



Working Knowledge

Working Together

Transferable Methodology

by

Life of Breath



'Transferable Methodology'
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Transferable Methodology

What Life of Breath has learned from Hearing the Voice

One of the key research outcomes that we have been committed to in Hearing the Voice is that of generating a transferable methodology that can be applied to other areas of human experience. As a co-investigator in the project, this was my major focus. Before the project started I had begun to think about a possible programme of work that would investigate an experience that was more obviously of the body rather than of the mind. That experience is the everyday one of breathing and breathlessness. What I want to do in this short methodological overview is first reflect on how that new project emerged and took wings as I began to participate in the Hearing the Voice research group, Voice Club; and second, think about what differences and challenges the new project brings and how experience in Voice Club has helped us to anticipate and overcome them [see **Voice Club**].

Generation of a new project in the context of an existing one

The Life of Breath (LoB), now funded by a Wellcome Joint Senior Investigator Award, is a five-year collaboration between researchers and clinicians at the Universities of Durham and Bristol. As topics of research, breathlessness and auditory hallucination may appear to have little in common, but in a methodological sense Hearing the Voice was the anvil on which LoB began to take shape and seem possible. Although they are usually collectively undertaken, interdisciplinary projects often start with a single individual, for whom several ideas and influences can come together, especially if working within a context where such work is encouraged and facilitated.

In my case, LoB resulted from streams of different activities of which I was the confluence. First, there is the motivation for my research work. That derives from my clinical background which has tended to focus on physical symptoms and examination of the body. Second, considering how as medical humanities scholars we might wish to engage clinicians in thinking that takes

the field beyond the 'humanising' of the clinical interaction, I realised the importance of dealing with a symptom that has the body rather than the mind as its focus. Breathlessness in its pathological form is a key symptom of many common and debilitating clinical conditions that challenge health services and are very costly in terms of

“Building an effective interdisciplinary team is crucial to our investigation.”

morbidity, mortality and money. Third, working with medical anthropologists wishing to extend the range of sources through which individual experiences of smoking might be explored, I came across ethnographic work that spoke in a fascinating way about how people understand their breathing. Finally, as someone who was part of the Hearing the Voice team and particularly through my participation in Voice Club, I began to develop know-how and confidence in identifying the conditions that might enable a rather disparate research group to work together effectively.

In very much the same way as Hearing the Voice, the Life of Breath brings together an interdisciplinary group of researchers, including philosophers, literary and cultural scholars, medical anthropologists, medical historians, medical humanities scholars, clinicians and experts by experience, to explore the experience, both normal and pathological, of breathing and breathlessness. As in the case of voice-hearing, the condition of breathlessness is not always accompanied by a clinical diagnosis, but unlike voice-hearing, breathlessness is an everyday experience for everyone, and not an unusual or unexpected one. Breathlessness for many who suffer from it is also associated with stigma and shame, in that it is not infrequently regarded as self-imposed through smoking, obesity or lack of physical exercise. While seeking to dispel this stigma through working with patients and the public, perhaps the major challenge of our project is to **work closely with clinical scientists** to understand better the patho-physiological and neurologi-

cal mechanisms that underlie the experience of breathlessness, so that we can contribute to more effective treatment of this distressing symptom.

Building an effective interdisciplinary team – a group who not only has the separate disciplinary knowledge and methods to explore our chosen phenomenon, but who will also commit to a **collective learning and researching process** – is critical to our investigation and to working towards the project's specific aims. This is where LoB finds it most significant learning from Hearing the Voice.

What have I learned and what does the new project borrow?

What is clear from the experience of Hearing the Voice is that good interdisciplinary work does not happen without **planning and intent**. It is not enough to design a project with a range of disciplinary specialists and hope that they will spontaneously get together. It is important explicitly to plan and fund time, space and opportunity for this to occur.

Participation in the fortnightly Voice Club has taken that insight further for me. It is not even enough just to bring people together; you must **create a safe, supported space** in which discussions can happen and new insights and knowledge emerge. This is where expert facilitation, not just academic chairing, is crucial, and it is why Hearing the Voice from the beginning engaged as an expert creative facilitator the artist Mary Robson [see **The Creative Facilitator**]. Mary is not an academic but trained as a theatre designer. The skills she brings from that context are those of working with a team with different skills and roles who are creating a single unified performance. She therefore focuses on the performative nature of interdisciplinary research in which attention is paid to the means by which people interact, exchange and come together to create new questions and knowledge, rather than exclusively to the outcomes. In the context of Voice Club, Mary acts as a neutral point, not anchored to any disciplinary hegemony and not part of an academic hierarchy. From the outset, Mary has enabled a working space within Voice Club in which senior professors are comfortable learning from postdoctoral fellows, and more junior staff are open to new insights on their detailed knowledge from experts in different disciplines.

The second set of learning points from Voice

Club is that interdisciplinary work takes **time** and **continuity of personnel** and requires **good relationships**. It is important to ensure that project

“*Good interdisciplinary work does not happen without planning and intent.*”

resources and finances support this, and that where possible participation is directly enabled through buy-out or other forms of significant support. Good relationships are assisted by explicitly looking for evidence of collaborative working in the CVs of those interviewed to work on the project, but also (more importantly) by the way the interdisciplinary space is managed and created – Mary again!

And finally, I have learned that, as Hal Foster writes: **'To be interdisciplinary you need to be disciplinary first'**. Good interdisciplinary work depends upon excellent disciplinary scholars whose handle on their own field is deep, but who are open to the possibility of thinking differently about the tenets they hold securely. Not only does this allow scholars to challenge thinking in other disciplines from their own perspectives, but also to go back into their own discipline with new insights that may change ways of thinking that have been accepted as dogma. One unexpected example of this in Hearing the Voice is that of Hilary Powell, a medieval historian, who has re-examined the stories of hallucinatory experiences in saints' lives from the perspective of medieval psychology, and who in the light of discussions in Voice Club has begun to reinterpret how these stories would have been compiled, used and heard.

How is Life of Breath different?

Hearing the Voice gave me the opportunity for considerable learning and through it the confidence that I had some in-depth experience and know-how to face the kinds of challenges that interdisciplinary projects pose. The new project throws up some fresh challenges that my previous experience has enabled me to anticipate.

Our research group is called **Breathing Space**, and it is different from Hearing the Voice in that the respiratory clinicians on our team are bought out of their clinical work in order to be able to

attend regularly. The group also meets less frequently than Voice Club because the new project is situated across two distant geographical sites, Durham and Bristol.

Challenges for the new group and some responses

i. Scattered research group

In view of the importance of developing good relationships and taking time to gel as a group, we set aside time and a budget for two-day meetings every 2–3 months, depending on the stage of the project. This also allows us the opportunity to meet socially and get to know each other. We make good use of Skype and FaceTime to enable individual researchers to communicate more regularly about their research between meetings.

ii. Balancing complex reality against the need for simplicity

Some of the questions we are addressing in Life of Breath seem to be difficult to answer exclusively within the context of clinical medicine and research. Why do measured lung function and experience of breathlessness not correlate? How do we create predictive models of the neuroscience of breathlessness that fully take into account cognitive and emotional mechanisms? We are trying through the initial stages of the project to generate hypotheses about these questions, and we expect that these hypotheses will be many and complex. This has been one of the most valuable benefits of taking the approach of the humanities and social sciences: having the ability and confidence to hold a number of meanings in play at the same time, and to be comfortable with that plurality of explanations of how the world works. But if we want to carry our ideas forward into the labs or MRI scanners of our clinical science colleagues, we have to balance these complex realities against the need for simplicity in designing a trial or scientific test. This new group is taking learning from the Hearing the Voice experimental design hackathon process to try to achieve this balance [see [The Experimental Design Hackathon](#)].

iii. Awareness of the power of 'critical' disciplines

A further, related challenge is that Breathing Space largely comprises scholars who take a critical view on biomedical knowledge and evidence generation, working alongside clinicians. This has the potential to lead to an uncomfortable 'them and us' feeling where the clinicians and health service researchers could feel that they are the targets of criticism. Those working within clinical medicine do not usually think of medicine and

its practices of treatment, measurement and research as culturally bound; it is a challenge to open up this critical distance, and it is also potentially undermining both to clinical certainties and to relationships in the group. We hope to overcome this by good facilitation and respect for each other's disciplinary knowledge and methods, leading to an atmosphere where criticism can be seen as constructive.

iv. Awareness of the power of expert knowledge

By contrast to the last point, expert knowledge held by clinicians can be very alluring in its certainties and has the potential to dominate a group in which others do not deal in such certainties. We are addressing this challenge through expert facilitation which is sensitive to the range of expertise and also approaches to knowledge within the group, and through our emphasis on building respect and good relationships.

v. Achieving our aims

With a mixed disciplinary group, members will wish to achieve different things to take back to their own disciplinary area. An important challenge is to keep everyone's attention on the topic of a Breathing Space session. A task of the facilitator and project leaders is to ensure that the rationale for what we are doing is clearly articulated at the outset so group members feel the time is well spent. The rationale may well be a generic one – for example, bringing group members up to speed with a particular knowledge area – but what is exciting about the process is the potential to observe in others, and experience in ourselves, a series of dawning realisations that we had not considered before about our very familiar subject matter.

Less than six months into the project, it is already clear that LoB requires a different approach in our research group meetings. Whereas Voice Club is exclusively a space for creative research-led exploration and learning, the geographical distance between researchers and the longer time span between meetings make it imperative that Breathing Space meetings also incorporate a degree of research planning and review. These are precious periods of face-to-face time and we need to make use of them in a wider variety of ways than Voice Club has done. The Voice Club model has been very valuable, but I must not be too precious about slavishly following a formula that has worked well in another research context. New projects create their own ways of doing things; the trick is to allow those new ways to emerge organically from the chrysalis of prior experience.

Working Knowledge is a collection of accessible and user-friendly resources dedicated to the practical ins and outs of interdisciplinary research.

Covering everything from managing a research project's social media presence to conducting experimental design 'hackathons', the series is a must-read for anyone considering funding or embarking on interdisciplinary research.

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