

Evaluating Lifeworld as an emancipatory methodology

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Evaluating Lifeworld as an emancipatory methodology

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Abstract

Disability research is conducted within a highly politicised 'hotbed' of competing paradigms and principles. New researchers, who want to work within the social model, are soon faced with complex and challenging methodological and philosophical dilemmas. The social model advocates research agendas that are focused on the emancipation and empowerment of disabled people but, in reality, these are rarely achieved. To be successful researchers need to engage with innovative and creative methodologies and to share their experiences of these within environments that welcome challenge and debate. This paper focuses on Lifeworld and assesses its value as a tool for emancipatory research. Using examples from a study with parents, whose children were in the process of being labelled as having autism, the paper illustrates how the principles that 'underpin' the methodology offered a supportive framework for a novice researcher.

Keywords: lifeworld; emancipatory; disability; parents; methodology; autism

Introduction

This paper focuses on the methodology Lifeworld and appraises its value as a tool for disability research. Lifeworld is first located within methodological paradigms and its essential principles are explicated. The utility of Lifeworld as a means of giving voice to participants' experiences is then assessed and related to the question of whether Lifeworld can be considered to be a helpful framework for researchers working within an emancipatory and empowerment framework. In order to illustrate the application of Lifeworld an example is given from a study that was conducted with three 'sets' of parents whose children were being or had just been labelled as being on the autism spectrum. The identity of 'parent of a disabled child' is problematic within disability studies (Runswick-Cole 2007). However, these parents do experience disabilism as members of a 'disabled family' (Hodge 2006). Therefore, it is argued here that research with parents of disabled children should be conducted in accordance with the principles and practices of the emancipatory agenda.

Lifeworld defined

Lifeworld is an existential phenomenological methodology concerned with human experience and the meanings people attach to what happens to them (Wilson 2002; Ashworth 2003b). As a method of phenomenological study its roots lie in the work of Husserl (Goulding 1999; Wilson 2002; Ashworth 2003b; Bengtsson 2004), who emphasised the individuality of experience. Conceptualising experience in this way

negates the notion of an objective 'reality' (Hammersley 2003). Features of experience, in particular spatial, temporal and causal relations, are seen within Lifeworld as being formed not by the 'things in themselves' but from the 'constitutive activity of the mind' (Hammersley 2003, 757) or, as Ashworth (2003a, 25) termed it, by 'our individual meaning-construction of our situation'. There is no objective 'reality', no fundamental truth, by which participants' accounts can be judged. This does not mean, however, that a researcher only records experience. He/she also seeks to understand why and how phenomena might be experienced in this way and, usually, to position the experience within social and political contexts.

Maintaining the focus on individual experience also means that there is no attempt made to extract essential, universal truths or common theories from the data. No more is claimed of the methodology than an accurate description of a particular lived experience. In Lifeworld the data consists of personal accounts, an evidence base that is considered problematic within disability research. French and Swain (2006) regarded these as essential tools for developing the disability agenda, while Barnes (2001) is critical of this type of study if it does not address disabling barriers. Although Barnes (2001) claimed that the social model has never precluded personal account research, he argued that maintaining a research focus on the individual, rather than structures and systems, might, even if inadvertently, reinforce the personal tragedy theory of disability. He is not critical of narrative type research methodologies in themselves, but he is of 'Those intent on writing about themselves rather than engaging in s inherently disabling' (Barnes 1998, 146).

Williams (1996, 203) also claimed 'how difficult it is to explore the experiences of individuals while remaining alive to the politics of the situation', but his dilemma is removed when working within the phenomenological tradition. Lifeworld does not see the personal and the political as distinct; they are just parts of the lived experience. As all experiences are 'lived' they are, therefore, embodied (Williams 1996). The impact of the political on the personal can be observed through the body, through the physical and emotional responses felt by participants. For instance, in the example study the parents anticipated a diagnostic session as an event that would bring about a negative emotional response: 'we probably feel [it] is going to bring us down again'. Accessing resources had physical consequences; it involved a 'constant battle with the system' and 'that does wear you down'. Dealing with disabling systems was also perceived by the parents as impacting physically on their children, 'it's very exhausting for Ben as well as both of us'. In this way external disabling barriers can even invade and control the body.

For the parents in this study the distinction between impairment and disability was not as clear as some interpretations of the social model might suggest. Autism was seen as more than just a description of the physical body (Oliver 1995 cited in Hughes and Paterson 1997); for these parents the label also describes a different way of being in the world, a style of thinking and experiencing that does not fit easily into the systems and practices of a society set up for neuro-typicals (Goodley 2001). The parents understood their children's impairment and disabling barriers to be relational – the parents wanted their children to maximise their own capabilities so that they might better negotiate the social world but also demanded that structures, systems and the attitudes of others change to meet the children 'half way'. When the child had adapted as far as possible to accommodate the non-disabled world then

the parents expected a similar effort from those without impairment. For these parents the act of their children claiming their place in the world would be a negotiated process with 'give and take' on both sides (Shakespeare 2006b).

Lifeworld, therefore, requires the researcher to identify all the factors involved in making up a particular lived experience, not just those that fit within the researcher's political framework. The researcher must remain open and available to all the factors that might influence the experience. This is the great value of the methodology: it leads participants and researchers on a journey of discovery that can lead to new understandings for all. 'Phenomenology interrogates the "felt world" in which the carnal, the emotional, the cognitive and the cultural are indistinguishable' (Hughes and Paterson 1997, 336). As participants' experiences may be 'felt' and not yet conceptualised (Williams 1996), thinking through with the researcher reasons why events were experienced in particular ways might lead to an enriching and empowering understanding for the participants. That is not to suggest in any way that the researcher might have a greater understanding of a phenomenon than the participants. It is the process of reflection on their own experience that might lead the participants to new understandings. There is a partnership in which the researcher and the participants share their knowledge, experience and understanding in order to come to better know the particular phenomenon.

Lifeworld as an emancipatory and empowering methodology

Research with disabled people has a history of marginalisation of participants in the research process (Moore, Beazley, and Maelzer 1998; Walmsley 2001; Barnes 2003). Sayer (2000, 712) argued that, generally, 'the lifeworld can be a site of domination and misrecognition', and this is certainly the recorded experience of disabled people. Lifeworld as a methodology has been used as a means of identifying such imbalances of power by giving expression to those traditionally without voice, such as disabled people or patients (see, for example, Ashworth and Hagan 1993; Mulderij 1996; Barry et al. 2001). As such, it has the potential to be a useful methodology for emancipatory disability research in the sense of effecting positive social change.

One of the defining characteristics of the emancipatory research agenda is also empowerment of the research participant (Barnes 2003). Although this can happen collectively through enabling positive change for disabled people (Barnes 2001), where possible it should also occur at the personal level, with researchers working within processes that in some way enrich the lives of those taking part (Kitchin 2005). A fundamental principle of Lifeworld is giving value to participants' experiences and the acceptance of these as 'evidence'. A core belief in Rogerian person-centred psychotherapy is that human beings feel valued if their 'stories' are listened to and that they become 'increasingly trustworthy once they feel at a deep level that their subjective experience is both respected and progressively understood' (Thorne 1992, 26). Lifeworld is unquestioning with regard to the 'validity' of accounts, trusting that, as a minimum, 'people will tell stories that they are at least familiar with' (James and Warner 2005, 124). This does not mean that the researcher has a counselling type role – her/his primary job is to collate clear and accurate descriptions of experience.

It is in the participants rehearsing their own stories and through discussion with the researcher about the contexts in which these events occurred that greater understanding might be gained, by both the participants and the researcher. The research process is a continual cycle of listen, feedback, check with the participants that their experience has been 'captured' accurately, amend (if required), feedback, etc. (Kvale 1996; Dahlberg, Drew, and Nystrom 2001), and then reach agreement with the participants about what these experiences might be revealing about the phenomenon. The participants should, therefore, be involved both 'in the construction and validation of meaning' (Baker et al. 2004). As such, there ought to be no surprises for participants within the findings concerning their own experience.

During the interviews that I carried out for the example study the parents reported that in their interactions with some professionals and the educational system they often felt powerless and silenced, afraid to protest about what was happening to them and their children in case they suffered oppressive repercussions:

I just feel like you're talking until you're blue in the face ... [I] was completely discredited ... you're just a parent, in denial ... you really are disempowered ... [professionals have] many ways of making your life very difficult, as difficult as possible.

It is hoped that the enabling of the parents to make heard and understood their experiences through the research was, and will be, beneficial to them. Certainly, the parents reported positively on the process. However, those researching lived experience also need to be aware of the potential for the process to disturb and unsettle the participants, as studies are likely to focus on emotionally sensitive areas of experience. The parents in this study, for example, revisited events that triggered painful memories, some of which they may have preferred not to recall. It cannot always be assumed that the telling of stories will, by itself, necessarily be a therapeutic or empowering process.

Negotiating the political

The social model of disability and the emancipatory framework only give value to research that supports and develops the agenda of the disabled people's movement (Barnes 2003). By doing so, Shakespeare (2006a) argued, the social model rejects certain research agenda, such as 'impairment effects' (Thomas 2004), because they do not fit its political objectives. Barnes (2001) resisted such claims, arguing that studies that engage with impairment effects can be carried out within the philosophy of the social model so long as the focus remains on the identification of disabling barriers, on structures and systems rather than the individual. It is the externally imposed restrictions on the lives of disabled people that concern the social model (Thomas 2002). The politicised agenda of the social model appears at first to be in conflict with the principles of existential phenomenology. The social model presupposes a reality, a world where some are disabled through the actions and attitudes of others and not by impairment (Union of the Physically Impaired Against Segregation 1976). Lifeworld, although aware of these possibilities, always remains open to the total experience of the individual and his or her understanding of it. Working within the framework of the social model subjects researchers to a measure

of control; challenge the social model at your peril (Shakespeare 2006a). However, in any study researchers are always required to negotiate complex ethical and political issues and they generally aim to work within the principles of providing 'valid' and 'reliable' evidence (Cohen and Manion 1994), even if the findings might conflict with the researcher's personal position. Bury (1996) claimed that 'the independence of research has long been guarded by researchers, and others, including the disabled' (36). Foster, Gomm, and Hammersley (2000) continued with this theme of 'neutrality' by arguing that methodologies should not reflect the value judgements of the researcher. They see the role of the researcher as the recorder of experience, claiming that it is for others to make value judgements. The researcher should not assume a position of greater authority than the participants and nor, I would argue, should they reconstitute participants' experiences as something different in order to make them fit the researcher's personal agenda.

This idea of the independent, non-political researcher was rebuked by Barnes (1996). His call for researchers to either side with the oppressed or the oppressor makes overt the political context in which they are being compelled, or at least urged, to operate. Indeed, the partisan researcher is a fundamental requirement of emancipatory research (Mercer 2002). Baker et al. (2004, 169) argued that the 'purpose of academic discourse is not only to describe and explain the world but also to change it'. This aim is made explicit within emancipatory disability research:

The rationale of the emancipatory disability research paradigm is the production of research that has some meaningful practical outcome for disabled people. (Barnes 2003, 12)

The question arises, therefore, as to whether some researchers might find themselves compromised into promoting evidence that supports the principles of the social model while minimising data that might challenge its assumptions. For example, researchers may feel pressurised into suppressing findings if some participants identify impairment as being a disabling factor for them. Researchers might also feel expected to produce research that will promote the positive aspects of living with impairment by emphasising findings that focus on the achievement of disabled people rather than limitations (Swain and French 2000). Such findings might well result from Lifeworld research, but the principles of this methodology could only support such evidence if it describes the phenomenon as it was actually experienced by the participants. In Lifeworld any political agenda would need to be 'bracketed' before and during the research process (Kvale 1996; Wilson 2002; Ashworth 2003a).

Bracketing

This notion of bracketing within existential phenomenology can help 'steer a path' for researchers through the complexity of disability research. Existential phenomenology requires that the researcher, in order to identify the lifeworlds of others, must first suspend or 'bracket' any notion of reality in order to focus upon elucidating the conscious experience of the research participant (Harvey, MacDonald, and Hill 2000; Ashworth 2003a). This involves setting aside, as far as is possible, current theory about the issue being studied and being able to consider the views of the

research participant outside of the influence of the researcher's personal philosophy, political position and perspective on the issue (Ashworth 2003a):

it is the interviewee's experience that is sought, not the experience of the researcher, nor the accumulated knowledge of scholarship. (Ashworth 2006, 13)

Once the experience is recorded then the researcher can position this within the personal and political, although just to suggest why events might have been experienced in a certain way, not to question the 'validity' of that experience.

Williams (1996, 209) admired Zola as a researcher for his 'willingness to be pluralistic without losing sight of the need to take a position on issues of moral and political importance' and he claimed that the phenomenological tradition allows both a focus on the personal and the political. However, the researcher's role will remain as recorder of the participants' lived experience rather than promulgating his/her own political position. Baker et al. (2004) warned that researchers often become 'parasite people' (Hunt 1981), building academic careers on the backs of those that they write about: 'they take away your voice by speaking about you and for you' (Baker et al. 2004, 174). Lifeworld enables researchers to avoid this, to some extent, by keeping the focus on a description of experience – the lived experience always remains that of the participant. The challenge for researchers is in being able to discuss these experiences within the wider context without losing the personal relationship between the participant and his/her own story.

Lifeworld in practice

The number of children being diagnosed with autism spectrum disorders (ASDs) appears to have increased dramatically over recent years (Fombonne 2003). One potential explanation for this is that understanding of the syndrome has developed, thereby enabling greater recognition and diagnosis (Medical Research Council 2001; Charman 2002; Fombonne 2003). Easier access to diagnosis, something parents have traditionally had to 'fight' service providers to obtain, is almost unanimously welcomed by autism focused literature, as is the development of systems of early intervention (see, for example, Robins, Fein, and Barton 2001; Charman and Baird 2002; Butter, Wynn, and Mulick 2003). It is argued within the literature that prompt diagnosis and intervention is essential for parents whose children are behaving in ways that are causing considerable stress and concern to them and who are seeking explanations and support (Wing 1996).

However, Charman and Baird (2002), while reviewing the literature on the characteristic features of ASD in pre-school children, warned that earlier and broader diagnosis brings new challenges to diagnostic services. One of these must be evaluating the impact on children and parents when professionals attribute the label ASD to those who until recently might have been thought of as eccentric, slightly odd and unusual or loners, rather than 'impaired'. children who demonstrate intellectual ability within the expected developmental pattern for a child of that age but whose communication and social skills are noticeably different to children without ASDs.

As a previous teacher of children with autism and now Senior Lecturer in Autism within a university I have been involved with numerous families where parents have reported being frustrated at the lack of recognition by professionals of their children's autism and the reluctance or refusal to diagnose. Like many professionals working in the field of autism I had argued for and welcomed the government's commitment to early identification (Department for Education and Skills 2003; Department for Education and Skills and Department of Health 2003). I believed strongly in the maxim that early diagnosis leads to better informed parents and educators, which then results in a better prognosis for the child's development (Wing, 1996; Department for Education and Skills and Department of Health 2003). It puzzled me, therefore, to encounter in more recent years some parents who appeared to be resisting the diagnosis of their child as having an ASD. Access to early diagnosis appeared to be experienced by these parents as presenting a threat to the harmony of their family and the development of their child, rather than as a source of comfort and relief.

Using Lifeworld as a methodology

The enquiry referred to in this paper set out to identify, understand and evaluate the implications for professional practice of the experiences of three 'sets' of parents where professionals had recently raised the question of ASD in relation to the children. The parents were people whom I happened to meet while they were engaging or had recently engaged with the diagnostic process, who appeared to be resisting the label of autism and who thought that they might find the research process a useful vehicle for reflecting on their experiences with someone who had knowledge of autism.

Autism-specific literature suggests that parents will be concerned with issues such as fighting to obtain a diagnosis, feeling rejected by the child, alarm at inexplicable behaviour and criticism from others in the community for the way parents manage their children's behaviour (Wing 1996; Howlin 1998; Randall and Parker, 1999). The literature promotes the idea that professional intervention is always necessary and helpful in relation to autism (Jordan and Powell 1995; Howlin 1998; Szatmari 2004):

It almost seems to go without saying that children with autism need early and intensive intervention. It has been so frequently stated that, for many who work with young children with developmental disabilities, it is almost a mantra (Siegel 2003, 34).

These were the assumptions, the type of experiences that I expected the participants to identify, that I brought with me to the research. However, in order to remain available to new perspectives I 'bracketed' these, as far as possible. Regular interviews were conducted with the parents over the period of a year. These focused around the different fractions of the lifeworld as identified by Ashworth (2003a).

The fractions

Peter Ashworth (2003a) argued that although the way that we experience them will be unique for each of us, certain aspects of being alive will be shared by all – they are the parts of the lifeworld, not bounded within themselves but experienced fluidly with each aspect influencing and being influenced by the other. Ashworth termed these aspects ‘fractions’, to emphasise that they are not separate dimensions but that they are interconnected parts of a whole. He identified them as: selfhood (social identity); sociality (relationships with others); embodiment (physical and emotional (feeling)); temporality (sense of time); spatiality (the spaces occupied); project (activities); discourse (use of language). Since this study was completed Ashworth (2006) has also added ‘Mood as atmosphere’ (the ‘feeling tone’ of any situation).

For each interview I would take a fraction as the focus for discussion, exploring with the parents what impact the diagnostic process had on this aspect of their lives. To illustrate, for ‘project’ the parents identified that engaging with the diagnostic process had brought about significant changes to what they saw as activities that were central to their lives. One mother had not gone back to work, for example, as she now felt that this time should be spent with her child: ‘My personal life plan was put a little on the back burners’.

Another mother who had not intended to work before the diagnosis now wanted a distraction, something to take her mind off the intense focus on her child’s development:

Actually I’m thinking I don’t want to sit at home and just think about the children. I think about Ben (pseudonym) during the day. I will go to the job centre. I just want to get off my thinking about Ben.

Three parents had become very involved with researching autism while the others did not want to engage with the literature or to consider autism as a concept:

[I] wouldn’t have met those people if all this hadn’t have happened. I’m quite happy to sit together with an autistic child’s parents and talk to them and listen to them.

I didn’t watch that programme on autism in case it upset me. I don’t want to read any book [on autism], those kind of things [negative behaviours] will be there in the literature.

Some parents became much more involved with their child’s school life while others kept away from the school, worried that they might hear negative reports about their child:

I never asked the class teacher how he is. I don’t want to hear what she is going to say. If I ask her, I get all the complaints about Ben and I don’t want to hear it.

Although the study highlighted very individual responses to the diagnostic process, disabling attitudes and practices were clearly identified. The factors referred to by the parents as sources of stress and disruption for the family were not issues resulting

from their children's 'impairments', but the restrictions imposed by those professionals who were charged with supporting parents through the process of diagnosis and involved with the education of their children:

All that politics stuff, that's more of a stress in managing than parenting ... parenting's a doddle by comparison. It's always stuff to do with the school and what's happening there with him ... that attacks me.

Contrary to professionals' assertions that parents were 'in denial' if they did not highlight their child's limitations, the parents felt that they had accepted the nature of their children's difficulties. However, they chose above all to celebrate the positives of their children's development rather than miss the pleasure of watching them develop through the early years. They felt that the diagnostic process had the effect of replacing the enjoyment of parenting with anxiety, because parents were being 'retrained' by the process to see the development of their children as 'deviant':

We didn't want to detract [from the enjoyment of him] by focusing on the negative.

I was quite pleased with how he's doing. Now [after diagnosis] I'm thinking is he doing well or is he just giving the impression of doing well? I have been very tough on him [after autism was mentioned]. We changed when we accepted their expert [advice]

These understandings of professional intervention were very different to those that I had expected. As a researcher I found that the methodological discipline of bracketing, of focusing on the participants' perception of the experience rather than relying on my assumptions and 'professional expertise', enabled me to achieve a greater degree of responsiveness to what for me were new and 'challenging' insights into how the diagnostic process might be experienced.

The value of Lifeworld

Lifeworld's focus on experience is not particular to that methodology. Clearly, personal accounts have also been collated and analysed through other methodologies, such as narrative research, discourse analysis and grounded theory. However, the fractions proposed within Lifeworld, but not utilised within other methodologies (although they could be), offer researchers a really useful framework in which to 'capture' experience. They remind researchers of the breadth of impact of any experience upon the individual and can guide the researcher through the analysis, as well as the collection of data. Goulding (1999, 7) described the process of analysing data within the phenomenological tradition as a system of 'scrutinising the text for narrative structures or meaning "units" which describe the central aspects of the experience'. In this research project 19 interviews of at least one hour duration were carried out, which provided more than 250,000 words for transcription. I then examined each statement within an interview to see if it offered an essence of the experience. Related essences were then grouped together until each fraction of the lifeworld was as fully described as possible.

Lifeworld is just another tool for researchers. Like all methodologies it only provides a guiding framework of principles and practices, an aide memoire to support researchers with thinking through all the potential pitfalls and benefits of the style of study selected. Lifeworld does not provide an answer for all the issues that challenge the emancipatory researcher, such as external pressures from funding bodies, the time required to make research a fully inclusive practice from conception to dissemination, creative ways of accessing the experiences of the differently articulated or enabling the findings to make an impact on policy and practice (Mercer 2002).

Conclusion

It is clear from the above discussion that in order for researchers to be working within an emancipatory disability research framework they need to:

carry out studies that will effect positive change for disabled people;

focus research on the removal of disabling systems and structures;

be in partnership with disabled people from the conception of the research focus through to dissemination of the findings;

be transparent about what benefits the researcher stands to gain from the process in comparison with disabled co-researchers/participants;

enable disabled people to retain ownership of their experiences.

Assessing the study discussed here by these criteria I find it sadly lacking in terms of its emancipatory value. Kitchin (2005) acknowledged that researchers can set out with emancipatory and empowerment intentions but then 'fall short', thwarted by the complexity of collaborative working. For many of us emancipatory and empowerment research is a goal we are striving for, a framework that informs what we do, rather than a practice we have mastered. For me this study was my initiation into disability research and reflects a somewhat fumbling engagement with the principles of emancipatory and empowerment research. Some of it I got right, something I would credit to the respect and value that Lifeworld accords to the participants, and other aspects I would definitely change for the future.

I did set out with an overt 'political' aim: to effect change within professional practice so that diagnostic processes take account of the parent perspective. More by accident than design this was negotiated with the parents at the start of the study, as we agreed to identify what aspects of professional practice were not working for them and to think through how these might be changed. Kitchin (2005) noted the importance to disabled people that any research in which they take part makes a discernible difference, that positive change takes place as a result and that participants are made aware of when this has happened. So far this research has resulted in a published paper that the 'offending' professionals are unlikely to read and some conference presentations outside the locality of the research. My task now, therefore, is to be more active in making this work have an impact on service

provision and to plan how to do this with those parents who want or are able to take part in disseminating the findings of the study.

Using Lifeworld as a methodology is supportive to disability researchers because:

the focus is always on the participants' understanding of their experience – they are recognised and valued as being the experts on their own lives;

the researcher must 'bracket' his or her own understanding of the experience – this is a constant reminder to the researcher of the primary status of the participants;

any discussion of the findings only seeks to understand why events might have been experienced in particular ways – no challenge is made to the validity of the experience;

the fractions encourage researchers to identify the impact of the experience on every aspect of the lifeworld, rather than on only those parts that fit with any predetermined agenda.

In this study the descriptive accounts of the parents' experiences identified gaps between how professionals intended services to be received and the actuality of that experience. I then placed my understanding of the sense that the parents made of these experiences within a theoretical context, adopting a social model perspective in order to identify the disabling systems and structures that influenced the experience.

I would argue, therefore, that Lifeworld is a supportive methodology for those who undertake disability research. Its well-defined principles of maintaining the focus only on the 'voice' of the participant and insistence on the bracketing of assumptions by the researcher go some way to protecting the role of those taking part from being minimised. Even where researchers may select the initial focus of research, the participants contribute to the agenda through identifying those aspects of the experience that are significant to them. Participants should also be enabled, if they so wish, to input into the dissemination process. For those in situations where they feel disempowered, acceptance and promotion of their accounts of the experience can enhance the wellbeing of the participants. The process of reflection can lead to a greater personal understanding, although it may also involve visiting areas that are emotionally vulnerable.

Employing Lifeworld as a methodology requires a continual checking with the participants, throughout the process, that their experience has been understood and is thereby being represented correctly. Lifeworld's fractions provide a comprehensive framework for interviews and analysis. The process of bracketing should be made explicit within the report by the researcher identifying the assumptions that she/he had before collecting the data and describing her/his evolving position:

researchers must make their standpoint clear at the outset. This means stating clearly their ontological and epistemological positions and ensuring that the choice of research methodology and data collection strategies are logical, rigorous and open to scrutiny ... (Barnes 2003, 11–12).

Although presenting only descriptive accounts can seem limiting, this does not prevent researchers from theorising as to why events might have been experienced in that way. However, the role of the discussion is only to support an understanding of why the phenomenon was experienced in a particular way – it must not call into question the participants' account of that experience. The data describes and explains the world, but the researcher can then use this account to enable social change. Thomas (2002, 53) argued that there is a 'need to recognise and deal conceptually with "difference" among disabled people'. Lifeworld, because it provides detailed descriptions of individual experience, is well placed to enable the richness of the diversity within the disabled community to be fully explored. In relation to the example study, while focused on the individual the methodology still revealed a number of disabling barriers and effectively countered professional assumptions that the problem lay with the parents rather than their own practices. In the end, however, it is not the methodology that secures emancipatory research so much as the commitment of the researcher, funders and research organisations to the principles of the social model, to the empowerment of disabled people and the removal of disabling barriers. To date very few studies exist that demonstrate total commitment to emancipatory practice (Mercer 2002). However, many researchers are now trying to negotiate the emancipatory agenda and for these Lifeworld might well provide a useful and effective framework.

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