The performance of researching sensitive issues

Abstract

Within sociological and organisational literature much attention has been paid to the emotional labour (Hochschild, 1983) and emotion work (James, 1989) performed by care staff. By contrast, comparatively little attention has been paid to that which researchers perform and how it is shaped by the need to behave appropriately and in ways that are in keeping with the demands of the study setting. Existing literature focuses largely on the need for researchers to be aware of their emotions as part of being reflexive and thus, through acknowledgement, minimising any emotional impact (subjectivity) on research interpretations (Denzin, 1989). In this paper, I draw on two research experiences, an ethnographic study into end-of-life care in care homes (Komaromy, 1994) and an exploration into the role of the Anatomical Pathology Technologist in a hospital mortuary (Komaromy and Woodthorpe,2011, 2013) to explore the tensions between conducting sensitive research and managing emotions. I conclude by drawing on the theories of Goffman and Hochschild to explore the relationship between emotion management and sensitive research.

Introduction, a sociological enquiry

In this paper I explore aspects of what it means to be an ethnographic researcher involved in sensitive research and the emotional nature of this role within the discipline of sociology. I argue that the role is complicated by a number of factors which involve researchers in degrees of emotion management. These factors include being aware of one's emotions and how they might influence data interpretation, and how to conduct oneself in the field. I use two examples of ethnographic research into death and dying to explore and illustrate some of the issues for researchers involved in researching such sensitive topics. Reflecting on the research process in both studies revealed some of the layers of complexity involved in the balance between objectivity and subjectivity demanded of researchers. The 'reflexive turn' describes the need to recognise that the ways in which knowledge is acquired is as relevant as any knowledge claims that are made (Altheide and Johnson, 1994) within the social sciences (Denzin, 1989, Clifford and Marcus 1986). Certainly, the shift into reflexivity is not straightforward and presents dilemmas in terms of capturing the 'messiness' of reality, not least, as Coffey (1999) highlights, the tension between presenting the author/researcher's self while representing the experience of research participants. Despite such dilemmas, the anti-reductionist approach of reflexivity, which is at least a recognition of the researcher as an embodied, emotional person who brings something more equitable to the qualitative research relationship, is welcomed by researchers who follow social constructionist paradigms. However, thus far much of the focus in the literature on the research process at least, has been mostly on the role of reflexivity on data interpretation. There are exceptions in which the emotional toll on researchers throughout all aspects of the research process is acknowledged (see Young and Lee, 1996, Howarth, 1998, Dickson-Swift et al, 2007,

Lee and Lee, 2012, Johnson, 2009 and Woodthorpe, 2007). Here, I extend the focus to cover the process of data collection and the role of the researcher within the fieldwork endeavour, moving beyond a recognition of the emotional impact to consider what else the emotional demands might include.

In the two studies which I use to illustrate key points in this paper, I drew upon the theoretical perspective of symbolic interactionism to interpret what was taking place. The first study was part of my doctoral thesis (Komaromy, 2005) and was an ethnographic exploration into the care of older people in care home settings at the end of life. I used the ideas of Goffman (1990) to argue that death and dying were managed by home staff as performance, in which they had to act appropriately when residents were dying and also what happened when the residents did not die as expected. In the second study, in which a colleague and I explored the role of the Anatomical Pathology Technologist in a hospital setting (Komaromy and Woodthorpe, 2011), we identified the way in which dirty work (Hughes, 1962) and stigma (Goffman, 1963) contributed to an explanation of the lower status of such a highly-skilled and complex role. It is not surprising then, that having recognised the way that performance operated in these roles, I should reflect not only on my emotions but also my own performance as a researcher in these settings.

In the first section of this paper, I discuss the methodological challenges in death and dying research in terms of choosing the most appropriate research method. Next, I explore dimensions of doing sensitive research and identify three key layers of complexity to these dimensions. I then draw on my own research experiences to illustrate these points in more detail. Finally, I discuss what this means in the context

of the reflexive turn and how researchers can make sound choices about conducting sensitive research.

Methodological challenges

Care homes and mortuaries are sequestered places to the extent that, despite being places that are occasionally visited by people with a legitimate claim, they are not part of the public domain. Providing an insider view as a researcher involved being able to describe the settings, roles and routines in detail as an important feature of communicating the context of both projects.   Researching end-of-life care in care homes meant that the preferred method by which to capture what was happening was to be present in the home as a participant observer and see for myself how this care was delivered to dying residents. Likewise, for the second study, taking an ethnographic approach and being in the setting of the hospital mortuary, which is deliberately concealed from public view, was an essential aspect of conveying the reality of that setting. However, having chosen what appeared to be an obvious research method, there remained many methodological challenges about the extent to which it is possible to represent reality.

Describing the detail by the use of thick description has been positioned as a 'reassurance' of the validity of research by the ethnographic approach. However, the extent to which reality can be captured involves both epistemological and ontological dilemmas and it is something with which researchers have to struggle in order to understand what claims they can make. For example, Clifford and Marcus (1986), take account of the subjectivity of the process when they describe 'realities' as rhetorical devices, and likewise, Atkinson (1990) agrees that reality cannot be directly represented and, rather, is constructed and reconstructed through ethnographic

accounts. In a similar vein, Babcock (1980) argues that there is an epistemological paradox in the lack of distinction between what is real and what is fiction. On the other hand, Smith (1984) claims that there are multiple realities – indeed as many as there are people. I was familiar with such debates that reflect the crisis of representation, which is part of the post-modernist paradigm, and how they present a challenge to sociological researchers' (and others') ability to select a method which can present a close and realistic description of social reality. In other words, as I discovered, researchers have to choose where they position themselves on the realism versus relativism continuum and then justify their choice of methodology. Indeed, the further I entered into such methodological debates which have arisen from this crisis of representation, the more I had concerns about the extent to which participant observation could be a 'naturalistic' pursuit that not only would the researcher affect the context, but that all that could be recorded was the process itself – a rhetorical device rather than a reality as Babcock (1980) cautions (see also, Young and Lee, 1996).

Resolving part of this dilemma, I found that Hammersley (1992) presented a middle way through which to convey the meaning of reality. He called this approach 'subtle realism' and argued that research is plausible when 'any truth claim is likely to be true given our existing knowledge'. Recognising that no knowledge is certain, Hammersley argues that a reality exists that is independent of the researcher and about which it is possible to make reasonably accurate claims. This approach suggests that it is still important that the researcher includes, or at least recognises, that he or she is part of the research process. Of further assistance in this quest, Gilbert (1993) described the type of knowledge that researchers derive from participant observation

as 'introspective', in that the researcher is involved in making connections between the world of participation and their own personal experience. The stance the researcher adopts in this scenario is more generally referred to as being a reflexive researcher (Steier, 1995) and this reflexive turn as highlighted above, has been part of a different paradigmatic approach to qualitative research since the 1970s (for a full discussion see Foley, 2002).

This was all part of my preparation for entering the field, but what influence should this have on my role while I was in the field? I knew that one way of challenging my own expectations and preconceived ideas was through the way that I documented my field notes. This could be aided, for example, by separating out direct observations in the field, reported speech, and a summary of what people told me, from my own reflections and interpretations of what was happening. From talking to colleagues who used participant-observation methods, I understood that writing up field notes was extremely time consuming and that I needed to prepare for this type of practical demand as well as being available to observe events as they happened. Given all of these qualifications, I felt confident that I could collect data in the homes for the first study according to this approach. Indeed, I conscientiously followed the rule that I should not 'sleep on my notes' without re-reading them and writing up reflections as well as considering what else I needed to see or explore in order to uncover what was really going on. The second study with a colleague in a metropolitan hospital mortuary involved a short intensive period of participant observation; we agreed as researchers to discuss at the end of each day, our experiences in the field and share reflections on our fieldwork experiences.

I was aware that while data would be compromised by my presence, to the extent that people would behave differently than they normally might do, but came to realise that I had not reflected fully on the emotional demands on me in conducting sensitive research into death and dying. I would agree, with Howarth (1998) that for the researcher the dilemma of being sensitive remains difficult to resolve and lies at the heart of any approach that attempts to deconstruct or at least uncover events. However, the initial step in setting off on the first project was to recognise my subjectivity as a valid part of the research and contemplate how to take this into account during the data collection phase of the research process. Part of the preparation was in what special considerations needed to be taken into account in terms of conducting sensitive research and that is what I turn to next.

Sensitive research, subjectivity and emotion.

Lee's (1993) seminal work on sensitive research topics identifies what it is that makes research sensitive. He includes such things as the type of threat to researchers and researched alike. Lee categorised the risks of conducting sensitive research into methodological, technical, ethical, political and legal ones. Sociological qualitative researchers (and others) are concerned not to harm participants by their enquiry and the recognition of the unequal relationship of power between the researched and the researcher is central to any consideration of research access; with the need for researchers to demonstrate strategies that minimise potential exploitation. Of course, this is not to position all participants in research as being without power, but sociological researchers need to show that they are following ethical codes of good practice.

In observing death and dying first hand in several different care homes, the sensitive nature of death and dying would call for particular considerations in relation to what sort of data I could and should collect. In her ethnographic study of dying in a hospice and the way in which dying impacts on social identity, Lawton (2000) had to adjust her methods when she was in the field and argued that it was ethically inappropriate as well as practically infeasible to do more than observe when someone was dying. She wrote:

> Formal interviews not only seemed to me to be too obtrusive to many patients and their families; in a substantial number of instances, they were simply not viable.

(Lawton, 2000, p. 30)

It would seem to be important that any enquiry into identity, such as Lawton's, would require accounts from those people whose identity was being explored. Likewise, in my exploration into what happens at the time of death, I wanted to hear what those residents who were close to death had to say about the experience, as well as to see for myself what happened. In particular, what did residents understand about what was happening and what had they been told? One of the issues that I was trying to unpack was the arbitrariness of the status of 'living' and 'dying' for people who were already very old, frail and suffering chronic illness and, as I argued, 'unravelling their way to death'. However, as with Lawton's fieldwork, when people were very close to death it would seem to be entirely unethical to question them about what they felt in order to gather data for my study. This is something that could only be judged while I was in the field and which presents a challenge to the appropriateness of research methods. However, as I discuss shortly, the degree to which it was appropriate to

explore sensitive issues about death with people who appeared to be close to death is distinct from being there and hearing what people wanted to tell me.

It is also the case, as Lee (1993) argues, that researchers are at risk of harm. His categories of risk cited above include risks to all participants. (See also Howarth's discussion on emotions in health research, 1998). Since sociological research has at its core the purpose of challenging taken-for-granted assumptions about society, often correcting misperceptions and challenging negative stereotypes, I would agree with Lee's argument that the researcher is positioned as someone who is potentially vulnerable both during data collection and throughout the dissemination processes. However, I would add that the emotional impact that research can have upon the researcher is also a form of risk. This risk pertains to being exposed to distressing sights and accounts while in the field and afterwards during data analysis when researchers have to become intimately re-engaged with their data and frequently relive experiences. Dickson-Swift et al (2008) used an empirical study into the emotion work of researchers in areas of sensitive research– and acknowledged its embodied nature. They argued for the need for researchers to be supported in their work – though such things as (clinical) supervision. Batchelor and Briggs (1994) also discuss the need for the use of support networks for researchers in the field.

The second dimension I discuss is one that is closely aligned to the first discussed above of the emotional impact of research on researchers; the need to use degrees of objectivity in order to minimise, or at least make transparent, the potential impact of their emotions (and bias) on research interpretations, what has been called the

problem of situatedness and partiality (Clifford and Marcus 1986). No representation

is unproblematic and ethnographic writing reflexively involves both a conscious

attempt to reveal the writer's assumptions as well as recognising the likelihood of an

unconscious contribution made by the author of the text which can present itself

through such things as focusing on data that connects with past experiences or an

individualised style in writing up. This means that not only is the researcher part of

the production of data in the field but also during the writing of the text. Regardless

of respect for the embodied nature of the emotional researcher and recognition of

them as part of the process of the production of knowledge, researchers who work in

sensitive areas are expected to be able to cope with their topic and manage to make

academic sense of their data.

This continues to beg the question of what it is that constitutes sensitive research

especially within a social constructionist paradigm. Woodthorpe (2011) has argued

that within death research the disengagement that allows for critical distance is

unworkable. In part, as she argues, this is because death happens to everyone. While,

I agree with her points, I would argue that it is possible to explore the subject of death

and dying while keeping it at a safe distance *academically*. What I mean by this is that

in some ways the 'ordering' of my thesis that was the outcome of the first study kept

any personal distress bounded through the process of producing an academic

explanation of what was taking place albeit in ways that reflected the nature of the

institutional life that I was recording, which also ordered and contained 'death and

dying'. However, this distancing did not succeed entirely, because I was emotionally

distressed by much of what I saw and frustrated by the way that pain and suffering

could be dismissed as a 'normal' part of ageing and dying. And there was always the

tendency to pay more attention to difficult, or less common events that disrupted the daily routine. The purpose of social research in health and social care at least, is to attempt to change situations in need of changing, something for which Stacey was a powerful advocate (Stacey 1991). Therefore, I argue that part of coping with sensitive research in the first study was to make recommendations about how to improve things for those residents who would continue to be treated as docile bodies for whom the trajectory to death was prescribed by the dominant features of the institution of care homes. Indeed, because my thesis was also part of a commissioned study, this was an expectation by the funders. However, the emotional impact on researchers is just one layer of complexity that researchers who conduct sensitive research face.

I argue that the third level of complexity lies in the reality that sociological, ethnographic enquiries involve researchers in a form of emotion management; beyond coping at a personal level with subject matter that causes distress, or frustration and anger, as argued above. A researcher who enters the territory of sensitive research needs to be able to conduct her/himself in an appropriate manner according to the setting. Here Hochschild's (1983) notion of emotional labour is useful and is something that has been acknowledged by Dickson-swift et al (2008) and Young and Lee (1996) referred to earlier. However, as I discuss later, emotional labour does not fully explain all aspects of emotion management in research into sensitive areas.

In sum, beyond the task of being self-reflective, researchers who investigate areas of sensitivity are required to behave in ways that pay attention to the settings and the people who are the subject of the enquiry (Lee, 1993). Indeed, it is worth noting that sensitive research can include any number of things – and this is something that is

played out in ethics committees where individual members fail to agree on the sensitive nature of the research in terms of how participants need to be protected (Hunter, 2008). In this paper I focus on research into death and dying as sensitive by its association with a taboo topic, (for the recognition that all research is sensitive in terms of its process and outcomes could be taken as read). In particular, the way that death and dying research has been described by Lee as being emotionally taxing is of particular relevance to this paper. I also explore the emotional demeanour of the researcher as part of this role and the extent to which this is a performance as much as the management of feelings.

The practice of participant observation and observational research: doing sensitive research.

In the first study into end-of-life care for older people in care homes I argued that residents were vulnerable in different ways. Before entering the field, I was aware of some of their vulnerabilities and how tensions between the responses to a series of losses that preceded their admission to homes, and those which resulted from the institutional life, made the role of the institution highly relevant to their experiences. For some residents, institutional life resembled the features of total institutions as defined by Goffman (1961) in that the admission to an institution was a rite of passage to a world in which the process of social control and restrictions removed their self determination, autonomy and 'adult competency'. Further, Goffman argued, the main features of social life that produce and sustain people's identity were lost when they entered 'total' institutions in that 'social arrangements regulated, under one roof and according to one rational plan, all spheres of institutional life' (1961, p. 18). Furthermore, as Willcocks et al. (1987) highlight, institutional living structured the

routines of daily life in functional, personal and symbolic aspects. Indeed, this was a strong theme in the data analysis and one of the key theoretical components of my thesis.

Part of the institutional life that Goffman and Willcocks et al highlight is the prominence of the hierarchical structure present in care homes. And it is also the case that as a researcher, I needed to be aware of the extent to which institutional practices shaped my access to data and impacted upon my behaviour. For example, in the first phases of the care-home study and during interviews with heads of homes, he or she presented a specific view of what it meant for a resident to be 'dying' in a care home. While this rhetoric is what I wanted to explore, I was also aware that in 'seeing for myself', I needed to be aware of the role the head of home's practice would play in what I observed and how this view might mediate my own observation. In other words, as the gatekeeper to the setting, would they allow me to see everything that I wanted to see, or would certain aspects of care and home life be concealed? While I was in the field, taking an approach that questioned assumptions and shared understandings of social phenomena, was clearly something that I would need to be ever vigilant about. Hammersley's (1992) points about subtle realism relate in part to this, not only is it about being able to question taken-for-granted knowledge, but it is also about approaching the field with an open mind and being ready to adapt one's research plans to what is found there.

As described, the focus of the second study was on what the role of the Anatomical Pathology Technologists (APTs) involved and what took place in the setting of a hospital mortuary in terms of how the space framed their work, the number and type

of visitors to the mortuary, the nature of the relationships and what form such encounters took. As well as conducting interviews with all members of the team, my colleague and I each spent three days in the mortuary setting making observations on what happened there. The demands of this setting were different in that that we had to respect the privacy of any relatives visiting deceased people and the anonymity of deceased people – as well as being clear with participants who were all staff members about the purpose of the research and their rights in relation to withdrawing from the project. This contrasted with the comparative freedom of going where I wanted to go in care home (although sometimes this had to be negotiated).

Emotional labour

I argued earlier, that comparatively little attention is given to researchers who need to behave appropriately and in keeping with the setting, insofar as this is recognised as a form of emotional labour. Here, I make a clear distinction between being sensitive to any study participants, and being expected to present the same emotional demeanour as that culturally laid down by the setting worked in. I draw on three examples to illustrate what I mean.

Example 1. In the first care-home project during the negotiation of access to homes, I experienced one of many dilemmas. Seven of the eight heads of homes in which I planned to conduct participant observation, wanted to know how I would introduce myself to the residents and the topic of my study. For example, Rose House (pseudonym) was large private nursing home run by a matron with many years' nursing experience. On my first visit to negotiate the detail of my participant-observer role, she was very concerned about how I would discuss the topic of death and dying

with 'her' residents, a topic she clearly saw as being very difficult to discuss. She seemed to be reassured when I told her that I would approach residents very carefully and would let them lead the discussion and thus only take it as far as they wanted it to go. While I recognised the need for heads of home to protect their charges from unethical practice, I was intrigued by the notion that this protection was based on an assumption that death and dying would be an upsetting subject for all residents and thus needed to be raised with great caution. The reality, as it transpired, was that some residents were happy to talk about death and dying and did so freely, while others did not want to discuss the subject at all, refusing to pick up any cues I offered. In this access visit, I wanted to challenge the head of Rose House for being paternalistic; however, I agreed that the subject of death and dying needed careful management. Indeed, the reason for the enquiry into end-of-life care was underpinned by a belief that death and dying were special events and that older people deserved good quality end-of-life care.

By contrast, in Noble House, a large voluntary Catholic care home, when I talked to Sister Margaret she had no problems at all with the subject of the study and on a tour of the home she introduced me to all the residents as 'Carol who is researching death and dying.' Indeed, residents were delighted to talk to me and when word got around, they queued up to discuss the subject of death and dying with me and disclose their personal thoughts about their future demise. Indeed, it took several days for me to hear the many accounts. If it is possible to generalise within homes, perhaps this clear willingness to talk about death was not surprising in a Catholic home where people told me quite openly that they were preparing for the next life.

In terms of researching sensitive subjects such as death and dying, what this contrast between the two homes told me is that death was staged by the home to the extent that

the home's philosophy framed the script for death and dying. Further, my task as a researcher in these settings then was to fit in with these different dramaturgical productions (Goffman, 1990) Alongside this and as a sociological researcher, I had to observe, question and challenge my own prejudices and beliefs about death and dying which I discuss later.

 Example 2. Negotiating access to the mortuary was a different experience. The process of gaining ethical approval and being questioned by an ethics committee required a different form of emotional management. For example, people on the NHS ethics panel, of whom there were many, were representing different aspects of ethical concern for deceased people and did not ask many of the questions that we had anticipated[1]. In terms of the ethical questions we were asked, the focus of their concerns was on protecting deceased people, and not the staff who work in the mortuary. Even though we wanted to interview technologists and bereavement officers and observe the work in the mortuary, the need to protect staff beyond ensuring that they were fully informed was not an expressed concern. Indeed, most of the questions were focused more on the details of the application form than ethical issues.

Example 3. While the mortuary staff referred to deceased people as deceased <u>patients</u>, challenging the assumptions that underpin seeing death as special and seeing death as an everyday part of their working life presented its own challenges. For example, one afternoon, I accompanied an APT to the radiology department for a series of X-rays on a young baby following a sudden death. She carried the baby in a large covered cot which was clearly very heavy for her and difficult to manage. The appointment had been made for a time when there were no patients in the department, confirming my

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[1] We thought it likely that the reputation of the hospital might be one of the concerns in the case of being told something potentially damaging such as examples of bad practice.

experience that removing a body from the mortuary had to be concealed in some way. I felt a range of emotions about the tension between death as something special and death as something that is part of life. I thought that I needed to ask why this concealment happened but my questions about the possibility of openly carrying the baby in her arms into the X-Ray department met with some degree of surprise, and I suspect, concerns about my lack of sensitivity to the situation. I really wanted to ask many more questions but I was monitoring and managing my inquiry according to what I considered to be appropriate to the 'culture' of the mortuary. In other words, I was concerned to make what Goffman would call the right impression by conveying sensitivity in the way that participants defined this by their actions.

It is certainly not always the case that my performance was modified by what I was able to challenge. In one of the care homes in the first study, by contrast, one evening when helping with the washing-up I asked two care workers to explain to me what happened when a resident died. They told me that they always opened the window – and even though I knew this to be a tradition in many health care settings and one I had followed myself when I worked in hospitals, and despite the reality that I was concerned about appearing to be stupid, I could not take for granted that the reason was what I understood it to be and so asked why they did this. They then began to disagree with each other about whether it was 'to let something in' or 'something out'. They were clearly embarrassed that they did not know the reason for a practice that they told me was very important to perform after death. I remember that I felt pleased that I had pursued the question and revealed my apparent lack of understanding of their actions. In part, this lack of understanding reflected the quality of their training and development and later I felt sorry for being the cause of their

embarrassment. Indeed, this suggests that any challenge is a subtle form of power and that I was more able to exploit the care workers than the APTs. But what is key to my discussion here is that their understanding of my role as a researcher, was so far removed from their common experience of the care assistants that the need to fit in did not affect my demeanour in the same way as in the mortuary where the researcher role was much better understood.

These examples raise the question of what was really happening in terms of the management of my emotions. I would argue that in the first example, I was more concerned with fitting in and being accepted than in the second one – where I was already an *alien* species. I explore this further next.

Power of the researcher

Entering the field, presented an interesting challenge in both studies and begged the question of how clearly the study participants understood the researcher role as well as what would happen to any data that was collected. In care homes, it seemed probable that I would be regarded differently in different homes and also within them by different participants. The issue of role, and the potential power carried by that role, is very pertinent to the culture of care homes. Further, power is a crucial issue in concerns about sensitive research. As discussed above, I knew from the early interviews with heads of homes, that there were clear role boundaries and concerns about what it was permissible for certain care workers to do. I wanted to investigate role, power and status through the ways in which death and dying was produced within an institutional setting. As a methodological point, it seemed that it was going to be difficult for heads of homes to position me within the existing hierarchy and that I was always going to stand out. The notion of research was not particularly familiar to most of the participants in the care homes. There were notable exceptions where

residents and staff members asked me lots of questions about the nature of the enquiry and one day, when a resident who was not too enamoured with qualitative research, asked me what I was going to do about the Heisenberg effect. How clearly the study participants understood my role and what I was doing with any data that I collected partly framed my demeanour.

The mortuary study was of short duration and therefore *participant* observation was not feasible. By contrast, research was something that was central to the ethos of the hospital and the mortuary setting. Indeed, in a teaching hospital environment the Pathology Department was central to several research initiatives and projects. It seemed to be less likely that the notion of being a research participant would be misunderstood; however, the notion of qualitative research, which was certainly not the norm in funded research, was seen as something 'quirky' (a second-hand reported description from a senior staff member). But however we were viewed, the APTs were very keen to convey the nature of their role and willing to be interviewed and observed, despite their workload. They were open with us about how they wanted the research to make a difference to the recognition of their role and wanted some of the myths about people who work in mortuaries to be exploded.

The performance of objectivity

In conclusion, there is expectation on the researcher to behave in ways that are true to the values of research, and, alongside this, the sociological researcher (as in other disciplines) has to be able to challenge assumptions that underpin key issues and, at the same time, as participant observers, behave in ways that are in keeping with the setting. In the examples above, I have illustrated how in both settings, I was self-

conscious of my performance as a researcher. To some extent, researchers have a script and agree – usually through ethical processes and access negotiation – how they will behave. In sensitive research, the correct demeanour of the researcher is a particular focus of concern. To some extent Hochschild's (1983) essentially Marxist claim that emotional labour is a commodity regulated by social exchange is relevant to researchers who manage their own emotions in order to present what is considered to be the right response. This means that they might need to suppress true feelings in order to produce the right emotional state in another person. This could be by such things as encouraging a research participant to disclose information that might be difficult to hear and to be able to listen to in a non-judgemental way. However, Hochschild's allusion to the notion of the real self, evident in her claim that there are emotions that are authentic and which need to be suppressed, is something I challenge. As a sociologist, I am not convinced that the acting self - however the performance is conducted as deep or surface acting - can be separated from the real self as she implies. The notion of an inner self echoes Freud's theory that individuals have innate drives shaped by experiences in early infancy which are not subject to rational interpretation and which are therefore, polymorphous and perverse. Despite the fact that Freud (see Mitchell, 1988) did not ignore the social context of emotions, he was less interested in their social expression and production than in the barriers to their expression, which he called defence mechanisms. Further, what is also residual here is the Western notion of the ideologically invested self, that is bounded, unique coherent and evident to itself through such things as introspection. It is possible to sympathise with Hochschild's view since, that as a paid researcher, I was in a relationship of exchange, part of which was about my emotional labour. In this sense my emotional demeanour was part of the relationship of exchange. However, I am not

convinced that research can be placed directly into a relationship of exchange as analysed by Hochschild when it is <u>not</u> clear to the audience what the researcher should be doing. In these situations, how is the presentation of the right demeanour part of the commodity? I argue that between these two dimensions of the structuralist theory of Hochschild and the psychodynamic one of Freudians sits the integrationist model of symbolic interactionism that offers a more convincing explanation of how researchers manage emotions.

Goffman (1990) used three metaphors of drama, ritual and game through which to explain how people manage the impression they make. He claimed that people have dualistic identities which consist of many loosely integrated social roles as well as a real self. But more than this, the real 'self' that is driving the actions, is produced through performance. In other words, everything is social. He argued that everyone needs to make a convincing impression in their performance, but further, that the notion of performance also extends to the audience. Both audience and performing individuals are concerned to live up to what Goffman called 'the moral standards of the social world' which counters the notion that performances of presentations are entirely manipulative. To this extent, there is a collusion between actor(s) and audience.

I was concerned to make the right impression in the research settings. Not only was I an observer, I was also being observed and, as such, performing front stage. Often, I was unclear about the extent to which I should draw on my professional experience. I had many years' experience as a nurse and midwife, and this role had become what Goffman (1990) would call second nature to me. What he meant by this was that in

specific roles people become less aware of the impression they are trying to make, echoing Hochschild's notion of deep acting. The 'reality-making' of roles as the collusion between the audience and the actor, also demands that the audience collude in the 'delusion'. For example, patients want to believe that their doctors have the required attributes of the medical profession and that they are trustworthy and competent. But what of the performance of the researcher? Well, in the care home setting – which at that time was an under-researched area – as I have argued, no-one had any experience of what a researcher did and the staff who talked to me struggled to understand what I was doing. It was easier to some extent, for residents and care workers to understand that I wanted to evaluate the quality of life including end of life and make recommendations for improvements. In the end, for Hammersley and his ideas on realism and the role of research, what seems to be most significant is the extent to which research contributes to existing knowledge and can solve social problems, or at least improve the position of those being researched if they are in some way disadvantaged (1992). Furthermore, if researchers want their findings to contribute to a change in practice then adding to the information about particular settings will make that a more realistic possibility.

I have described the way in which the mortuary project was a setting where the researcher role was better understood. I gave an example of being aware of feeling awkward about challenging some of the practices around concealment and the impression this might have made. Clearly, it is the case that being in this setting for such a short time, and with the main forms of data collection being conducting interviews and making direct observations, that the need to be accepted into the setting was not as significant. Indeed, in this paper, it has not been my intention to

make comparisons between the two studies, but rather to interrogate what it is that researchers do when they conduct sensitive research and how their emotional labour needs to be a more overt part of the process of reflexivity.

It is also the case that researchers need to be able to present the correct emotional demeanour which requires them to meet several layers of expectations; being sensitive to the needs of research participants while also challenging the assumptions that might provide them with forms of institutional protection from the reality of the nature of their role. All of this, I argue, requires a performance which needs to be balanced between the requirement to present the correct demeanour and the separate need of the inquiry itself. This is much more than guarding against the danger of going native, it is a significant part of being reflexive about what is really going on here, which underpins all ethnographic enquiries.

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