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Virginia Dickson-Swift, Erica L. James, Sandra Kippen and Pranee Liamputtong

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## *Doing sensitive research: what challenges do qualitative researchers face?*

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VIRGINIA DICKSON-SWIFT, ERICA L. JAMES, SANDRA KIPPEN AND PRANEE LIAMPUTTONG  
La Trobe University, Australia

**ABSTRACT** As health researchers we need to investigate a wide range of topics to enhance our understanding of the many issues that affect health and well-being in today's society. Much of the health research undertaken today involves face-to-face encounters with participants using qualitative methodologies. There is a growing recognition that undertaking qualitative research can pose many difficulties for researchers. However, very little research has focused directly on the experiences of researchers while undertaking qualitative research and the issues that their involvement in the research raises for them. To explore these issues, one-to-one interviews were conducted with 30 qualitative health researchers. A grounded theory analysis revealed that researchers can face a number of challenges while undertaking qualitative research. These include issues relating to rapport development, use of researcher self-disclosure, listening to untold stories, feelings of guilt and vulnerability, leaving the research relationship and researcher exhaustion. These results are discussed and recommendations for researchers involved in qualitative research are made.

**KEYWORDS:** *emotion work, qualitative, rapport, self-disclosure, sensitive research*

Data collection can be an intense experience, especially if the topic that one has chosen has to do with the illness experience or other stressful human experiences. The stories that the qualitative researcher obtains in interviews will be stories of intense suffering, social injustices, or other things that will shock the researcher. (Morse and Field, 1995: 78)

### *Introduction*

Concern for participants has been a focus of debate in the social sciences for some time (Lee-Treweek and Linkogle, 2000b). Consequently, researchers are often well versed in outlining the importance of protecting participants, the ways they intend to do this and the possible consequences of the research

process upon the lives of those being studied. Prior to beginning recruitment and data collection, most researchers have already submitted a proposal to a funding body or ethics committee explaining in detail how they will manage any possible risks to those participating in their study. However, 'the issue of their own or their co-researchers' safety and welfare needs is often thought through in a cursory manner or in an ad hoc contingent fashion once in the field' (Lee-Treweek and Linkogle, 2000a: 1).

There is a growing recognition that undertaking qualitative research can pose many challenges for researchers (Birch and Miller, 2000; Campbell, 2002; Etherington, 1996; Ferguson, 2003; Gale, 1992; Gilbert, 2001a; Hart and Wright-Crawford, 1999; Hutchinson and Wilson, 1994; Johnson and Clarke, 2003; Kitson et al., 1996; Langford, 2000; Liamputtong and Ezzy, 2005). Some of the challenges identified by researchers include issues related to maintaining boundaries (Dickson-Swift et al., 2006; Gale, 1992), developing rapport (Liamputtong and Ezzy, 2005), developing friendships (Ceglowski, 2000; Higgins, 1998), reflexivity (Ellingson, 1998; Kiesinger, 1998), managing emotions (Dunn, 1991; Gilbert, 2001b; Payne, 1994; Rager, 2005) and leaving the field (Burr, 1995; Higgins, 1998; Hubbard et al., 2001). While many of these difficulties are unique to qualitative research, they are often compounded when researching sensitive or difficult topics (Alty and Rodham, 1998; Lee, 1993, 1995; Lee-Treweek and Linkogle, 2000a; Lee and Renzetti, 1993; McCosker et al., 2001).

Researchers undertaking qualitative research, and particularly qualitative research on sensitive topics, need to be able to make an assessment of the impact of the research on both the participants *and* themselves. In order to undertake an assessment of the potential impact the research may have on them, they need to be alerted to the possible issues that participating in the research may raise. In light of this, Milling-Kinard (1996: 69) concludes that:

Efforts to address these issues would be enhanced by more published accounts of investigators' experiences in dealing with the effects on researchers of conducting studies on sensitive and emotionally laden topics: Too little attention is given to documenting the process of carrying out research.

In addition to the above examples, research has been undertaken examining the effects on researchers who are involved in reviewing secondary records (for example, case reports or coronial files) of people who have been involved in traumatic events (Alexander et al., 1989; Driscoll et al., 1997; McCarroll et al., 1995; Milling-Kinard, 1996). Alexander et al. (1989), in their study of researchers who were involved in reviewing case records of rape and sexual assault victims, reported that, although the researchers had no direct contact with the victims, their involvement with the data had a number of impacts on them. These researchers reported issues similar to those experienced by researchers directly involved in research on a sensitive topic: for example, sleeping disorders, emotional changes and a need for social support. They further

identified that these feelings often paralleled those reported by their participants. Similarly, Milling-Kinard (1996) reported responses in researchers when reviewing case records in children who had been abused. The researchers spoke of feeling sad, angry, frustrated and helpless.

A number of other researchers have written reflectively about their own experiences of researching sensitive topics (Burr, 1995; Cannon, 1992; Darlington and Scott, 2002; Ferguson, 2003; Gair, 2002; Harris and Huntington, 2001; Hubbard et al., 2001; Kitson et al., 1996; McCosker et al., 2001; Melrose, 2002; Rosenblatt, 2001; Warr, 2004). These researchers have reported that undertaking their research has affected them in a number of different ways. Despite the fact that they are working in a wide variety of fields, their experiences are similar regardless of disciplines or research areas.

Despite the many difficulties identified by researchers and the fact that 'researching the researcher...is a much needed new area of investigation' (Campbell, 2002: 9), very little empirical work focusing directly on the experiences of researchers has been undertaken to date. Some recent exceptions include the studies by Johnson and Clarke (2003) and Campbell (2002). Both these studies utilized in-depth interviews with small numbers of researchers involved in sensitive health research projects. They identified that the researchers faced many challenges including developing friendships, emotional and physical safety, and conflict over roles when researching sensitive topics. The research reported here adds to the sparse empirical work in this area.

## *Method*

Qualitative research based in an interpretive paradigm is exploratory in nature, thus enabling researchers to gain information about an area in which little is known (Liamputtong and Ezzy, 2005). A qualitative approach was chosen for this study as we aimed to understand the experiences of undertaking qualitative research on sensitive topics from the perspective of the researchers.

Individual semi-structured interviews were conducted with 30 Australian public health researchers who had undertaken qualitative research on sensitive topics. The research topics being investigated by the participant researchers included homelessness, sexual behaviours, cancer, drug and alcohol abuse, violence, death and suicide. The researchers were a mix of novice and experienced researchers. Data collection consisted of individual one-to-one interviews conducted by the first author in a location that was convenient and appropriate to each researcher. The interview schedule used was adapted from the one used by Campbell (2002). Consistent with her approach, each participant in the current study was allowed to tell their particular story, highlighting points of importance in undertaking sensitive research that were relevant to their particular experience. Most of the interviews took about one hour. With the permission of the participant researchers, all the interviews

were audio-recorded to preserve the spoken words. Ethical approval was granted by the University Ethics Committee.

Data analysis and data collection were carried out simultaneously, utilizing the constant comparative method of a grounded theory approach based on the work of Strauss and Corbin (1990, 1998) and Charmaz (2000, 2002). Consistent with a grounded theory approach, data analysis began with 'open coding' (Strauss and Corbin, 1990), which facilitated the development of the initial concepts. This analysis revealed a number of main themes in the data, allowing identification of different concepts and categories. Following on from this, selective or focused coding was undertaken (Charmaz, 2002) which involved exploring the codes and examining relationships between codes and comparing them with pre-existing literature and theory. These codes were then categorized to reflect the different aspects relevant to the research process, and will be reported in three parts. The first part begins at the point when a researcher enters the life of a research participant and commences the rapport-building process. Researchers in this study identified a number of specific issues regarding the process of entering people's lives for research purposes, including rapport building, reciprocity and self-disclosure. Following on from this, the second part of this article presents the findings and discussion relating to issues raised by the researchers relevant to the process of undertaking the research interview: data collection, transcription and analysis. Finally, the third part presents some findings and discussion about the consequences of doing this type of research as identified by the researchers. Participant quotes (*in italics*) will be used throughout the remainder of the article to illustrate the issues faced by the researchers.

### *Entering the lives of others*

In an examination of the experience of undertaking sensitive health research, it is important to first consider what it is that we, as qualitative researchers, actually do. We go into other people's lives, sometimes at a time of crisis and stress, and we ask them to talk in detail about their experiences (Cannon, 1992; Glesne and Peshkin, 1992; Liamputtong and Ezzy, 2005; Morse and Field, 1995; Ribbens and Edwards, 1998). Sometimes this can be for an extended period of time involving repeated interviews, or it may be a one-off encounter. Researchers in the current study acknowledge that entering into the lives of others is characteristic of this type of research, suggesting that it is this aspect that makes the research unique:

*It is so much more than just signing a form to say that they are willing to offer you information, they are actually allowing you into their lives, they are telling you personal information that might be quite hard, so you need to demonstrate a certain degree of discretion, of respect, of appreciation for what they are doing 'cause the reality is that it is more than just words, it's more than just what you are going to analyse, it's their life, their experience and you need to make sure that you are aware of that.*

## *Developing rapport*

Qualitative researchers must initiate a rapport-building process from their first encounter with a participant in order to build a research relationship that will allow the researcher access to that person's story (Ceglowski, 2000; Goodwin et al., 2003; Grbich, 1999; Liamputtong and Ezzy, 2005; Minichiello et al., 2000; Payne, 1994; Taylor and Bogdan, 1998).

Researchers in the current study often reported struggling with the level of rapport that they developed:

*I knew that it would be really important to develop rapport so that they could tell me all of these personal things so I was probably conscious of making sure that I had developed really strong well founded relationships with them but probably not thinking about the implications of that and the consequences of doing that.*

Part of the role of the qualitative researcher is to facilitate participant disclosure. This disclosure can be heightened if there is a level of rapport between researcher and participant. Concern has been raised by a number of feminist authors regarding the level of disclosure achieved in some research interviews (Finch, 1984; Oakley, 1981; Reinharz, 1992). Kvale (1996: 116) echoes this point, stating that the 'interviewer should also be aware that the openness and intimacy of the interview may be seductive and lead subjects to disclose information that they may later regret'.

Many of the researchers in the current study reported feeling quite surprised at the depth of information offered to them by their participants:

*I am just amazed at how willing people were to talk to me about the most intimate and personal details of their lives.*

In addition, some researchers reported feeling a little uneasy about the level of disclosure that occurs in some research interviews, while others felt that the act of listening to the story often validated the experiences of the participants by giving them the time to talk about them:

*... it's about respectfully listening to someone's story without comment; it's about listening to them and affirming the story by the listening.*

Although there is a recognition that providing a space for people to talk is an important feature of qualitative research, Patai (1991) has identified that many people who participate in research do not have enough people in their lives who want to listen to what they have to say. This unease has been echoed by Ely et al. (1991) who raised a concern that some people who do not have many opportunities to talk about their experiences might take advantage of the opportunity to participate in a research interview.

Often research interviews take place in people's homes and people are effectively allowing researchers to come into a private part of their lives. When a researcher spends the time developing rapport with a participant, they may then feel obliged to stay on for a while after the interview and spend some time with the participant:

*I sometimes feel like perhaps just on the littlest level that they might feel that you are a friend and you feel a teeny bit guilty 'cause they are giving you cups of tea and being really nice and you are always thinking – 'Oh I am just getting my data here' but then again I always think that you have a responsibility to act in that socially acceptable way.*

Qualitative researchers report on context, often taking detailed field notes about the setting of the interview. This may include observations of photographs of family members, descriptions of the house, the room, the person and pets. Researchers reported staying with the participant for a while after the completion of the interview, having a cup of tea, or taking a walk in the garden. While these courtesies are important for rapport maintenance, they may also create an expectation that the research relationship becomes more like a friendship:

*You need to allow about half an hour before you even start talking about what you are there to talk about and then you can't just get up and leave, you've got to have afternoon tea and I felt I really needed to do that so that they could open up to me and so they didn't see me as someone – well she's just here to get the gory, gutsy bits and that's it. I wanted to make sure that they knew how important it was for me to see them as a woman and to understand their context, like their life and the other parts.*

### Self-disclosure

The use of researcher self-disclosure was reported by a number of the participant researchers. In order to ensure that the relationship between the researcher and the participant is non-hierarchical, researchers are often involved in a reciprocal sharing of their personal stories (Liamputtong and Ezzy, 2005). Researchers in the current study reported perceiving a need to create some sort of 'level playing field', acknowledging that self-disclosure could enhance rapport, show respect for the participants and validate the participants' stories. One participant remarked:

*I needed to put myself on a level playing field with them in terms of – I think, as much as anything, make them understand that I really understand what they are going through – 'cause how many say oh yeah – I know what you mean', when they really don't ... and I think I really wanted them to realize that I understood.*

Similarly, another participant stated:

*All of my questions and my inquiries and conversations are highly personal, so there's no way I can expect not to be asked to be on a level playing field with those people, they are going to ask me and they do and that's fine. I'm not one of those people who has too much of a problem with that. I'm happy to talk about any personal aspect of my life – most of the time.*

Although many researchers undertake some level of disclosure in research interviews, the intensity and frequency of disclosure may be different in research on sensitive topics (Lee, 1993; Lee and Renzetti, 1993). There was recognition by the researchers in the current study that qualitative research on sensitive topics creates a space for self-disclosure by the researchers that may not be appropriate in other types of research:

*I expect to be sharing in a way with those people. What happens is that when people talk to me about their experiences they share with me and I share with them, it's much more of an equal relationship than a conventional research interview.*

For many, this sharing was a conscious part of the rapport-building process, while for others it was more accidental:

*I didn't want to, no I didn't. Not that I was disappointed 'cause I got to the point where I thought well if that's what's had to happen for me to feel like I connect, because for some women that was quite important and also it was like it was coming out of my mouth before I even realized it and it felt like I had no sense of control because I wanted her to know that I identified with her and I wanted her to know that I knew what it was like.*

While some of the researchers spoke about mentally preparing themselves for undertaking some level of self-disclosure in the interview, others had not thought about it too much, and had to then make a decision on the spur of the moment about how much to tell:

*I was in an interview where suddenly I had to make a decision about disclosure – and this is not just disclosure about what my schooling was or you know what my parents did, this was a very, very intimate moment of disclosure and I told him and he said – that's the same as mine.*

Others reported thinking about the level of disclosure they felt comfortable with before the interview:

*... the principle is disclose as little as possible and always disclose the minimum amount if you have to, to get where you need to go.*

Some researchers spoke about feeling that their own research participants did not want to hear about them, often reminding themselves that this is not about the researcher but about those who are participating:

*... you know it's an interview and not a sharing session, hopefully they've understood what it's about and you know I avoid talking about me.*

*I constantly remind myself that this is not about me, although sometimes it could be, this is about her and her experience.*

While some researchers felt quite comfortable with a certain level of disclosure, for others it created some angst, especially for those who had made a decision before going into the interview not to self-disclose:

*For God's sake – you've just set yourself up to say that you are not gonna do this and this and you've walked out of this woman's house for the first time and you've told her everything about yourself, you know? And I've sort of thought, 'Oh God, does that make me a bad researcher?' because I'm there to find out about her but all of sudden I'm talking just as much about me as she's telling me about herself.*

Self-disclosure by researchers is often reported as good research practice with some feminist writers advocating researchers' self-disclosure (Oakley, 1981; Reinhartz, 1992). Researchers need to think through how much self-disclosure they will undertake in the process of the research. While self-disclosure is often cited as a way of 'levelling the field' between the

researchers and the researched, it can sometimes make researchers feel vulnerable (Fontana and Frey, 1994; Oakley, 1981). The implications of researcher self-disclosure will be discussed in more detail in a later section of this article, which focuses on the consequences for researchers.

### *Reciprocity*

Daly (1992: 5) writes that qualitative research needs to run on the principles of 'fair exchange', which is similar to the idea of reciprocity (Acker et al., 1991) where researcher and participant engage in a reciprocal sharing process. This process can lead into reciprocity of disclosure whereby researcher and participant share aspects of their stories with each other, which contribute to the depth and quality of the data (Daly, 1992). While this reciprocity can lessen the hierarchical nature of the research process, it may also leave a researcher feeling that they need to 'give something back' to the participants. Giving back in this way may enable researchers to acknowledge the value of what the participants have shared with them:

*I'm not gonna hold back and not offer myself to them as a source of support just, just to make sure that my research is within the confines of what a textbook says – like this is a real experience for them, they are letting me into their lives, they're – you know – privileging me so I actually need to give them something back.*

Differing understandings and levels of reciprocity were reported by the researchers in the current study. Some were related directly to the research, while others related more closely to a social relationship with the participant. Some reported that their reciprocity took the form of some community action, a report, or some community service. For others, it was about offering more tangible things like running errands or going to a movie or a dinner. Similarly, differing understandings of reciprocity have been reported in the literature with some writers strongly against reciprocal relationships (Acker et al., 1991; Stacey, 1988) while others (particularly feminist writers) strongly advocate for research relationships based on reciprocity (Cotterill, 1992; Ribbens and Edwards, 1998; Stanley, 1990; Stanley and Wise, 1991).

### *Process of the interview*

Many of the researchers in the current study spoke about the fact that the people participating in their research were often marginalized and vulnerable. Some researchers felt that participation in research provided an opportunity for some people to be listened to by a person who really did want to hear their story:

*A lot of women were saying that they actually look forward to me coming because it was almost like their time, to talk about personal things, things that they don't often get to talk about, especially to someone who really wants to listen.*

Qualitative researchers attempt to access the 'human story' and in order to do this it is important to remember the human side of the work. Qualitative research is:

*... so different because people are giving us something, they are giving us their words, a part of themselves.*

Researchers often referred to the need to be human in order to do this type of research.

*You have to appear real and human in this research, be honest, be caring and think about the person, the human person when you are writing it up.*

Similarly, another participant remarked:

*It wasn't just being passed to a tape recorder, it was information being given to me as a human being and I responded to them as a human being.*

When this participant talked about responding as a human being she referred to her ability to care for another person. A number of conceptualizations of caring have been developed by different theorists (Leininger, 1981; Morse et al., 1990, 1991; Noddings, 1984); however, many theorists who conceptualize caring as a human trait claim that caring is a part of human nature (i.e. one of those things that makes us human). Morse et al. (1990: 4) state that caring is 'an innate human trait, the human mode of being, a part of human nature, and essential to human existence'. In this sense, caring is perceived to be a basic characteristic that is a foundation of human science (Leininger, 1981; Roach, 1987; Van Hooft, 1995).

Caring as a concept is discussed in detail, particularly in the nursing literature (Morse et al., 1990, 1991; Noddings, 1984; Roach, 1987) and there are parallels for researchers. If caring is a basic human trait, then it is vital that researchers are able to care for another person during the research process. Noddings (1984), a noted nursing caring theorist, calls for professional practice grounded in caring and highlights that caring for another involves 'a desire for the other's well-being' and a 'commitment of self' to others (Noddings, 1984: 13). Caring for a person implies that we are willing to be available and to give something of ourselves to others, and it sometimes involves a level of guilt (Noddings, 1984).

Caring theorists have identified a number of behaviours that they see as essentially 'caring' behaviours. Leininger (1981: 13) uses the following terms to illustrate some of the behaviours that may be expected when a person is involved in caring for another '... comfort, compassion, concern, coping behaviour, empathy, enabling, facilitating, interest, involvement, sharing, support, tenderness, touching and trust'. An examination of these terms suggests that researchers involved in sensitive research are engaged in many of these behaviours as a result of the research that they do.

In addition to caring theory, emotion work theory can also be valuable for understanding the work that researchers do. The concept of 'emotion work' was initially developed by Arlie Hochschild in her now classic study *The Managed Heart* (1983). This study explored the experiences of flight attendants and how they managed their emotions on a day-to-day basis on the job. Emotion work is generally used to refer to the work involved in 'dealing with

other people's emotions' (James, 1989: 16). This theory has often been used to explain the work undertaken by various service occupations including supermarket clerks (Tolich, 1993), clerical workers (Rogers, 1995; Wichroski, 1994), nurses and care assistants (Aldridge, 1994; James, 1989, 1993; O'Brien, 1994; Smith, 1992), teachers (Nias, 1996), beauty therapists (Sharma and Black, 2001) and other professional groups (Harris, 2002; Pierce, 1999; Wharton and Erickson, 1993). While emotion work is a component of many different occupations occurring in differing degrees, undertaking research is still largely absent from classifications of occupations requiring such work.

Researchers in the current study referred to themselves as caring, empathetic, patient and compassionate. They also referred to the value of just being with a participant, especially when the participant was disclosing something particularly intimate to the researcher:

*When he became so upset I switched the tape recorder off and in doing this there was a real shift to the personal. I stopped being a researcher and I became another person in the room with him, I gave him a hug, we had a cigarette – it was much more human.*

One of the important aspects of this discussion is that 'if we undertake to study human lives, we have to be ready to face human feelings' (Ely et al., 1991: 49), which often comes at a personal cost to researchers. Some of the researchers spoke about the importance of responding to the participants as human beings. They spoke about the value of touching, offering support and showing emotion.

One researcher in the current study shared her concerns regarding touching participants, recounting a time when she had reached out and held the hand of the participant while she was telling her story. She felt confused and concerned afterwards because she felt that, when she did reach out and hold the hand of the other person, there was a shift in the relationship:

*When I held her hand I thought 'hey, hang on – the dimensions have changed here', the line between me as a friend and me as a researcher may be blurred because – is that appropriate researcher conduct?*

When qualitative researchers interact with research participants on a personal level, there is a possibility that the boundaries between the researcher and the research participant can become blurred. Some participants may have difficulties in differentiating between research and therapy, and many find participation in research has enormous therapeutic value (Coyle and Wright, 1996; Dickson-Swift et al., 2006; Etherington, 1996; Grafanaki, 1996).

### *Analysing the data*

There are a number of issues associated with the transcription and analysis of interview data. The goal of transcription is to transform oral speech into a printed copy, accurately capturing the words of the research participant

(Sandelowski, 1994). Accurate transcription is a fundamental first step in data analysis. In order to undertake a transcription, researchers often listen to the interview tapes a number of times, becoming more familiar with the data on each listening. While some researchers opt to have their transcription of tapes performed by another person, most of the researchers in the current study preferred to undertake their own transcribing, believing that this was an important first step in the data analysis.

The process of transcription is often thought of as purely a technical task involving the transformation of the spoken word into data. The challenges associated with transcription have not been given a great deal of empirical attention. However, some researchers have acknowledged the difficulties associated with transcription of research interviews regarding sensitive topics (Cameron, 1993; Darlington and Scott, 2002; Gair, 2002; Gilbert, 2001b; Gregory et al., 1997; McCosker et al., 2001; Melrose, 2002; Scott, 1998; Warr, 2004). Transcribing a research interview on a sensitive topic can be an emotional experience for the transcriber who often listens to powerful stories. Transcribers are 'absorbing the voices and stories of research' (Warr, 2004: 586); however, they are often overlooked when researchers think through the ethical issues the research may raise:

*Well I think that transcribing is kind of an overlooked process. I like to transcribe my own because I think by the time you have transcribed you know it really well and there is no substitute for that. To hear a voice is quite different to reading it on a page. You know a lot of people do send that kind of stuff out and never have a thought for what the transcriber, who has often not had anything much to do with the research is going through.*

Many of the researchers spoke about the difficulties associated with undertaking their own transcription of sensitive research interviews:

*I do my own transcription and it's one of the hardest aspects of this research; in the interview you hear what they say but when you listen again it's like, like you really hear it and you have time to take it in more ... that's often the hardest bit.*

Some of these difficulties related directly to the nature of the topic, but for others it was more about their own reactions to the data:

*... 'cause you can hear the voice warbling and you can hear the silences and I can hear me, like sometimes at a silence – and my awkwardness and my uncomfortableness with the topic.*

*... it just broke my heart – I mean it broke my heart to hear the story and every time I came back to try and analyse that material it broke my heart.*

Some researchers spoke about feeling quite emotional at the time of the transcription, and for some the transcription process allowed them the freedom to really respond emotionally to the data:

*I have just read part of the transcript and I mean I felt much more emotional reading the transcript than what I had in the interview.*

*I find transcribing interviews really hard and it's harder to transcribe the interview than it is to hear it the first time 'cause the second time you have to actually hear it and feel it.*

## Untold stories

In order for researchers to understand the experiences of the participants, they need to build a level of trust so that the participant feels safe enough to share their story (Booth and Booth, 1994; Charmaz, 1991). Given that some of these stories are untold, this is not always an easy process. When a research participant feels that they are in a safe place, they may feel more inclined to share some aspects of their lives that they may not have shared previously. Many of the researchers in the current study spoke about providing a safe place for people to tell their story:

*I was almost like a safe place it was almost like I was an opportunity to vent all of their inner fears, their really raw emotions that they weren't prepared to give to other people 'cause they were trying to protect those other people whereas I was there and happy to take, seen as almost happy to take all that on board.*

Researchers also reported that many of the stories that were told in research interviews were the ones that participants had kept hidden from family and friends in order to protect them. Researchers felt as though they were giving their participants permission to tell their story in their own way:

*... so the untold stories are often about being given permission to talk about the topics that you are not really supposed to talk about and being given permission by someone who wants to know, someone who you hope will be a bit impartial and unbiased, will listen and whose job isn't to solve a problem but just to listen.*

For many participants taking part in research on sensitive topics, it is the first time that they have told someone their story, and this can raise difficulties not only for them, but also for the researcher who is listening to the story. This sharing of hidden or unexplored aspects of people's lives can change the expectations of the participants. The fact that qualitative research often requires supportive listening may make researchers ultimately more vulnerable to crossing the boundaries from research into friendship (Dickson-Swift et al., 2006).

In the process of undertaking a research interview, researchers are often privy to these stories for a number of reasons (Etherington, 1996; Ramos, 1989; Wincup, 2001). Ramos (1989) used the term 'Pandora's box' and Etherington (1996) the term 'tin-opener effect' to illustrate that in qualitative research we often ask people to talk about aspects of their lives that they may not have previously discussed. Many of the researchers in the current study worried about the effects of opening up 'Pandora's Box' or a 'can of worms', not only for the participants but for themselves:

*I think that we are opening up a can of worms. People do open up and sometimes tell things that I don't think they have really thought through.*

As part of this process, a researcher may then become a secret-keeper. For some researchers, the role of secret-keeper is not one that they feel entirely comfortable with:

*I had to keep that secret and you know I didn't like being a keeper of secrets but I'd set the study up so I could get the secrets and so I had to deal with that.*

Many of the researchers felt that participants often got a sense of relief from their participation in a research interview, taking the opportunity to tell someone their secrets:

*Some of it is the relief of telling someone ... just anyone – they don't want to die with their secrets inside them.*

Researchers listening to those secrets often felt that they were somehow performing a service for the participant, likening the experience to that of hearing a religious confession:

*... people discuss their sexual problems with me, and some people will tell me something they felt guilty about for 40 years, and some people will confess their sins or what they consider to be sins – something they have kept secret for a long time and felt bad about and they will trust this secret to me.*

Researchers might create a confessional situation for participants by openly inviting them to tell their story. This may provide an opportunity for a person to confess something that may be particularly difficult to tell anyone outside that situation (Lupton, 1998). Lupton (1998: 92) suggests that 'the confession is deemed to be a difficult but rewarding process', acknowledging that people can feel purified by the process of telling another. Thus, confessions can provide a sense of catharsis. The cathartic effects of research have been well documented in the literature with many authors commenting on the perceived benefits of participating in research interviews (Brannen, 1993; Hutchinson et al., 1994; Sque, 2000).

Some researchers acknowledged that their participants often shared private information about certain aspects of their lives that the researcher would not normally expect to hear due to their status as a stranger:

*Occasionally it's the first opportunity to do it and a stranger is always a good person to do it with the first time because there are no repercussions, or no obvious repercussions and that's important.*

Previous research has acknowledged that this lack of a relationship often makes it easier for people to open up and disclose personally sensitive information (Brannen, 1988; Reinhartz, 1992). Often researchers do reassure their participants that the interview will be a one-off encounter and this may heighten disclosure. Patai (1991: 142) raises the point that, as researchers:

*... we ask of the people we interview the kind of revelation of their inner life that normally occurs in situations of great familiarity and within the private realm. Yet we invite these revelations to be made in the context of the public sphere, which is where, in an obvious sense, we situate ourselves when we appear with tape recorders and note pads eager to promote our 'projects' for which other people are to provide the living matter.*

### *Feeling privileged*

Many of the researchers used the term 'privilege' when describing their experiences. They often felt that they had been afforded a privilege by being allowed to listen to stories that were often private and intimate:

*I suppose when it first happened I was very aware of the weight of the privilege of what I had been told.*

The privilege of participating in this type of research has been documented in the literature (Cannon, 1992; Liamputtong Rice and Ezzy, 1999; Rosenblatt and Fischer, 1993; Sullivan, 1998). Sullivan (1998: 74) states: at the forefront of my mind was always the thought that to be permitted a private view of another person's past, their pain, and their sorrow, was a privilege'. Qualitative researchers often feel that they are being made privy to privileged information and that this leaves them a heavy responsibility (Rosenblatt and Fischer, 1993). Researchers reported coming away from research interviews with feelings of 'gratitude and debt to the person who has just shared many intimate details of their life' (Liamputtong Rice and Ezzy, 1999: 41).

The privilege of being allowed access to an intimate story also meant that many researchers in the current study felt a sense of responsibility to do something with that story.

For some, the responsibility of being given the story weighed heavily on their conscience, leaving them with the feeling that failing to do something to help that person's situation would be letting those people down:

*I have an incredible responsibility, I've been given this and I have to do something with it. I really felt a sense that I would be letting those people down if I did not and ... I guess because we do come to know them through their stories this can have an effect on us.*

Some researchers expressed a need to follow up the interview with a phone call or some other contact that reflected to the participants the importance of their participation in the project:

*I've been fairly careful to take a note of it at the time [next doctors appointment], put it in my diary and the day before or the day after ring them up and ask them how it was going ... not necessarily as part of the research but just because I felt that I had a responsibility to them – they had told all this and it would be awful for them to tell somebody this and the person they were telling not to think that it was important.*

### *Becoming desensitized*

Many of the researchers in the current study used the term 'desensitization' when talking about their own experiences conducting sensitive research projects. This feeling of becoming desensitized stemmed from the fact that they

had heard so many difficult stories throughout their research careers that they did not get affected by them any more:

*... it's like those sorts of things just wear off, you know you don't get a shock when someone says – 'oh my father beat me for 10 years', you just think 'oh well'.*

Another researcher expressed her concern that undertaking sensitive research might have an inoculation effect on her and that she would become immune to being shocked by the difficulties faced by some people:

*I think towards the end there I started to worry about that sort of inoculation effect you know – after you've done it so many times and you've heard so many bad stories – do you become immune to it?*

Concerns over desensitization have also been raised in the literature (Campbell, 2002; Melrose, 2002; Morgan and Krone, 2001; Scott, 1998). Scott (1998: 22) explains that often throughout interview discussions of rape, physical assault and childhood prostitution – the extraordinary can become 'bizarrely ordinary'. This anxiety has been echoed among health workers who found similar concerns in medical students who reported being anxious about becoming desensitized and estranged from their feelings (Smith and Kleinman, 1989). Although many of the researchers in the current study did not have the extended contact with people that medical professionals do, their concerns about becoming distant from their feelings are important. Becoming estranged from your feelings is one of the responses to stress that has been reported in the literature as may be having health-damaging effects (Pearlman, 1995; Zapf et al., 2001).

### *Developing attachments*

Developing attachments to research participants emerged as a significant issue for many researchers. Researchers in the current study spoke about how they felt that they had developed an emotional attachment to the people who were involved in their research:

*... there's some sort of emotional attachment going on and so I knew that that would happen and for a couple of people that I interviewed, well they developed an attachment to me which I had, I had to deal with.*

Sometimes it became more like a friendship:

*... she sort of has become a friend – we've chatted about lots of things ... like we go out for dinner and I've chatted to her on the phone like um – when she's had a doctor's appointment I've rung her and said 'oh how did it go' and when she had the last appointment I rang her and it was really upsetting for me 'cause the doctor said 'well we can't do anything for you at all' and I got off the phone and I cried and I've got a meeting with her on Friday and that's going to be hard because I really do know her more as person that just someone that I go and visit.*

Researchers reported continuing to think about the people who participated in their research even after the data collection was completed. Undertaking the

research process involves revisiting the data a number of times over the life of the project. One researcher spoke of her difficulty when reading through a draft report of her research that made her think again about those people who had been in her research:

*I will never forget her as long as I live – she told me her story of being raped, a violent rape, so moving, so awful ... the resilience of the human spirit. I can never forget her face, so young but yet so old. This research was about homelessness – I thought about what I might hear but I hadn't really prepared for that, for the horror of that story. How do you prepare for something like that?*

### *Feeling vulnerable*

Much of the literature regarding vulnerability in research focuses on the vulnerable nature of being a research subject but not on the researcher's vulnerability. Researcher vulnerability may be related to the setting of the research, particularly if the research is taking place in people's homes (Jamieson, 2000; Warr, 2004). Researchers in the current study reported feeling both physically and emotionally vulnerable:

*You can feel vulnerable; one person that I interviewed turned out to have psychotic symptoms so I did feel a bit vulnerable in that situation; you do feel a bit vulnerable in that type of circumstance, you sort of feel unsafe or think 'gee what are they going to do'?*

*You do feel vulnerable in research, to your own emotions. People are giving something of themselves and sometimes that affects you – as a person ... who you are and how you do things.*

Feelings of vulnerability for these researchers often came from the fact that in doing the research they were sometimes learning things about themselves. Gadamer (1995) asserts that knowledge in the human sciences always has something of self-knowledge about it, which may give researchers a sense of their own vulnerability. In listening to a person's account of their life or their illness experience, we are effectively opening up in an embodied and personal way to the suffering of that other person that may give us a heightened sense of our own mortality and vulnerability. Part of this vulnerability relates to an attempt by researchers to 'even up' the relationship between researcher and participant because if the participants are vulnerable then we too must be prepared to show our vulnerabilities (Stanley and Wise, 1993: 177). Researchers may be vulnerable to their own emotions and experiencing those emotions may have effects on other aspects of their lives (Behar, 1996; Jamieson, 2000; Lankshear, 2000).

Undertaking qualitative research can be a life-changing experience for some researchers, providing them with opportunities to assess certain aspects of their lives (Ellis et al., 1997; Rosenblatt, 2001). Rosenblatt (2001: 124) illustrates how:

... experiences interviewing individuals and families about heavy things in their lives have changed me as a human in relationship to other humans, have changed how I view myself and others.

### *Feeling guilty*

A number of researchers in the current study expressed concern about feeling guilty about undertaking sensitive research interviews. For some, the feelings of guilt related to the interview process. Some were concerned about the effects of the research on the participants, while for others it related to feelings about the data that were being collected:

*It really does matter because they have opened up their chest and you rip bits out of them and then you just leave them with the wounds.*

Some researchers felt like they were 'using' their participants as a means to an end. This feeling has been articulated by Glesne and Peshkin (1992: 112) who state that:

Questions of exploitation, or 'using' others tend to arise as you become immersed in research and begin to rejoice in the richness of what you are learning. You are thankful, but instead of simply appreciating the gift, you may feel guilty for how much you are receiving and how little you are giving in return.

Researchers often get quite excited about the data that they are gathering but, at the same time, they grapple with feeling a little uncomfortable about what they are being told:

*I mean this is a fourteen-year-old and I don't even know if she is still alive and you are feeling somehow, not questioning your own morality but you just, at one level you know that this is good data, we've got two fourteen-year-olds in our study, and you don't hopefully really think that because you are also thinking – this is shocking, 'there are fourteen-year-olds on the street in this very vulnerable situation' but at the same time you are happy to have gotten the information from them.*

This idea of feeling simultaneously excited and guilty by the data gathered has also been raised in the literature (Etherington, 1996; Finch, 1984; Lofland and Lofland, 1995; Oakley, 1981). Lofland and Lofland (1995: 28) refer to this feeling as an 'ethical hangover', which is a 'feeling of persistent guilt or unease over what is viewed as a betrayal of the people under study'. Similarly, Etherington (1996: 347) reports her unease: 'As I listened to some of these stories with my "researcher" ears, I became uncomfortable when I realized that I was thinking this is really good stuff!' For some researchers, this sense of excitement when they obtain data from people is often in stark contrast with their ethics about 'using' people for research purposes.

## Exhaustion

Many of the researchers spoke about being emotionally and/or physically exhausted both during and after the research. For many of them, the sense of exhaustion came from the sheer number of interviews that they were required to do, and for others it was more about the content of the interviews:

*... but for me as an interviewer I guess I used to come away fairly exhausted, mentally exhausted, yeah just kind of like, a little worn out and incredibly grateful.*

The physical safety issues surrounding the conduct of sensitive research have been documented in the literature (see, for example, Langford, 2000; Lee, 1993; Paterson et al., 1999). In addition to the physical issues, researchers have reported a threat of emotional exhaustion (Gregory et al., 1997; see also, for example, Alexander et al., 1989; Letherby, 2000; McCosker et al., 2001). Often the physical exhaustion reported by the researchers related directly to their emotional exhaustion:

*... and the ones where there was this overwhelming sense of hopelessness, the ones that left you feeling like you have just run the marathon – you know and after one of those, shaping up for the next one was a bit like ... agh ... 'I hope this one's not too sad.'*

## Conclusions and recommendations

The findings from this empirical study demonstrate that researchers involved in qualitative research on sensitive topics do experience a number of challenges throughout the research process. While some relate to the process of actually undertaking an interview, including rapport building and use of self-disclosure, researchers also face ongoing challenges such as dealing with developing attachments, hearing untold stories, feelings of guilt, vulnerability and exhaustion, and issues related to both transcribing and analysing data.

The findings presented here build on previous work undertaken by Campbell (2002) and Johnson and Clarke (2003) who documented challenges faced by researchers including role conflicts, accessing participants and the impacts of undertaking in-depth interviews on sensitive topics. Congruent with the recommendations made by Johnson and Clarke (2003) regarding researcher training and supervision, we also conclude that qualitative researchers need to be encouraged to think through issues relating to developing rapport, developing attachments to participants, dealing with vulnerability, listening to untold stories, and mental and physical exhaustion. Researchers and research supervisors should also ensure that researchers are well armed with appropriate contact details of possible sources of professional advice and support for those participants who may need ongoing therapeutic support.

Researchers, research supervisors and ethics committees are all encouraged to consider the impact that undertaking qualitative research (particularly on sensitive topics) may have on both the physical and emotional health of

researchers. It is now well documented that researchers do face a number of risks in research and that they should be encouraged to undertake a risk assessment for themselves as well as their participants (Lee-Treweek and Linkogle, 2000a). Researchers, research supervisors and ethics committees all have a role to play in ensuring that researchers are fully aware of the issues they may face in the process of undertaking a qualitative project, and that they have in place some strategies to deal with anything that arises.

Many researchers in the current study reported using informal support networks of colleagues, trusted friends and family members for counselling and debriefing throughout the research process. This informal peer support is very important for researchers, particularly as the emotional nature of research work is undervalued within the university culture. However, while access to an informal network is valuable, researchers should not rely solely on family, friends and colleagues to provide support and debriefing after undertaking difficult interviews. Instead, a more formalized arrangement in the form of a peer support programme that brings together a range of researchers involved in similar research for a group session should be developed. This may include some form of researcher support to improve psychological well-being in the form of a professional confidante (Brannen, 1988; Johnson and Clarke, 2003; Kitson et al., 1996; Stoler, 2002).

Access to professional supervision has previously been suggested for researchers (Ferguson, 2003; Kitson et al., 1996; Payne, 1994; Ridge et al., 1999); however, it has yet to be accepted and adopted by the wider research community. Researchers could potentially use supervision sessions for debriefing, mentoring and skill development, all of which will enhance a researcher's ability to undertake research without damaging their health and well-being. Access to professional supervision (which may be outside the university) may assist researchers to deal with the potential stress associated with undertaking research and so avoid burnout. While most universities offer access to a confidential employee counselling service outside the university and many offer assistance with risk assessments, researchers or research supervisors rarely make use of these types of services or bring them to the attention of those they supervise. This could be considered a failure of research management that could result in harm to researchers (Sampson and Thomas, 2003).

Self-care has been recognized as an important strategy to minimize the harm that researchers may be exposed to as part of their research work (Brannen, 1988; Campbell, 2002; James and Platzer, 1999; Renzetti and Lee, 1993; Rowling, 1999; Rubin and Rubin, 1995). Strategies like debriefing, counselling, scheduling of rest breaks throughout the project and the development of protocols focusing on both physical and emotional safety are recommended. If researchers are not provided with opportunities to debrief, there is a possibility that they will carry research stories around with them, which may be detrimental to their emotional well-being (Warr, 2004). This current research has shown that researchers can be emotionally affected by

the work that they do and be at risk of burnout subsequently. Researchers should be encouraged to leave enough space between interviews to process any information from an interview that may be harmful to them. They should also have in place a number of clear guidelines about ending research relationships, including strategies to deal with emotions if research participants die during the research. Researchers need to be encouraged and supported, both by their supervisors and the university in general, to recognize burnout and be proactive in dealing with any signs of it. Support may take the form of formal research guidelines or specific strategies developed in conjunction with a research supervisor.

Concerns about the role of ethics committees have been raised over the past few years (Dickson-Swift et al., 2004; Langford, 2000; Lee-Treweek and Linkogle, 2000a). While some would argue that extending the role of the committee to include a full assessment of risk to researchers is unnecessarily paternalistic, failure to recognize and minimize the risks may result in harm to researchers. Universities need to be aware of the issues that research into sensitive topics may raise for researchers and to have in place some strategies to help them deal with those issues. This should not be done on an ad-hoc basis but written into the policies (such as OH&S and ethics) that govern research practice. The ethics approval process as determined by the National Health and Medical Research Council (in Australia) should include a section examining how the researcher proposes to handle the issues of self-disclosure, leaving the relationship, boundary blurring and researcher self-care. While qualitative studies of sensitive topics may place the researcher in situations of particular personal risk, all research that entails any direct contact with the public presents a potential risk. Researchers and research institutions should develop and maintain awareness of such risks to themselves and their colleagues, and make every effort to diminish the dangers.

Guidelines for researchers have been successfully adopted by social researchers in the United Kingdom (Social Research Association [SRA], n.d.). Based on this, we recommend that a set of guidelines be developed for use by qualitative researchers, supervisors, institutions and granting bodies involved in sensitive research. These guidelines would identify both physical and psychological safety issues that need to be considered when designing and conducting sensitive research, and that encourage risk reduction for researchers. As stated by the SRA (n.d.: 1), the intention of such guidelines is 'not to be alarmist about potential dangers but to minimize anxieties or insecurities which might affect the quality of the research'. Research guidelines based on those currently followed by members of the SRA could cover issues such as clarifying responsibilities, budgeting, planning for safety in research design, assessing risks and devising strategies for handling risks.

The current research has focused on researchers working broadly in the field of public health; it is recommended that further research be conducted with a range of researchers working in diverse fields to further explore the

potential difficulties associated with research and the strategies used by other researchers to minimize the negative consequences associated with undertaking research. While the current research clearly demonstrated that there are a number of issues faced by qualitative researchers undertaking health research on sensitive topics, we do not know whether researchers from other disciplines such as sociology, anthropology, psychology, nursing and social work face similar issues to those reported here. Further empirical work with researchers from a range of backgrounds would extend the findings discussed here. This would enable the formulation of a comprehensive set of guidelines that would be applicable across all fields of qualitative research. With the advent of new qualitative methodologies that may further enhance research on sensitive topics (for example, autoethnography), it is important for researchers to reflect on how their research may impact on them personally.

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VIRGINIA DICKSON-SWIFT is a lecturer in the School of Public Health, La Trobe University, Bendigo. She has been teaching and undertaking qualitative research for five years. Her interests lie in qualitative methodologies, risks to qualitative researchers, emotions in research and qualitative synthesis. The research on which this article is based was part of her doctoral work which was supported by an Australian Postgraduate Association doctoral scholarship. *Address:* School of Public Health, La Trobe University, Bendigo, PO Box 199, Bendigo, Victoria, Australia 3552. [email: v.dickson-swift@latrobe.edu.au]

ERICA L. JAMES is a senior research academic at the Centre for Health Research and Psycho-oncology (CHERP), which is funded by the Cancer Council of NSW and situated at the University of Newcastle. Her main research interest lies in evidence-based health promotion with a focus on physical activity, nutrition and methodological issues. At the time this research was conducted, Erica was a senior lecturer in the School of Public Health, La Trobe University. *Address:* Centre for Health Research and Psycho-oncology, The Cancer Council of NSW/University of Newcastle, Locked Bag 10, Wallsend, NSW, Australia 2287.

SANDRA KIPPEN is a senior lecturer in the School of Public Health, La Trobe University, Bendigo. She has been teaching and conducting research, particularly qualitative, for 15 years. Research interests include sociology of health and illness, mental health and disability, occupational health and safety, and historical sociology. *Address:* School of Public Health, La Trobe University, Bendigo, PO Box 199, Bendigo, Victoria, Australia 3552.

PRANEE LIAMPUTTONG is a Personal Chair in Public Health at the School of Public Health, La Trobe University, Australia. She has carried out numerous research studies, using a qualitative approach, on reproductive and sexual health among women from non-English speaking backgrounds and women living in Southeast Asia. She has written a number of books on qualitative research methods. *Address:* School of Public Health, La Trobe University, Bundoora, Victoria, Australia 3086.