The Transnational Affective Kaleidoscope as a Research Tool in Qualitative Research

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In this paper, I cross-hatch the theories of “affective transmission” in the research process and the “transnational optic” to explore how my emotional life has both been affected and affects my qualitative research projects as a result of a new geographical, political, cultural and social environment. To achieve this aim, I use examples of identical qualitative research studies conducted in Canada and Israel on oncologists’ experiences of patient death to explore and describe the differences in affective transmission because of my location. I use my experience as a bicultural qualitative researcher to develop a theory I call the “transnational affective kaleidoscope” that I argue is a central component of conducting binational and local qualitative research. This theory includes 3 components that I describe in detail: (a) intersubjectivity, (b) the moral and political gaze, and (c) structure of feeling. I conclude by giving concrete examples of how other qualitative researchers can put this theory into practice in their own research studies.

Keywords: qualitative methods, biculturalism, emotions, transnational optic, structure of feeling

As a qualitative researcher who studies emotionally laden topics—grief and loss, cancer patients, their families, and their professional caregivers—I am exposed frequently to moments of intense emotional interactions and reactions with my participants as a result of my research. Recently, I moved from Canada to Israel, and as a result, my emotional responses during the research trajectory have both intensified and dramatically changed shape. This came to my attention when I started exporting some of my research from Canada to Israel—that is, when I started to ask similar research questions in Israel as I had in Canada. I realized that although the methods and the inquiries were identical, the research process and the findings were turning out to be very different.

Some of these differences were obvious. We know as qualitative researchers that the social context always shapes reality, and thus, also our findings (Charmaz, 2006). We also know that methodological processes, especially when it comes to qualitative research—in-depth interviews, for example—are shaped by culture and language, and the social rules of engagement (Charmaz, 2006; Swartz, 2014). What I didn’t expect was the intensity of this affective shift in the qualitative research trajectory in these two nations. The emotions in me and the emotions in my participants were so fundamentally different in each country, it would be hard for me to claim to be the same person doing these projects, even though rationally, of course, I am “me,” in Canada and me in Israel. As it turned out, these affective “me’s” in the research context were heavily shaped by the geography and culture in which the research was taking place.

The question of emotions in qualitative research is not a new one to our methodological canon (Campbell, 2002; Dickson-Swift, James, Kippen, & Liamputtong, 2009; Gilbert, 2001; Granek, 2013), but the question of different emotions in the same research project in differ-
ent countries is one that is more recent, more perplexing, and the one that I explore in this paper. Blackman and Cromby (2007) reflected on emotion in the research process as:

the capacity of the subject to affect and be affected. That is, what is taken to define human subjectivity is not singularity and boundedness, but rather connectedness and permeability (of border and boundaries). The notion of contagious communication or “affective transmission” as a central modality of relationality has a long lineage within the psychological sciences and cultural theory. (p. 9)

In 2013, Levitt described the transnational optic as a lens that “begins with a world that is boundary-less and borderless and then asks what kinds of borders arise in particular socio-historical contexts” (Levitt, 2013, p. 32). In this paper, I cross-hatch the theories of affective transmission in the research process and the transnational optic as a boundary-less lens in which to view the world to explore how my emotional life has both been affected and affects my qualitative research projects as a result of my new geographical, political, cultural, and social environment. I use my own experiences as a qualitative researcher to develop a theory I call the transnational affective kaleidoscope as a central component of conducting both binational and local qualitative research. To achieve this aim, I use examples of identical qualitative research studies conducted in Canada and Israel on oncologists’ experiences of patient death to explore and describe the differences in affective transmission because of my social, geographical, political, and cultural location.

Transnational Biography of a Hybrid

I propose here with caution, a kind of miniautoenthography (Ellis, Adams, & Bochner, 2011) in order to better shed light on the complexities of emotional engagement in the research process across borders. As Behar (1997) aptly noted, in order to draw deeper connections between personal experience and the subject under study, it requires “a keen understanding of what aspects of the self are the most important filters though which one perceives the world” (p. 13). The social, geographical, political and cultural location in my case is hard to define. I am a hybrid in every sense of the word, half Israeli and half Canadian with neither part exerting a stronger influence than the other. I was born to Israeli parents, raised in Canada, and am currently midway through my fourth year living in Israel as a new immigrant. People often ask me why I moved to Israel from a place like Canada. The official answer is because I took a position as an assistant professor at Ben-Gurion University of the Negev where I conduct research on cancer patients and their caregivers and teach psychology. The less formal, but equally true, answer is that I moved here because I grew up without roots. When my mother died of cancer 10 years ago, I needed and wanted to come to Israel in order to better understand her, and my father, who left Israel traumatized as a 22-year-old after fighting, and nearly dying, in the Yom Kippur war.

The academic definition of “hybridity” is biculturalism. Others have referred to this concept as “cosmopolitan sociability” (Schiller, Darieva, & Gruner-Domic, 2011), “hyphenated selves” (Fine & Sirin, 2007) and “multivoicedness” (Bhatia & Ram, 2004). A bicultural person is one who is able to hold a dual consciousness, a dual allegiance, and the skills to accept and be accepted into more than one cultural context (Bochner, 1981). I am, what Bochner has called a bicultural by “accident of birth”: a child raised simultaneously in more than one culture by virtue of being born to immigrant parents (Bochner, 1981). As a Canadian bicultural citizen who grew up with an Israeli backdrop, I hold a dual insider and outsider view of the world. This is true for most immigrants—we hold a transnational optic by virtue of being exposed to more than one society and one culture. It is a complicated position to be in because we/I can never tell just one story. Whenever I make a statement—whenever I even think a thought about politics, about people, about my research—10 other equally true, and often contradictory, statements also come to mind. More than one view exists in my consciousness about “how things are” because I understand, witness, and am aware of multiple ways of being and doing by virtue of both my bicultural upbringing and my present immigrant status.

Add to this bicultural complexity the radically different nature of living in Israel as opposed to Canada. Canada, on the whole, is a liberal, peaceful, resource-rich country, and Toronto, where I grew up, is culturally and ethni-
cally diverse. As opposed to the American “melting pot,” Canadians use the metaphor of the mosaic to describe ourselves as a people. That is, each individual ethnic and cultural identity adds to the beauty of the overall national picture of what it means to be a Canadian.

Israel, on the contrary, while ethnically and culturally diverse (with inhabitants that include Jews from all over the globe, Arabs, and Christians) is an insecure state, that when established in 1948 by the British mandate, displaced many Palestinians from the land. This conflict over who this land belongs to, particularly in the areas that were annexed by Israel in the 1967 war, are referred to by some as “occupied territories” and by others as “settlements.” Moreover, aside from these annexed areas, there are some Jews and some Arabs who believe that all of what is called present-day Israel should belong entirely to Jews or entirely to Arabs. There are those who believe in a two-state solution for Jews and Arabs, and there are those who believe there should be one secular state for all.1 As Oren, Nets-Zehngut, and Bar-Tal (2015) have recently noted, there are several competing narratives about the Israeli-Palestinian conflict and a struggle over which narrative should take dominance. In addition, there are sharp divisions within the country between those on the political left and those on the right, between very religious populations and very secular ones, and between Arabs and Jews over land claims. Conflicts over the land have been ongoing for 70 years, resulting in a military state, and ongoing war and conflict between Israelis and Palestinians. These markedly different political situations in each nation affected the research process in ways that will be discussed throughout the paper.

Finally, academically, I hold a hodgepodge of identities. I did my master’s degree in Interdisciplinary Studies (combining 3 disciplines) and my doctorate in history and theory of psychology and health psychology. I never entirely belong to any one group, discipline, theory, or idea, and live most comfortably on the boundaries between things. I am a critical health psychologist—I use mostly qualitative methods in my work—I research, among other things, grief and loss, cancer patients and their families, and women’s health. In 2012 when I moved to Israel I launched a series of studies on oncologists’ experiences of patient death that were based on studies that I had conducted in Canada. In the following section, I draw on both this biography and examples of these identical research projects to illustrate the stark differences in emotional engagement that surfaced in each project.

Affective

Stories From the Field

Much of my research focuses on the emotional lives of health care professionals. In recent years, I conducted a series of mixed-methods studies looking at pediatric and adult oncologists experiences of patient death in Canada and in Israel (Granek, Bartels, Barrera, & Scheinemann, 2015; Granek, Ben-David, Bar-Sela, Shapira, & Ariad, 2016; Granek, Ben-David, Shapira, Bar-Sela, & Ariad, 2016; Granek et al., in press; Granek, Mazzotta, Tozer, & Krzyzanowska, 2012, 2013; Granek, Tozer, Mazzotta, Ramjaum, & Krzyzanowska, 2012). This research is interested in the phenomenological experience of patient death for oncologists, in how chronic patient death impacts them personally and professionally, in how they cope with their emotions, and in how they communicate with patients at end of life. One of the most jarring aspects of doing this research in Israel as opposed to Canada was the inseparability of the political situation and the social context from my emotional responses to the participants, and, in turn, their emotional lives as physicians.

In Canada, during the qualitative interviews and the analysis of the data, the oncologists elicited in me a sense of curbed, controlled sadness. It was as if the Protestant work ethic was in the molecules of the frigid air Canadians breathe since birth and that this affected their ability to be affected, or at least affected the way they were able to express emotion—in this case, the emotion being grief—when their patients died. The interviews and the data analysis in the Canadian studies were easier to under-

1 To further confuse matters, in global discourse about the Israeli-Palestinian conflict, these distinctions are often confused. When people refer to “Israeli occupation” it is often unclear whether they mean all of Israel, or what they term the “settlements” or post-1967 “occupied territories” (i.e., West Bank, East Jerusalem). The conflict consists of two groups who want the same thing: the right to self-determine and live on what they perceive to be their land.
stand. Cleaner. Clearer, neater categories—I felt I had a sense of control over the data in the same way that the Canadian oncologists gave me a sense that they were controlling their affect. There was something very touching, but also very orderly, about the research process, and thus, also something orderly about my emotional responses to the participants.

In Israel, the identical study elicited in me a wild range of emotional responses spanning grief, chaos, frustration, feelings of being out of control, surprise, anger, and moments of admiration and love. These emotions are not only reflective of the oncologists’ emotional lives because of their jobs, but are also reflective of the emotional tenor of Israeli culture—in my view, caused by the wildly unpredictable, dangerous political situation there. These feelings were alien to me in the same research project conducted in Canada and they affected my ability to later analyze and write up the data. In practice, this took many forms.

For example, in Canada, oncologists set aside protected time to participate in an interview—no phones, beepers, or interruptions of any kind. In Israel, as is reflective of a culture where everyone feels like a (loved and/or a hated) family member, there are no boundaries or privacy; the door flung open without warning every few minutes. The oncologists answered their office phones, their cell phones, and their beepers during the interviews. They talked to their children, their spouses, to patients, and to their colleagues and handled personal and professional emergencies throughout the interview. Most Israeli interviews have no more than 5 uninterrupted minutes of talking, whereas in the Canadian study, there are no more than 5 min total of interruptions in the entire 2–3 hour interview. As a researcher, this triggered in me impatience, anger, and frustration at the Israeli oncologist, while simultaneously feelings of protectiveness, empathy, identification with, and admiration for their dedication and passion toward their patients and their work in their extremely resource thin, chaotic contexts.

What they told me differed too. I’m a psychologist. I believe that one of the projects of being human involves the negotiation of boundaries—emotional, physical, and psychological—throughout our lifetimes. Despite our Western, psychologically-orientated individualist mentality, however, I quickly discovered that boundaries, emotional ones in particular, are as much a cultural phenomenon as they are a subjective, psychological one. When we say people have “poor boundaries,” for example, especially when they come from a different background than our own, it seems to me now from my transnational optic, that we are passing a judgment about their cultural or geographical background rather than about their individual psychological capacities. This became exceedingly clear in the research process. If boundaries exist on a continuum from very open to very closed, Israelis and Canadians would be on the opposite ends of the spectrum. To add to this cultural complexity, the boundary issue for oncologists is a significant one when it comes to dealing with patient death (Granek, Tozer, et al., 2012). Both Israeli and Canadian oncologists struggle with taking control of their boundaries when it comes to the emotional impact of patient death (Granek, Ben-David, Shapira, et al., 2016; Granek, Tozer, et al., 2012), but each culture allows for vastly different ways of talking about their emotions and certainly different ways of talking to patients about the dying process. As the researcher, I had, to put it mildly, some intense emotional responses to my participant’s views on this matter.

For example, Israeli oncologists, especially the older generation, are more paternalistic in approach, assuming that only some patients need to hear about their life-threatening conditions. Due to their increased openness and generally more authentic, less politically correct demeanor, they were also more open than the Canadian oncologists about their nonpolitically correct communication approaches. One oncologist told me that he felt obligated to tell people about their end of life conditions on a “need to know” basis. For example, a man who runs a business has to plan for his death because he has many workers and loose ends to tie up before his death. A housewife who has “nothing” would do better without knowing the truth about her impending death. As a feminist qualitative researcher, this angered me, and this scenario was one of my first experiences of rage in a research encounter. It is worth noting again not only my emotional response here, but the cultural context in which it occurred; whereas expressing anger in a Canadian context is considered to be “rude” and thus unacceptable, in Israeli culture which is freer and more open
emotionally, anger is constant and daily. In fact, one of the major differences in the findings between the two data sets was how frequently anger came up in the Israeli study when oncologists spoke about patients and families (Granek, Ben-David, Bar-Sela, et al., 2016), whereas in the Canadian study, anger was almost nonexistent as a finding or in the interviews themselves.

If the culture affected me, affected them, and affected the findings when it came to emotions, then the political situation alluded to earlier bulldozed everything. The political context in Israel, unlike in Canada, permeates every aspect of Israelis lives. Oncologists are no exception to this and it came up frequently in the research process. As a new citizen navigating the crazy emotional extremes of war, terror, and missiles for the first time, these stories elicited a range of emotional reactions in me—anxiety, fear, awe, disbelief, and again, anger—to name a few.

One physician, for example, described a surreal situation where he gave intravenous chemotherapy to patients in the territories in his car. Another physician in responding to the question about grief over patient deaths said his patients dying was “nothing” compared to the deaths of those who died from terror attacks who he had treated in the past in the emergency room. An Arab doctor described the dire situation of the Arab population when it came to cancer care, both because of access to resources in some areas, and because of the stigma some Arab populations have about cancer.

These are specific examples of my own emotional shifts as a result of a particular research project to these very hard-to-absorb stories, however, it is worth noting that the transnational affective optic has shifted my emotional experiences in every aspect of my work, not only in this particular research context. In all aspects of my work—research, teaching, graduate students, administration—I now contend with stories that have shaken me out of my Canadian affective slumber. Examples abound:

- The woman who came to the clinic who wanted her tubes tied but couldn’t afford it, and couldn’t ask her husband for the funds for fear of his wrath. She begged the health care team for an (unnecessary) cesarean section that would allow the health care team to perform the procedure without cost and without risking her life in asking for funds and permission for the procedure.
- For the first time having students in the army and experiencing deep, all-encompassing anxiety and fear about their well-being. Students who I care deeply about. Students who may die—some students (not mine) who did die during one of the recent conflicts.
- Seeing and hearing about doctors treating patients under raining missiles—sometimes continuing surgery with bomb shelter sirens blaring in the background—sometimes having to decide which inpatients to move to the limited “safe rooms” in the hospital—sometimes having to cancel chemo clinics because of the insecure hospital site during times of active conflict.

Kaleidoscope

Theoretical Components

When I started writing this paper, I initially drew on the metaphor of the “affective kaleidoscope” to allude to how shaking the qualitative researcher up changes the colors and patterns s/he can see in her data. But there is an additional part of the title and theory that has to do with the transnational component. That is, what these research examples illustrate is that it’s not just emotionally shaking the researcher up—it’s shaking the researcher up in a very particular way—in a way that crosses borders, boundaries, and oceans—it’s the transnational aspect of the work that is so particular to this experience of doing research in more than one nation and that can potentially become a research tool for other researchers to access as well.

What then, is the transnational affective kaleidoscope composed of? I propose a tripartite theory that includes three elements to this research tool that include: (a) intersubjectivity, (b) the moral and political gaze, and (c) the structure of feeling. In the following section, I describe each component of the theory and illustrate the practice with concrete examples from my work that I described in the Affective section.
**Intersubjectivity.** The first part of the transnational affective kaleidoscope involves affective transmission, or the recognition of the permeability of our emotional boundaries as qualitative researchers. It is the idea of the negotiated middle space, or what Fine (1998) has called the hyphen in qualitative research. The element of intersubjectivity in qualitative research has a long intellectual lineage in psychodynamic theory and more recently, in the qualitative research methodology canon.

In psychoanalytic circles, intersubjectivity refers to an axiom that all human experience is relational and that the subjectivity of both the patient and the analyst are cocreated within an “intersubjective field” (Mitchell, 1988; Stolorow, Brandchaft, & Atwood, 1987). In recent years, the notion of intersubjectivity has expanded beyond patient and analyst and child and caregiver, to researcher and research participant. In a paper on the dialogical nature of the Self and Other in qualitative research relationships, I drew inspiration from Fine’s (1998) concept of the hyphen and suggested that the epistemology of the hyphen acknowledges that the researcher and the research participant are in coconstitutive dialogue when producing knowledge (Granek, 2013). More importantly, I argue that emotion and empathic communication are a fundamental part of this intersubjective exchange (Granek, 2013). Parker (2010) has similarly suggested that not only is emotion present and porous in the research encounter, but that researchers may unconsciously respond to participants in ways that mimic transference in the psychoanalytical patient/analyst dyad. There is thus a recognition that qualitative inquiry involves an intensive study of human beings and requires a high degree of attunement to one’s own affect and the affect of the participant and an engagement with the relational aspects of data collection and analysis (Josselson, 2013). Through methodological processes, including memoing (Birks, Chapman, & Francis, 2008), acknowledging and reflexively making one’s self-understanding available in our reports (Berger, 2015; Shaw, 2010; Watt, 2007), and by explicitly acknowledging emotion and relationships in our research processes (e.g., Campbell, 2002; Charmaz, 2006; Dickson-Swift et al., 2009; Elliott, Fischer, & Rennie, 1999; Gilbert, 2001; Glesne, 1999; Maxwell, 1996), we acknowledge even if implicitly, that intersubjectivity is one research tool we draw on when conducting qualitative research.

As with most qualitative research that involves interacting with other human beings, the awareness of, attunement to, and use of the intersubjective field between researcher and research participant is what allows for richer and more complex nuances in data collection and data analysis. In the case of the transnational affective kaleidoscope, intersubjectivity in the research process is complicated by another layer involving cultural epistemology. That is, qualitative researchers with a transnational optic who are emotionally affected by, and who emotionally affect, their research participants are not anthropologists studying a foreign culture. They are part of the culture where they are doing their research but also slightly removed from it. Although this sounds like a classic case of insider/outsider perspectives in the research process (Dwyer & Buckle, 2009), it is more complicated because these researchers embody a unique hybrid of the two cultures within themselves making the intersubjective field particularly rich and challenging to discern.

Within the field of social psychology, hybridity or biculturalism is often described negatively, with an emphasis on potential identity conflicts that may arise in individuals that “possess personal and affective commitments to at least two distinct and incompatible identity components” (Leong & Ward, 2000, p. 764). Baumeister (1986) suggested that these multiple components of identity can lead to crises or conflict in the individual when they are incompatible with local behavioral norms and when situational circumstances require the person to acquire a new component of identity that is in conflict with a currently existing one. These theories are ironically based in the particular cultural ethos of North American individualism (Sampson, 1988), which assumes that social identity and culture are monolithic static categories that require bicultural individuals to “pick and choose” among identity components that may come into conflict with each other (Bhatia, 2007; Bhatia & Ram, 2001). As Hermans and Kempen (1998) argued, “mainstream academic psychologists have worked and continue to work on the premise that cultural differences can be conceptualized in terms of cultural dichotomies” (p. 1111).
When it comes to biculturalism and conducting qualitative research in two nations, it is more accurate to say that the intersubjective experience between myself and the participant was complicated, more than it was conflictual. I align with Hermans and Kempen (1998) who are interested in asking less about identity conflicts and more about the innovative and creative power of hybridity. My own personal biography, for example, allowed me to research oncologists from a unique transnational optic not only as a new immigrant to Israel, but as a Jewish daughter of Israelis, growing up speaking Hebrew, immersed in Israeli culture and traditions, but growing up and being educated and socialized entirely in Canada. Moreover, being female, relatively young, and coming from an educated class allowed for an emotional (and nonthreatening) rapport with my participants that may not have existed otherwise. The knowledge produced from my emotional reactions to the Israeli oncologists in my study are a product of this complicated intersection of my historical, current, and present locations, but also to the intersubjective exchange I had with my participants. As I noted in the introduction, my different emotional reactions to the same research study in Canada and Israel makes it almost impossible for me to claim to be the same person doing these studies in these different nations. Rationally, that is a ridiculous statement. But braiding together affective transmission, the transnational optic, and intersubjectivity makes this phenomenological experience more understandable. In the research dyad, as Blackman and Cromby (2007) argued, emotions are contagious; they deeply affected by the transnational gaze (Levitt, 2013); and there is no objective “researcher” and “participant”—there is only the dialogical exchange between them that creates each subject and the knowledge they produce (Granek, 2013). If we accept these axioms as qualitative researchers, we understand that our emotional openness and ability to be cocreators of knowledge becomes part of the data we collect and that we report on. This becomes especially pertinent in research encounters where the researcher is bicultural, holding more than one affective subjective position at the same time, or at least having the capacity to be fluid with, or have a wider range of, affective subject positions available to negotiate with the participant. Schiller and colleagues (2011) referred to this capacity as a form of “flexible social capital.” The more open and aware we are able to be—and as I will argue in the next section, we can train ourselves in these practices—the richer and more interesting, and perhaps more accurate our research findings and reports will be.

Moral and political gaze. The second part of the translational affective kaleidoscope is trickier and less documented in qualitative methodological theory than intersubjectivity. In qualitative methods papers, we often talk about how we listen and how feel—but we speak much less frequently about how we see. If intersubjectivity theory claims that knowledge is coproduced in a dialogical exchange between researcher and research participant, and that the mode of this knowledge production is primarily emotional, then the moral and political gaze claims that a major component of data collection emerges from how the researcher sees. Illouz (2015) recently noted:

Looking at people is a matter of habit, not a conscious decision. It is an unconsciously learned moral skill of seeing. Eyes, then, are a moral organ, which can be trained both cognitively and morally. That training, in turn, depends on political structure and values . . . In that sense, we may speak of a morality (and a politics) of seeing.

I borrow Illouz’s explication of the eyes—or a morality and politics of seeing that can be trained—as the second theoretical stone in the transnational affective kaleidoscope. As I noted in my case examples, in Israel, the contentious political sphere shaped every encounter I had with the oncologists, even if the research was not about politics. On the contrary, in Canada, a relatively calm and secure country, citizens have the privilege of “forgetting” politics. That is, the political realm does not consciously or explicitly shape the citizens’ day-to-day existence in any way that is immediately noticeable. As a bicultural citizen with a transnational gaze, I now perceive what I used to take for granted as a Canadian citizen to be a privilege of circumstance—wealthy, secure, and socialized nations do not need to think about politics all the time or even most of the time. Insecure, resource-thin nations like Israel, do. The political situation in the Israeli case is often and frequently perceived by its citizens to be matters of life or death. How does this affect qualitative research in each nation?
In my own case, doing the same qualitative research study in two nations (and holding both gazes in my mind simultaneously) gave me a new kind of political and moral optic that shook up my emotional capacity so that I was able to feel more and feel differently both about the research I had already done in Canada, and the research I am currently conducting in Israel.

The moral and political gaze are dual aspects of the same phenomenon. In the most obvious form, being aware of the political situation and how it impacts citizens’ day-to-day lives is central. In my own case, this was evident in the examples I gave about Israeli oncologists treating patients under missile attacks; or having a radically different frame of reference to death that includes people dying in terror attacks as their examples of “real grief,” and/or treating patients in cars because of roadblocks. The transnational optic allows the researcher to be sensitized and more emotionally attuned to the ways in which politics enters our research and colors every word that is exchanged in a way that a person doing research in only one nation may have a harder time accessing. More importantly, however, the moral gaze is shaped by the awareness of how political structures shape people and what they tell us.

When I use the word “moral” here I do not mean in its usual definition of being concerned with “right” and “wrong,” but rather the moral sensitization that comes with the recognition that right and wrong are harder to claim when one holds more than one cultural gaze in mind. The social psychological literature posits that people with this capacity for dual vision have innate personality traits that include tolerance for ambiguity or the ability to appreciate different perspectives and recognize them as legitimate (Brislin, 1981). Another personality trait includes attributional complexity, or the ability to think more in depth and with more complexity in explaining events and human behavior (Fletcher, Danilovics, Fernandez, Peterson, & Reeder, 1986). These are certainly components of the moral and political gaze, but I contend that they develop as a result of the transnational optic, rather than being innate personality characteristics of the self, or, in this case, the researcher.

As I noted in the introduction, I have been exposed to more than one narrative about how “things are” by virtue of being exposed to different cultures within different political contexts. What would appear to me to be outrageous and wrong in Canada, such as with the example I gave of an unnecessary cesarean section, seems reasonable in Israel precisely because of the political context, even if the incident is not about politics proper. This is not the same as “cultural relativism” (Boas, 1887), a view that is morally flexible and that changes with the local cultural context. The request for an unnecessary surgery is no more “morally right” in Israel than it is in Canada. The causes stemming from this request—patriarchy that does not allow a woman to have control over her own body or funds, and living in poverty that does not allow this woman to pay for the procedure herself—are no more legitimate in the Israeli context than they are in the Canadian one. And yet, the moral of multiplicity, or the ability to understand that this request is situated within a much wider political and social context in Israel as compared to Canada fundamentally and qualitatively changes how I saw this woman, her request, and the response to her.

In summary, the moral gaze is the one that sees the world through a political screen and recognizes an ethic or morality of multiplicity. This gaze that develops with the transnational affective kaleidoscope is not a judgmental one that discerns between right or wrong, but rather opens up in the opposite direction to an acknowledgment that there is more than one story that can be told about what our participants are telling us about themselves, and that this telling is situated within a political structure that heavily shapes their experience.

**Structure of feeling.** The cultural theorist Raymond Williams (1975, 1979) defined the concept of “structure of feeling” as “the felt sense of the quality of life at a particular place and time” (1975, p. 47). Structure of feeling refers to emotional responses in individuals that are culturally constituted and shared in the collective without the individual being aware of the culture’s impact on their felt sense. In some sense, it is akin to the intersubjectivity between people, but in this case, it is intersubjectivity between people and nations/cultures. Paradoxically, it is an invisible structure that is prediscursive; that is, it is a feeling that permeates and influences people as structures do, but it is also unspoken, unconscious, and amorphous. I propose that structure of feeling is the third theo-
tical stone in the tripartite of the transnational affective kaleidoscope and moves beyond intersubjectivity and the morality and politics of seeing to draw in the cultural, historical, and geographical context in shaping the emotional responses of the researcher and the participant.

While hard to understand in theory, in practice, the structure of feeling is a pertinent and major part of all qualitative research. This concept moves beyond the researchers’ awareness of their own emotional responses and the social context that includes politics as I described in the previous section. The structure of feeling involves the deeper layers of the affective cultural ethos that impacts what, and how people speak in the research interviews. As with the moral and political gaze, the structure of feeling becomes more conscious when one has a transnational view of more than one society to draw from.

In the introduction, I gave several examples of the structure of feeling that manifested and came to my awareness in the research with the oncologists. Canada is an orderly, civilized, and rule-bound society (Colombo, 2001). The orderliness of Canadian culture affects the orderliness of felt experience. This structure of feeling allows for a certain type of emotional expression, and perhaps even a certain emotional range in its citizens. As I noted in the introduction, in Canada, this structure of feeling impacted what oncologists told me about their own emotional experiences of patient death, but also how they told it to me, and that, in turn, affected my emotional reactions to them. The research findings about affect, in this case, grief, were different (more orderly with cleaner, neater categories), and were shared in a more orderly and more distanced manner. This affected my emotional experience of doing the interviews and the way in which I later looked at their data.

In Israel, on the contrary, which is a more informal, chaotic, passionate, boundary-less and aggressive society, the structure of feeling of the nation was reflected back in both what participants said and in the ways they said it. Frequent interruptions of the interview, a wider range of emotional reactions, and a more direct way of communicating are a few examples of this phenomenon in practice, all of which affected my emotional response to the participants and the data. Another example of the influence of the structure of feeling was evident in the frequency that anger came up in the Israeli interviews but was rarely mentioned in the Canadian interviews (Granek, Ben-David, Bar-Sela, et al., 2016). Anger is a natural and logical response to a cancer diagnosis and it is understandable that oncologists will have to cope with angry patients and families in their work. Why then, was it so frequently mentioned in the Israeli study, but rarely, if ever, mentioned in the Canadian study?

The structure of feeling in Canada that does not tolerate “unacceptable” or “uncivilized” emotions like anger (which is considered to be rude) may explain why patients and families do not get angry (or express anger) more at their oncologists. It is also possible that this same structure of feeling in Canada did not allow oncologists to speak openly about this phenomenon in their work. In turn, as the researcher, I do not recall experiencing one moment of anger during all the interviews I conducted in Canada.

The unbounded structure of feeling in Israel, however, allowed for the oncologists to talk frequently about the intense anger of their patients and the families (and also for the patients and families to feel free to express this anger), for the oncologists themselves to express anger about this anger, and allowed me as the researcher to get angry during the course of the interview about things that were said (Granek, Ben-David, Bar-Sela, et al., 2016).

The historical context (that led to the current political and social situation) in each nation is also important to understand when it comes to how the structure of feeling develops and affects present-day affect in its citizens. Anger and aggression is an excellent case example of how historical events in a nation structure the present emotional tenor in a given society, even when the topic—in this case—oncologists’ responses to patient death, have very little to do with politics, or history proper.

Today, Canadians, on the whole, are peacekeepers in the international arena. Canada’s role in peacekeeping dates back to the 1950s when Lester B. Pearson, who was an ambassador to the United Nations at the time, suggested a Canadian peacekeeping force who would be stationed throughout the world in war zones to keep the peace during ceasefires.
Although the Canadian army has reduced its peacekeeping activities in recent years, the history of the nation and the cultural mythos of the country rest on these assumptions and values. Within this historical context, anger and aggression are devalued and shunned, and this ethos affects the present-day structure of feeling that shapes Canadians’ emotional responses to events such as patient death. It is important to point out that this is another place where the moral and political gaze and the structure of feeling intersect; Canadians have the privilege of being peacekeepers and thus emotionally calm because Canada is an abundant land with more space per capita per person than most places on the globe, and because modern day Canada is not, and has never been, under attack or threat.

Israel, on the contrary, has a dramatically different history and a dramatically different present-day reality that impacts and shapes the structure of feeling. Israel was established in 1948 after the holocaust that resulted in the extermination of six million Jews. The establishment of the state of Israel involved not only a new state, but a new narrative for the Jewish people of self-determination and a dramatic shift in self-perception from the “quiet Jewish scholar” who was a perpetual victim, to the strong Israeli warrior who fights. Fast-forward nearly 70 years and modern day Israel is a military state with mandatory conscription for both men and women who serve 3 and 2 years, respectively. Soldiers with guns are a common sight and armed security guards sit at the entrance of every building, restaurant, shopping center, school, and train station. Wars, terrorist attacks, and military missions are frequent, sometimes daily, occurrences. The Israeli mentality is one of perpetual self-defense and a readiness to fight. Some have even argued that Israelis, as a nation, collectively suffer from posttraumatic stress disorder that impacts their perception of security and safety (Plotkin-Amrami & Brunner, 2015).

Moreover, Illouz (2015) who I mentioned earlier in the context of the moral and political gaze, has suggested that the current political situation with Israelis acting as occupiers affects how citizens treat each other. In her article, she documents the relationship between the aggression, ruthlessness, and cynicism she experienced in the health care system when her father was dying and the Israeli military state and its occupation of Palestinians. In her analysis, she links the two situations and shows how aggression in the military context transfers into aggression in day-to-day interactions among Israeli citizens.

Although this historical sketch of each nation is an incomplete accounting for the development of the structure of feeling, within this historical and political context, one can see how the structure of feeling includes anger and aggression and has become a major component of Israeli affect. Again, it is worth nothing that as with the Canadian case, politics matters a great deal in understanding the logic of this structure of feeling. Israel, unlike Canada, has never, in its 70 years of existence, felt safe from attack or even that the nation was self-evident. That is, Israelis live with the constant fear that they, and their country, can be annihilated at any moment, a thought that is hard to imagine in any other geographical context. Whether this is reflective of reality (Oren et al., 2015), or a remnant of a very long (as in thousands of years long) historical lineage of anti-Semitism, homelessness, and displacement, is a matter for debate, but for the purposes of understanding the structure of feeling in present-day Israel, it is the subjective emotional experience of citizens that is important to comprehend. In these examples, it is evident that the emotional experience of the nation, or the guiding structure of feeling, shaped the research findings and the emotional research interaction between the researcher and the participants.

Conclusion: The Transnational Affective Kaleidoscope as a Research Tool for Qualitative Researchers

Putting it Into Practice

Using examples from my own research, in this paper I developed a theory I called the transnational affective kaleidoscope for use in qualitative research. In my own case, the stark cultural differences and political contexts in Canada and Israel allowed me to see clearly how the transnational gaze affected the emotion in me, the research process, my participants, and ultimately the research findings. For other qualitative researchers whose data may be less
emotionally raw than my own, or for those working locally, or in nations where such differences are not as sharp, this approach may be less relevant. That said, there are some tools that can be derived from this theory that every qualitative researcher can draw upon in doing their own work.

Figure 1 outlines the theoretical components of my theory. The transnational/affective/kaleidoscope of the title overlays the entire figure and concept. That is, the multiple cultural views, affect, and the picture that emerges when you peer through the shaken-up kaleidoscope is true and relevant for every part of the triangle. The three theoretical components, intersubjectivity, the moral and political gaze, and the structure of feeling, can be examined by each researcher within their own qualitative research projects by exploring the following questions in their work.

**Intersubjectivity in Practice**

As many other qualitative theorists have suggested before me, researchers can explore and “unpack” their personal biographies and how this background may impact how they are interpreting the data (Berger, 2015; Charmaz, 2006; Shaw, 2010; Watt, 2007). I would add to this that researchers can also explore how their personal background, including age, gender, religious, and cultural background, affects the intersubjective exchange with their participants. Researchers may inquire more about the personal biographies of the research participant to try to understand where the researcher and participant meet culturally and where they might diverge.

While most qualitative methodological theory recommends memoing and reflexivity in order to bracket their biases, or at least try to
understand how their own personal background affects their interpretation of the research (Berger, 2015; Shaw, 2010; Watt, 2007), intersubjectivity theory claims that this biographical exploration of both the researcher and the research participant is crucial to the kind of data that emerges in the research interview itself (Granek, 2013). In this sense, intersubjectivity comes before the analysis and it is possible that a greater awareness of how one’s personal background affects the research encounter may become conscious in doing the interviews themselves. That is, because so much of the intersubjective process is unconscious, it might be difficult to memo or unpack the influence of one’s personal biography on the data produced in advance of having these relational encounters.

In a paper on psychology and globalization of cultures, Hermans and Kempen (1998) suggest “different and contracting cultures can be part of a repertoire of collective voices playing their part in a multivoiced self” (p. 1188). From this location of bi- or even multiculturalism, new research questions can be posed. Hermans and Kempen (1998) suggest these questions might include:

Which voices are part of the self, how broad is the repertoire of voices, which situations require or invite me to shift between the voices? Under what circumstances are new voices introduced, and what are the consequences to other voices and their dialogical potentials? (p. 1118)

More recently, Aveling, Gillespie, and Cornish (2015) have proposed a dialogical qualitative method for analyzing what they call multivoicedness in the research text. The method involves asking a series of analytic questions with the aim of identifying multiple voices in the text including the following: (a) I-positions, (b) “inner-others,” and (c) dialogue and relationships between the different voices in the research text.

Finally, researchers can also explore both conscious and unconscious affective responses in the research encounter and verbal and non-verbal communication that is arising in the research interview.

Moral and Political Gaze in Practice

The moral and political gaze can be put into practice by listening and analyzing for multiple stories and multiple interpretations of the same phenomenon as they are impacted by the political structure. Other qualitative researchers have proposed analyzing the same data using different qualitative methods (Wertz et al., 2011) that can also result in a similar rich multiplicity of findings. Here, I mean that it is necessary to develop a morality of multiplicity as it is situated explicitly within the political context of the research participant. This morality of multiplicity means that the researcher must be aware both of their own political background and beliefs, but much more importantly, the political background, context, and beliefs of their research participant and how it impacts the way they view, and interact with, the world. As I noted earlier, it is easier to become aware of this moral and political gaze when you are conducting research in more than one nation, but this approach is also relevant to research conducted with local groups who may have their own political contexts that differ from your own. By seeing with this moral and political gaze, one can develop a morality of multiplicity and nonjudgment that will enrich the research process and the findings.

Structure of Feeling in Practice

Of all three components, the structure of feeling is the hardest to articulate and to become aware of, particularly if one is doing research solely within one’s own culture. As noted in previous sections, the structure of feeling involves exploring and understanding how the unconscious and unspoken “emotional tenor” of the culture impacts the research findings (i.e., both what people say about how they feel and how they say it). To put into practice, the researcher needs to become aware of the culture’s unconscious affect that significantly impacts how citizens feel, but is not explicitly spoken. It is a solid structure, but it is invisible, particularly to those immersed in it. While there are no simple guidelines that can help with this component, a researcher can use both their observations on intersubjectivity and the moral and political gaze to try to understand how these combine together under the structure of feeling in the culture in which they are conducting their research. Another strategy may in-
clude asking someone else from a different nation to read the research findings and comment on the invisible and visible cultural threads that form the backdrop of the findings. The best way, however, to become aware of the structure of feeling is to conduct a research project in another nation on the same topic. The structure of feeling will organically become visible when, and if, contrasts appear during the data collection and the entire research trajectory.

**Conclusion**

To conclude, I’d like to address what Fine and Sirin (2007) have called the “privilege of the hyphen.” In their paper exploring the “hyphenated identities” of Muslim American youth they noted:

We worry that our sample, largely well educated, middle class and recruited from colleges and universities, may reflect as much about privilege as it does about hyphenated selves. That is, it may simply be a privilege to live at a hyphen. (p. 18)

I agree. As a white Jewish, Canadian Israeli researcher with a PhD, fluent English, and dual passports overflowing with entry and exit stamps from around the globe, at this historically recent juncture where Jews are not forced to live in ghettos and women can vote and hold bank accounts, I can move freely among nations, disciplines, and participants without much resistance. This freedom of movement is the foundational privilege on which I, and many of us as researchers, can explore how our hyphenated selves intersect with our research as I have in this paper. With this privilege, however, also comes a responsibility and a burden of awareness that this location is a circumstance of luck, and that there many others who do not have the same power or access to luxuriate in these types of meditations. Moreover, the transnational affective kaleidoscope as a research tool is demanding and requires the ability to hold multiple views and to tell multiple stories at the same time. This is extremely important and extremely difficult. It is akin to narrating every piece of sand in the kaleidoscope that makes up the whole picture and hoping it procures a coherent picture. While challenging, I believe it provides a fuller, deeper, and more accurate representation of ourselves, and the very messy, very complex, and very interesting realities of the people we study.

2 As a further illustration to the moral of multiplicity, as I write this line, a competing voice contests that these variables—white, Jewish, woman, educated—are not the whole story or as simple as they appear here. The other part of my biography that I did not tell here is less aesthetic. I grew up without financial resources, in a working class family where I was the first to go to university. My mother was diagnosed with cancer when I was 9 years old and I lived almost my entire childhood and young adulthood in the shadow of the disease that took her life. Access to education, staying afloat financially, and freedom of movement, in my case, did not come easily or without tremendous struggle despite my white skin privilege. Jewishness, also, is complicated. In Israel, it is a privilege because it guarantees rights to citizenship, while Palestinians, who have claims to this land, are not granted this status. But being a granddaughter of Holocaust survivors, I also know that elsewhere in the world, Jews face discrimination and anti-Semitism and there are limited places where Jews can travel and live. The privilege of the hyphen is immensely complicated and no single statement about identity markers can fully capture the nuances and complexity of living at these intersections.

**References**


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