Breaking the silence: The role of emotional labour in qualitative research

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ABSTRACT
In recent years there have been trends towards scholars being more reflexive about the process of conducting qualitative research. Scholars writing about reflexivity in research have analysed the role of bodies, personality and emotions in research but many aspects of the emotional labour involved in research remain under-acknowledged in existing literature. This paper explores two researchers’ experiences of conducting sensitive, personally-significant research projects. We offer reflections on the emotional labour involved in research, sharing some of our experiences of fear, guilt and sadness during the research process. We note that few support mechanisms exist for supporting qualitative researchers in dealing with the emotional labour of research and discuss some explanations for these gaps. We argue that there is a need to acknowledge the emotional labour involved in doing qualitative research and to assist researchers by providing support in the form of debriefing or counselling. Some of the potential consequences of failing to establish a more systematic approach to the provision of support for researchers are highlighted.

KEYWORDS
Qualitative research; emotions; emotional labour; researcher’s role; reflexivity.

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Introduction

In recent years there has been a marked and welcome trend towards scholars being more reflexive about the process of conducting research (Finlay 2002). The burgeoning interest in the experiences of the researcher in research projects has multiple origins, including feminist and poststructuralist critiques of ‘conventional’ research methodologies. As Laura Ellingson (2006:299–300) argues, conventional accounts of research have tended to erase the researcher from the research process, thus reproducing masculine ‘modes of being’, the mind/body dualism and creating ‘deceptively tidy’ research accounts. The reflexive turn in research is characterised by its diversity and has included examinations of the role of bodies (e.g. Ellingson 2006), personality (e.g. Reinharz & Chase 2002) and emotions (e.g. Reger 2001; Letherby and Zdrodowski 1995; Brannen 1988). Scholars adopting these approaches have argued (among other things) that the subjectivity of the researcher can affect research projects in a range of ways: during the preliminary research design, through data collection, analysis and publication.

One of the features of a ‘deceptively tidy’ research account is its erasure of the role of emotions; particularly, the emotional experiences of researchers as they weave their way through difficult and sometimes traumatic interviews. Tidy research accounts fail to acknowledge that the often painful stories of research participants are communicated with researchers who have few (if any) support mechanisms to assist
them. This paper focuses upon the role of researcher’s emotions in research; in particular, the emotional labour involved in two large-scale qualitative research projects. Following a similar format to that used by Cotterill and Letherby (1993) and Letherby and Zdrodowski (1995), this paper details the authors’ experiences conducting research as doctoral students researching sensitive, personally-significant topics. Our doctoral research explored the experiences of sexual minorities and the chronically ill, respectively. In this paper, we argue that qualitative research often involves a form of ‘emotional labour’, which Hochschild defines as a situation where one is required ‘to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others’ (2003: 7). The unacknowledged emotional labour in qualitative research on sensitive topics can produce significant anxiety and stress for researchers. We share some of our experiences and make suggestions about ways in which we can support researchers embarking on research on sensitive topics.

**Kirsten’s Story**

In the five years since I finished my PhD I have had much time to reflect on the emotional labour involved in my project investigating the lives of sixty Australian bisexual men and women. It is interesting looking back at the methodology section of my finished dissertation and noting how little I discuss the emotional labour involved in interviewing my participants, nor the impact it made on me as a researcher and as a woman still coming to terms with her own non-heterosexuality.

At the time I began my research I was guided by a traditional qualitative methodology that emphasised objectivity in research and the neutrality of the researcher. The
researcher’s personal identity mattered little to the research except to motivate interest in the topic in the first place. In reflecting on her own journey as a researcher, Reger observes that ‘[i]n learning to become a researcher, academics are taught to pursue objectivity while submerging their subjectivity’ (2001: 606). Reger also reflects that she unquestionably accepted this approach, seeing objectivity and subjectivity as a dichotomy (2001: 606). Like Reger, I unquestionably accepted that being neutral and objective was the best way for me to obtain valid research results and that any emotional connections, or emotional reactions, to the research may jeopardise this. I worded advertisements for participants so that I came across as an objective and disconnected outsider, and in early interviews I worked hard to conceal any evidence that I had more than a scholarly interest in the topic.

The problem was that I spent a considerable proportion of the early interviewing process struggling to reconcile the need to be a ‘good’ research student with my desire for more open, honest and emotionally connected research relationships. Part of the struggle involved enormous guilt about what I was denying participants by keeping my own sexual identity – and my emotions – to myself. As someone with access to a wealth of information and resources that many of my participants did not have, I had a lot to offer my participants, especially those that were struggling with their sexuality. To deny this information to these participants simply to preserve the mask of neutrality and objectivity was problematic for me. And as Cook and Fonow have argued, there are moral implications of withholding needed information from participants (1990: 78).
My concerns also centred on the denial of my own emotional reactions to the stories of the participants and what these stirred in me about my own struggles to negotiate my sexuality. As I listened to participant’s stories about their difficulties coming to terms with being bisexual, stories tinged with pain and sadness, I believed I shouldn’t react as this would impede my ability to maintain my role as a researcher. Instead, my reactions came when the interview was over – after many interviews I simply cried my eyes out, or spiralled into an overwhelming sadness filled with guilt and fear. The participants’ stories reminded me of my own difficulties in coming to terms with my sexuality, and my own silences about my sexuality, particularly in my workplace at the time. Yet there was no space for my emotional reactions to the interviews, indeed to the research; for, as Oakley (1981) and various others have argued (e.g. Reger 2001; Fonow & Cook 1991), emotions are seen by traditional methodological approaches to qualitative research as antithetical to the task at hand. By uncritically adopting a traditional objective methodology, however, I was denying myself the possibility of using my emotions to reflect on the research process, to connect more with participants during the interviews and to acknowledge and process the fear and shame I then felt about my own sexuality.

Reger states that ‘[w]e are not instruments that record data but are individuals bringing ourselves and our stories into our research, a process that is never easy and sometimes painful’ (2001: 611). Indeed, as Ribbens has deftly argued, researchers are social beings, just like our participants, and interviews are social encounters (1989: 579) that involve dynamics similar to other personal and social relationships. After some time anguishing over keeping my sexuality a secret from my participants, I decided to take a ‘half-way’ approach and reveal it to those participants who asked me direct questions about my sexuality. However, this ‘half-way’ approach still didn’t
appease my discomfort with keeping my sexuality a secret to most of my participants, and I feared my supervisor’s reaction if I told him that I was no longer being completely objective and neutral in my interviews. The expectations of supervisors, as well as a lack of confidence in our own skills as researchers, can impinge on our abilities to trust our own instincts about our research.

To be silent about one’s own position in the research, however, especially if one shares with participants a marginalised identity such as bisexual, only further reinforces the belief that hiding one’s sexuality is what bisexual people ‘should’ do. How could I possibly try and make participants feel comfortable, safe and accepted as bisexual – particularly those that were closeted, those who had feelings of shame or distress about their sexuality, or whom had never spoken to anyone else about their sexuality before – if I was not prepared to be open about my own? What message was I sending to participants by keeping quiet about my sexuality, by not sharing the struggles and difficulties I had been through (and was still going through) in trying to sort out my sexuality? Now, upon reflection, I am saddened by the belief that the message I sent to those participants who I did not disclose my sexuality to was that being bisexual is something to be ashamed of, to not speak about, and to keep quiet.

I am also saddened by the realisation that I, as well as the support systems around me such as my supervisor, failed to acknowledge the intense emotional labour required if one is researching a topic close to the heart. Recognising this could have provided me with the support I needed to manage my research interviews and the subsequent emotional reactions I often experienced and I may not have felt as anxious and isolated as I did. Moreover, the emotional impacts of hiding an important aspect of oneself such as one’s sexuality – as documented by the many theorists who have
mapped the trajectory of gay, lesbian and bisexual identity development and the negative consequences of being closeted (e.g. Cass 1984; Weinberg, Williams & Pryor 1994) – added to my burden of guilt and shame. Being able to share my confusion about my own sexuality with participants may have provided me with the same cathartic experience that many participants admitted my interviews were to them. At the very least, acknowledging the emotional aspects of my research would have made me feel better as a researcher and as a person.

**Kate’s Story**

Like Kirsten, my PhD research explored a subject matter personally important to me. I examined the experiences of twenty women with the gynaecological condition endometriosis, a condition with which I have been diagnosed. Endometriosis is a chronic and incurable condition characterised by a range of symptoms, including often debilitating menstrual pain, pain during sexual intercourse and infertility.

Researching the experiences of the chronically ill is a delicate exercise. As Radley and Billig (1996:228–229) note, accounts of illness are situated within a wider social discourse whereby the ill are required to account for themselves and establish the ‘legitimacy of [their] actions and beliefs’. From the very beginning of my research, I tried to remain alert to this fact and to minimise the extent to which my participants might perceive me as asking them to account for themselves. I framed my questions so that I did not ask women why they were childless, for example, what they thought ‘caused’ their disease or whether they felt that they were at fault in any way for becoming sick. This was despite the fact that I was interested to know answers to all of these questions. Whilst I recognise that the very process of asking people to talk about their illness – to some extent – requires them to account for themselves, I had
hoped that by framing questions in this way I would reduce the possibility that I would upset the women. What I had not expected, however, was that I might be asked by my participants to account for myself.

During the research project (often as the interviews were commencing), I informed my participants that I had been diagnosed with endometriosis, thus ‘marking’ myself as both a patient and a researcher (Ellingson 2006). Women often asked me personal questions, such as whether or not I had children. When I said I did not, some women responded with a sigh (or asked me to explain why I did not). They assumed that I was involuntarily childless. The women were frequently very kind, reassuring me that children were possible and offering advice on treatment options. I found this to be a strange experience, however, given that I am not (to my knowledge) infertile and am presently not interested in having children. I rarely conveyed this to women, for reasons I am not entirely sure of. In part I think I was surprised and upset by the assumptions that were made and actively resisted the compulsion to explain my fertility choices. I was not prepared to answer personal questions, especially as I am generally a private person and do not feel comfortable discussing my own illness. This was an unexpected dimension of the research project.

I experienced a range of emotions during the research process. As well as the difficulties associated with answering personal questions about my fertility and health status, I found the process of interviewing women to be hard emotional work. Most of the women recounted very painful histories to me, sometimes over a number of hours. Among other things, the women spoke of relationship and sexual difficulties, discrimination at the hands of employers and negative encounters with health
professionals. Like those identifying as bisexual in Kirsten’s research, women with endometriosis were marginalised and they experienced stigma and discrimination. The fact that individuals living with chronic illness will experience biographical disruption (Bury 1982) or a fundamental form of loss of self (Charmaz 1983) as a consequence of their illness is not new. An under-examined question, however, is what it is like for researchers to be repeatedly exposed to such stories in the course of conducting research.

After interviews, I often felt emotionally exhausted. Some of these women were terribly sad about their illness experience and were struggling to cope with the realisation that their condition was incurable. Whilst I was extremely grateful to the women for sharing their stories with me, I cannot deny the fact that I often came away from interviews feeling upset and even burdened by what I had heard. For many of the women, participating in an interview had given them an opportunity for emotional release. They used words such as ‘venting’ and ‘cathartic’ to describe the experience of participating in the study. I was extremely pleased to hear that women benefited from their involvement in this way. Nevertheless, we must also recognise that when research participants ‘vent’, they vent to someone. My initial emotional reaction to women’s narratives was compounded by the fact that I could not simply walk away from their stories. I read and re-read transcripts of these interviews, listened to interview tapes and continually relived the women’s experiences. I imagine that most researchers become similarly immersed in their data; when working alone on a research project, as PhD students do, one’s immersion in the data is often total and the opportunities for emotional responses are heightened. Also, given my personal connection to the subject matter, I found that the women’s stories triggered a range of
reflections in me, especially where there were similarities between my experiences and theirs.

I was very lucky to have two excellent PhD supervisors to whom I could easily have spoken about the emotional dimensions of the research project. For some reason, I did not speak with them. This is partly because of my private nature. Upon reflection, however, I believe that there might be more to it than this. Like Kirsten, I now consider that my reluctance stemmed from a deeply entrenched belief that to acknowledge the emotional labour associated with research would somehow be unprofessional, too subjective or too self-indulgent. Throughout the course of my PhD research, I have repeatedly heard anecdotes from other students and colleagues whose research has been criticised because they included accounts of the emotional labour of research which were deemed ‘too personal’. All of this suggests the continued legacy of positivism in social research and the need for a more open scholarly conversation regarding the realities of emotional labour in research. We need to do more to support researchers who are conducting difficult, traumatic or sensitive research.

Reflections and Conclusion

Both of us experienced a range of emotional reactions to our research interviews, such as guilt, sadness, anxiety and fear. Some of these feelings came as a result of suppressing emotional reactions in interviews out of fear we would lose or alienate our participants if we demonstrated anything less than professionalism. Our sense of what constituted ‘professionalism’ in research was influenced by a largely positivist and masculine way of knowing, however, which continues to prevail in the academy,
and leads to a persistent failure to acknowledge the emotional labour of qualitative research (especially into sensitive topics).

Other emotions we experienced related to our private and personal identities as women who shared the experiences of many within our research group. The disjunctions we experienced between our professional and personal roles indicate the difficulties of managing the research process when one is not only professionally vulnerable, but also personally vulnerable as a member of the community being researched.

We were also motivated to suppress our feelings by a sense that as doctoral students we were accountable to our supervisors, departments and discipline. Moreover, we both examined sensitive topics; individuals in these groups are often subject to stigma and discrimination and experience biographical disruption. Interviewing them requires one to spend considerable time in interviews developing rapport and ensuring the participants feel safe, comfortable and most of all, accepted. We argue that when qualitative research is conducted in relation to sensitive subject matters, a form of exchange is often involved. Hochschild’s (2003) notion of emotional labour is a useful conceptual tool for understanding the emotional processes involved in conducting such research. In the performance of emotional labour, the researcher will frequently suppress her or his emotions in exchange for making the interviewee feel comfortable; eventually, however, the researcher will be left to process these feelings, often on their own.
One of the key issues our experiences raise is why the same formal support systems that exist for other professions who perform ‘emotional labour’ - such as psychology or counselling (Brannen 1988) - do not exist in formal ways for researchers (Letherby 2003:113). While the vicarious trauma that psychological professionals can suffer has been recognised (McCann and Pearlman 1990), it is possible researchers also experience vicarious trauma to certain degrees. Yet there is an eerie silence in the social sciences about this possibility, as well as about ways of managing the emotional labour necessary to ensure interviews with participants are successful.

This silence is reflected in the current version of the *National Statement on Ethical Conduct in Human Research* (NHMRC 2007); it does not adequately explore the question of how best to protect or support the emotional or psychological needs of researchers. Quite rightly, the emphasis is upon protecting research participants. But it is important to consider whether and in what ways the National Statement should pay cognisance to the support needs of researchers.

We suggest that those either supervising or mentoring researchers conducting projects on sensitive or personally-significant topics instigate formal support systems such as individual or group debriefing sessions or organise for researchers to access specialised counselling services. We also suggest that there needs to be recognition in the *National Statement on Ethical Conduct in Human Research* that support for researchers investigating emotionally sensitive topics is crucial to ethical research and that human research ethics committees and supervisors be required to provide such support systems in order to receive ethics approval.
Acknowledging the emotional labour involved in sensitive, personally-significant research topics assists us in understanding more about the reflexive processes of qualitative research. More significantly, however, acknowledging that these kinds of research can sometimes be difficult, sad, and emotionally taxing may provide researchers with the chance to develop strategies to manage these difficulties more effectively. We do not know whether researchers who have had difficult experiences in the past become reluctant to conduct certain kinds of research into the future. This seems a distinct possibility, however. If so, this may work not only as an obstacle to the intellectual freedoms and development of the individual researcher but as a blemish on research culture as a whole, which would be diminished immeasurably by any failure to explore all facets of the human experience: no matter how troubling or traumatic they may be.
References


