

**Reimagining reflexivity through a critical theoretical framework:
Autoethnographic narratives on becoming a (de)colonised researcher**

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Abstract

The theory and practice of reflexivity need to be reimagined. In the increasingly globalised world of medical education research, critical perspectives and methodologies for honest, powerful, and just reflexivity are needed. Autoethnography offers a compelling methodological approach to reflexivity, for it interrogates self and interpersonal interactions within socio-cultural contexts through retrospective autobiographical storytelling. Southern theory, decoloniality, and intersectionality together framed critical reflections on power inequalities at personal, contextual, and epistemological levels, throughout the qualitative research process. Reflective questions informed by these theories are included to practically guide individuals in their reflexivity. We are collectively responsible for epistemically- and socially-just research, which means the disruption of normative and hegemonic (i.e., White, Western, Eurocentric, and colonial) research and reflexivity practices; and the development of ethical research that does not reproduce inequalities but welcomes and amplifies other ways of knowing, doing and being.

Keywords: autoethnography, decoloniality, intersectionality, methodology, reflexivity, southern theory

Introduction

The theory and practice of reflexivity need to be reimagined. It is ironic that while engaging in reflexivity, researchers often fail to actually critically reflect on themselves and their contexts in meaningful ways. What does it mean to be White and do medical education research (MER) in an increasingly globalized world? As medicine comes to reckon with its colonial legacy, and issues of diversity, equity, and inclusion come to the fore, we need to explore how researchers can critically and ethically practice reflexivity. Taking the stance of a storyteller, I will use autoethnography to share my narratives of around being and becoming critically reflexive during my doctoral journey.



It is naïve to assume that knowledge production is neutral and research value- and assumption-free. Autoethnographers recognise the multitude of ways personal experiences influence the research process (Ellis, et al., 2011). This is why the methodology of autoethnography offers a relevant approach to reflexivity: it considers the self within socio-cultural contexts through autobiographical storytelling (Adams, et al., 2017; Ellis et al., 2011; Smith, 2017; Trahar, 2009). Autoethnography may be defined as a highly-personalised qualitative research methodology that uses autobiographical storytelling to understand lived experiences and interactions with others in socio-cultural contexts (Adams, et al., 2017; Smith, 2017). In turn, reflexivity may be defined as an ongoing practice of critical self-reflection of researcher positionality throughout the research process to acknowledge and mitigate potential researcher-effects (e.g., biases, assumptions, values) on the research project. Both autoethnography and reflexivity seek to richly describe and systematically analyse lived experiences in socially conscious ways.

Autoethnographic narratives may be done individually or collaboratively, take different forms (e.g., written stories, interviews, audio/visual recordings), and consist of thick and rich descriptions of personal past experiences (thoughts, feelings, observations) (Ellis, et al., 2011). These narratives, usually retrospectively and selectively written, in consultation with in-the-moment artefacts (journal entries, field notes, recorded conversations) and relevant related materials (news articles, blogs, videos, photographs from the same time) to assist with recall, can include everyday experiences, yet usually focus on deviations or exceptions to the norm. These may be emotional encounters, cultural clashes, belief confrontations, times of crisis and epiphanies – as these are more often remembered as significant and transformative moments (Ellis, et al., 2011).

My personal narratives, written in hindsight, alongside revisiting my research journal and interview field notes, demonstrate how one can be and become critically-reflexive. In order to understand my identity, power and context, a theoretical framework informed by Southern theory, decoloniality and intersectionality was developed (see Figure 1 for an overview).

A critical theoretical framework for reflexivity: drawing on Southern theory, decoloniality and intersectionality to understand power in knowledge production

Recently there have been calls to disrupt the harmful legacy of MER, including using critical theories to interrogate the role of the researcher in the research process (Wyatt, 2022). Three critical theories were drawn upon to construct a theoretical framework for thinking about and practicing reflexivity: Southern theory, decoloniality and intersectionality (see Figure 1). While these theories share related dimensions, such as viewing knowledge production through a lens of power, discrimination, and ‘othering’ of those different to the ‘norm’, and pursuing emancipation and empowerment of the oppressed; they also possess particular nuances that emphasise different aspects of power and oppression. Taken together, this theoretical framework enables critical reflexive interrogation of oneself within larger systems and structures of power in which MER takes place.

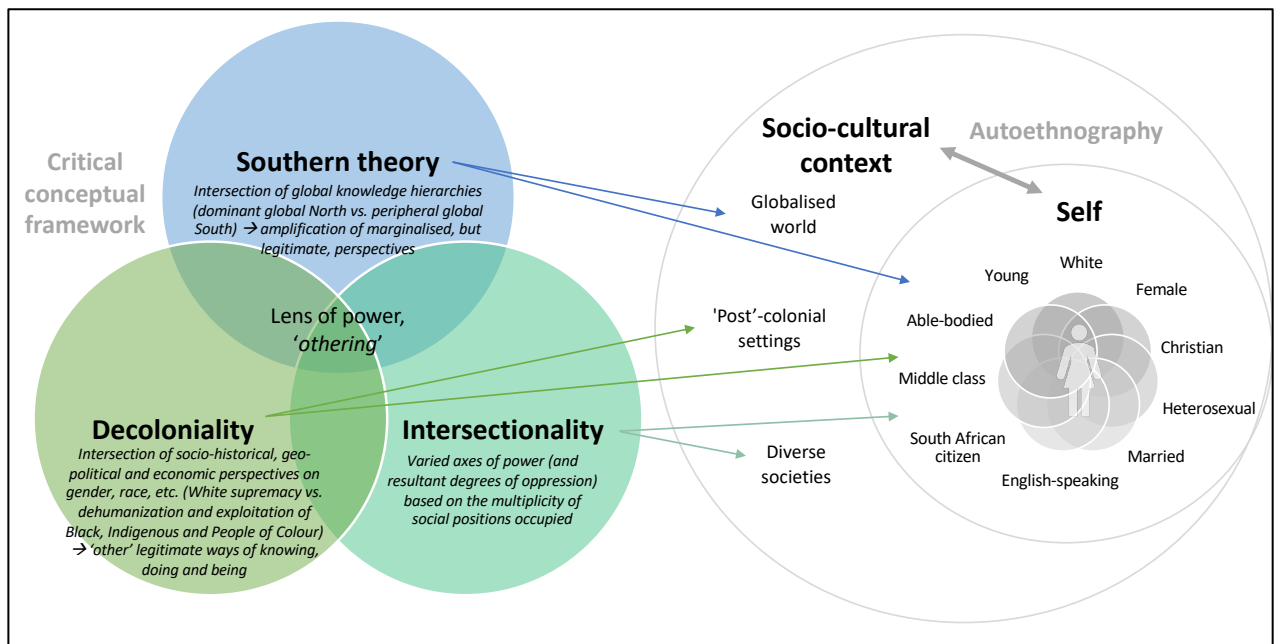


Figure 1: A theoretical framework for critical reflexivity

Using overlapping dimensions from Southern theory, decoloniality and intersectionality, identity and power can be interrogated; for instance, examining who a researcher is in globalised, 'post' -colonial, and diverse socio-cultural contexts. Southern theory views knowledge production through a lens of global power hierarchies; knowledge from the global North as dominant (the 'norm' and 'centre') and knowledge from the global South as peripheral (the 'other'). Southern theory seeks to re-centre knowledge production with Southerners as legitimate knowledge producers (Connell, 2014). Decoloniality sees (continued) human oppression as a result of (persistent) coloniality (Euro-centric ideologies of supremacy) that defined knowledge production, relationships, culture, labour, etc. Decoloniality seeks to resist, disrupt, and deconstruct coloniality; reclaim and re-centre 'other' (Black, Indigenous), but legitimate, ways of knowing, doing and being (Maldonado-Torres, 2016; Naidu, 2021a). Intersectionality understands human discrimination and oppression ('othering') as a result of multiple, interacting and changing social positions and identities occupied (e.g., race, gender, sexual orientation, class, nationality, citizen or migrant status, language, culture, employment status, occupation, etc.) that facilitate or constrain social relations, leading to resultant power inequalities (privileged vs. disadvantaged) (Crenshaw, 1989; Monrouxe, 2015). Examples of socio-cultural context and identity dimensions taken from my doctoral study.

Medicine is a colonial artefact, in that modern medicine emerged from Western knowledge structures that were rooted in colonialism and coloniality (Naidu, 2021a). Likewise, dominant theories and methodologies used in MER may be described as White, Western, Eurocentric or 'colonial' (Paton, et al., 2020). This hegemony is reflected in the dominance of MER publications from the global North (Maggio, et al., 2022). In the global South however, we are deeply aware that we cannot simply transpose the (assumed) 'universal truths' of the global North to our vastly different contexts (Bleakley, et al., 2008; Naidu & Kumagai, 2016). Importing

from the global North has been called a 'new wave of imperialism' or neocolonialism (Bleakley, et al., 2008: 266).

Southern theory highlights the fact that knowledge construction is stratified along global hierarchies: the unequal North-South economy of knowledge is structured according to the history of colonialism (Connell, 2014). Southern theory seeks to foreground social thought from societies of the peripheral global South, in contrast to the hegemonic centre of the global North (Connell, 2014). It is not just that indigenous knowledges may not be valued by the global North, but can be suppressed, hidden or misappropriated (Naidu, 2021b).

Southern theory emphasizes the *diversity* of ideas *from* the periphery *by* the periphery (Connell, 2014). It is important that the data is not mined from the global South and exported to Northern databanks and journals; research *on* the South should be done *for* the South by those *in* the South. Adopting a Southern theory perspective contributes to decolonial research as it levels the "Northern tilt" through "Southern exposure" (Naidu, 2021b).

We need to challenge the colonial gaze (Bleakley, et al., 2008). Decoloniality seeks to oppose the coloniality of power, knowledge and being; with coloniality referring to the ongoing and present realities and lived experiences as a result of colonisation (i.e., racism and White supremacy, sexism, patriarchy, capitalism, etc.) (Maldonado-Torres, 2007). To illustrate, 'What the Europeans did was to deprive Africans of legitimacy and recognition in the global cultural order dominated by European patterns. The former was confined to the category of the "exotic" ' (Quijano, 2007: 170). Today, we still see an 'exotic-othering' of cultural diversity in medical education (Zanting, et al., 2020).

Reproducing coloniality has been termed epistemic violence and injustice (Heleta, 2016; Paton, et al., 2020). In the complex Southern milieu I find myself in, in order to be an ethical researcher, I need to be decolonial; seeking equity, social and epistemic justice – or else I risk doing harm through perpetuating oppression (Paton, et al., 2020; Wyatt, 2022). Critically reflecting on my positionality within colonial power matrices, making the invisible visible through reflexivity, is thus part of decolonial research (Maldonado-Torres, 2007; Naidu, 2021a, 2021b; Wong, et al., 2021). This critical consciousness disrupts comfort and reflexivity may be described as *discomfort* (Pillow, 2003). Autoethnography too is a decolonial methodology (Augustus, 2022; Kelley, 2021; Pham & Gothberg, 2020; Van Katwyk & Guzik, 2022) for it intentionally contrasts 'other' ways of researching in comparison to mainstream White, masculine, hetero-sexual, middle- and upper-class, Christian and able-bodied perspectives (Ellis, et al., 2011).

Intersectionality (Crenshaw, 1989) views individuals as multidimensional and complex, occupying a number of different and nuanced social positions (Bauer, 2014; Hancock, 2007; Hankivsky, 2014). These social positions are not static, they may change over time and space, nor do they exist in isolation; rather, they occur in, and dynamically interact with, interdependent systems and structures of power (Hancock, 2007; Hankivsky, 2014). This means that individuals' lived experiences are shaped by the combination of intersections of these social positions, structures and systems, and therefore experience different privileges and oppressions as a result (Hancock, 2007; Hankivsky, 2014). Southern theory and decoloniality both view oppression as

intersectional, and more specifically uncover the roots of these power inequalities and hierarchies as coloniality (Naidu, 2021a). In other words, in considering intersectionality from a decolonial perspective, we need to acknowledge that elements of identity are not ahistorical or fixed, but colonial-constructs (e.g., ‘White’ and ‘Black’); and, that oppression occurs beyond the level of the individual to that of communities and institutions (Hira, 2020).

Intersectionality is an illuminative framework for reflexivity because it reveals the multiple and dynamic combination of positions individuals (researcher and participants) may occupy, and the resultant power they may possess (or lack). Autoethnography understands that our varied assumptions can stem from differences in race, gender, sexuality, age, ability, class, education, religion (Ellis, et al., 2011); yet intersectionality views these differences in a compound manner. We cannot be one-dimensional in our reflexivity (Verdonk & Abma, 2013). Not having to reflect on my ‘Whiteness’ reveals an underlying assumption (of colonial norms) and privilege – one that reflexivity disrupts (Verdonk, 2015).

Using autoethnographic narratives to illustrate critical reflexive practice throughout the research process

‘How do we study others without studying ourselves?’ (Koch & Harrington, 1998: 883)

Much like autoethnography, reflexivity examines self in relation to their research. This self-examination is ongoing and takes place throughout the research process; from research conceptualization through to reporting findings (Ramani, et al., 2018). Researchers are asked to critically reflect on their beliefs, values, assumptions, biases, prejudices, etc. and how these may influence their research thinking, practices and outputs (Ramani, et al., 2018). The goal of reflexivity is not to achieve neutrality or objective detachment, rather, it is about being critically-conscious of who you are as a researcher and how that may (will) impact on your research study, from start to finish – and beyond. Reflexivity is not a problem but an opportunity for not just *rigorous*, but *ethical* qualitative research (Darawsheh, 2014; Finlay, 2002; Guillemín & Gillam, 2004; Jootun, et al., 2009; Koch & Harrington, 1998; Korstjens & Moser, 2018; Pillow, 2003).

Reflexivity should be practiced at two (overlapping) levels, the personal and the epistemological (Ramani, et al., 2018). Personal reflexivity centres on the individual; whereas epistemological reflexivity reflects on knowledge generation (Ramani, et al., 2018). While the presented theoretical framework as a whole has relevant aspects for critical reflexive interrogation, Southern theory is a particularly useful lens at an epistemological-level, decoloniality at epistemological- and personal-levels, and intersectionality at a personal-level (see Table 1 for critical questions for researchers for reflexive thinking and practices informed by each theory).

Table 1: Guide questions for researchers on how to practice critical reflexivity (table adapted from Ramani, et al. (2018)).

Stage	Personal reflexivity	Epistemological reflexivity
Research conceptualization	<ul style="list-style-type: none"> • Why this research idea? What do I want to achieve with this research study? What is my underlying motivation for undertaking this specific research project? • What do I know about this research phenomenon? What has been my experience of it? What have been the experiences of others? What assumptions and biases might I (and others) have? What makes me (and others) feel uncomfortable about investigating this phenomenon, and why? Am I an insider or outsider? 	<ul style="list-style-type: none"> • What research paradigm am I operating within? Why have I chosen it? What are its assumptions? • What theories, concepts and methodologies am I drawing on in this study and why? Where do they originate? Are they diverse and inclusive or might they reproduce hegemonic or harmful 'norms'? Are there alternative perspectives I could draw on instead? Who am I citing and validating? Who am I ignoring? Who do I think is the 'authority' in this matter, and why? • What critical epistemological gap is my research project filling? • Where am I, my research phenomenon and my institution situated within the global knowledge economy? • Who are the members of my research team? Are they diverse, or are they homogenous and 'normative'? Do I need to include representative and active collaborators (participatory > tokenism) to enable a more diverse and critical research project?
Sampling strategy	<ul style="list-style-type: none"> • Who am I inviting to partake in my study? Why? What prejudices might I hold about the sampled population, their social positions and contexts? Who may I have un/intentionally left out? Have I used my position of (relative) power to pressure or coerce potential participants to participate? How might participants be protected and empowered vs. exploited or misappropriated? Are participants insiders or outsiders? What are shared, and differing, beliefs, values and experiences? 	<ul style="list-style-type: none"> • Are alternative populations explored? Are multiple, even contradicting, experiences and (indigenous) knowledges invited and included?

	<ul style="list-style-type: none"> • Are the cases sampled typical or extreme, critical and maximally-diverse? How have I defined 'typical' or 'extreme' ? 	
Data collection	<p>Data collection preparation:</p> <ul style="list-style-type: none"> • Am I guilty of one-dimensional stereotyping of participants based on my perceptions and prejudices of their identities and contexts? • What power might I possess? What power might my participants possess? How might I mitigate their impact on the data collection processes? • How might I enable participation (i.e., provide equitable access)? <p>Data collection techniques and questions:</p> <ul style="list-style-type: none"> • Are my inquires open-ended? • Have I excluded certain topics or specific questions because of personal beliefs or assumptions? • Does the data collection space dis/advantage the participant or do they feel comfortable? <p>Data collection:</p> <ul style="list-style-type: none"> • Have I created a neutral or safe space? Am I being culturally-humble, sensitive and respectful? How would I describe the quality of my relationship or my interactions with my participants? • What thoughts, feelings and observations have I captured in my field notes? Why these? What were my responses to uncomfortable moments? What should I do differently next time? 	<ul style="list-style-type: none"> • Are participants equal partners in data collection processes? • Are the data collection tools I am using empowering or discriminating against my participants? • Are multiple and 'other' perspectives contributing to the final data set and informing interpretations?
Data analysis and interpretation	<ul style="list-style-type: none"> • Have I kept an audit trail (with honest detailing) of my data analysis and interpretation processes (e.g., analysis descriptions; explanations in a research journal; methodological log of research decisions)? • How are others' experiences different to mine? Have I been active in avoiding confirmation bias by looking for divergent views or negative cases? 	<ul style="list-style-type: none"> • Are participants collaborators in the meaning-making processes? • Have I used participants' own words as evidence for interpretations and support for meaning-making (e.g., participant voice through quotations)? • Have participants been asked to check if their responses have been authentically captured (e.g., member checking/sharing)?

	<p>Have I considered all the data equally? Have I excluded any data?</p> <ul style="list-style-type: none"> • Have I used participants' own words to define codes, themes and interpretations vs. imposing preconceived frameworks and theories? 	<ul style="list-style-type: none"> • Have other independent researchers, with potentially different backgrounds and views, reviewed my data and interpretations?
<p>Reporting findings</p>	<ul style="list-style-type: none"> • What beliefs, pre- or mis-conceptions, assumptions, values, biases did I hold about the research phenomenon <i>before</i> I began investigating it? How have these changed? • How might I have influenced the research process and outputs? How have I bracketed my beliefs, assumptions, values, biases etc. in reporting my findings? 	<ul style="list-style-type: none"> • Whose voices or perspectives have I placed at the centre? Whose have I silenced vs. amplified? • What is new or "other" about the phenomenon I have investigated? What is powerful about these findings? Do they contradict hegemonic assumptions of the global North or do they reproduce coloniality? Are my findings epistemically- and socially-just? • Where do these findings sit in the global knowledge hierarchy? Where might my findings be valued? Where are they unwanted? Who "owns" these findings? • Where should I present and publish these findings? How are participants informed of these findings? • How are participants and collaborators acknowledged? Are collaborators included as equal partners in publication authorship?
<p>Throughout</p>	<ul style="list-style-type: none"> • Who (do I think) am I? Who was I? Who do I want to be? What (multiple) identities and social positions do I occupy? What resultant power might I experience because of it? How might these identities impact on my research project? • What coloniality might I have (unconsciously) internalized? What (potentially hidden) aspects of coloniality may be present in my institution and broader context? • Have I stopped to regularly return to my initial 'who am I' narrative and reflect on changes that may have occurred in my research thinking and 	<ul style="list-style-type: none"> • Have I been critical of what I have been consuming (e.g., literature, theories) and using (e.g., methodologies, data collection tools) in my research project? • Have I had regular and ongoing critical conversations and debriefings with my colleagues, supervisor, collaborators, participants, etc. especially after critical incidences (emotional encounters, cultural clashes, belief confrontations) to disclose and bracket any potential assumptions, biases, prejudices, etc. so as to not influence analyses, interpretations and findings? • Have I used peer-review throughout my research project to interrogate my blind spots (e.g., research proposal approval, research

	<p>practices? What epiphanies or transformative experiences (i.e., blind spots exposed) have I experienced during this research project? How has my development impacted on these research processes and outputs?</p> <ul style="list-style-type: none"> • Have I kept a research journal honestly detailing my experiences, thoughts, feelings, observations, etc. throughout the research project? Have I reflected back on previous narratives at each stage of the research process? 	<p>ethics approval, departmental/committee presentations, student-supervisor meetings, etc.) and what changes have I made in light of critical feedback?</p> <ul style="list-style-type: none"> • Am I contributing to the equalizing of the global knowledge economy or reinforcing hierarchies and reproducing coloniality?
After	<ul style="list-style-type: none"> • Am I now an insider or outsider? • How do I now define my identity and socio-cultural context? • How might my changed positionality impact on future research projects? 	<ul style="list-style-type: none"> • What 'other' perspectives still need to be explored in future research?

The stages of the qualitative research process by Ramani, et al. (2018) have been used to structure the autoethnographic narratives below.

Research conceptualisation

This narrative begins a couple years before I undertook a doctorate in medical education (ME). I was a master's student in the field of cancer cell biology at a prestigious, but historically-White, South African university. During this time the #RhodesMustFall movement erupted. A statue of Cecil John Rhodes, a symbol of coloniality and White supremacy, on a South African university campus, sparked student protests across the country, and beyond, calling for free, decolonised Higher Education.

As a White student, I was deeply confronted with the reality of coloniality and my resultant privilege. While South Africa might have been labelled 'post' -Apartheid and 'post' - colonial, the ideologies of coloniality persisted and had permeated my subconscious. I needed to examine and expose the hidden views I had internalised, unlearning and relearning, to be an ethical and reflexive researcher. I cannot pretend that these times of disruption and exposure to concepts such as decoloniality would not shape my thinking around ME going forwards.

These profoundly uncomfortable and transformative learning experiences triggered my jump from health *sciences* to health sciences *education*; I simply wanted to be a part of the solution to Higher Education in South Africa, not part of the problem. I enrolled for a PhD in ME.

My doctoral study explored clinician-educators' conceptions of assessment (Sims & Cilliers, 2023a) and factors influencing their practice in diverse Southern contexts (Sims & Cilliers, 2023b). Conceptualising the participants of my study as complex, intersectional individuals, along with the relevance of their diverse Southern contexts on their practice, was a reflexive starting

point. Adopting an interpretivist paradigm and qualitative research approach was important in centring the experiences and perspectives of my participants, leading to a more epistemic- and socially-just research endeavour. If I had viewed my participants as one-dimensional stereotypes, ignored the realities and influences of their contexts, or selected a paradigm and methodologies that did not give participant experiences and meaning making a voice, this would have led to fallible and unjust research.

While critical theories were transformative to my personal learning, I needed to reflexively be aware that dimensions of power, identity and context may not be the most salient variables within the experiences of my participants. While I could use this critical theoretical framework to sensitise who I was as a researcher (Figure 1), I also needed to bracket these ideologies when developing my research project (Bishop & Shepherd, 2011; Jootun, et al., 2009; Koch & Harrington, 1998). In the end, a theoretical framework of Health Behaviour Theory (HBT) was selected to explore the assessment behaviours of clinician-educators (Cilliers, et al., 2015; Glanz, et al., 2015) and a phenomenographic methodology employed to investigate their conceptions (Marton, 1981; Stenfors-Hayes, et al., 2013). HBT reflexively understood that multiple personal and contextual factors intersect to shape behaviour. Phenomenography describes conceptions as the range of qualitatively different ways individuals experience and make meaning of phenomena. It was important for me to use a theoretical framework and methodology that validated diversity in experiences, understandings, and practices – aligning with a decolonial desire for magnifying potentially ‘other’ ways of knowing.

During research conceptualisation I became cognisant of where authors and their studies were located (not just geographically). It quickly became clear that the vast majority of literature reviewed originated from the global North.

Sampling strategy

I used a purposive sampling strategy with an aim of maximising the possible diversity of clinician-educators interviewed. Three different medical schools in socially, economically, politically, culturally, linguistically and colonially diverse contexts within the global South (South Africa and Mexico) were selected as sampling sites (Sims & Cilliers, 2023a).

These sampling decisions were rooted in my growing awareness that perspectives from the South were often neglected and under-valued (Ajjawi, et al., 2022; Doja, et al., 2014; Gosselin, et al., 2016; Maggio, et al., 2022; Rotgans, 2011; Tutarel, 2002). The initial intention was for broader sampling from Namibia, Mozambique, Egypt, India, Indonesia, and Chile, yet while these fell through due to feasibility issues, seeking to centre sampling in Southern contexts was an intentionally critical and just decision.

While attempting to be inclusive in my sampling strategy I reflected on whom I may have excluded from the conversation, as there is a hierarchy amongst health professions with medicine at the top. My sampling was pragmatically delimited to assessment in medical programmes only: was this an act of discrimination against other health professionals? Was I guilty of reenforcing existing power inequalities?

In my study limitations I had to acknowledge that the absence of a broader, potentially divergent or contradictory, health professions perspective is potentially harmful and epistemically unjust. I further recognise that validation of my findings needs to be expanded to other health professions.

I did, however, in preparing for data collection, interview a health professional outside of the field of medicine as a pilot. Yet I need to confess that I felt relieved at easing into my data collection by speaking with an allied health professional over a clinician, as I perceived it to be 'low(er)-stakes', which reveals my own hierarchical thinking of different health professions. Despite this, the pilot interview was powerful in developing my interview guide before data collection had even begun.

The iterative development of my interview guide further demonstrates a more equal partnership with my participants. While opening questions were broad, based on unprompted responses from participants, additional questions were included based on their varied responses. Flexibly adapting my guide is critical reflexivity in action as it empowers participants as co-drivers of research and acknowledges that the research agenda, and authority, do not lie with me alone.

While purposive sampling was our goal, not all participants invited agreed to be interviewed. At the time my non-reflexive assumption was a lack of convenience due to likely busy clinical schedules, yet it could have been due to other factors. For instance, due to the 'high-stakes' nature of medical assessment (i.e., certification for clinical practice) participants may have been hesitant to reveal potentially harmful understandings and practices. In South African in particular, discrimination against students in assessments was raised in the #RhodesMustFall movement – could this have been a reason for non-participation?

A retrospective strategy to supporting informed consent and participation (not coercion) is to ensure that the invitation and accompanying information letter clearly explains the purpose of the study, why they are specifically being invited to participate (their value) and assurance of ethical practices (e.g., the right to withdraw from the study without fear of negative consequences, the maintenance of confidentiality, anonymizing of data).

Data collection

It was paramount to use interviews as my method of data collection, for it facilitated the co-construction of knowledge. Interviews can be considered a decolonial tool, 'Speak *to* us, not *about* us' (Chetty, 2019: 203). I am not *allowing* participants to speak, or speaking on their *behalf*, I am *listening* to and *amplifying* what they have to say. Data collection methods that limit participant voice can do harm.

In preparing for data collection, I undertook background research on sampling sites to engage with potential misconceptions or examine possible unconscious biases ahead of time. This was done through both reading local literature and speaking to an insider beforehand; to develop a working, albeit limited, understanding of unfamiliar contexts. One-on-one, in-person interviews took place in South Africa and Mexico (in 2019), with clinician-educators from several

disciplines (e.g., family medicine, obstetrics, gynaecology, internal medicine, surgery, public health), totalling thirty-one participants (Sims & Cilliers, 2023a).

While I was familiar with the South African context, I was both an insider and outsider. An insider as a South African citizen, but an outsider as White – the legacy of a colonial minority. Even though I may identify as South African, I had to be cautious not to make assumptions about my participants or their contexts, as though I already ‘knew’ them. I had to remember that our lived experiences may have been radically different based on my privileged upbringing. I do not pretend to claim cultural-competency, rather, a mindset of cultural-*humility* was adopted (Wong, et al., 2021).

Considering power dimensions and building rapport are oft mentioned as part of interview methodologies, yet how exactly to negotiate or neutralise these remains unclear. Intersectionality illuminated the social positions I occupied in comparison to my participants: I was White, at one sampling site all participants were Latino; I was English-speaking; at two sampling sites English was not the medium of instruction, but those of the coloniser (Afrikaans and Spanish); I was young and a female, the vast majority of participants were older and male; I was a student researcher, my participants were clinicians. These contrasting positions highlighted potential power differentials that may impact data collection.

In attempting to neutralise any power hierarchies I adopted a transparent approach in my interviews. I would start by sharing ‘insider information’ (e.g., study background, interview questions) so as to not disadvantage my participants. Moreover, I would signal humility through sharing who I was – and was *not*. I wanted to put my participants at ease; I was not an experienced or expert educationalist here to judge them, but to listen and learn. While traditionally there might be a perceived hierarchy between the researcher and the participants (with the researcher at the ‘top’) I had been concerned about the hierarchy I perceived between myself as a doctoral student and novice qualitative researcher (at the ‘bottom’) in comparison to my participants as powerful sub-specialist clinician-educators.

My use of transparency, most likely rooted in my own sense of imposter syndrome (Keefer, 2015), gave my participants the space to disclose their own feelings of insecurity. I was taken aback to hear some participants exclaim that they did not feel qualified as clinicians (their primary professional identity) to speak about their assessment practices with any sort of educational authority. My disclosure, and their responses, a mutual relieving of pressures, created a safe space, encouraged openness in dialoguing and developed a sense of comradeship. In general, I found the dialogic nature of our interviews to be a facilitator of open and honest co-construction of findings. However, I cannot claim to feel like I ‘belong’ in clinician-privileged spaces.

In reflexive hindsight, I wonder if emphasising my developing doctoral identity (i.e., a student and novice qualitative researcher) over the many other social positions and identities I occupied (e.g., White, female, middle-class, etc.) helped delimit the potential impact of these on the data collection and analysis processes? Or, if my transparency and authenticity reduced perceived competency and credibility as a researcher in the eyes of my participants? Notwithstanding, while I may have *felt* a particular way, I cannot truly know how my participants

saw me. Asking participants for feedback, perhaps at the end of each interview, would have been a collaborative approach to reflexivity that I could have taken.

In terms of the interviews themselves, one of my earliest left me feeling shaken due to uncomfortable gender dynamics. From the beginning I felt disrespected and sexualised by the tone and body language of the male participant. Was this simply the reality of the intersection of my gender and age in a patriarchal society?

Within positivist research paradigms that assume objectivity and universalism the idea of subjective and *embodied* research is alien. Yet even within interpretivist paradigms we ignore or dismiss the very real emotions and physical sensations we actively experience in our bodies while performing research activities. How could I collect data neutrally when my stomach was clenching, heartbeat racing, brow sweating and cheeks flushing? Years later the feelings of hot embarrassment, even shame, linger.

As soon as the interview ended, I rushed to my supervisor's office to try to make sense of what had just occurred. Through gently debriefing, disclosing my thoughts, feelings, and observations to my supportive supervisor, who listened without judgement, I could bracket my tumultuous emotions and keep the data collected 'untainted'. I did however begin to feel a sense of dread before subsequent interviews with male participants. I had to consciously make the decision to remain open-minded ahead of following interviews, to not reproduce the harm I had experienced.

Despite this, the many positive interview interactions I had thereafter helped shift my emotions. One of my final interviews was a high point in my study: despite (unreflexively) assuming our 'opposite-ness' (an older Latino male specialist clinician) we immediately 'clicked' and at one stage, together sharing a board marker, we excitedly drew on the conference room board – co-construction at its finest.

Keeping field notes (Korstjens & Moser, 2018), capturing thoughts, feelings, and observations in the moment, and reflecting on these individually, and with my supervisor through critical conversations, enabled me to reflexively debrief and process my experiences. Revisiting these before subsequent interviews kept reflexivity front and centre throughout data collection. Additionally, returning to them during analysis, and centring the data itself (e.g., repeated listing of audio-recorded interviews, repeated reading of interview transcripts) contributed to ensuring that I was remaining true to my participants and not letting my personal views cloud interpretation (Probst, 2015).

Data analysis and interpretation

Conducting, transcribing, and analysing the interviews myself, in a timely manner, enabled immersion and a deep familiarity with my participants' experiences, understandings and practices of assessment. Yet I remained conscious of my 'outsider' status, which in turn granted me an ability to look at my data with fresh eyes.

All this being said, the idea of 'meaning making', the researcher as the active constructor and interpretive lens in qualitative research, was something I struggled with as a prior

positivist researcher. Despite inductively drawing on theoretical frameworks and analytical methodologies, balancing it with deductive analysis was a constant negotiation. Was I being too prescriptive in my use of HBT? Were divergent or negative cases being considered or hidden? Was I guilty of confirmation bias, being swayed by the current consensus in the (Northern) literature? Or was I attempting to craft a uniquely Southern narrative that may (or may not) be present? Thick and rich interpretations rooted in and supported by participant (verbatim) quotations was how I sought to be reflexive in this stage of the research process.

When it came to making a defensible decision around ceasing data collection and analysis, I was pleased to discover the (neo-positivist) concept of data saturation. I can now see that I unreflexively treated it as a 'tick-the-box' activity during my PhD. As I work towards publishing from my PhD, retrospective reflexivity on data saturation, versus the concepts of information power, theoretical sufficiency and conceptual depth (Sims & Cilliers, 2023b), has led me to re-read all my interview transcripts and interrogate my interpretations again while publishing the findings.

Reporting findings

Caution needs to be practiced to not perpetuate colonially-constructed divides such as a North/South binary which could reinforce power inequalities (Paton, et al., 2020). Furthermore, the concept "global South" is homogenising and threatens to ignore the very differences and diversities Southern researchers are trying to highlight. In fact, the global North has used the term global South to spin false narratives about it, delegitimizing its sources of knowledge (Comaroff & Comaroff, 2012).

In the reporting of my study findings, I had to be aware of these nuances and debates. Special care was taken to compare and contrast the findings from my study to those found in the literature, noting that previous work had been conducted almost exclusively in Northern settings by Northern researchers. Southern Theory asked what "other", but important, necessary and legitimate perspectives had my study uncovered? (Naidu, 2021b, 2021c)

The alignment between the findings of my conceptions study and those published (Sims & Cilliers, 2023a) was surprising; yet when it came to factors influencing assessment, variations between South Africa and Mexico were found, reflecting their diversities, along with unique elements not necessarily seen in the global North (Sims & Cilliers, 2023b). Overall, my doctoral research has expanded, deepened, and enriched the current body of work on assessment in ME and amplified Southern perspectives.

In terms of disseminating my findings, reporting on local knowledges from the margins risks being dismissed by the mainstream knowledge economy – leading to a pressure to reproduce Northern Theory and privileging the use of Western lenses (Connell, et al., 2018; Gosselin, et al., 2016; Montgomery, 2019). I need to be careful not to capitulate towards the global North. Additionally, the act of writing for and publishing in English-medium journals could be considered problematic (Engward & Davis, 2015). I feel conflicted in my desire to publish in renowned international journals. It is for my own professional reward and recognition or would

it support epistemically- and socially-just practices? In order to bring perspectives from the periphery into the mainstream publishing in these journals is a tension I must live with. However, in publishing other aspects of my PhD I have intentionally sought to publish in local, African journals.

Conclusion

This paper sought to illustrate how autoethnographic narratives may be used to demonstrate reflexivity through the entire qualitative research process, at both personal and epistemological levels, as viewed through a sensitizing critical theoretical framework informed by Southern theory, decoloniality and intersectionality.

Being and becoming reflexive while researching in the White, Western, Euro-centric, colonial world of ME, where the culture, norms and embedded values largely reflect my own experiences and subconscious thinking, is uncomfortable – because it problematizes *who I am*. Although, as reflexivity is an ongoing and never-ending process (Watt, 2015), I must acknowledge that my reflexivity is a work in progress. Just as one's intersectional positions may shift over time, so does one's reflexivity. The limitations of reflexive insight needs to be acknowledged - 'Our personal myth' is imperfectly knowable ... for we cannot [truly] step outside of the self, to [completely] view the impact of the self" – nor know how our participants may have perceived and responded to us (Bishop & Shepherd, 2011: 1286, 1287). Moreover, 'true' reflexivity can never be completely achieved for human beings are, by nature, subjective, self-conscious, socially-constructed and continuously evolving (Finlay, 2002: 532). Hence the developmental call to continue *being* and *becoming* reflexive researchers, living with discomfort, as we grow and repeatedly rewrite our narratives.


A point of reflection in terms of using autoethnography as a methodology for reflexivity is the issue of relational ethics: while my research project obtained ethics approval from my, and participating, institutions, the question of ethics in reflexivity remains grey (i.e., has my disclosure of personal stories implicated any of my participants?) (Ellis, et al., 2011). Moreover, would my personal narratives be richer and more reflexive if developed collaboratively and collectively (Naidu & Kumagai, 2016) – with my doctoral supervisor, research collaborators and participants? Was I dissuaded from a more participatory ethnography and reflexivity in order to protect myself from the risks of vulnerability (Smith, 2017; Van Katwyk & Guzik, 2022)? In South Africa we have a beautiful philosophy called '*ubuntu*' – I am because we are – meaning that our humanity is shared; we cannot exist without others. Would a conceptual framing and practice of ubuntu give us the space to empathetically and nonjudgmentally practice reflexivity together?

All this being said, I need to be careful not to be a 'White saviour' , proposing a White solution instead of listening to and passing the microphone to Black, Indigenous and People of Colour (Pham & Gothberg, 2020). Is it appropriate for me to write about decoloniality as a White person, a 'colonizer' , or at least a reproducer of coloniality at times? I have blind spots. I am going to make mistakes. I do not have (even a fraction of) the answers. These narratives are simply an honest attempt to share my grappling with being and becoming a reflexive researcher

while White in diverse, 'post' -colonial contexts. We need to disrupt normative reflexive practices and challenge our deeply held and hidden beliefs that exist within coloniality and White supremacist systems and structures (Van Katwyk & Guzik, 2022; Wyatt, 2022). I am a (de)colonized researcher in progress (Kelley, 2021).

In closing, we cannot plead ignorance. ME researchers need to be critical in their reflexivity, mindful of the many social positions they occupy, their relation to power, and how they can use that power for ethical research that does not reproduce inequalities but welcomes and amplifies other ways of knowing, doing and being. We are collectively responsible to resisting and disrupting harmful and unjust MER practices (Wyatt, 2022). An autoethnographic methodology and the critical conceptual framework presented here hold immense value for powerful, epistemically- and socially-just MER in a globalised world.

Author biography

Danica Sims is an educationalist and researcher in the field of Higher Education; more specifically medical, health professions, and health sciences education. She is a departmental lecturer in the Department of Education at the University of Oxford and a research associate at the University of Johannesburg. Her work focuses on assessment, curriculum, faculty development, online education and qualitative research methodologies - usually with a critical take. She is passionate about amplifying marginalised perspectives from the global South. 

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