant' with the people I research." I am offered the post and stay at the ARU for seven years. It is an important time in my intellectual development. I work on many interesting projects in the alcohol and other drugs field.⁹ It is not easy, as I make the decision to be totally out as a lesbian. Weekly, if not daily, I am the brunt of gay jokes and insults.¹⁰ This hurts. I feel misunderstood as a lesbian and disappointed about being an alcohol and other drugs researcher at the bottom of the academic research hierarchy. I am aware that sociology colleagues outside of the ARU have a noticeable dislike for my research. I begin to realize that the reason for this dislike is both political and academic. It is political because before my time at the ARU, there was a well-

known strike instigated there by a group of critical, social researchers who, in the end, are fired (see Triesman, 1977). Since that time, colleagues outside the ARU believe that no critical work could come out of this unit and any good sociological work would be suppressed.

January 1979

I arrive at work after being hurt by an air gun shot by someone hiding near where I live. A secretary asks, “Why do you have a bandage on your temple?” “Oh, someone shot me on Lupus Street,” I reply hesitantly, “and I went to my doctor who put it there.” An ARU colleague in the secretary’s office turns towards me and says with derision, “What do you expect writing a book about perverts?”¹¹ I walk out of the office hurt and disgusted, feeling as if I am kicked in my heart. I go quietly back to my office, sobbing, and ensure that my door is locked. Working on a national study of Alcohol Treatment Units (ATUs), I interview a consultant psychiatrist outside of London who says, “I don’t allow any violent men to become patients, but, if they beat their wives, it is not proper violence. I’ll admit them.” I feel horrified and think, “A real misogynist.” In feeling his undervaluing of women, my feminist sensibilities are heightened. I am enraged at his antipathy towards women and feel this stupid man insults me. I wonder how many other women, colleagues or patients he undervalues. Yet, I am also aware that his way of thinking is supported by an overwhelming, misogynist structure in psychiatry and in the UK as a patriarchal society which condones his sickening antipathy. I am aware that, at that time, the National Women’s Aid Federation, a national network, which “enabled women and children experiencing violence and fear in the home to travel across the country to a place of safety”, is only five years old, founded in 1974. NWAFF starts to campaign for new laws and policies to protect women and children living with domestic abuse and finally, The Domestic Violence and Matrimonial Proceedings Act is passed in 1976.¹²

While I do not experience sexual violence at the ARU, I believe that I experience sexual harassment, although I do not know it at that time. Every day a colleague grabs my backside while we are alone. It makes me feel angry and invaded. While I don't know that this is sexual harassment, I discover it is when I feminist friends tell me at a consciousness raising session. "It's not your fault and you should make a complaint against him," they say to me. I feel too vulnerable to do that. The next time it happens, I smack his hand hard. I know I hurt him as his hand caught my rings. I am somewhat satisfied. Nevertheless, his harassment continues for years until I leave the ARU. The situation makes me feel shame and marginalized. I think, "Yes, shame and marginalization – I guess this may be what my female respondents feel confronting an unwelcoming yet invasive treatment system." My consciousness raising group helps me to gradually resist the sexual harassment which surrounds me. I refuse to normalize that behavior. I feel that my experiences are generating a deep passion for resisting the masculinist ways of thinking which surround me not only at the ARU but also in all of my research sites. This time in my career is less than easy as my identity politics lead to my personal life, work and activism becoming "sites of political expression."¹³

June 1980

I reflect, "I have an excellent opportunity to write and contribute to a field which has been resistant both theoretically and methodologically to an approach sensitive to the needs of women." But, I have no time to carry out this desire. I feel disappointed. When I visit a hospital ward round with a Maudsley psychiatrist, he instructs his staff to give ECT to a woman patient who is a self-confessed alcoholic. "She is obviously very depressed," I think. "Why ECT?" I ask myself, "She's a real embodiment of a disposable woman – messy, sullen and extremely sad." As

I sit on an easy chair across from her, I want to reach out to her but know I can't. It breaks my heart to look at her, a sufferer of this oppressive treatment system.

June 1981

I finish the study of all 30 ATUs in the UK, after having visited every single one of them. For at least a year, I travel on trains (very often late to their destinations) the length and width of the UK – at that time, every major city has an ATU. I am exhausted after speaking with staff – nurses, social workers and consultant psychiatrists. ATUs are populated by male patients. I see only one female patient in my travels and I am disappointed. But, I also think, “As a woman I wouldn't want to go to an ATU. They are all male-focused. Women are marginalized in this treatment system as I believe I am at the ARU.” This is a depressing fact of my life and theirs. I just wish these women could be helped and there would be women-only services available all over the UK.

June 1982–March 1984

My work at the ARU becomes extremely difficult as I write up the ATU project, after having a preliminary article published earlier with my co-worker before he left the ARU in 1981 (Robinson and Ettorre, 1980). I believe I am being accused of “intransigency” and that my writing is lacking. I feel I am being de-skilled and forced to write draft after draft. Words like “WOT!” (meaning What!) are written in the margins of my papers. I feel some comments are personal attacks and I believe that I am being bullied, isolated and misunderstood. No one supports me. One day I am in my office feeling glum and twiddling my hair. The phone rings. A man with a deep voice says, “Dr. Ettorre, this is Professor White, please can you come to see

me? Are you free at the moment?" I ask myself, "Is this the Head of the Institute of Psychiatry?" I feel terrified. "Am I being fired", I ask myself. Immediately, I say, "Yes, of course, I'll be right there." I run through the corridors to Professor White's office. Terrified, I knock on the door. He opens it and greets me warmly. "Hello, Dr. Ettorre, thank you for coming to see me at such short notice". I feel as if I am being treated with respect and it feels good. "You're welcome," I say. At the same time, I hand him a 300-page report of the ATU study (Ettorre, 1982) and say, "This is for you." He takes it, looks astonished, and says, "I was told that you have not written up the ATU study and thus, have not fulfilled your contract to the Institute." As he is speaking, I see his face register that this is untrue. I guess I didn't write the report the way it was wanted. "Am I being misunderstood?" I ask myself.

What transpires is a truce between my boss and I. A well-known LSE social psychologist, Berry, a close friend of Terry, my PhD supervisor, is asked to work with me on writing up the ATU study in a series of published articles (see Ettorre, 1984, 1985a, 1985b, 1985c). These articles offer a full, descriptive account of where the ATUs are in terms of UK treatment policy at that time. The study confirmed that ATUs have firm links with local agencies and despite having more out-patient visits than in-patient stays, ATU treatment can be easily integrated into local services, suggesting that community services for alcohol and other drug users could become a real possibility. I find that Berry is great fun and we make swift progress. However, during and after that time, I believe that my boss is distant and hardly speaks with me. I don't meet him again face to face until April 1985. Happily, I supervise myself and without any contact with him, complete other studies. The first is the Drug Agencies Information Gathering Exercise project (Ettorre, 1988a, 1988b, 1988c, 1987a, 1987b), a year-long study which offers a critical policy perspective on voluntary (non-statutory) drug projects in London. The second is the

TRANX project (Ettorre, 1986b) which offers a case study of the first government supported self-help group for benzodiazepine users, in which I am involved as a member of the advisory panel. After observing women coming forward for help in both projects, I begin to write feminist pieces (Ettorre, 1985e, 1986a) in my spare time. While I feel relieved, I also feel that my being ignored at the ARU may be a form of bullying.

April 1983

I receive a phone call from Linda, a drugs worker at the Blenheim Drugs Project, London¹⁴. She asks, “Would you be interested in being on the management committee of a new project, DAWN (Drugs Alcohol and Women Nationally – London), a non-statutory drugs and alcohol agency that will be funded by the Department of Health starting next month?” I am delighted and feel that this may be a turning point in my work life when I can learn more empathy for women substance users. Excited, I respond, “Yes, I would.” I think, “I can focus on women even if it means this would be in my spare time.” Little do I know that I will be involved for four years and become Chair of the DAWN Management Committee, whose paid workers include women users of alcohol and other drugs.

March 1984

I work on a survey on women in alcohol and other drugs agencies in London for DAWN, completing it in December. It is published in January 1985. It has a positive impact at the funders, the Department of Health (DOH) (see DAWN with assistance from Dr. E. M. Ettorre, 1985). The survey reveals that alcohol and other drugs service providers are willing to treat women but want more knowledge on how to do this effectively and efficiently. Our contact at the

DOH is pleased with the results. Because of the success of the DAWN survey, the DAWN workers and I decide to do a smaller survey on race and ethnicity in treatment agencies. I say to them one day, "You are doing great work for women users." While the DAWN survey on race and ethnicity is not reported publicly except to the management committee, it reveals that many agencies do not have the resources nor the will to consider race and ethnicity as important treatment issues. I feel empowered by publicly showing my and DAWN's commitment to women and marginalized users.

December 1984

Dana, a feminist drugs worker at Phoenix House, a rehabilitation house for drug users in London, asks me to attend their first women's group. When I arrive at Phoenix House, I am greeted by Jane, a drugs worker, who takes me to the meeting room. As I thank her, I look around and see a room filled with 20 women seated in a circle with Dana. Immediately, she stands up and says, "Come on in, Betsy." I feel slightly embarrassed and say softly, feeling timid, "Hi." Dana introduces me to the group as they are all looking at me, "Everyone, this is Betsy, a feminist drugs researcher I invited here to hear your stories." "Please sit down," she adds to me. I feel still a little dazed by the attention and see an empty armchair next to one of the women. I sit down tentatively because I notice that many of the women have been crying and I am wondering why. Mary who sits next to me begins by saying, "I am so worried that Joe and Margaret [her children] will be taken from me when the social worker comes today. This has been a threat throughout my using heroin, but it's never happened. I am so afraid, afraid of losing them, so afraid." ... She begins to cry out loud and I see others join her. Anne continues with her story and to my surprise she echoes what Mary says, "I am afraid of losing my

child.” ... Next Edna, the same, then Hilary, the same, and I hear that 10 out of the 20 women in the room share the same feeling—fear of losing a child or children. This goes on for about an hour and Dana calls this horrific meeting to a close. As the others get up, I continue to sit in my seat in a daze and a state of shock. I am moved to tears. Dana comes over and says, “Now you know why I wanted you to come here. You need to know that losing children is a reality for many of my female clients. It happens all the time and we can’t stop it.” I leave Phoenix House with a feeling of sadness but emboldened to do more for women drug users. I am a privileged white woman, an academic researcher. I may feel I work in a bullying, sexist, male dominated environment, but I am deeply aware that I don’t have the same hurdles that these women must overcome. It feels as if the whole patriarchal, treatment system is against them.

April 1985

I am working in my office. There is a knock on my door. I say quickly, “Come in.” My boss looks in. As I look up, I am astonished and reticent at the same time. He has not talked to me for ages. I think, “What have I done?” My boss does not sit down, leaving the door ajar as he stands between it and my room, saying, “I found out this morning that the Medical Research Council is lowering ARU funding in our next grant. I have had to do some thinking. Although you have been here since 1978, you’ll be the first to go. [I quickly think, “It’s usually ‘last in, first out’ – but not according to this logic]. It’s probably best that way.” Then he stops talking, looks at me severely, leaves my room and shuts the door quickly. “It’s almost as if he is afraid,” I think. I feel overwhelmed but hopeful that I’ll get a new job. Immediately, I spread the word around to various sociologists, feminists and drugs researchers that I know. I think, “It will be a relief to leave here.”

March 1986

Jo Campling from Macmillan phones me. “Betsy, I want you to do a book on women and substance use”. I respond excitedly, “How fantastic, I would love to, Jo, the experiences of women substance users need to be recognized and valued. I can create a critical framework in which the production of feminist knowledge becomes a real possibility”. While I am looking for a new job at this point in my career, I know that whatever job I am offered will be better than my current one in which I believe I have no support for writing about my feminist ideas.

August 1986

Susanne MacGregor, a well-known drugs researcher, invites me to Birkbeck College to take up a Senior Researcher post on an evaluation of the Department of Health’s Central Funding Initiative (see MacGregor et. al, 1990). I agree to take up this post. This work demonstrates that government support of statutory and non-statutory drug services is crucial given the mounting visibility of HIV/AIDS. We find that these services respond in an effective way to stem the spread of HIV/AIDS in the UK. Birkbeck enables me to work in a supportive intellectual environment, open to me as an “out lesbian”. I feel free for the first time in my academic career. I find many women drug users who have gained hope from CFI agencies, although they are still stigmatized in society. I stay at Birkbeck until September 1989 and publish feminist texts on my work (see Ettorre, 1989a, 1989b).

September 1989 – July 1991

I become Drugs Co-ordinator at the Terence Higgins Trust (THT), a large London organization for those (mainly gay men) with HIV/AIDS. (This role involves management of a small three-person team of drug workers.) While it is easy to be in this safe, lesbian and gay environment, it is not easy from the point of view of being a woman in a predominantly male environment.

Campaigning for drug users, especially women drug users, in an organization with “an anti-female bias,” was difficult.¹⁵ After six months, I leave THT to go back to drugs research at the Centre for Research on Drugs and Health Behaviour (CRDHB), Charing Cross and Westminster Hospital Medical School, University of London. My boss at the time is Gerry Stimson, whom I know from my ARU days, although we did not work there at the same time. I work on a study of HIV and drug users in London which is part of an international comparative study (see Stimson et. al., 1991; Ettorre, et. al., 1991a, 1991b; Rhodes et. al., 1993). At the same time, I am completing Women and Substance Use. I am relatively happy. I discover most of the women drug users I interview for the study of HIV and drug use in London are sex workers.¹⁶ While they are very clued in about HIV/AIDS prevention, they have a hard time being on the streets. Structural patriarchy works against them, and against me, too, as I sometimes feel undervalued working in the drugs field.

August 1991

I move to Helsinki, Finland to be with my life partner and embark on a study of tranquilliser use with a well-known medical sociologist, Elianne Riska, at Åbo Academy University. The full study is published in book form (Ettorre and Riska, 1995). This is a fun study and feminist orientated. Our findings show clear gender differences in the use of tranquillisers in Finland. I love working

with Elianne, who treats me as an equal. After that study, I do some teaching around Finland as well as manage to visit the specialized treatment centres for women drug users in or near Helsinki. At that time, the Finnish priority is alcohol research, which, historically, is a male preserve. Illicit drug users are highly stigmatized, and women, who are seen as potential mothers, are seen as “polluted.” I visit the first residential treatment facility for women drug users based at a hospital. It is a locked ward. I feel trapped myself before I leave the building. Feeling marginal as a lesbian feminist, I publish an article on women and drug use in Finland (Ettorre, 1994, 1992b). I apply at least fifteen times for Academy of Finland research monies on women drug users, but I am told by a leading alcohol researcher, “There is no illegal drug use in Finland,” and, even if there is, “No one is interested in women drug users – they betray their roles as mothers.”

Gradually, I find that by centering on men (the most socially visible participants within drug using cultures), scientific research in the addiction field tends to uphold traditional, patriarchal images of men and women. A distorted view of women is presented. I develop two key conceptions which, unbeknownst to me at the time, endure throughout my career: “dependence” and “a hierarchy of drugs.” Both have been and continue to be key to my professional development as a feminist academic: 1) not to be dependent upon the patriarchal ideas and patronage that exist in the alcohol and other drugs field; and 2) to demonstrate that there exists a hierarchy of drugs linked with moralities about “deviant bodies”, and that this hierarchy is reproduced in alcohol and other drugs research. Indeed, I experience being considered “unacceptable” or even “perverted” in my work. I want to explore how the stigmatizing experience of my own “deviance” relates to “deviant female bodies” using drugs. I apply these ideas in Women and Substance Use (Ettorre, 1992a) and Women and alcohol: a

private pleasure or a public problem? (Ettorre, 1997). In the latter, I use the concepts of negative and positive drinking and demonstrated how pleasure is a taboo subject in the addiction field.¹⁷

March 1998 – October 2006

I move back to the UK to take up a Readership and then Professorship (Personal Chair) at the University of Plymouth. Soon after, I hear of the Harbour Centre, a local voluntary agency for drug users. I become a member of their Board of Trustees and gradually learn about what is happening to drug users. It is refreshing to find that the centre has a special women's worker, Nicky. Immediately we become colleagues and she helps me to do a small study of women drug users (Ettorre, 2013). With great care, I write Revisioning Women and Drug Use: Gender, Power and the Body (Ettorre, 2007), linking the notion of dependence to my related, earlier notion of the hierarchy of drugs and, in turn, pollution. In June 2006, I am surprised to be asked to apply for a named Chair (Professor of Sociology and Social Policy) at the University of Liverpool. I do remember going to Liverpool in the late 1970s to visit their ATU. I remember it was a fruitful visit as the ATU Consultant Psychiatrist was the Associate Editor of the journal Alcohol and Alcoholism. He invited me to submit my ATU findings to his journal and four years later I take up his generous offer. "Maybe Liverpool has something nice again in store for me," I think. In August 2006, I attend an interview. I feel excited. The spacious room on the top floor of a new administration building is filled with seven people seated in a circle—six men and one woman. I am seated at the head of the table. All glare at me. As usual in the UK, questions go from right to left, one at a time. The Deputy Vice Chancellor, who I learn later is a famous veterinarian, asked me bluntly, "Why have you done research on drug users?" I look him straight in the eyes and say, "Because I want to help those who I research." Immediately, he laughs out loud. I continue, "I think it is important that as researchers we think about why we do

research and my aim has always been that I want my research to have a positive impact on those I research. I am aware that some academics want to do research to further their own careers” (“Oh dear,” I am thinking, “Have I gone too far?”) “but I am not that kind of academic.” I stop and notice the external examiner on the interview panel is smiling at me as I am speaking. I am offered the job two hours later.

November 2009

I give my inaugural lecture at the University of Liverpool. My research on gender and drugs is central to my lecture. I think, “I did not plan on feeling proud as a drugs researcher, but I am. It’s about time.”

January 2011

I leave Liverpool to retire and live between Helsinki and Truro, UK. My research on women and drugs continues. I am asked to be an Honorary Professor at the Centre for Alcohol and Drug Research, Aarhus University. I accept gladly. Gendering addiction: the politics of drug treatment in a neurochemical world (Campbell and Xxx, 2011) is published, a collaboration on the history of gender-specific drug treatment between two feminists across generations and continents. We adopt feminist philosopher Nancy Tuana’s notion of “epistemologies of ignorance” to demonstrate how strategies of not knowing as well as knowing are embedded in the alcohol and other drugs field. Tuana contends that we must also account for practices that result in a “group unlearning of what was once a realm of knowledge” (2004, 2006; quoted in Campbell and Ettorre, 2011, p. 2)¹⁸.

September 2013

I am the recipient of the prestigious Emeritus Leverhulme Fellowship, which means I will need to go abroad to do research on autoethnography. I am absolutely delighted. All of my ideas emerge from my thinking as a feminist working in this field and, over time, I find that boundaries between “deviant bodies” (i.e. lesbian bodies and drug using bodies) finally break down in my mind as I theorize embodiment (Ettorre, 2014).

The career of a feminist autoethnographer *vis a vis* women drug users: empathy and creating resonance with the other

Relying heavily upon Black feminist thought and feminist standpoint theory, Sara Crawley (2012, p. 151) contends that feminist theory’s greatest contribution to knowledge is an epistemological shift away from androcentric boundary specific methods that enforce traditional binaries – rational over emotional, authoritative voices over voices of the oppressed, public over private, transcendental truths over everyday experiences. To me, this reveals the heart of the workings of feminist autoethnography—an embrace of thought as both rational and emotional, of multiple views and truths, of everyday worlds as both public and private. As a critical, feminist autoethnographer and drugs scholar, I have had a career-long dual commitment to feminist politics as well as using feminist theory as a basis for knowledge production. I have considered myself an activist in the alcohol and other drugs field and have attempted to expand the lens of the women drug users’ stories beyond male drug users. I have consistently tried to look beyond privileged masculinist spaces for important knowledge production based on an awareness of gendered, racial, class, and other differences. I have felt a political responsibility to advance progressive social change through research and a methodological obligation to prioritize my

subjects' (i.e. women drug users') voices and expand our ideas of what counts as "expert" knowledge.

Having "resonance" with and "feeling about" empathy in relationship to women drug users involves me in recognising our experiences, whether shared or not, of 1) marginality; 2) embodying "deviance" and 3) being misunderstood, and so on. As a feminist and vulnerable self, I am learning how to move in and out of the text as writer, observed, observer and participant—never as "truth sayers." I see myself as "a storied subject" among other storied subjects – "storying the I." While there may be a sense of wholeness to the drug research stories I create, there is always evidence of fragmentation and some messiness. As a feminist drugs researcher, I find consistently a profound risk involved in projecting my private emotions onto a larger cultural scene. Resonance feelings shape the research stories I observe alongside women drug users. For example, while women drug users are consistently viewed as "abject", marginal and less than non-drug using women, my "story" resonates with theirs in that I consistently feel vulnerable, marginal and less than a "real" researcher because I study "a looked down upon", marginal research group and champion their cause. In my dialogical exchanges, I use autoethnography with women drug users because I want to demonstrate how the research process is always already a giving and receiving, an ebbing and flowing of information; a closing off and opening up of emotions and different realities. Similar to Bochner (2014, p. 276) I want to explore writing which "makes work on relationships evocative, readable and closer to the bone of relationship life." I am moved emotionally by what I observe and hear – the absence and marginalization of women in the Manhattan drug clinic in the 1970s as well as the ATUs in the 1980s; women drug and alcohol users as being misunderstood as evidenced by the insulting views of consultant psychiatrists; the disgusting way drug-using mothers were treated as "bad

bodies” at Phoenix House; the hope many women drug users, although still stigmatized in society, received from contact with CFI-funded drugs agencies; the image of women drug users as embodying polluted bodies more than male drug users at THT; the sex workers who know how to protect themselves from the ravages of HIV/AIDS but have a hard time working on London streets; how structural patriarchy in Finland works against women drug users seen as potential mothers “polluting” themselves; and how women drug users receive empathy from a women’s worker at the Harbour Centre. Throughout all this research, I see these women’s lives as deeply human and, most importantly, as a demonstration of the embodied pain and tragedies that are emblematic of women drug users perceived as “bad bodies” by society (Ettorre, 2007).

As I said earlier, all of these women drug users’ experiences do not become my own, but I develop a visceral resonance to their stories, sensing the nuances *vis a vis* my story. I do not appropriate their stories. I am unable to. The pedagogy of suffering does not allow it. In other words, suffering means that in all asymmetrical relationships, “the one who suffers has something to teach and thus, something to give” (Frank 1995, p. 150). But in the world of a storied subject like myself, I have nothing to give to these women for their experiences – only my own pain. Feeling about empathy, I experience deep sadness at the marginalization of women in drug and alcohol treatment agencies; I feel insulted, misunderstood and marginalized when consultant psychiatrists disparage violence against women; I am bullied and sexually harassed at the ARU; I am devastated to attend Phoenix House and learn that women drug users lose their children so easily and feel sad to know no one can protect them from such abuse; I hope with women drug users in the CFI project – aware that I am still employable after such painful, bullying experiences at the ARU; while women drug users are not overly welcomed at THT neither am I as a lesbian champion of drug users considered less worthy of help than gay men;

the feeling of fear I have being challenged at the ARU cannot really be compared to the visceral fear my sex worker respondents have working the West London streets but the nuances are residual and create tensions about my role as an autoethnographer in my own story; structural patriarchy negatively affects drug-using mothers in Finland as they are heavily stigmatised and in a different way, this stigma affects my quest to get funding to study them; Nicky offers compassion to Harbour Centre's women drug users—a compassion so visible it inspires me to continue my quest not to be complacent when studying women drug users. I argue every day as I do at my professorship interview that *“I do research on drug users simply because I want to help those who I research.”*

As resonance with others unfolds, I want to show the reader that, like other autoethnographers (Tedlock, 2000, p. 468), feminist autoethnographers in the drugs field are able to clarify and validate their self-images and feelings through writing reflexive stories. We become the epistemological and ontological nexus upon which the research process turns (Spry, 2001, p. 711). Hopefully, the reader sees glimpses in my own autoethnographic work of how my experience of “feeling about” empathy with those women drug users I researched “gives voice to my body” (Sparkes, 2003, p. 64) and helps me to experience a connectedness to and powerful resonance with others (Richardson, 2000) especially women drug users, and perhaps, bear witness to how this sort of resonance with others can induce dialogue.

In conclusion, I hope that this autoethnography will make readers see that going from understanding to “feeling about” empathy in our work helps us to think and feel not only with our research respondents but also about ourselves and our own development as drug scholars and as feminist researchers. C. Wright Mills' words were an inspiration to me at the beginning of my academic career and continue to be. However, Sherryl Kleinman's (2003) words guide me as a

feminist autoethnographer: “Being a feminist fieldworker means that I attend to the subtleties of inequalities (in race, class, gender, sexual orientation, ability, age and so on), including the ways in which I live out sexist programming” (p. 230). Being aware that “storying the I” has helped me to shape myself as a human being, feminist and drugs researcher allows me not only to attend to these “subtleties” but also to bear witness to the hidden, complicated piecing together of my life with others. Autoethnography reveals that the “self” is enormously “complex” and “feminist conceptualizing of the self, within as well as across conventional discipline boundaries, needs to be correspondingly complex” (Stanley 1993, p. 133). Hopefully, with autoethnography, we see the transformative power of “writing the self”, altering personal stories into political realities by revealing power inequalities inherent in human relationships and the complex cultures of emotions embedded in these unequal relationships. Autoethnography reveals stories as complex living realities, exposing power disparities intrinsic to women who are living with drugs. Whether as users, addiction treatment providers or researchers, we need to be aware of the dehumanizing/depersonalizing, “ungendered” and damaging discourses that obscure a full picture of the embodied experiences of women drug users. Let’s develop an awareness of these discourses and some empathy in the process.

Acknowledgments

I am grateful to the Leverhulme Trust for funding my project, “Writing the self, the other and the social: Using autoethnography as a feminist method of ‘sensitising the I’” (2014-2015, Grant number: EM-2014-007). Full results were published in *Autoethnography as a Feminist Method: Sensitising the feminist “I”* (Ettorre, 2017). I am also grateful to David Moore, the Editor of *Contemporary Drug Problems*, and two anonymous reviewers for their very helpful comments

on an earlier version of this article. A special thanks also to Nancy Campbell and David Herzberg, the special editors of this volume for their help and generosity.

References

- Adams, Tony E. and Holman Jones, Stacy (2011) Telling Stories: Reflexivity, Queer Theory, and Autoethnography. *Cultural Studies - Critical Methodologies* 11, 2, 108 –116.
- Adams, Tony E.; Holman Jones, Stacy and Ellis, Carolyn (2014) *Autoethnography: Understanding Qualitative Research*. Oxford: Oxford University Press. Kindle Edition.
- Ahmed, Sara (2004) *The Cultural Politics of Emotion*, London and New York, Routledge.
- Allen, Katherine R. and Piercy, Fred P. (2005) “Feminist Autoethnography.” In *Research Methods in Family Therapy*, Eds. Douglas H. Sprenkle and Fred P. Piercy. New York: The Guilford Press, pp. 155– 69.
- Anderson, Leon (2006) Analytic Autoethnography. *Journal of Contemporary Ethnography* 35, 4, 373-395.
- Anderson, R. (2001). Embodied writing and reflections on embodiment. *Journal of Transpersonal Psychology*, 33 (2), 83-98.
- Arendt, Hannah (1998) *The Human Condition* (Second Edition). Chicago: The University of Chicago Press.
- Averett, Paige (2009) The Search for Wonder Woman: An Autoethnography of Feminist Identity. *Affilia* 24, 4, 360-368.
- Behar, R. (1996) *The Vulnerable Observer: Anthropology that breaks your heart*. Boston: Beacon Press.
- Bell, Susan E. (2000). Experiences of illness and narrative understandings. In Brown, Phil (Ed.),

- Perspectives in medical sociology*. Prospect Heights, IL: Waveland Press, 130– 145.
- Benhabib, Seyla (1990) Hannah Arendt and the Redemptive Power of Narrative. *Social Research* 57, 1, 167-196.
- Bochner, Arthur (2014) *Coming to Narrative: A Persona History of Paradigm Change in the Human Sciences*. Walnut Creek, California, Left Coast Press.
- Bochner, Arthur (2000) Criteria Against Ourselves. *Qualitative Inquiry* 6, 2, pp. 266-272.
- Bowring, Finn (2013) *Hannah Arendt: A Critical Introduction* (Modern European Thinkers). London: Pluto Press. Kindle Edition.
- Boylorn, Robin M. (2013) Blackgirl Blogs, Auto/ethnography, and Crunk Feminism. *Liminalities: A Journal of Performance Studies* 9, 2, 73-82.
- Campbell, Nancy D. and Ettore, E. (2011) *Gendering addiction: The politics of drug treatment in a neurochemical world*. Houndsmills Basingstoke, Palgrave Macmillan.
- Chang, H. (2008) *Autoethnography as method: Developing qualitative inquiry*. Walnut Creek, CA: Left Coast Press, Inc.
- Clarke, Adele E. (2005) *Situational Analysis: Grounded theory after the postmodern turn*. London: Sage Publications.
- Crawley, Sara L. (2012) Autoethnography as Feminist Self-Interview. In Gubrium, Jaber F., Holstein, James A., Marvasti, James A. and McKinney, Karyn D. (Eds.) *The SAGE Handbook of Interview Research*, 2nd ed., Thousand Oaks, CA: Sage, pp. 143– 160.
- DAWN with assistance from Dr. E. M. Ettore (1985) *A Survey of Facilities for Women using Drugs (including Alcohol)* London, DAWN.
- Denzin, Norman K. (1997) *Interpretive Ethnography: Ethnographic practices for the 21st*

Century. Thousand Oaks, London, New Delhi, SAGE Publications.

Dingwall, R. (1992) “‘Don’t mind him – he’s from Barcelona’: qualitative methods in health research.” In J. Daly, I. McDonald and E. Willis (eds.) (1992) *Researching Health care: designs, dilemmas, disciplines*, London, Routledge, pp 161-175.

Ellis, Carolyn (1991) Sociological Introspection and Emotional Experience. *Symbolic Interaction* 14, 1, 23-50.

Ellis, Carolyn (1995) *Final negotiations: a story of love, loss and chronic illness*, Philadelphia: Temple University.

Ellis, Carolyn (1999) Heartful Ethnography, *Qualitative Health Research*, 9, 5, 669-683.

Ellis, Carolyn (2000) Creating Criteria: An Ethnographic Short Story *Qualitative Inquiry*, 6, 2, 273-277.

Ellis, Carolyn (2004) *The Ethnographic I: a methodological novel about autoethnography*. Walnut Creek, California, Altamira Press.

Ellis, Carolyn (2009) *Revision: autoethnographic reflections on life and work*. Walnut Creek, California, Left Coast Press.

Ellis, Carolyn and Bochner, Arthur P. (eds.) (1996) *Composing Ethnography: Alternative forms of qualitative writing*. Walnut Creek, California, Altamira Press.

Ellis, Carolyn and Bochner, Arthur P. (2000) *Autoethnography, Personal Narrative, Reflexivity: Researcher as Subject*, In Norman K. Denzin and Yvonna S. Lincoln (eds.) *Handbook of Qualitative Research*, Thousand Oaks, Sage Publications, Inc. pp. 733-768.

Ellis, C. and Bochner, A. (1999). Bringing emotion and personal narrative into medical

social science. *Health*, 3, 229-237.

Ettorre, Elizabeth. (2017) *Autoethnography as feminist method: Sensitising the feminist "I."* London, Routledge.

Ettorre, Elizabeth. (2014) Embodied Deviance, Gender and Epistemologies Of Ignorance: Re-Visioning Drugs Use In A Neurochemical, Unjust World, *Substance Use and Misuse*. 50, 6, 794-805.

Ettorre, Elizabeth. (2013) Drug User Researchers as Autoethnographers: "Doing Reflexivity" with Women Drug Users, *Substance Use and Misuse*, 48, 1377–1385.

Ettorre, Elizabeth. (2010) Nuns, dykes, drugs and gendered bodies: An autoethnography of a lesbian feminist's journey through "good time" sociology, *Sexualities*, 13, 3, 295-315.

Ettorre, Elizabeth. (2007). *Revisioning Women and Drug Use: Gender, Power and the Body*.

Gordonsville, VA (USA) Basingstoke (UK), Palgrave Macmillan.

Ettorre, Elizabeth. (1997) *Women and Alcohol: From a private pleasure to a public problem?* London, Women's Press.

Ettorre, Elizabeth. and Riska, E. (1995) *Gendered Moods: Psychotropics and Society*. London, Routledge.

Ettorre, Elizabeth. (1994) "Women and drug abuse with special reference to Finland: needing the 'courage to see'," *Women's Studies International Forum* 17, 1, 83-94.

Ettorre, Elizabeth. (1992a) *Women and Substance use*. New Brunswick, New Jersey, Rutgers University Press (USA) and London, Macmillan (UK).

Ettorre, Elizabeth. (1992b) Kung alkohol och utbolingen narkotika (King Alcohol or foreigner narcotics) *Nordisk Alkohol Tidskrift (Nordic Alcohol Journal)*, 9, 3, 121-122.

Ettorre, B. (1989a) Women and substance use/abuse: towards a feminist perspective or how to

- make dust fly. *Women's Studies International Forum*, 12, 6, 593-602.
- Ettorre, B. (1989b) "Women, substance abuse and self help." In MacGregor, S. (ed.) *Drugs and British Society*, London, Tavistock Press, pp. 101-115.
- Ettorre, B. (1988a) III. A 'snapshot' view of London's voluntary drug agencies: residential and non-residential clients, *International Journal of the Addictions*, 23 (12), 1255-1269.
- Ettorre, B. (1988b) II. Staffing in London's voluntary drug agencies, *International Journal of the Addictions*, 23 (11), 1157-1170.
- Ettorre, B. (1988c) London's voluntary drug agencies: I. Funding and organisational Management, *International Journal of the Addictions*, 23(10), 1041-1056.
- Ettorre, B. (1988d) A follow-up study of alcoholism treatment units, *British Journal of Addictions* (83), 57-65.
- Ettorre, B. (1987a) A study of voluntary drug agencies: their roles in the rehabilitation field, *British Journal of Addiction*, 82, 681-689.
- Ettorre, B. (1987b) Drug problems and the voluntary sector of care in the UK: identifying key issues, *British Journal of Addiction*, 82, 469-476.
- Ettorre, B. (1986a) Women and drunken sociology: developing a feminist analysis. *Women's Studies International Forum*, 9, 515-520.
- Ettorre, Elizabeth M. (1986b) Self-help groups as an alternative to benzodiazepine use. In Williams, P. and Gabe, J. (eds.) *Tranquillisers: Social, Psychological and Clinical Perspectives*, London, Tavistock Press pp. 180-193.
- Ettorre, Elizabeth.M. (1985a) A study of alcoholism treatment units: some findings on unit and staff. *Alcohol and Alcoholism*, 20, 371-378.

- Ettorre, Elizabeth M. (1985b) A study of alcoholism treatment units: some findings on patients. *Alcohol and Alcoholism*, 20, 361-369.
- Ettorre, Elizabeth M. (1985c) A study of alcoholism treatment units: links with the community. *British Journal of Addiction*, 79, 181-189.
- Ettorre, Elizabeth M. (1985d) The Society for the Study of Addiction (1930-1961): temperance, treatment and tolerance, *Drug and Alcohol Dependence*, 16, 51-60.
- Ettorre, B. (1985e) Compulsory heterosexuality and psycho-trophy. *Women's Studies International Forum*, 8, 421-428.
- Ettorre, Elizabeth M. (1984) A study of alcohol treatment units: treatment activities and the institutional response. *Alcohol and Alcoholism*, 19, 243-255.
- Ettorre, Elizabeth M. (1982) *The History and Development of Alcohol Treatment Units (ATUs) in England and Wales* London, Institute of Psychiatry. 300 pp.
- Ettorre, Elizabeth M. (1978) The Sociology of Lesbianism: female sexuality and female "deviance." Ph.D., London School of Economics, University of London. April 1978.
- Ettorre, B., Crosier, A., Stephens, S. and Stimson, G. (1991a) *Prevalence Study of HIV and Injecting Drug Misuser in EC and Coast Countries: A Report from the London Centre*, London, Centre for Research on Drugs and Health Behaviour.
- Ettorre, Elizabeth., Stimson, G., Crosier, A., And Stephens, S. (1991b) *Trends in HIV Infection among Drug Injectors in London*, London, Centre for Research on Drugs and Health Behaviour, Executive Summary No. 5.
- Frank, Arthur W. (2013). *The wounded storyteller: Body, illness, and ethics*. Chicago, University of Chicago Press.
- Fraser, S. (2015). A thousand contradictory ways: Addiction, neuroscience and expert

- autobiography. *Contemporary Drug Problems*, 42(1), 38-59.
- Griffin, Rachel Alicia (2012) I AM an Angry Black Woman: Black Feminist Autoethnography, Voice, and Resistance. *Women: Studies in Communication*. 35, 2, 138– 57.
- Katz Rothman, Barbara (2005) The I in Sociology. *The Chronicle of Higher Education*, April 22.
- Kleinman, Sherryl (2003) Feminist Fieldworker: Connecting Research, Teaching, and Memoir, In Glassner, Barry and Hertz, and Rosanna (Eds.) *Our Studies, Ourselves: Sociologists' Lives and Work*. New York: Oxford University Press, pp.215-32.
- MacGregor, S., Xxx, B., Coomber, R. and Crosier, A. (1990) *Drug Services in England and the Impact of the Central Funding Initiative* London, Institute for the Study of Drug Dependence.
- Mills, C. Wright (1971) *The Sociological Imagination*, London, Penguin Books.
- Mold, Alex and Berridge, Virginia (2010) *Voluntary Action and Illegal Drugs: Health and Society in Britain since the 1960s*. Houndmills, Basingstoke, Palgrave Macmillan.
- Neville-Jan, A. (2004) Selling your soul to the devil: an auto-ethnography of pain, pleasure and the quest for a child. *Disability and Society* 19, 2, 113-127.
- O'Byrne, P. (2007) The advantages and disadvantages of mixing methods: an analysis combining traditional and autoethnographic approaches. *Qualitative Health Research* 17, 1381-1391.
- Perrone, D. (2010) Gender and Sexuality in the Field: A Female Ethnographer's Experience Researching Drug Use in Dance Clubs, *Substance Use and Misuse*, 45, 717-735.
- Phipps, A., 2016. Whose personal is more political? Experience in contemporary feminist politics. *Feminist Theory*, 17(3), pp.303-321.
- Poulsen, M. (2015). Embodied subjectivities: Bodily subjectivity and changing boundaries

- in post-human alcohol practices. *Contemporary Drug Problems*, 42(1), 3-19.
- Reed-Danahay, D. (1997) Introduction. In Reed-Danahay, D. (Ed.) *Auto/Ethnography: Rewriting the Self and the Social*. Oxford, Berg, pp. 1-17.
- Rhodes, T.J., Bloor, M.J., Donoghoe, M., Haw, S. Ettore, Elizabeth., Platt, S. Rischer, M., Hunter, G.M., Taylor, A. Finlay, A. Crosier, A., Stephens, S., Covell, R., Stimson, G., Goldberg, D.J., Green, S.T., Mckeaney, N.P., And Parry, J. (1993) HIV prevalence and HIV risk behaviour among injecting drug users in London and Glasgow, *AIDS CARE*, 5, 4, 413-425.
- Richardson, Laurel (2007) *Last Writes: A daybook for a dying friend*. Walnut Creek, California, Altamira Press.
- Richardson, Laurel (2000) Evaluating Ethnography. *Qualitative Inquiry* 6, 2, 253-255.
- Robinson, D. and Ettore, B. (1980) Special Units for Common Problems: Alcoholism Treatment Units in England and Wales. In Edwards, G. and Grant, M. (eds.) *Alcohol Treatment in Transition* London, Croom Helm, 234-247.
- Samuelsson, E. (2015). Substance use and treatment needs: Constructions of gender in Swedish addiction care. *Contemporary Drug Problems*, 42(3), 188-208.
- Shomali, M. B. (2012) Storytelling: Or, Autoethnography in the Academic Industrial Complex. *Feminist Wire* Sept.14, p. 47.
- Short, Nigel P, Turner, Lydia and Grant, Alec (2013) Introduction: Storying Life and Lives, In Grant, Alec, Short, Nigel P. and Turner, Lydia (Eds.) *Contemporary British Autoethnography*. (Studies in Professional Life and Work Volume 9) Rotterdam: Sense Publishers, pp. 1-16.
- Sparkes, A. (2003) Bodied, Identities, Selves: Autoethnographic Fragments and Reflections. In Denison, J. and Markula, P. (Eds.) *Moving writing: Crafting writing in sport research*.

- New York: Peter Lang, pp. 51-76.
- Spry, Tami (2001) Performing Autoethnography: An Embodied Methodological Praxis. *Qualitative Inquiry* 7, 6, 706-732.
- Stanley, Liz (1992) *The Auto/Biographical. I: The Theory and Practice of Feminist Auto/Biography*. Manchester: Manchester University. Press.
- Stanley, Liz (1993) On Auto/Biography in Sociology. *Sociology* 27, 1, 41-52.
- Stanley, Liz (1994) The knowing because experiencing subject: narratives, lives and Autobiography. In Lennon, Kathleen and Whitford, Margaret (Eds.) *Knowing the Difference: Feminist Perspectives in Epistemology*. London, Routledge, pp. 132-148.
- Stimson, G., Ettore, B., Crosier, A. And Stephens, S. (1991) *Serial Period Prevalence Study of HIV Related Risk Behaviour among Injecting Drug Users in London: A Report of the First Year*, London, Centre for Research on Drugs and Health Behaviour.
- Taylor, Verta and Raeburn, N. (1995) Identity Politics as High-Risk Activism: Career Consequences for Lesbian, Gay, and Bisexual Sociologists. *Social Problems* 42, 2, 252-273.
- Tedlock, Barbara (2000) Ethnography and Ethnographic Representation. In Denzin, Norman K. and Lincoln, Yvonna S. (Eds.) *Handbook of Qualitative Research*. Thousand Oaks: Sage Publications, Inc. pp. 455-86.
- Tillmann-Healy, Lisa M. (2001) *Between gay and straight: understanding friendship across sexual orientation*. Walnut Creek, California, Altamira Press.
- Triesman, D., (1977). Institute of Psychiatry Sackings. *Radical Science*, 5, 9-36.
- Tuana, Nancy (2006). The Speculum of Ignorance: The Women's Health Movement and Epistemologies of Ignorance. *Hypatia*, 21, 3, 1-19.

Tuana, N. (2004). Coming to Understand: Orgasm and the Epistemology of Ignorance. *Hypatia*, 19, 1, 194–232.

Author Biography

Elizabeth Ettorre is an internationally renowned feminist sociologist and scholar in the area of substance use, genetics, reproduction and autoethnography. She is Emerita Professor of Sociology, University of Liverpool; Honorary Professor, Aarhus University and University of Plymouth; and Docent in Sociology, Helsinki and Åbo Akademi University. Besides publishing in a number of international journals, her scholarly work includes: *Health, Culture & Society* (forthcoming); *Autoethnography as Feminist Method*; *Gendering Addiction: The Politics of Drug Treatment in a Neurochemical World* (with Nancy Campbell); *Culture, Bodies and the Sociology of Health*; *Revisioning Women and Drug Use: Gender, Power and the Body*; *Making Lesbians Visible in the Substance Use Field*; *Reproductive Genetics, Gender and the Body*; *Before Birth: Understanding Prenatal Screening*; *Women and Alcohol: From a Private Pleasure to a Public Problem?*; *Society, the Body and Well-Being* (with K. Suolinna and E Lahelma); *Gendered Moods: Psychotropics and Society* (with Elianne Riska); *Women and Substance Use*; *Drug Services in England and the Impact of the Central Funding Initiative* (with Susanne MacGregor, Ross Coomber and Adam Crosier) and *Lesbians, Women and Society*.

Notes

¹ Denzin is referring to experimental writing such as “self-revealing autobiographical accounts” such as autoethnography which does not give one a “license to be careless, silly or imitative” (p. 227).

² There is very little emotion in this work as Perrone (2010) reveals more what happened around her as a researcher and less about how she felt when those events were happening, the latter a crucial practice in autoethnography.

³ See Ettorre (2013; 2017). In both of these prior texts, I used the term “parallel narratives”, a term which was developed in my discussions with a feminist psychoanalytic psychotherapist, group analyst and qualitative researcher. However, subsequent reviewers remained unconvinced of the worth of this term, contending that it did not “sufficiently characterize the comparisons between myself and those of the women drug users with whom I worked.” I thus decided to take a more autoethnographic stance and focus rather on the goal of “storying the I” as empathy (which is not about internalizing the feelings of others). Empathy develops as having a sense of resonance with others.

⁴ See reference to “emotional compassing” (Ettorre, 2017, pp. 16-17)

⁵ I am grateful to Nancy Campbell for discussing these issues with me.

⁶ The convention in autoethnographic work is to use the present tense when telling one’s story. The story is written in italics; the story becomes the data. The main analysis of the story is traditionally set aside for the final discussion.

⁷ Carolyn Ellis (1999:675) defines emotional recall as when the researcher imagines being back in key events emotionally and physically. It is embedded in sociological introspection, a process accomplished in dialogue with the self and represented in the form of narratives (Ellis, 1991).

⁸ See: <https://www.bl.uk/sisterhood/articles/education-and-the-womens-liberation-movement#sthash.6TeCS2CY.dpuf> ; accessed May 5 2017).

⁹ A national study of ATUs (Alcohol Treatment Units) (Robinson and Ettorre, 1980; Ettorre, 1982, 1984, 1985a, 1985b, 1985c); an ATU follow up study (Ettorre, 1988d); DAIGE (Drug

Agency Information Gathering Exercise) A study of London based Drugs Agencies (Ettorre, 1988a, 1988b, 1988c, 1987a, 1987b); A Case Study of TRANX (the first UK voluntary agency for tranquilliser users) (Ettorre, 1986b) and a brief study of the Society for the Study of Addiction (Ettorre, 1985d).

¹⁰ I recollect, “*This was 1978 - Harvey Milk has just been assassinated in the US.*”

¹¹ See Ettorre (1980).

¹² See <https://www.womensaid.org.uk/about-us/history/>; accessed May 3, 2017).

¹³ See Taylor and Raeburn (1995, p. 254).

¹⁴ Founded in 1964, The Blenheim Project has had a significant impact on mainstream drug and alcohol treatment services. In 2014 it celebrated 50 years of “dynamic social action” which has included “campaigning for dignified treatment and sensible policy and struggling to get the finances needed to respond to the needs of local communities, families and individuals”.

See <http://blenheimcdp.org.uk/about/history/> accessed May 3, 2017.

¹⁵ See also Mold and Berridge’s (2010) account of my involvement at THT (p. 108).

¹⁶ At the time, these women referred to themselves as “prostitutes.”

¹⁷ Writing within this context and with a critical gender perspective, Du Rose provides a direct challenge to the silencing of pleasure in official discourses of drug policy “beyond that of the diseased, irrational mind”. She argues, rightly in my view, that “exploring the pleasure, excitement and distinction that dependent female users gain from their involvement in drug cultures does not mean the pain, misery, violence and illness they may endure needs to be obscured.” (See Du Rose’s article in this special issue.)

¹⁸ This unlearning or forgetting, it seems to me, is what feminist autoethnography is written to prevent.