

# When the researcher is a 'wounded storyteller': exploring emotional labour and personal impact in research

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The research I do is driven by a desire to understand the deeply personal nature of men's experience of living with an eating disorder (ED). EDs are known to be complex mental health conditions affecting a man's relationships with food, body, and psyche (Cohn & Lemberg, 2014), the most common of which are anorexia and bulimia nervosa, and binge-eating disorder (BED). This work has placed me in an unusual position: there are not many men with an ED who research other similar men. I still live with ED. It has ebbed and flowed over the years, since my teens. I have experienced the guilt-driven see-saw of bulimia and, latterly, the shame and disgust of BED. For a fellow experiencer (I dislike the connotations of the word 'sufferer' so I shall avoid it here) this leads to a problem. Working with men's ED stories carries a 'health warning'. It can lead to a significant amount of emotional labour and can impact upon the researcher personally. Spending days upon days trawling through painful experiences would be challenging for anyone but I would argue that this is even more impactful for someone who shares the same condition.

The empirical findings about males are side-lined here, as the aim of this paper is to critically reflect upon emotional labour, whilst formulating a way to explain my experience of researching personally

resonant material in a meaningful way for others.

## **The personal in the professional**

Advances in qualitative inquiry have led the way in challenging traditional conceptions that knowledge gained through research should be presented as value-free, objective, and dispassionate (Alvesson & Sköldbberg, 2017). Indeed, as humans are the designers, analysts, and interpreters of all findings wrought from research, the idea that any research on the human experience can be entirely neutral has been called into question. Before examples of emotional labour are considered, it is important to conceptualise the way that the personal experience (in its broadest sense, initially) features in the work of a professional researcher.

When I began to frame the numerous ways I appeared in my first project (conducted for my PhD, see [www.brad.ac.uk/eating-disorders-in-men/](http://www.brad.ac.uk/eating-disorders-in-men/)), it swiftly became clear that this extended beyond the fact of being a fellow experiencer. This can be referred to as the 'Experiential I'; the 'I' that has the potentiality of shared experience with my research contributors. I also feature heavily (understandably, I would argue) in the design and justification of my project. This is the 'Methodological I', who is searching for ways to

investigate a research question, making decisions about data collection, finding ways to access men's experiences. This is heavily related to the 'Ethical I': the researcher-experiencer who makes decisions about how to protect contributor confidentiality, and plan to support the well-being of men accessing their difficult experiences. In qualitative research, which involves reading, sense-making, interpreting, and connecting experiences, I am also the analytical tool. Researchers may use software for data organisation and analysis but the final inferences and propositions are identified, evidenced and presented by the 'Analytical I'. Finally, the 'Theoretical I' appears throughout, assessing the potential meanings of researcher influence and relating these to prevalent ideas of the impact of subjectivity in personally resonant research. Taken together, these form the *Self-in-Research Nexus*, where all of these selves coalesce in a profoundly influential 'I' that permeates the act of generating new knowledge.

### **Self-in-Research Nexus and subjectivity**

The Self-in-Research Nexus is one way to conceptualise a researcher's self being bound-up in the experience of studying others' experiences. Following this is an assertion that the nature of this subjectivity is not only 'of interest' but becomes crucial to the research process (Letherby et al., 2012). The 'I' experience (subjectivity) of the researcher consists of the accumulated messages, actions, beliefs, assumptions and pre-judgements that form part of the human condition.

This represents what Parker (1997) refers to as complex subjectivity, as opposed to assuming blank subjectivity. The latter is an approach to subjectivity that reduces experiences to the language used to relay them, and the subject is understood as monadic (Burkitt, 2008), whose intentionality emerges from the individual, intrapersonal self. By contrast, complex subjectivity embraces 'individual intentions and desires but views these as enmeshed and tangled up in social structures and discourses.' (Sullivan, 2012, p.21). Here the subject is not a monad but is constituted by a 'constellation' of social interrelations and connections (Georgaca, 2001, p.234). Therefore,

subjectivity is multi-faceted, multi-voiced and context- and societally-created. Any pretence that this accrued multiplicity of socially-connected messages can be merely set aside to work from a standpoint of neutral objectivity is not realistic.

Working with complex subjectivity means that I strive to embrace and process the I-as-researcher position, with all of its experiences, pain, hope and desires, whilst attending to others' life events of trauma, adversity, suffering, and journeying out of ED. Early in my analytical work with men's accounts of ED, I realised I needed a way to frame this particular position and its complicated relationship between researcher and researched. It was at this point that I found the wounded storyteller.

### **Wounded storytelling, emotional labour and the painful side of research**

The concept of the wounded storyteller captures the idea of someone who has suffered (illness, pain, mistreatment or misfortune) living 'to tell the tale', who is then able to gather and make sense of others in similar situations (Frank, 2013, p.xi). Rather than deny their own difficult past (or present) the wounded storyteller admits to the pain they endure(d) and their own journey. This is harnessed to understand and relate the experiences of others with analytical depth, empathy and compassion. Frank's conceptualisation was also meaningful because he shared that investigating other people's stories meant he felt less alone. This was important because one of the motivations behind researching male EDs was the paucity of information at the time of my own diagnosis, and the isolation I felt; I had been left wondering if other men were going through this, or whether I was truly alone.

In many respects, the opportunity to sift through, analyse, interpret and present men's stories was incredibly edifying. I was able to add richness and elaboration to the sterile clinical studies that consistently reduced males to sets of measures and symptoms. I discovered that what we currently know, is borne out by the men themselves. I was also able to show that when men tell their own stories, free of Likert scales, questionnaires or pathologies, there is a

great deal more that we do not know because the field has simply not been able to document this to date. I experienced an aspect of kinship; I was certainly no longer alone, and I felt palpable relief that some of my behaviours, that had never appeared reported in clinical publications, were shared by other men.

However, as predicted by Frank, not all of the work's impact was unerringly positive. Like all qualitative methods, there is a personal investment from the researcher. At times this moved beyond 'investment' to deep resonances or conflicts within myself. At the beginning of the research, I resolutely assured my project supervisors of how prepared I was for the personal aspects of working with these experiences. My constant companion, my research journal, demonstrates how wrong I was. The emotional labour involved was immense. Interpretive research involves living with the data for prolonged periods. Sometimes, I found it so painful to be constantly in my analytical work that I had to put it aside and take a break. I certainly found that 'In dealing with the body and the emotions we are dealing with that which is closest to us, as researchers ...with our very sense of the being in the world.' (Scott & Morgan, 1993, p.19). At this point, some examples may allow the nature of this emotional labour to be understood. All names are pseudonyms.

James had set out to be the fittest he possibly could, being successfully active and healthy were paramount. Then he rapidly became obsessed. Miles of bicycle riding to the swimming pool were instantly disregarded as a form of exercise. Only the swim at the end of the journey counted. Simultaneously, he would severely restrict food, 'fasting' to optimise his energy expenditure. Here I found a fellowship because the first phase of my own disordered eating involved excessive exercise: I had to deal with overwhelming feelings of nostalgia. The more time I spent working with his story, the more I felt the tendrils of this previous addiction to exercise; an addiction that damaged my body to the point I needed medical attention, deprived me of a normal social life, and led to a poisonously punishing, relentless self-dialogue if I dared to do less than my statutory five hours per day. The nostalgia felt warm and welcome, like meeting

an old friend with whom nothing has changed despite years of absence. This persisted for weeks, I noted, and was not helped by the constant barrage of public health messages, on advertising hoardings and sides of buses, about the local council's call to 'get active' and 'be fit'. This was deceptive, the nostalgia was not warm and fuzzy. It was a wolf in sheep's clothing, offering me an alluring escape from my messy and challenging recovery.

Overweight as a teenager, Gareth had desperately wanted the experience of an acceptable body, as he became sexually aware during puberty. He needed a body where he felt attractive to women, rather than causing revulsion in the girls at school. As Gareth ended his account, he shared that he was now using pro-Ana chat rooms to maintain his weight. These are virtual spaces where those who adopt a positive (pro-) stance to anorexia-as-lifestyle, which affords control, success and survival in an unforgiving world, can meet and share tips for maintaining the ED without incurring the concern or ire of loved ones or the attention of medics (Yeshua-Katz, 2015). I found Gareth's pro-Ana experiences so challenging that I had to find a way to unpick a recurrent animosity that occurred whenever I visited his story. I felt as if he were misguided and had become part of a problem rather than part of a recovery solution. I had never investigated the phenomenon prior to Gareth. I myself was not a 'pro-Ana survivor'. Nor did I already know someone for whom pro-Ana had transpired to be dangerous and damaging, so where was this negativity coming from? Why was I frustrated and indignant? As I processed this judgemental and reactive response, the more I became aware that I was subject to a barrage of pervasive societal messages about pro-Ana. This really illustrated to me how inculcated I had become with uncritical medical discourses that promoted how bad these spaces were for users. I learnt that the spaces facilitate daily survival and offer a sense of community and friendship for those normally isolated by their condition. I had to question my automatic prejudices to arrive at an understanding that Gareth's experience was far more than a good/bad binary.

Finally, and perhaps one of the most turbulent experiences, emanated from Richard's story. It

evoked envy, I seethed with it early on in the research process. He was able to attain a weight of nine stones 'easily', as he rationed a single pack of biscuits across a weekend. Whereas, for years, I struggled bingeing, purging and compensating and battled my way to a nine-and-a-half stones low. I remember a particular daydream I had during the research. I was celebrating reaching nine stones, like it was a graduation of some kind, but when I put on my finery and my gown to go and show off my new smallness to Richard, the smallness vanished. The more I wanted to fit in the shirt and trousers, the more my corpulent flesh strained against the fabric and he could gloat. The envy persisted. It savoured of resentful bitterness that another man had achieved what I could not. Despite the fact that his weight had not been a main focus in Richard's narrative (he had other difficulties that meant more to him), in my mind it grew entirely out of proportion. It had a psychological effect, for weeks I suddenly felt huge in my clothes, like I was bursting out of them. But when my doctor weighed me, I had not suddenly gained weight. It was a skewed perception brought on by the research.

These represent some of the times I connected so thoroughly with an experience that I felt emotionally engulfed. In addition to reflexive practice, I found talking to trusted others would re-ground me and allow for empathy rather than emotional contagion to take hold.

### **Managing the impact of personally resonant research**

Reflexivity is often intoned as the mainstay of dealing with self-in-research when investigating qualitatively. Finlay & Gough (2008, p.108) offer a concise overview of this, as my intention is not to debate the multiplicity of perspectives on what it is:

'Reflexivity is thus the process of continually reflecting upon our interpretations of both our experience [of doing the research] and the phenomena being studied so as to move beyond the partiality of our previous understandings and our investment in particular research outcomes.'

However, a key aspect not accounted for in this brief definition is the added importance of creating

an audit trail. In order to engage authentically with both the men's and my own experience, I needed to be able to keep track of what was happening during analysis and decision-making, capturing the Self-in-Research Nexus, and all of the processes and insights to which this confluence of selves led (Jasper, 2005; Whitehead, 2004). As opposed to engaging in theoretical discussion, what I would like to offer is a synopsis of the strategies I developed to ensure that emotional and practical processing, and critical reflection, took place. This emphasis on 'how' is often overlooked in literature in favour of debates about the 'what and why' of researcher reflexivity.

Creating and maintain a research journal has already been mentioned. This was a constant companion and I opted for a physical notebook so that I did not need to rely on electronic devices or Internet connections to be able to record items as they happened. There are personal, and sometimes painful, reflections sitting alongside practical points about issues with data collection or analysis. I then took ethically unproblematic aspects of the journaling and made this available as an abridged version (this is online: [blogs.brad.ac.uk/russell-delderfield/](http://blogs.brad.ac.uk/russell-delderfield/)). I used the journals to write-as-processing, where the act of writing itself is the reflective engagement, not a polished, edited end product (Bolton & Delderfield, 2018).

I also storied my own experience, making this publicly available so that others could access a small part of what I was taking into the research, perhaps being able to make a more informed evaluation of my analyses and interpretations. This extended into the analytical process itself, whereby a consistently applied method of interpreting the ED experiences was to tune into and record my personal responses as they arose when engaging with the texts. This was one part of a greater and varied approach to analysis, not the 'main' goal of interpretation. Nevertheless, it helped me to feel as if I attempted to address the pretence mentioned earlier: that of trying to appear as if my work were be objective and impartial, when this is simply not possible.

Re-engaging in personal counselling to actively deal with the emotional journey that the research evoked (and required) was of enormous use. It proffered


a safe space in which I could attend to the uglier and powerfully painful responses I experienced. The counsellor 'held' my negativity, so that it was less likely to creep into the research unchallenged, derailing the work. Often, my journal was taken along as I marked various experiences that needed more attention.

Finally, to evaluate whether I had done justice to the men's stories, I attended supervision, where my supervisors had access to, and discussed at length, my analysis and interpretations. This assisted in assessing whether my inferences were reasonable and immanent. In addition to this, I sought out other men's stories, in the public domain, to determine to what degree they bolstered and echoed the experiences in my study. I used these to gauge the reliability of my own perceptions as the storyteller of others' experiences.

## Conclusions

The discussion here has been necessarily brief but it is sufficient to establish some of the complexity involved when there is an undeniable subjective element at the heart of studying personal experience. In addition to offering a basic outline of the nature of subjectivity when researching a personally resonant issue, various personal aspects of engaging in the research were explored. Finally, I exemplified the various strategies I employed in order to deal with this personal and emotional impact. A key limitation to the reflection evidenced here is that there are offshoots, alternative avenues, and questions that arise throughout this paper that cannot be explored further, they are shut down immediately by a necessity for neat linearity that the topic itself eschews.

Setting limitation(s) aside, the conclusion from my reflections is that sound research will not merely acknowledge subjectivity but theorise it, tap into it and use it. The pain and turmoil experienced whilst grappling with the resonance of a lifetime of disordered eating, thinking and behaviour needs to be captured, sifted through, and processed so that decisions can be made about what influences data analysis, what may not, that which should be set aside and that which can be integrated into the findings from a study. Emotional labour is not an adjunct to

meaning-making, it is a crucial part of understanding others and ourselves through the craft of research. 



**Russell's** forthcoming book published by Palgrave Macmillan, explores Male Eating Disorders: Experiences of Food, Body and Self, which is drawn from his PhD thesis. He has also published in the field of reflective practice and teaches researcher development at the University of Bradford. Email: r.delderfield1@bradford.ac.uk

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