

From Researcher to Practitioner to...?

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## **From Practitioner to Researcher to...?**

As a practitioner who has also become a researcher I have found it difficult to find an authentic voice, a voice that includes both perspectives. Speaking from the perspective of the practitioner issues are particular and specific: I have in mind unique children, unique families and unique incidents. Speaking to students and working with staff, I use stories and examples from practice. Moving into research, I struggled with how to expand the particular while speaking for a particular child.

Several years ago, hoping to extend my own understandings of the practice of Early Childhood Education and Care, I moved into academia and began doctoral research. Believing that perspectives and understandings from the field and my own connections with the field would add valuable insights into my work as a researcher, I joined that discussion. The link between research and practice was not as clear or sturdy as I had anticipated. I had entered another space, a space different from practice, and had difficulty completely entering the world of research.

Negotiating the space between practitioner and researcher raised practical, ethical and philosophical questions. In this process I wanted to find a voice reflecting my understandings as both practitioner and researcher. Not wanting to lose the wisdom that I had gained in my years of working with children, families and staff, I wanted to speak in

order that caregivers would understand. I wanted to bring the authority of the practitioner into the world of research and the curiosity of the researcher into the world of practice.

Like the biblical Martha stuck in the kitchen cooking for the multitudes or the anonymous Pharaoh's daughter (an early foster parent) raising Moses, caregivers work in a social context that does not recognize or celebrate their work. The work of caring for others is barely seen. For some time now feminists have called our attention to this neglect ((Belenky, Bond, & Weinstock, 1997; Calhoun, 1992; Elliot, 2002; Gilligan, 1982; Goldstein, 1997; Grumet, 1988; Ruddick, 1983)). This work of relationship and caring deserves a closer look and articulation. Finding the words to illuminate caring practice is a difficult, even painful, process. Having been neglected for so long the vocabulary of practice is small, often borrowing from other fields. Miller and Stiver (1997) say, "while the words like "nurturing" and the like may convey a part of what it means to participate in this way in relationships with others, our language does not yet contain a word or phrase that captures the fullness of this activity. We call it participating in growth-fostering relationships" (p. 16).

### **Ethical**

An infant and toddler caregiver balances intricate connections of mind, body and spirit as she balances relationships with parents, children, other staff and herself. As a researcher I hoped to interview women who cared deeply about their work. As a practitioner I knew some of the daily tensions these women experienced. As I listened to the stories of infant

and toddler caregivers I found it challenging not only to articulate their practice as they experienced it, but to articulate my own position as researcher.

One way to resolve the role of researcher as “removed” was to remain in a relationship with these women. I was not detached; I had previous relationships with several of the women I interviewed, I had a strong commitment to the practice of Early Childhood Education. I was introducing a new relationship, a relationship to the research questions. I reflected on my perspective as practitioner in light of my perspective as researcher and circled back. Lisa Delpit (1995) says “..learning to be part of the world rather than trying to dominate it--on learning to see rather than merely look, to feel rather than touch, to hear rather than listen: to learn, in short, about the world by being still and opening myself to experiencing it. If I realize that I am an organic part of all that is, and learn to adopt a receptive, connected stance, then I need not take an active, dominant role to understand; the universe will, in essence, include me in understanding” (Delpit, 1995, p. 92).

I asked women who were working with infants in daycare settings how they understood the emotional side of the job. I had also cared for babies; my own stories were part of this process. I had worked side by side with some of the women I was interviewing while others were new to me. I was familiar with the centres in which I was observing. I was not a disinterested researcher.

Whenever we interact with others we have a responsibility to act ethically. Philip Hallie says, (p. 6) “...ethics is nothing more or less than the sporadic human effort to see and to treat all human lives as equally precious” while Levinas (Levinas, 1987) calls it “being-for-the-other.”

To be responsible meant I was answerable; to be answerable I wanted to be appropriately responsive. My difficulty was that each situation and each person required a different answer. Treating the research position as a relationship freed me to use strategies I was familiar with as a caregiver. being attentive and present to the situation and the person. The research stayed alive as I stayed present to the process.

Working with babies had taught me something about being present. With babies I learned to pay attention to the undercurrents of emotion, my own and the baby’s, and to observe what was in front of me. Magda Gerber (1998) says that for babies, ““being who they are” is the curriculum.” (Gerber & Johnson, 1998) We must pay close attention to what is in front of us at that moment. This attentive presence seems to me an important part of working ethically. Because I am responsible for my presence and my responses, if I pay attention I am less liable to make a mistake ---but no guarantees.

My interviews were with people I knew well and others I had just met. With the women I knew well there existed a trust and understanding which Grumet (1988) says comes from “time and space and specificity” (p165). With these women I could easily share stories of the joys and sorrows we had known working with babies and their families. One of them

said to me that she would not tell me these things if she did not trust me. Being aware of this, I struggled with how to establish a feeling of trust quickly. It was not totally possible, but I tried to clear the way inside myself to create a place of safety for the people I interviewed. This means not only being aware of what the woman I am interviewing is saying, but also what I perceive from our interactions, always keeping a sharp eye and ear on myself. What I hoped is if those who have volunteered to speak with me sense my own openness and as little judgment as I can manage, then they will be open to tell me their stories.

During my interviews, I became aware of this issue of safety for participants. I faced my own tendency to jump to judgment during an interview with one of the participating caregivers. She was not as engaged in our interview as I had come to expect. Pretty soon I was not engaged either. My little voice inside was muttering, "why wasn't she interested in me and my questions" and I was beginning to feel sleepy. Fortunately I had another small voice that was curious about why this was happening. The curiosity intrigued me and I wondered what was really going on. I pushed aside the first thoughts, the thoughts leading me to disengage, cleared away my mental obstacles, paid attention, and heard the cue that led me in the right direction. This young woman had recently found out she was pregnant and was thrilled and pleased. At that point few people knew, and of course, it was taking up a great deal of her thinking. She was less involved in the external world, as her internal world was changing and evolving and she was paying attention to that. My judgmental voice had not been useful, but the curious voice was.

During this research process of interviewing and writing, my questions and conversations with this group of women and others have been most useful. The rules are evanescent, changing with the situations and the people. Discussions, hearing other's point of view, keeps my own from becoming too narrow and self-absorbed. The conversations far from offering answers, acknowledge the complexities of life and explore possibilities of a delicate balance.

### **Philosophical**

From my experience with babies, families, staff and students, I have heard many perspectives on what is important and multiple realities of the same situations. Each of these perspectives and realities has informed my understanding. Several years ago at a conference I heard a man tell his story, saying that he believed that you only have the right to tell your own story, but that once all the stories are told we will have the whole story. As this suggests, we are always in the situation of needing to hear just one more story. The whole story is, of course, elusive.

My understanding of practice has grown and changed with the stories I have encountered over the years, through an organic process. Staying responsive to my experience, and open to the possibilities presented to me, I am engaged with the process of practice. Taking this stance into research, I am most comfortable with allowing a process to unfold around my inquiries. By keeping the process organic I hope to maintain verity.

The voices and stories of caregivers from the field have information for those that would listen. Listening closely to those voices and paying attention to the streams and threads underlying them and “observing with a quizzical eye and then searching again-researching” (Barone, 2001, p. 25), we can gain insights into practice. Listening responsively is an attitude for which practitioner and researcher can strive. Reflecting on what is heard and the responses invoked in that hearing can inform both practitioner and researcher.

Listening responsively implies personal involvement. When listening attentively, we listen with our ears, and hear from our own experience. “Impersonal writing often claims a timeless authority: this is so. Personal writing affirms relationship, for it includes these implied warnings: this is what I think at the moment, this is what I remember now, continuing to grow and change. This finally is contingent on being understood and responded.” (Bateson, 1994, p. 76)

Including the voice of the practitioner in the Early Childhood dialogue keeps us conscious of the everyday reality of working with children. This is surely an important touchstone for all researchers.

### **Practical**

One method of bridging the distance between research and practice was to speak of my own stories and then listen to the stories of caregivers. My own stories allowed me to acknowledge my own position as a practitioner and reminded me of my self-imposed

responsibility to caregivers. Within the practice of research, I found researcher and practitioner coming together as I wove the stories of caregivers together with my own stories.

The women I interviewed trusted me, and I felt that trust, and worried that I would not live up to it. I tried to listen with care and with caring, sharing stories of my own in response to their stories. My role as practitioner gave me credibility with my participants and it gave me added understanding of their stories. The women were pleased to be interviewed (or so they said); they are not often asked about their work, work they enjoy doing and enjoy speaking about it. After the process of interviewing, thinking, and writing, I asked the women who took part in my study for feedback. While some caregivers wanted to share further thoughts, all were comfortable with the process and the result.

The role of researcher was less understood by and of less interest to the caregivers. Their focus was their relationships with babies, their families and their co-workers. My focus was the caregivers and their relationship with their practice.

I learned to pay attention to my feelings that could surge to the fore as I listened to a familiar issue in the form of a new story, resonated to issues that caregivers found troublesome, and shared their enthusiasm for incidents of joy. Familiar with emotional issues faced by caregivers, I could empathize with their feelings of sadness at saying good-bye to a baby who had been in their care for a year or more. It was part of the job

and while sad it was important to move on to the next baby. As one caregiver said, “”And then, you know, you may have a new baby the next day and it is like, ‘I don’t want my new baby yet, I want the old one back’. This one you don’t know yet. It’s tough, you’ve got to put them in the old baby’s bed and it is very hard. (Elliot, 2002, p. 145)”

Although part of the work of caring for children, grief is all the more poignant when the children are babies. Each caregiver spoke of their feelings of loss with intensity, they spoke to the issue as soon as I broached it. Familiar with these feelings and these discussions I empathized, but failed to appreciate fully the significance of the role of grief in the practice of caring for babies.

Grief experienced by caregivers as they say ‘good bye’ to children in their care was familiar to me, but it was not until my external examiner commented on it that I realized that it is an issue that needs more examination. The grief of which caregivers spoke may appear small, but these daily small sorrows come of being attached to children and families. Caring for very small children includes becoming attached to them. Saying good-bye to children as they move to another situation means the caregivers experiencing a loss—an anticipated loss—but a loss nevertheless. Caregivers also grieve the circumstances in which some babies live, e.g. the poverty, or the chaotic family situations that the babies live within. Were caregivers to ignore these realities of separation and loss, or deny the reality of the lives of some children, they would be in danger of distancing themselves from the children in their care.

Moving in the space between practitioner and researcher creates a unique understanding of important issues in the Early Childhood Education field. The knowledge and experience of the practitioner can speak to issues important to practice, and research has tools to add a new perspective to those issues.

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