Autoethnography: An Examination of the Self, Language for Specific Purposes, and Departmental Culture

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Abstract: The research on language for specific purposes (LSP) is rich and varied in part because scholars bring to the field their research expertise from other disciplines, such as linguistics, literary studies, and cultural studies. The array of research topics and approaches also reflects the efforts from within LSP to foment research, such as providing conference, publication, and professional development opportunities that build a community of researchers. Mostly absent from the LSP literature, however, is autoethnography, an increasingly popular research method with the potential to examine complexities within specific professions, the courses we teach and ourselves as LSP scholars. In this essay, I argue that autoethnography—a research methodology that describes the author's (my) personal experience in order to present and analyze "cultural beliefs, values, practices and identities," (Adams et al., 2022, p. 3)—should have a place in the future of LSP research, as a complement to other research methodologies. I share an autoethnographic account of my experiences developing and teaching a new LSP course. In particular, I focus on the role of self-doubt, isolation, and imposter syndrome as I ventured into an unfamiliar professional terrain to me: healthcare. In the end, this study of the self reflects the troubling position of LSP within the culture of one language department in US higher education and raises questions for further inquiry.

Keywords: autoethnography, language instruction, language for specific purposes (LSP), medical Spanish

Introduction

During the height of the COVID-19 pandemic, I could not see further ahead than the next wave of the virus, let alone envision the future of languages for specific purposes (LSP), the topic of this special issue of *Global Business Languages*. Every day was a trudge, eyes down. "Just focus on your students and teach your classes," I told myself in the mornings. To get through the weeks, I counted the days until Friday. Monthly faculty meetings reminded me that even though time felt like a loop, semesters were moving forward. Many educators felt this way, or worse. Eventually, though, I was able to look up and ahead. I put a new course on the next semester's timetable, a medical Spanish course highlighting the effects of COVID-19 on our local Latinx immigrant community, titled "Health Professionals and US Latinx Communities." The course was rooted in research, the second part of this special issue's theme. Published LSP research informed the syllabus, and a colleague and I integrated a mixed-methods study into the course. This marked a return to my typical research path, yet something inside me remained unsettled.

The pandemic redrew the boundaries between private and professional: this was both liberating and disconcerting. In my professional role as educator, I zoomed into my students' private lives: During online class, I spied the childhood posters on their bedroom walls, and I watched some of them try to participate while wrangling their small siblings as they babysat for their parents who worked on the frontlines. I reflected anew on my work in the scholarship of engagement as the privileges that allowed my family and me to stay safe during the pandemic stood in stark contrast with the precarious, frontline realities of the local Latinx immigrant community members with whom my students had done community service learning for years. I removed volunteer work from the course requirements, but my community partners did not have that luxury; they had to suddenly reinvent themselves and carry a heavier workload than ever. As a result, I found myself questioning my pedagogy, my research, and my very voice. The research methods that I had employed up until then did not seem to offer me a way into this particular line of questioning which centered on the self, indeed, myself. Autoethnography did.

Research Possibilities in LSP

The literature on LSP reflects a broad range of research methodologies and objects of study. The latest issues of *Global Business Languages* offer analyses based on surveys (e.g., Bouche & Reisinger, 2021; Da Silva, 2020; Zhou, 2020); surveys and interviews (Davie, 2022; Sacco & OHIN-TRAORÉ, 2022); case studies (Baker, 2021; Sheffer, 2022); observations (Sacco, 2020); pre- and post-tests (Yeh, 2021); domain analysis (Lear & Moraga Guerra, 2021); and student learning artifacts (Reisinger, 2021). Using those methods and data sources, the researchers provide findings about a variety of languages and topics, and the literature on LSP is rich in large part because of its methodological variety and multiple focal points.

Some facets within our field, however, remain perennially thorny and at the same time out of reach. These topics tend to also be deeply personal. For example, we know that a large percentage of LSP practitioners, like me, are not on the tenure track (Lafford, 2012; Long & Uscinski, 2012), but we do not yet have up-close insights about how they experience the difficult bind of being doubly outranked: lacking the esteem and material benefits of a tenure line while also teaching LSP courses that often hold lower status within language departments. Likewise, the literature has addressed the nearly complete absence of LSP at the graduate level (Ruggiero, 2014) and the contemporaneous rise in job ads for LSP positions or for positions requiring some experience or expertise in LSP (Lafford & King Ramírez, 2018). What insights might we gain from analyzing how those tensions play out both practically and emotionally for job candidates who have been acculturated within graduate programs that value and perpetuate linguistics and literary/cultural studies but whose employment may hinge on LSP? Current research methodologies in LSP could certainly begin to disentangle the struggles in these two example scenarios. Nonetheless, they likely would not dive into the complex, personal, and even emotional dimensions that so many of us in LSP have felt in our classrooms, among our colleagues and within our institutions.

Over many years, there has been a strategic push for more institutional legitimacy of LSP (e.g., Doyle, 2012; Risner & Spaine Long, 2020; Uber Grosse, 1983). That effort leans heavily on calls for so-called rigorous LSP research (e.g., Lear, 2021). Understandably, this is a reaction to an earlier tendency within the field to write and publish anecdotal recounting of course development and to share curricular materials. I, too, participated in that push away from the

anecdotal in a related field, community service learning (CSL), as is evident in these fragments that I co-wrote for the literature review section of an article: "The vast majority of [Spanish CSL] literature consists of anecdotal, 'how-to' articles," and "any mention of method in the literature refers to teaching rather than research" (Lear & Abbott, 2008, p. 77). While the uptick in job openings for LSP might seem to indicate success in legitimizing the field, those positions are often created to meet student demand and increase declining enrollments (Looney & Lusin, 2019), rarely because departments envision creating new research clusters of LSP scholars or preparing a cadre of graduate students specialized in LSP research. In fact, dissertations completed in recent years do not reveal a strong trendline away from literature and linguistics and toward LSP (Knutson, 2016). What if, instead, the notion of "rigorous" LSP research expanded more fully to include the storytelling techniques and thick description of autoethnography, a methodology that has advanced significantly in academic fields such as anthropology, education, performing arts, gender and women studies, ethnic studies, and more? Might some of the vexing issues within LSP benefit from a more intimate, personal recounting, and careful analysis of the individual LSP educator's experience and self-reflection?

Autoethnographic Research as Window into the LSP Educator's Experience

Because autoethnography is relatively new, most volumes and articles still forefront its definition. Although they vary slightly, all concur on the three elements listed in the inaugural issue of the first scholarly journal dedicated solely to autoethnography, *Journal of Autoethnography*: Autoethnography "is comprised of three interrelated components: 'auto,' 'ethno,' and 'graphy.' Thus, autoethnography projects use selfhood, subjectivity, and personal experience ('auto') to describe, interpret, and represent ('graphy') beliefs, practices, and identities of a group or culture ('ethno')" (Adams & Herrmann, 2020, p. 2). Autoethnography is not just writing about yourself, though. It is a contextualized, theoretically informed, critical analysis of the self that provides insights that transcend one individual (Herrmann & Adams, 2022). Autoethnography is also an umbrella term that encompasses the traditional ethnography style that focuses on the self but retains the easily recognizable components of a qualitative research study, narrative autoethnography (Adams et al., 2021), critical autoethnography (Boylorn & Orbe, 2021) and more. Because autoethnography is rarely a fundamental part of graduate training within language departments, LSP researchers may need to train themselves in the methodology, akin to how so many of us have re-trained in LSP after earning the Ph.D. in a different field. Because autoethnographic approaches and styles vary so much, it is impossible to provide here a prescriptive, step-by-step guide to the research method. However, the *Handbook of Autoethnography* (Adams et al., 2022) is a good starting point, followed by a perusal of the issues of the *Journal of Autoethnography*.

Recently, autoethnography has begun to emerge within the field of language education. For example, in his monograph, *Spanish So White*, Adam Schwartz (2023) uses autoethnography to interrogate his identity as a white male Spanish learner and language educator ("auto") within the "*social institution*" (p. 12, emphasis in the original) of Spanish language education which is a "type of culture in and of itself" (p. 12) ("ethno") through rich descriptions and narratives ("graphy"). However, the analytical gaze Schwartz fixes upon his own experiences is also meant to "call in" (p. 13) other "White-identified teachers, student teachers of Spanish" (p. xvi), hence the subtitle of the book: "Conversations on the Inconvenient Racism of a 'Foreign' Language

Education." *Spanish So White* provides a model that can guide LSP researchers toward their own autoethnographic accounts tackling race (or any other pertinent issue) within our field, itself a subculture of language education.

Cultures and Languages across the Curriculum in Higher Education is an edited volume of autoethnographic essays about cultures and languages across the curriculum (CLAC) in a broad range of writing styles (Plough & Tamboura, 2023). Importantly for LSP researchers, the chapter by Deb Reisinger, "Language Matters: Shifting Perspectives" (2023), details her academic arc from graduate student in French literature to CLAC director of global health courses in French and other languages. Within that story of her professionalization and career in higher education, Reisinger intertwines her personal trajectory. She describes a childhood permeated with community and social engagement, shares her "disorienting dilemma" (p. 122) in graduate school as she confronted her frustrations with literary study as an end goal, and details the CLAC global health program that she constructed and that integrates her personal and professional values. This autoethnography reflects the winding path to LSP that many scholars still take today and showcases the field's potential for intellectual and personal growth despite its place outside academia's status quo. Both Schwartz's and Reisinger's work show the power of autoethnography, especially when broaching difficult topics such as race and the dominant graduate studies paradigms within language programs.

As I questioned myself and reflected on my experiences creating and teaching a medical Spanish course, I looked to the existing research. To be sure, the subfield of languages for the health professions has accumulated a rich and layered body of literature. Hardin (2015) provides a panoramic view of the field, while Sánchez-López, Long and Lafford (2017) offer an overview of the larger field of languages for specific purposes. Some researchers have identified specific facets of teaching languages for the healthcare professions, such as curriculum development (Alstaedter, 2017; Bloom et al., 2006; Chaterjee et al., 2015), service learning (Martínez & Schwartz, 2012; Sánchez-López, 2013; Sánchez-López, 2014), language proficiency and assessment (Benavides-Vaello et al., 2014; Diamond & Reuland, 2009; Fernández et al., 2004), among others. Similarly, researchers have narrowed their focus to specific components of healthcare communication, such as giving advice or to specific professional realms within healthcare, including nurses (Pérez, 2020), surgeons (Copeland et al., 2011) and pharmacists (Garavalia et al., 2017). Widening the field of vision brings in research carried out within professional schools (Ortega et al., 2020; Reuland et al., 2012) and about languages beyond Spanish, for example, Chinese (Yeh, 2021). As far as I know, however, no autoethnography regarding the teaching of medical Spanish exists.

What follows, then, is my autoethnographic account of creating and delivering the first medical Spanish course offered on my campus. Those acquainted with qualitative research will not find the usual formulaic structure (literature review, method, results, discussion, etc.). Instead, I draw inspiration from the style of the seminal article, "Chronicling an Academic Depression" by Barbara J. Jago (2002) which intertwines academic rigor with creative writing techniques (e.g., dialogue, scenes, non-linear timeline). Jago's autoethnography provides a series of time-stamped vignettes, and she states that, "The personal stories contained herein are drawn from the past four years of my life, reliant on my consultation of academic annual reports, sporadic diary entries, fragments of my research writing, but most important, my memory" (p. 734). As proscribed by an autoethnographic approach, my own account also draws from many sources: my memories, email exchanges, student course evaluations, components of the new course and entries in a dedicated notebook where I scribbled my ideas about the medical Spanish

course design and implementation. Though brief, in my autoethnography I describe my experiences, reflect on my emotions, and draw connections to the complicated status of LSP within my departmental culture. Despite my experiences teaching and publishing on LSP over almost two decades, I was riddled with self-doubt as I created and taught a new LSP course about a profession that was new to me: healthcare. My intention with this autoethnographic account is to illustrate my interior struggles and shine a light on the isolation and self-doubt that might also confound other LSP educators' work as we navigate both the difficulties and possibilities of our particular cultural context: language departments in US higher education.

Malaise and Medical Spanish: An Autoethnographic Account

By the time the COVID-19 pandemic forced us all into Zoom classes in the spring of 2020, I was comfortably entrenched in LSP pedagogy and research. I had penned several LSP publications, and after years of creating and modifying courses, teaching had finally settled into a regular LSP rotation: 1) business Spanish in the fall; 2) an upper-level course in the spring that focused on creating linguistically and culturally appropriate non-profit programming; and 3) each and every semester, a popular, multi-section, general education course that blended LSP and community service learning (CSL). Students seemed satisfied, too. The classes filled quickly, most students produced high-quality work and the learning was transformative for at least some students, especially regarding attitudes toward immigration. For example, the sentiments in the following comment from one student's course evaluation survey are often echoed by other students:

> I learned so much practical Spanish that really helped me in everyday life. The voicemail examples, learning telephone numbers, and vocab related to daily life was something I hadn't even thought about before and it's so important to learn. I'm super grateful to have learned so much and also been exposed to the experience of Latinx community. We were taught about the experience and humanity of others as well as being supported and safe in the class.

I felt confident as well as challenged in my research and teaching. On the one hand, I had the benefit of experience. I had taught these LSP and CSL classes for years. Although I held no formal degrees in business or nonprofit programming, I had personal experience. For example, my long-term engagement with CSL community partners and our local Latinx immigrant community gave me hands-on knowledge of nonprofits which fed into my teaching. In my business Spanish course I combined textbook content with examples from the family business I grew up in and from my spouse's high-tech company that has a high volume of international sales. Furthermore, early in my career I benefited from several meaningful professional development opportunities offered through my campus' entrepreneurship center and its Center for International Business Education and Research (CIBER). On the other hand, the courses I taught continually challenged me, in a good way. Over the years, immigration patterns and policies took rapid turns, requiring me to frequently adapt my CSL teaching materials. In all the courses, I experimented with new technologies and teaching techniques. Out of intellectual curiosity, I read deeply and broadly on the course topics. In sum, I was comfortable and never bored.

In the background, though, were rumbles of student demand for a medical Spanish course, understandably so since many students of Spanish plan to work in healthcare after graduation. Occasionally, the department's academic advisor would let me know about student inquiries into medical Spanish, and he recently informed me that around 25% of students majoring and minoring in Spanish are also pursuing health-related majors. Some are pre-health students in tracks such as pre-medicine, pre-dentistry, and pre-veterinary medicine. Others have primary majors in health-related disciplines, such as biology, psychology, speech and hearing science, kinesiology, public health, and more. In fact, several years ago a group of students gave a presentation to our curriculum committee, urging the department to offer a medical Spanish course.

No one else on the faculty volunteered to develop the course, unsurprisingly, since I alone work with LSP, and though I appreciated the students' enthusiasm, I resisted. My plate was full. Moreover, the students' vision of their needs—mostly to learn medical terminology in Spanish—differed from mine. I agreed with Glenn Martínez's (2016) argument in "Against Medical Spanish: Spanish in the Health Professions Yesterday, Today, and Tomorrow" for a more nuanced and patient-centered approach to language learning, and specifically his contention that, "previous approaches to the teaching of Spanish in the health professions failed to fully engage many of the important intellectual assets of language departments and that those approaches have, therefore, shortchanged not only the language-teaching profession but also, and more crucially, the millions of Spanish-speaking patients who continue to receive unequal treatment in the health delivery system in the United States" (p. 17). I counseled students to focus on developing their overall Spanish proficiency. In addition, a pre-health student working on an independent study with me developed a flyer for the Spanish CSL course, emphasizing the opportunity to volunteer on health-related projects as well as pre-existing elements in the curriculum that are transferable to medical contexts. Looking back, I was not yet equipped to shift my thinking and develop a medical Spanish course that merged students' interests and my convictions.

In the same way that I kept medical Spanish at arm's length, over the years my departmental culture tended to distance itself from LSP. Luckily, some tenured faculty championed my LSP and CSL courses, seeing them as a positive complement to the department's other curricular offerings. Mostly though, LSP was treated with indifference and occasional hostility. One colleague challenged a course on social entrepreneurship that I put forward to the curriculum committee and stopped me in the hallway to ask what was next, Spanish for astronauts? I felt that this comment belittled my work by taking LSP to its narrowest and most absurd consequence. Meanwhile, courses on narrow and highly specialized topics in literature, cultural studies, and linguistics are the norm.

It was more common for LSP to be erased in my department rather than confronted. For example, when I put forward a proposal for a certificate program in Spanish for the professions, the version that came back to me after winding its way through departmental committees required students to take additional non-LSP courses but omitted the business Spanish course that I offered every year. I pointed out this omission and was told, well, if students are really interested in LSP, they will take the business Spanish course anyway. Unable to reconcile within myself an LSP certificate program that excluded LSP, I consequently shelved the project. More recently, the topic of LSP emerged during a faculty meeting, and an assistant professor asked if we knew any experts in the field with whom we could consult. My jaw dropped, and I said, "Yes." I suppose I was too shocked to add, "Me." On another occasion, I felt erased while

reading a student's senior thesis which turned out to be about Spanish in medicine but with no references from the field of LSP. A colleague had asked me to be second reader in my role as our department's Director of Undergraduate Studies, apparently unaware of my work with LSP and perhaps of the field of LSP altogether. When I returned the paper with comments, the colleague expressed surprise at my knowledge of the issues and thanked me for the bibliography I suggested.

Certainly, many people feel misunderstood in the workplace, no matter their field of study. Still, the steady accumulation of slights eventually caused me to pull back and limit new initiatives. Instead, I channeled my creative energy and intellectual interests into the LSP courses that were already on the books.

Offering Medical Spanish: Finding Inspiration During the Pandemic

So in the spring of 2021, I surprised myself by toying with the idea of creating a medical Spanish course. One year into the pandemic, the need for health justice for US Latinx communities was more obvious than ever, and I no longer felt that my teaching with its emphasis on immigrant justice in general was accomplishing enough. Among the headlines and death tolls, stories emerged about racial inequities in infections and deaths, then later in vaccination rates. A friend of mine who is undocumented published an essay about the contradiction of being categorized simultaneously as essential and criminal, of the existential impossibility for migratory bodies on the move to also obey orders to shelter in place (Navejas, 2020). These stories captured my attention.

In my own town, the stay-at-home orders narrowed my window into our local Latinx immigrant community, but I was still aware of the pandemic's effect on them through communication with my community partners, conversations with friends within the immigrant community, social media and local news sources. A disproportionate number of the first COVID-19 related deaths in our county were of Latinx community members. Many immigrant families in the area lost their incomes (Parker et al., 2020). The digital divide coupled with language barriers further complicated children's remote learning for many immigrant families. A friend from the immigrant community described the conspiracy theories about vaccines that circulated online, in Spanish, and that many of her neighbors believed.

Alongside all this very real suffering, community organizations and community members inspired me with their resilience and purpose. A local Latina leader provided trustworthy Spanish-language information through a popular Facebook group for Latinx immigrants in our town; there, she used her trusted voice to call out and dispel rampant misinformation. Early on, our county's public health director appeared on YouTube beside a few members of our sizable Maya community who translated her information into Q'anjob'al (Champaign-Urbana Public Health, 2020). A friend who teaches English as a second language to junior high students set up an outdoor "pop-up" school in an immigrant neighborhood, helping with technical issues and connecting them to their remote classes (Zilis, 2020). One of my community partners disbursed emergency loans to immigrant families, and two others hired former students of mine (and others) to implement the pandemic relief programs for housing costs, utilities and other expenses that our state purposefully provided to all residents, regardless of citizenship status ("Pritzker Administration," 2020). As I looked around my own town's positive responses to the public health emergency, I began to envision possibilities for a medical Spanish course that would be

meaningful to me, helpful to students and focused on the deeper issues that emerged during the pandemic.

My breakthrough came in the form of a book: Martínez's *Spanish in Healthcare: Policy, Practice and Pedagogy in US Latino Health* (2020). The title spoke to me. In my CSL course I also emphasized immigration and other public policies as an antidote to many students' natural tendency to over-personalize what they observe within the immigrant community. I accumulated that policy knowledge over almost two decades, and I had carefully sussed out reliable sources of information that kept me abreast of issues and developments, so the thought of learning healthcare policy from scratch was overwhelming. Knowing the author personally, his research record, his commitment to social justice, and his long-standing expertise in medical Spanish, I knew I could rely on his book instead of piecing together the knowledge myself. A glance at the table of contents assured me that I could build a syllabus around its structure. A pandemic was no time to commit to extra work, I cautioned myself, yet I held all the necessary pieces to create the course: a compelling topic, a textbook with foundational knowledge, a framework with health equity at its center and news items (national and local) featuring real-life examples that tied the pieces together.

I drafted an email to the head of my department. Fingers poised above the keyboard, I hesitated. Was I ready to commit to undertaking a new course? I gave myself a brief pep talk then hit send:

> I wonder if instead of teaching SPAN 332 in Spring 2022 I could offer a 300-level course on Spanish and the health professions, focusing on US Latinx communities and COVID-19. We would cover public health, medicine, mental health, etc. It would not be a community service-learning course, so it would meet for three hours a week. Ideally the department could support giving a small honorarium to a few local experts who could visit the class and provide their perspective, but if not that is fine, too. I would probably use Glenn Martínez's book Spanish in Health Care as the textbook. I think many students would be interested in the course. Thanks for considering it.

The department head responded immediately and positively. We gave the course a number and put it on the schedule for the following semester. On Pinterest, I created a board where I curated pertinent information from the Internet. I uploaded articles and regularly tweaked the syllabus inside a Google Drive folder. In Canvas, our campus' learning management system, the course materials and assignments took shape.

Teaching Medical Spanish: Drawing on Old Tools to Manage New Insecurities

When the spring 2022 semester rolled around, I was certain of at least one thing: students were interested in this new course. In dialogue with the head of my department, I had agreed to accept up to 40 students, double our usual enrollment cap, in exchange for the help of a graduate teaching assistant. Almost as soon as the enrollment period opened, the course filled. Students were not only eager to learn about the course topic, perhaps more so than I have ever experienced, many of them also had long and deep personal and professional experience in healthcare settings. Some held positions that I would have expected at my university, a large

residential, research-focused, primarily white institution with traditional students: volunteer duties in an emergency department which occasionally allowed for observing doctor-patient interactions; a part-time job as a medical transporter in a local hospital; part-time work in an eye clinic; etc. However, some students were or had been full-time health professionals already. One student was a nurse, and another worked as a paramedic. Logically I knew that their expertise enriched the class. Emotionally, I felt vulnerable. For example, early in the semester the textbook reading mentioned Federally Qualified Health Centers (FQHCs) (Martínez, 2020, p. 41), and I built a lesson plan around this topic. In class, as small groups reported on their discussions, one student mentioned that she did consulting for FQHCs. I was curious and invited her to share more of her experiences, but after she spoke, I found myself fumbling with the letters of the acronym. Even though I was generally aware of the concept of FQHCs before the course, I had just memorized the specific words and acronym before teaching—and it showed.

After years of establishing my expertise in other sectors of LSP, stepping into unfamiliar terrain in front of a large group of discerning students was unnerving. Self-talk helped me combat feelings of inadequacy. When I became rattled by the gaps in my knowledge and experience, I reflected on what I did know already and its value to the course. For example, after I stumbled over the letters of FQHC, I reminded myself of my long-term community partnership with our local FQHC and its efforts to respond to the Latinx immigrant community's linguistic needs and cultural specificities. Not only had I provided that clinic with students who provided language support to their staff and patients, in one particular meeting I had helped them think through edits to the structure of their intake forms that would prompt Spanish-speaking patients to provide more complete basic information before needing an interpreter. Furthermore, I told myself, the purpose of that in-class exercise was to use maps to locate the local FQHC in relation to local immigrant neighborhoods, incidences of gun violence, income levels, and more. Though I felt insecure, looking back, I recognize now that this lesson plan about mapping was a literal representation of the pathfinding I was undertaking in this medical Spanish course, drawing upon the experience and creativity I had developed throughout the years in other terrain.

From the start, even when I proposed the idea of this course in that email to the head of my department, I realized that inviting content experts as guest speakers in the course would provide students with important insights beyond my scope of knowledge and relieve me of my (self-imposed) burden to be the so-called expert. I reached out to four professors, and all accepted: a social work professor who developed a culturally responsive therapy for Latina mothers with depression, two professors of Spanish who are also professional medical interpreters and the author of our textbook. Scheduling these experts' visits, I felt relief—I did not have to know it all—as well as excitement to learn from them myself.

Throughout the semester I continued to rely on self-talk. Over and over, I told myself to revisit the course's learning objectives on the syllabus, listed below. They served as a touchstone, reminding me that it had never been my intention to teach medical Spanish, a professional domain I did not know well, in isolation. Reviewing those course goals on my own reassured me that my deep knowledge of immigration policies and our local immigrant community were indeed helpful to all students in the class, even those with more knowledge of the health professions than mine. I could contextualize information from the textbook and connect it to pandemic-related events in useful ways, even for the practicing professionals in the classroom. Furthermore, reviewing the course goals with students, during class, helped all of us gauge our progress toward these specific student learning outcomes:

- Provide examples of how languages and cultures intersect with health care and create disparate outcomes for US Latinx communities.
- Connect the research on US Latinx health care to current events, news items and resources related to the COVID-19 pandemic.
- Communicate in Spanish about basic health issues related to COVID-19.
- Describe the model of human-centered design (HCD) and apply it to the issue of health care for US Latinx immigrant communities.
- Identify needs within the local Latinx immigrant and propose viable solutions.

My positive self-talk went beyond mental murmurings. While designing the course, I used a dedicated notebook for my ideas and later for reflections on my teaching. I sketched out the main ideas of each week's reading and then translated them into self-graded Canvas quizzes. In shorthand that perhaps only I could understand, I brainstormed ideas for in-class activities: "Semana 3. Lunes. Hand out quotes from the book and ask students to discuss. Bibliography: what would you explore further based on your interests/career plans? Ask [student] to present about Promise Healthcare. Maribel. Miércoles. Radio Ambulante podcasts. Escuchar. Compartir. Postular. Presentar." Thumbing through the notebook now, I recognize that I put pen to paper to confront my fears, usually indirectly but sometimes directly. On the first page, when I was most trepidatious about tackling a profession that was new to me, I wrote, "Today I will begin by simply reading the book." As I thought through the course structure, the words "I can" repeat themselves on the notebook pages, helping me see a path forward despite my hesitancy. Midway through the notebook, I wrote a brief reflection on my experience teaching the course so far, and it is filled with questions like "Could it be…?" "Could I…?" "Maybe this is actually…," which re-routed my doubts toward a more positive, thoughtful avenue.

Not only was I teaching a brand new course that semester, but I was also invited to teach it in a brand new building: the Siebel Center for Design. Unlike the small, dark, outdated classrooms in the languages building on my campus, this building was a hub for interdisciplinary courses and design thinking. With modular classroom furniture, my students easily created and recreated workstations and gathered in small groups. They put together their ideas and then wrote them down as lists and drawings that they presented to the rest of the class on individual, rolling whiteboards. All the classrooms were stocked with markers and sticky notes of all sizes for jotting down ideas, rearranging and rethinking. Glass exterior and interior walls let in natural light, even on cloudy days. I attended the building's grand opening and listened to speeches by our chancellor, provost and the donor for whom the building was named. He flew into town with his family and the famous architect who designed the building. Still, teaching in this space was enlivening and isolating at the same time. The languages building and the Siebel Center for Design are located on separate parts of campus. The long walk between meant that I ventured to my home building less frequently that semester and in turn had fewer interactions among my colleagues. As beautiful as it is, this new building is a transitory space of classrooms where faculty teach then leave, returning to their home departments or continuing to work from home as has become the custom for so many since the pandemic.

By the end of the semester, the building and the distance from my department sometimes felt symbolic of my experience as an LSP instructor in my department: belonging but also apart. I longed for a professional connection to balance my uncertainty and loneliness, but no one else in my department was familiar with LSP or medical Spanish. After a particularly fruitful class session, I remember engaging with my graduate teaching assistant about the lesson as we exited

the room and walked through the heart of the building with its open expanse of walkways and common areas where students gathered at counters, read in stuffed chairs and typed at low tables. Quickly, though, I broke off the conversation with my TA. Reviewing the class with her suddenly felt like I was desperately searching for validation from someone who probably felt unable to critique my lesson even if she wanted to. Furthermore, I worried I was distracting her from her first priority: writing her dissertation on transatlantic literary and cultural studies. Standing on the concrete walkway that spanned the building, surrounded by the hum of students in the open interior space, I felt as exposed as the steel beams and structural pillars the architect had incorporated into the building's design.

Imposter Syndrome and LSP's Uneasy Fit with the Dominant Departmental Culture

Only upon writing this autoethnographic account did I finally pinpoint what was underlying my experience of isolation and uncertainty during the creation and teaching of this medical Spanish course: imposter syndrome. There I was, teaching a senior-level Spanish LSP course, leading a large group of eager students on a topic that interested them deeply, meeting with them in a state-of-the-art campus instructional facility and exploring a topic that is meaningful to me: immigrant justice through health equity. Yet inside I felt out of my depth, constantly reaching around in the dark for the confidence that I had built up over the years in the other LSP courses I offered.

Imposter syndrome involves "feelings of having ended up in esteemed roles not because of merits or achievement but because of some oversight on the part of important gatekeepers, or due to sheer luck. Despite their objective success, these individuals express difficulty internalizing their achievements and accomplishments and worry that they may be uncovered as frauds," (Feenstra et al., 2020, para. 2). Until now, I thought that having feelings of inadequacy was, yes, an inadequacy of mine. However, by recounting here the moments of erasure and confrontation that I experienced in my department, I can now connect those experiences to my internal doubts while developing a new course. I was not teaching "Spanish for Astronauts," but I was exploring a new professional and intellectual space. Rationally, I knew it was natural to feel unmoored at the beginning of anything new, but emotionally I was adrift.

Imposter syndrome is not only about feelings, though. External conditions create imposter syndrome. I felt untethered because, in fact, in some ways I was disconnected from the academic culture of my department, which is likely similar to many language departments. As Feenstra et al. (2020) explain it:

> Instead of framing the insecurities of individuals, especially those who belong to marginalized groups, as a problem that arises from within these individuals, we attest that it is time that researchers consider the important role of outside forces as well—how context and social structure create impostor feelings. … These internalized, negative perceptions of the self are borne out of environments and social interactions that lead people to question their abilities and worth. (para. 15)

As I read this quote now, I am struck by how it echoes the impetus behind my medical Spanish course. I wanted to teach medical Spanish in order to examine the "environments and social interactions" that create health inequities for US Latinx communities. In fact, I was invited to

teach an English version of my class as a capstone course for our campus' honor program, and as I pitched my course to a roomful of students I said, "I am committed to immigrant justice, and that is why I now teach about healthcare." My individual story in no way compares to larger fights for justice, but I see more clearly now how my personal insecurities were created by the still marginalized place of LSP education and research within the structural conditions of language programs, or at least of my department (despite the good intentions of my colleagues, it must be said.)

Conclusions

The future of LSP research will most likely continue to be varied and carried out by scholars who work against the grain of the dominant academic paradigms in language departments. I contend that autoethnography should have a place in that future as a method that illuminates complex issues about the self and its relationship to its cultural context. One could imagine an interpreter analyzing their experiences with secondary trauma and proposing ways to prepare their translation and interpreting students for that phenomenon. A business Spanish professor might examine her experiences shopping at locally Latinx-owned businesses. A dual autoethnography could emerge between a French professor and a leader within a local Congolese immigrant community as they collaborate on a service-learning project at a health clinic. The possibilities are myriad, and the results can provide a unique slant on issues that have already been explored within the LSP literature or open new avenues of scholarly inquiry. In my case, this has been an autoethnography about isolation and self-doubt vis-à-vis LSP's lack of institutional weight in my institutional context, a topic that has been covered previously in the LSP literature, but differently.

Admittedly, autoethnography is a radical shift for many LSP scholars, reviewers, editors, and colleagues in our institutions who evaluate our research and publications. For starters, autoethnography centers the self and is written in first person with an "I" that many in academia have been acculturated to avoid in research and scholarly writing. Furthermore, emotions figure prominently, leaving it open to criticism, often gendered, that it is not intellectual or scholarly. (This is common criticism of theories when they emerge from marginalized viewpoints, such as feminist criticism or queer theory.) Autoethnography can also incorporate innovative narrative techniques, poetry, images and scripts, formats typically eschewed in scholarship. For LSP, a field of study still finding its footing within language programs dominated by research paradigms from linguistics and literary/cultural studies, adding autoethnography to the mix might seem risky. I would argue, however, that resistance to LSP has more to do with power struggles in higher education, in the humanities and in language programs than with doing "the right kind of research" or not.

I can attest that the intellectual labor of writing this autoethnography, engaging in critical reflection, finding a useful theoretical lens and then selecting the events, thoughts and insights to create a coherent narrative was not "easier" or less rigorous than any other scholarly research and writing endeavor I have undertaken. Ironically, focusing on personal, individual experiences brought me to a new understanding about the structural forces at work against LSP in my cultural context that perhaps resonates with other LSP scholars. It reorientated my thinking and gave me a structural explanation for feelings I had interiorized as my weakness, my problem.

Autoethnography generally does not make claims to generalizability. I have offered the story of one LSP researcher and educator in one specific language department in U.S. higher education. Still, some insights and questions for further inquiry have emerged for me. LSP must continue to assert its legitimacy in multiple ways. Great work has already been done in some departments with the creation of tenure-line LSP positions, graduate coursework, and a culture of respect for LSP scholarship and teaching. Nonetheless, there is still much work to be done in programs where simply presenting the case that our research is rigorous, too, is not enough to change entrenched departmental culture. Furthermore, autoethnography could open a space for our colleagues trained in literary and cultural studies. After all, narrative, critical theory and cultural analysis can all be blended into autoethnography in ways that are familiar to their own scholarly work and the models they reproduce with their graduate students.

Finally, I believe my sample autoethnography reinforces the need for community building and professional development opportunities in LSP. The new LSP special interest group (SIG) within ACTFL and the LSP Twitter community are just two of the most recent ways for us to find common ground and feel less isolated. Despite the strong and welcoming community of LSP researchers, though, I still faced imposter syndrome. We need extended, in-depth workshops that can help train an emerging generation of LSP scholars and re-train those of us who venture into the teaching of new professions. Through this autoethnography I realized that my self-doubt was connected to LSP's place outside the academic mainstream, not a personality flaw. With more professional development opportunities we can work to change those systemic conditions. Autoethnography should have a part in those training opportunities because it provides a rigorous methodology for exploring the self, and, I believe, for breaking new ground in LSP research.

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