Putting ourselves on the line: the epistemology of the hyphen, intersubjectivity and social responsibility in qualitative research

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As researchers, we are intertwined in our research relationships in two ways that put us on the line. First, our very beings are co-constituted and developed in an intersubjective exchange with the people we work with. Acknowledging our interdependence frees us to take an empathetic and hermeneutic stance that I have termed the epistemology of the hyphen, in our qualitative research relationships, and in the process, reject the objectivist, dissociative mode of procuring research. Instead, we produce knowledge that is socially responsible by virtue of its grounding in empathy and care. Second, I suggest that we are also on the line when it comes to the relationship between ourselves, and our audiences. The constraints and freedoms that contour our voices as qualitative researchers shape not only the stories we tell about our participants, but also ourselves as human beings. We must incorporate affect into our reports for them to do justice to ourselves, our readers and listeners, and our participants.

Keywords: qualitative research; intersubjectivity; socially responsible research; self/other; epistemology

Self and Other are knottily entangled ... Despite denials, qualitative researchers are always implicated at the hyphen. When we opt ... simply to write about those who have been Othered, we deny the hyphen ... By working the hyphen, I mean to suggest that researchers probe how we are in relation with the contexts we study and with our informants ... Working the hyphen means creating occasions for researchers and informants to discuss what is, and is not, “happening between” ... (Fine 1998, 135; emphasis in original)

The notion of what is “happening between” the researcher and the researched has consumed me from the first day I began doing qualitative research. My Masters project, indeed, applying to graduate school, happened by accident. I was hired as a part-time research assistant in a “depression” lab where I was trained to do Structured Clinical Interview Diagnoses (SCID) based on the Diagnostics and Statistics Manual of Mental Disorders criteria to weed out participants for a quantitative study who were not really depressed. As a fresh-faced 20-year-old who did not know yet that I was supposed to be distanced and objective with my research participants, I would get to the end of SCID, turn off the tape, and out of curiosity say, “tell me a bit about your experiences – how did this happen to you?”

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I used to drive my lab-mates crazy because the participants would talk for hours, and no one could use the office space during interviews. It was well worth it. This data was so rich, provocative, and interesting, it led to a new research initiative. The proposal was a qualitative study looking at the lived experience of depression, and it ended up being a project that changed my life in significant ways. It was the relational piece of qualitative research that appealed to me. I liked sitting down with people and talking to them about their lives. Perhaps ironically, relationships were the central finding of my research. Whereas I had assumed that the participants would talk to me about the existential search for meaning as the cause of their depression, they ended up talking about their connections. Every time I would say, “tell me about your depression,” they would talk about relationships. Again and again I would say, somewhat exasperated, “but, what about The Depression?” as if the depression were somehow separate and isolated from everything else in their lives. And, again and again, they would talk to me about their boyfriends and girlfriends, fathers and mothers, and teachers and supervisors (see Granek 2006). It was a lesson in the centrality of the interpersonal as a research method and as a fundamental piece of what it means to be a healthy and happy human being.

Fast-forward several years and the same issues of relationality in the research setting are irking me. I have spent the last seven years working with women who have eating disorders (Granek 2007), with breast cancer patients and their spouses (Granek and Fergus 2011; Fergus et al. 2011), with women who delay seeking care for breast symptoms (Granek et al. 2011; Heisey et al. 2011), and most recently, with people who have cancer and their families. In every instance, I have been deeply moved, affected, and changed by my interactions with these people in ways that move beyond “careerism” and the need to publish research (Mitchell and Baker 2009). In this paper I suggest that I, that all of us, that we – the researcher and the researched – are intertwined with each other in ways that move beyond the need to publish or perish and/or serve our populations of interest. I argue that acknowledging this hyphen, or our essential interconnection with each other, is the epistemological cornerstone of socially responsible research.

The researcher and the researched

Many methodology and social science scholars have written about the relationship between the researcher and the researched or between self and other in the context of socially responsible research. For example, scholars have written about the need to attend to the power imbalance (Fawcett and Hearn 2004; Moje 2000); the problem of representation (Bloom 1997; Coffey 1996; Fine et al. 2000; Harding 1987; Lather 1988; Sindig et al. 2009); the inauthenticity of the “objective” stance in research (Haraway 1988; Mason 1996; May 1997; Maynard 1994; Spivak 1988); the question of whether one needs to have had an experience in order to authentically study it (Fawcett and Hearn 2004); and the tendency to Other participants (Fawcett and Hearn 2004; Fine 1998; Kitzinger and Wilkinson 1996). These scholars have focused on the power imbalance in the research relationship and addressed the need to attend to the potential vulnerability of those being researched, as well as the obligation to use that research in the service of social action. Within this tradition, social justice research links theory to method, method to research, and research to social action (see Fine 2006; Martin-Baro 1994; Payton 1984, for a history of such approaches within psychological research).
More recently, this integration of theory, research, and action with an explicitly social justice agenda has been taken up by Participatory Action Research (PAR) scholars. PAR is committed to integration of participatory methods in the service of moving social justice concerns forward in and outside of the academy (Brydon-Miller 2001; Fine and Torre 2004; Fine et al. 2001; Lykes 2001; Nelson, Gould, and Keller-Olman 2009; Reid and Vianna 2001). These critiques have forced researchers in the social sciences to critically examine their own approaches, and have challenged notions around objectivity, validity, and generalizability in our research projects (Fine 2006).

While it is necessary to deconstruct, expose, and explore every aspect of these normally taken for granted (and problematic) research practices, and while I ultimately argue that no project can consider itself to be socially responsible without taking these methodological dilemmas into account, in this article, I flip around the term within the research realm in order to understand the self/other dynamic in a broader light. I suggest that socially responsible research as described above not only is research that addresses material vulnerability of participants or research that addresses the power imbalance in the research dynamic, but goes deeper in acknowledging our inherent interdependence on one another as the researcher and the researched. I call this stance the epistemology of the hyphen and I argue that it is rooted in our intersubjectivity.

The epistemology of the hyphen builds on the social justice research critiques described above by recognizing our inherent interdependence, our participants and our audiences in two significant ways. The first interconnection is rooted in the idea that “no one is free until everyone is free.” Our qualitative, socially responsible research projects are equally important and beneficial to ourselves as researchers as they are to the researched. I situate this argument in Oliver’s (2001) theory of witnessing and ethics and in recent psychoanalytic and neuro-scientific explorations of intersubjectivity.

Oliver (2001), a feminist philosopher, suggests that the self/other split is an illusion and that all subjectivity is born out of a process of witnessing and co-construction of each other through empathic and full engagement. Witnessing means addressing, responding to, and being fully present with others and interacting with them in a way that is open and responsive. I extrapolate on Oliver’s work and suggest that intersubjectivity, or the idea that we are fundamentally co-constituted and exist in relationship to each other (Stolorow and Atwood 1992), is an inherent piece of socially responsible research. Here, I take up Fine’s (1998, 135) challenge to “work the hyphen” by “probing how we are in relation with the contexts we study and with our informants” and expand on it, suggesting that Self and Other are not on opposite ends of the pulsing line, but that instead, they are in a constant process of co-creating each other in the research dynamic, and therefore, are fundamentally dependent on one another. We do not exist on one side of the divide and the participant on the other. We are on the line. We are the hyphen.

Moreover, I suggest that the traditional academic stance on the objective nature of research dissociates us from the reality of our interdependence, and that the fates of the researcher and the researched are so deeply connected, they cannot be thought of as separate. This means that as researchers, not only are we affected in the research process by the need to move our careers forward – but our very personhood, our very being is expanded and implicated by these interactions with our participants, and they with us. The recognition of our intersubjectivity – or the
taking up of the epistemology of the hyphen – is fundamentally an ethical and political stance because how we feel, think, understand, and perceive each other also tends to influence how we act with each other.

The second intertwining has to do with the relationship between the researcher and his/her audience. In this case, a different type of line or hyphen is co-created, one that moves from the researcher/researched dynamic into the researcher/audience realm, but that carries with it all the assumptions of interconnection, intersubjectivity, and mutual vulnerability, empathy, and care that characterize the self/other relationship in qualitative research.

No one is free until everyone is free: the intersubjectivity of the researcher and the researched

The idea that no one is free until everyone is free is the central axiom to understanding the embodiment of the epistemology of the hyphen in the researcher/researched relationship. We are not on either side of the hyphen, we are co-constructed – are essentially the hyphen – and we are always being created in relation to one another.

In her book *Witnessing: Beyond Recognition*, Oliver (2001) argues that none of us develop a sense of ourselves as subjects outside of our relationships with others. From this fundamentally relational stance, Oliver (2001, 200) claims that:

addressability and response-ability are the conditions for subjectivity. The subject is the result of a response to an address from another and the possibility of addressing itself to another … Witnessing can restore subjectivity by restoring response-ability. Restoring response-ability is the ethical responsibility to our founding possibility as subjects.

Oliver’s philosophical treatise parallels the work currently being done in psychoanalytic theory and neuroscience on intersubjectivity (Mitchell 1988; Orbach 1998; Stolorow 1992). In psychoanalytic circles, intersubjectivity theory acknowledges that all human experience is relational and that the subjectivity of both the patient and the analyst happens within the intersubjective field of both people (Mitchell 1988; Stolorow, Brandchaft, and Atwood 1987). Stolorow (2002, 330) goes as far as to say that:

an intersubjective field – any system constituted by interacting experiential worlds – is neither a mode of experiencing nor a sharing of experience. It is the contextual precondition for having any experience at all … Intersubjective systems theory seeks to comprehend psychological phenomena not as products of isolated intrapsychic mechanisms, but as forming at the interface of reciprocally interacting worlds of experience.

Although these claims may at first appear to be counter intuitive to Cartesian notions of selfhood within the traditional psychological models of research and practice that focus on the individual self as separate from others (Miller 1992), intersubjectivity has recently seen a surge of interest in neuroscience research (Cohen and Slade 1999; Emde 2007; Fonagy and Target 1996). There is now evidence to suggest that intersubjectivity or the mutual co-constitution of self and other is biologically based in embodied processes such as mirror-neurons where affect becomes contagious and “mirrored” between two people (Iacoboni 2008). Indeed,
the theory of “we-centric space” suggests that “social identification, empathy and ‘we-ness’ are the basic ground of our development and being” (Gallese 2009, 520).

What all of these theories have in common is the idea that, as noted by Oliver (1998, 169):

our experience of ourselves is not as a fortress defending itself against the outside world. Instead, we experience ourselves as flux and flows of moods, sensations, and thoughts that are changing. In fact, it is difficult, maybe impossible, to take the meta-perspective of one’s own changing persona. We cannot step out of the circulation of ourselves and our relations towards others.

Indeed, “we cannot step out of the circulation of ourselves and our relations” (169) because our selves are in constant negotiation with others around us, and these others include our research participants. It is for this reason that that we can never truly Other another person in our research. If the convergence of intersubjective theories in psychoanalysis, philosophy, and neuroscience is correct, as I believe they are, then it follows that our “selves” as researchers, research participants, and as people are dependent on one another for our very personhood. If one’s own subjectivity is bound up to the other’s, then we cannot do harm to another person without also harming ourselves. Moreover, we cannot expect to interact or engage with anyone, including our participants, without it having an impact on our selves that moves far beyond the research encounter. What I have called the epistemology of the hyphen acknowledges, embodies, and incorporates these tenets as an inherent part of all relationships, including the ones that take place in the research setting.

This is not to deny that the researcher often holds more privilege and power and can cause damage when they, when we, are unaware and insensitive to the very real inequalities and hierarchies we inhabit. We can certainly Other in all the ways discussed in the introduction, in the ways that colonizers Other, and in the way that qualitative researchers have Othered (Fine 1998), but what is often left out of these discussions is how this Othering can be as damaging to the person doing the Othering, as to the person being Othered.

If we take the notion of interconnection and intersubjectivity of all beings seriously, then we begin to see that it is not only our projects that are dependent on one another in the sense that the researcher requires a publication, and the researched requires attention and a “privileged” voice to move their needs forward, but that our very “okay-ness,” our “beingness,” our ability to “thrive-ness” is interconnected and mutually dependent.

**The objectivist epistemology**

Contrast this approach to the traditional academic stance where the researcher is not only separate and disengaged, but is also expected to be neutral, distanced, objective, and unaffected (in every sense of the word) by her or his participants. In the field of psychology, for example, the objectivist view has taken precedence over the subjective. The positivist assumptions that guide empirical research are essentialist in orientation in that they assume there is an “objective” world to which representation of it can and should be made to correspond. Objectivist epistemology prescribes a method directed to objectivity by eliminating any outside variables that can skew the results, including the subjectivity of the researcher. In a critique of the
positivist methodology, Stoppard (2002, 145) states, “A zero-sum relationship is assumed between objectivity and subjectivity, so that the more sources of potential subjective influence are removed (through such procedures as randomized assignment, use of control groups, interrater agreement, etc.) the more objectivity will be achieved.” Most importantly for this argument this “objective” method assumes that the researcher exists outside of the phenomena under inquiry and that there is little, if any, meaningful interaction between the researcher and the subject.

On this approach to social science, Haraway (1996, 24) has stated that the “modest witness” is invisible and is specific to a “European, masculine, scientific form of … modesty that plays off its practitioners in the coin of epistemological and social power” and moreover, that researchers inhabit the God’s eye view in producing knowledge seemingly from nowhere, leaving themselves completely out of the equation (Haraway 1988; Miller 1992).

Similarly, Code (2001, 261) has aptly pointed out that the “shadowy Anglo American epistemic subject” – a stance that we qualitative researchers have been guilty of inhabiting – is bestowed with a credibility that comes out of his right, indeed, his obligation (within the epistemological tradition) to “be disconnected from situational idiosyncrasies and from the distractions of affect, human relationships, and personal, social and cultural history.”

The ideas that I am setting forth here including the intersubjectivity of the researcher and researched, the notion that we are the hyphen and are co-constructing one another, and therefore, are mutually implicated in our shared fates, are in effect, the complete opposite of the stance taken up by the “shadowy Anglo-American” epistemic subject delineated by Code. The closest concept we have to understanding these types of relations is by taking the epistemology of the hyphen as our relational stance in our research.

**The epistemology of the hyphen: hermeneutics, empathy, and intersubjectivity**

By epistemology, I mean broadly the theory of knowledge, or how we come to know the things we do. As outlined in the introduction, a hermeneutic or intersubjective based epistemology recognizes that both the researcher and the researched are engaged in continual reflexivity and mutual interpretation and are therefore, always being created in dialogue and in relationship with each other. Taking a hermeneutic stance means recognizing that the researcher and the author, the reader and the audience, and of course, the subject of the study, are all mutually implicated and dependent on one another to exist. On this Frank (1992, 472) has noted:

The essence of objectivism is detachment and judgment (“conclusions” or “diagnosis”); its spirit is nomothetic. In the essence of a hermeneutic encounter two people share their common embodied vulnerability to suffering. The mutual need of these two people to help each other to find some ways for both to continue living with that suffering … both ill person and professional [or, the researched and the researcher] share this; what the one is, the other will be … Each has something to offer the other, and there is no particular hierarchy of value in those offerings.

To think of the research dynamic as being hermeneutical is to see oneself as being in relationship, as being equal to, as being co-created, and thus, opening up the possibility of influence, interpretation, and affect running in both directions. This does not mean that there is no boundary or difference between oneself and the
other, but rather, that one recognizes the inherent mutual vulnerability, and possibility for both points of sameness and difference.\(^2\)

Hermeneutics, intersubjectivity, and interdependence are broad epistemological concepts, but when put into practice within research relationships simply look like care and empathy. Dilthey (1996/1900), for example, defined hermeneutics in the social sciences to mean something akin to “verstehen”, a German phrase capturing a constellation of concepts including a sense of deep understanding, mutual interpretation, and an empathetic approach to human experience.

Empathy has been described as: “being there with and being open to. It is a readiness to feel the other’s feelings as one’s own and to use that awareness for the benefit of the other” (Candib 1994, 138). The kind of empathy I envision between the researcher and the researched is based on compassion and care (Johnson 2003).\(^3\)

As with the hermeneutic, intersubjective stance, this is a kind of empathy that implicates equal vulnerability for both the one empathizing, and the one being empathized with; by being open, there is always the potential, indeed, the obligation for change in both agents. On empathy, Shildrick (2002, 78) noted, “I prefer a testimonial response [to the other] that requires the encounter with vulnerability to rest on an openness to the unpredictably strange and excessive, an openness that renders the self vulnerable”. In line with this interconnected definition, The Stone Center Model (Jordan et al. 1991) suggests that empathy cannot exist without a context of mutuality. “You cannot be with the other’s experience unless you are open and touched by others in your own experience. Mutual empathy, then, is a free flow of shared [emotional] experience” (Surrey and Bergman 1994, 129).

Empathy can be summarized as an ability to be open to, understand, and experience an emotion that another person is feeling. Put into practice this will look different depending on one’s research setting. My own work is in the area of psycho-oncology, which is a field that involves many painful encounters with severe, sometimes terminal illness, and with overwhelming grief and sadness. The following research memos were written in response to two recent experiences I had working in a hospital. Both illustrate the concepts of the hermeneutic, empathetic stance and the intersubjective nature of the research/researched relationship:

It is the Superman pajamas that are getting to me. Four years old, curled into a stroller that has him laying flat. He is hooked up to an IV that curls around his small, compact body, the wires running along his arms and legs and up through his button nose. He is bald. He looks up at me from his cozy portable perch. I smile brightly. He gazes back at me warily. He has the look in his eyes – the look that every child with cancer has – a deep, dark, knowing, a maturity, a pain, and a distrusting wariness. It is so incongruent with his surrounding face – the chubby cheeks, the big eyes, and the unwrinkled skin that I have to look away. It is obvious to me that the Superman insignia across his chest is symbolic – I’m not sure for who – him, or his parents?

Intolerable pain sears through my body. My heart clenches and releases. I yearn to hold this child like I used to hold my baby brother when he fell in the playground or cut his finger, to cradle his soft supple body close to my own, soothe away his pain, take away his disease. The Superman costume is getting to me. I used to wear the same blue set to my nursery school, but for different reasons. I wore a pink sparkly tutu over the pants – a true reflection of the message I wanted to send – a mix
between fierce independence and unapologetic femininity. We all wear our hearts on our sleeves in more ways than one. (Personal Research Memo)

... I am interviewing a woman whose husband is dying. This woman has no one to talk to at the end of the day. She wakes up every four hours in the night to fill his feeding tube. She cannot leave the house, even to the grocery store for 10 min because she can’t leave him alone. She lost her job and is going to have to sell her house. She worries about money constantly. She feels she cannot ask her community to help because it is too much of a burden. She feels she cannot be weak because then it might all fall apart. She does not know what to say when he asks her if all this treatment is worth it because it is so painful and draining – she struggles with his question – because this might be the last few months of his life – should they keep fighting or should he die with some dignity and his body intact?

She cries and I cry with her. I can’t stop the tears, and I’m not sure I would want to even if I could. Her story is sad. It is simply sad. And staying stoic serves neither of us. I am present with her – my heart is cracked open – I remember a similar time in my own life caring for my dying mother. A time when I was asking myself these same questions. It was six months of being totally consumed with caregiving – emotionally, physically, and spiritually consuming. Six months of more than you think you are capable of. (Personal Research Memo)

In both of these instances, imagining what I would do if faced with the same circumstances was a conscious choice I made in order to stay open to the people I was talking to. On this, Frank noted:

The hermeneutic attitude requires the psychologist to encounter the ill person as another human being with whom a fundamental condition of being is shared ... specialized knowledge is less important than the capacity to imagine yourself in the place of the other, not as the other, but how you yourself would live through what the other is experiencing. (472)

Indeed, this imagining was painful and haunting and expanding and illuminating. Although I have never had a child with a terminal illness, I could imagine and empathize with what it would feel like to be four years old and in such pain; and I could sense the suffering and the despair involved in caring for a dying relative because I could remember what my own experiences of caregiving were like when my mother was dying. Our experiences were not the same. They were not even comparable in magnitude and scope, and yet, the possibility of engagement, of having an authentic human encounter was predicated on the openness and empathy flowing between myself, and these participants. We both benefited from it, even though it was painful and required both of us to be present and very much on the line.

At the most superficial level, this encounter was about research production. We were interconnected in the sense that I required a “sample,” an “interview” and “research findings” to move my career forward, and these participants required a legitimate voice to write, and present healthcare policy, advocate on their behalf, and access desperately needed resources. All of these needs are important and legitimate and are an inevitable and undeniable goal of any research project. To claim otherwise would be dishonest, unethical, and untrue (Lincoln 1995).
On a deeper, more fundamental level, however, we were also interconnected in the existential, hermeneutic sense of encountering and engaging with the humanity of the other. Conducting these interviews, being a witness to this suffering, listening to these stories stretched my heart, broadened my perspective, and opened up a new understanding of myself as a researcher, as a woman, and as a person who has cared for a dying person who had cancer. I am a fuller person for having had this experience, even though I cried in the car all the way home, and even though these stories have imprinted themselves so deeply in my psyche, they have permanently entered my soul and fundamentally changed who I am, and how I operate in the world. For example, I believe I have become more compassionate, more sensitive, and more astute to the pain of suffering and loss in all of my participants’ lives, but also in the lives of people I interact with daily as a result of bearing witness to these narratives. Moreover, I have become sensitized and deeply politicized to the dire need of marginalized populations to receive governmental support when ill, and have turned my attention and focus towards conducting, translating, and using my research projects to further the needs of these groups.

Most importantly, I fundamentally understand that while these participants’ suffering is not my own suffering, and that I cannot take away their pain or their struggles, I am deeply implicated by my engagement with them, and that their struggle is also in some capacity my own by virtue of our shared humanity and our mutual interdependence. It is important to emphasize that this social and political stand and any positive material repercussions that will emerge for the participants are directly rooted in the acknowledgment of our mutually constitutive hyphen.

Although it is impossible to know the fullness of this experience for the participants (they cannot, in this particular instance of knowledge production, speak for themselves), I can report that the woman I interviewed expressed relief at being able to finally speak about her struggles, and that this was therapeutic and healing for her. We continue to stay in touch. As is often the case with terminal illness, death, dying, and grief, many people feel uncomfortable with crying out of their own embarrassment and wish to avoid pain. In this case, therefore, there seems to have been a kind of intimacy that emerged within the research relationship that was mutually beneficial, and, as Busier and colleagues (1997, 165) have noted, became one of those “vital experiences which move us into learning and understanding more about others, ourselves, and the world.”

Oliver (2001, 91) similarly stated that: “one becomes when another listens to her testimony – allows her to speak about the inarticulate experiences welled up inside her very being. Only by maintaining ethical relations to each other as ‘response-ability’ can we allow each other to unfold, to testify to who they are.” Oliver’s (2001) notions of “becoming,” “responsibility,” and “response-ability” are not only about the one telling the story; they are also about the one listening to the testimony. The responsibility to tell and the “response-ability” of listening construct an intersubjective relationship between self and other that is built on connection and reciprocity rather than on hierarchy and subordination. Both require each other for each to move forward. Both are mutually interdependent and mutually co-constructive, and both are woven with empathy, mutual vulnerability, and care. It is a move away from the notion of research yielding, “findings,” or of clinical ‘interventions’ yielding ‘outcomes,’ and evaluate itself more as care; simply care ... Care is a hermeneutic relation of mutual involvement and discovery” (Frank 1992, 481).
This hermeneutic relation of mutual involvement and discovery encased in empathy and care means that I cry on my way home from the hospital (as many researchers cry on the way home from the prisons, the shelters, and the institutions they work in) because the people I come into contact with in my work are part of me, and I am part of them. It means that our current situations in life and our futures are interlinked in how I respond to them, and how they, in turn, respond to me. We are equally vulnerable (although not equally privileged), and the crying for the fates of the people we connect with – loved ones dying of cancer, four-year-olds hooked up to IVs – is about how we exist within the hyphen together and not on what happens on either side of that line.

The alpha and the beta: the intersubjectivity of the researcher and his/her audience

When any of us writes a paper ... we choose a style that is, on balance, objectivist or hermeneutic. The choice of style is epistemology in the most existential sense, because style shapes the quality of the writer’s engagement in the experience of the persons being discussed. For the individual researcher ... “style” is ultimately an ethical stance. On the macro level of social scientific practice, style is the scientific legitimation of how people will understand their responsibility for relating to others. (Frank 1992, 471)

While the first half of this paper was concerned with putting oneself on the line with one’s research participants, in this section, I deal with another type of connecting hyphen between oneself as the researcher and our imagined audience in the case of our writing, and our living, breathing audience in the case of our lectures. Here, I am interested in Frank’s (1992) “styles” of speech and argue that our modes of communication are intimately tied up to our notions of responsibility to our participants, and that putting ourselves on, or within the line, means incorporating our emotions and care into our witnessing, and therefore, into our research reports. Moreover, just as the knowledge we create and the people we become are reliant on the intersubjective dialogue between ourselves, and our participants, so it is also the case with our audiences. We are co-created by our readers and listeners who determine what stories we can tell about our participants, and in the process, shape who we are as researchers and ultimately who we are as people.

The opening quote to this section comes out of an article written by Frank (1992) on the pedagogy of suffering. Frank, a social scientist and an academic, has also been a cancer patient and wrote this article out of frustration of being unable to find scholarship in his own field that he felt was compassionate and authentic in representing his suffering and pain. Instead, he found dry and dissociated texts that were about functionality and adaptation of patients to the cancer experience. Most relevant for this discussion, it was only when he himself got sick that he could turn reflexively to his own field and critically examine the lack of care, lack of ethic, and lack of an embodied pedagogy of suffering within the scholarship.

Frank (1992, 483) implores his readers as both researchers and clinicians not only to be present and engaged with their research participants and their patients, but also to learn how to translate this care, empathy, compassion, and mutual vulnerability for the audiences hearing these stories, an approach he called “genuine pedagogy.” The second interconnection in the research dynamic then is about how
this genuine pedagogy can create an additional, different type of hyphen between the researcher and the researched and the audience listening to the outcome of these relationships.

Whereas the epistemology of the hyphen within the researcher/researched relationship is about mutual bi-directional empathy and vulnerability as people who are telling and listening to stories, here these qualities move into reporting of our research for others. This type of empathic and emotional reporting is risky and demands extreme vulnerability from researchers as the traditional objectivist epistemology in the social sciences, as described in earlier sections of this paper, demands a “neutral” and “disaffected” approach in writing up and presenting our findings. The objectivist stance claims that good, “objective” research is distant, unemotional, and disaffected (Miller 1992). Writing in more emotional style can be perceived as unscientific and biased, and blurring the lines between academic work and journalism or a personal diary. These are indeed very real risks and it is why I called this paper *Putting Ourselves on the Line*. To think of ourselves as intersubjectively linked with our participants and with our audiences is both to understand ourselves as being the hyphen and to acknowledge that this untraditional stance in research relationships is risky within the current academic climate. As will become evident, I believe it is not only worth the risk, it is one of the conditions of socially responsible research.

Bion’s (1963) “alpha/beta” theory of child development is an instructive metaphor here. Bion (1963) believed that the infant required their mother to help her or him tolerate and organize “undigested,” chaotic, and overwhelming emotional and mental experiences into understandable chunks. The mother (or primary caregiver) serves as a container, or what Bion called the “alpha function” that chews up and “cooks” all of these unmetabolized, raw experiences called beta elements, and transforms them into digestible alpha elements that her baby can metabolize and absorb. This is akin to the mama bird that gnaws and masticates the worm, which she regurgitates to feed her baby bird.

In Bion’s (1963) conceptualization, the caregiver had to be solid, grounded, empathetic, and deeply attuned to her baby in order to serve as a good alpha function for her child. Indeed, the notion of a hermeneutic, empathetic stance is central to this endeavor. Anyone who has loved deeply knows that we care about our children and/or the people in our lives because we are deeply invested in their outcome. Their fate is our fate.  

In much the same way, we as researchers are the alpha function for our readers and our audiences. Our bodies become containers for taking in undifferentiated, undigested beta elements (i.e. research data and findings) that we chew up, metabolize, and then give back to our readers and listeners as alpha elements for them to ingest. As with Bion’s (1963) ideal mother, it is essential that we, as researchers be humane, full, empathetic, and grounded, because it is only through our humaneness, care, and compassion, and the recognition of the mutuality of our projects that we can turn beta into alpha. When beta elements (research findings) are turned into alpha elements (articles and lectures) through an alpha function that is grounded in care (qualitative researchers who take a hermeneutic, empathic stance, and therefore, embody the epistemology of the hyphen), we acknowledge that the pulsing line between researcher and researched becomes the pulsing line between research findings and the audience. Again, we find ourselves deeply implicated *within* the line rather than on either side of the divide.
Whereas in the previous section, I suggested that the broad, abstract concepts of epistemology and intersubjectivity become grounded in our research practices through empathy and taking a hermeneutic stance, here, I argue that we embody the hyphen by bringing our affect into the presentation of our data for our scholarly audiences. An emotional alpha function is one that can produce socially responsible research and be responsible to ourselves, our participants, and our audiences by being unapologetically, qualitatively relational or social.

Acknowledging the emotional aspects of our research relationships is not a new idea and has been taken up by feminist researchers in the past (Cotterill 1992; Stanley and Wise 1993). What I am adding is that in addition to attending to the affect that co-constructs us with our participants (and thus, co-constructs knowledge), we also incorporate this emotional stance into the delivery of our research for our academic audiences who are equally part of the ongoing relations that create us and that we create with them.

Although this idea may intuitively resonate, it is not one that is easily acceptable within our North American epistemological tradition. Jagger has noted that “western epistemology has tended to view emotion with suspicion and even hostility” (Jagger 1989, 154). This approach to emotion is evidenced in the way that it is avoided in research as a way of “knowing” or as a potential source of information, and further, and most relevant to this discussion, has been removed from the reporting of our research findings to our academic audiences. Researchers, therefore, are encouraged to control and suppress emotions, yet, as Gilbert (2001, 10) noted, “this does not mean that emotions are not present, nor does it guarantee that the hidden emotions do not affect the research process.”

The presence and influence of emotions in the research process was made clear in a newly published article on emotional labor in qualitative research. Woodby et al. (2011) interviewed next of kin of deceased veterans and stated that although, “we attempted to balance our scientific stance with our personal instincts, being careful not to allow informants to penetrate our boundaries” (833), they found themselves nonetheless deeply distressed and emotional when conducting the interviews and coding the data. The authors note that the coding sessions brought to the surface feelings of “inadequacy, anxiety, and guilt” and that they became aware of their vulnerability as researchers and their “emotional connectedness” (831) with their research participants and the data that emerged out of those interviews.

Emotions, therefore, cannot only influence and enrich knowledge production in our delivery of our research findings, but are an essential, even mandatory component to taking a hermeneutic, empathetic stance in our research relationships and recognizing the intersubjectivity of ourselves with our audiences. To work qualitatively in this way means to work emotionally, and to be open to change as a result of these encounters, both with our participants and with the audiences who hear about them. On this Rouse (1996, 208) has noted that this type of approach involves, “construing knowledge as multidimensional relationships between knowers and knowns, rather than a simple relation of representation and correspondence.”

In other words, the relationship between the “knowers and the knowns” is not only within the context of participant and researcher, but also within the context of the researcher and the audience. What we say about our participants, the language we use, and the ideas we create about them in the world are co-constructed with our listeners. Whether we include our own affect in the conversation will depend on how
acceptable such a stance is to one’s readers and listeners. This is not an arbitrary
 distinction, for our styles of speech will have a profound influence on the type of
 knowledge we co-create, and as I have been arguing throughout, are deeply relational.

This is an especially salient issue for qualitative researchers who may be
working in more mainstream fields where quantitative, positivistic, “neutral”
research reports are the norm. One way to imagine how we are co-constructed
with our audiences is to think about the sacrifices some qualitative researchers
make in presenting their work to mainstream audiences when trying to get pub-
lished in predominantly quantitative journals. In my own health field, this has cer-
tainly been the case. In order to publish or present my qualitative health
psychology research, I am obligated to remove the theory, take out the majority
of the participants’ quotes (if including any at all), and whittle down the findings
to short, descriptive chunks.

Similarly, at medical conferences, the time allotted for presentations is between
5 and 10 min as opposed to the more generous 20–30 min at social science meet-
ings. In both of these instances, the knowledge I am creating in the world about my
research is negotiated with my intended audience, and in the process, I too become
a different type of academic and a different type of woman. Unfortunately, the coer-
cion to use Frank’s (1992) “objectivist style of speech” in these forums means that
I become emotionless, disembodied, and most damaging of all, disconnected from
the social/relational aspects of myself, my participants, and my audience – a stance
that cannot produce socially responsible research, and certainly, is not responsible
to myself or the people I am relating to by being so anti-relational.

To further ground these ideas in practice, one need only look at different styles
of writing on the same topic to see the difference between affect-laden reports and
disembodied, disconnected ones. In both cases, knowledge and selfhood are being
created with the intended audience with markedly different consequences for the
researcher, the researched, and the readers.

In a recently completed qualitative study, we examined the reasons women give
for waiting to seek medical help when they first find an ambiguous breast symptom
(Fergus et al. 2011; Granek and Fergus 2011; Granek et al. 2011; Heisey et al.
2011). The literature in the area refers to this process of waiting as “denial” or
“delay.” In one article on the topic, Moyer and Levine (1998, 149) wrote:

Denial and denial like processes represent important focal constructs in the psychoso-
cial oncology literature, as cancer patients may use them as a way to cope with the
painful reality of the disease and its consequences. Researchers have found that the
use of denial may be related to delays in symptom recognition, medical help-seeking,
and adherence to medical treatment, as well as psychological adjustment to being
diagnosed with a life-threatening illness.

They continued:

Other important denial-like processes and behavior … include avoidance, avoidant
coping, or distancing; minimizing cancer’s seriousness; emotional control or suppres-
sion versus expression; repressiveness or repressive coping; defensiveness; repressive
defensiveness; and the Type C personality (being uncooperative, unassertive, patient,
compliant, and suppressing negative emotions). Although these processes have not
been called denial, some may reflect constructs that might be better described as denial
(or a subtype of denial). (153)
Contrast this dry, disassociated approach to another description of the same phenomenon. While all of these writers take a similar stance that delay in seeking care for symptoms is related to denial, the different styles of speech create a different author, a different subject, and a different audience. Chen (2007, 192), describing one her patients, wrote:

The nurse ... described Margaret in the chart with a single sentence: “58-year-old with inflammatory breast cancer here for surgical evaluation.” The nurse might have also written that Margaret was the married mother of two grown children, had a successful accounting practice, and was on the verge of dying from a late case of the most aggressive kind of breast cancer.

Chen (2007, 192–3) examined her patient and remarked:

I covered Margaret’s left chest and then lifted up the gown’s right side. The smell in the room suddenly intensified. Grossly misshapen, Margaret’s right breast had several rock-like tumors pushing out from beneath the tightly drawn skin. Over the largest mass there was a half-dollar-sized ulcer. The tumor below had grown so rapidly it has eaten away at her skin and spit out dead tissue. Three small craters circled the largest one like satellites. The rotting smell in the room filled my head. I stood frozen in front of my patient, unwilling to examine her chest yet unable to cover her again. Margaret seemed oblivious. But as I stood there gaping at her tumor, all I wanted to do was ask what in the world had taken her so long to seek help.

Chen’s embodied, lyrical, narrative, and affect-laced description of her patient and herself elicits and constructs the humaneness of both in this description and in the process allows for the audience to empathize with the experience of the patient and the doctor. While it is the physician who is telling this story in this instance, the ability to bring both of their bodies, affects, and subjectivities to life in this description (Margaret’s story is more thoroughly drawn out in the text than what is quoted here), acknowledges many of the hidden emotional components of the doctor–patient dyad in the context of breast cancer delay and gives an honest perspective of both. Chen serves as an especially powerful and emotional alpha function for the readers of this text, effectively turning the beta into alpha in a way that serves: Margaret, the patient, by humanizing her as “a mother, a wife, and a successful accountant” and by presenting her story and perspective more thoroughly than can be found in most texts on delay; Chen, the surgeon, by acknowledging her judgment, dismay, and intense emotional response to her patient, a frequent occurrence in these situations, but which is rarely acknowledged by physicians dealing with these cases (Granek and Fergus 2011); and us, the audience, who can empathize and try to put ourselves in the shoes of both when listening to this account. By taking a hermeneutic, empathetic, emotional stance in presenting her research, all three parties are given due justice.

Conclusion
In this paper, I argue that as researchers, we are deeply intertwined in our research relationships in two significant ways that put us on the line. First, I suggest that we are intertwined with our research participants in ways that move beyond the need to glean findings and produce scholarly material. Our very beings are co-constituted and developed in an ongoing intersubjective exchange with the people we work
with. Further, acknowledging the truth of our interdependence frees us to take an empathetic and hermeneutic stance that I have termed the epistemology of the hyphen, in our qualitative research relationships, and in the process, reject the objectivist, dissociative mode of procuring research that is the received North American epistemological ideal. Instead, we produce knowledge that is socially responsible by virtue of its grounding in empathy and care, and are responsible to ourselves and our participants by recognizing and reveling in our social connections.

Second, I argue that we are also on the line when it comes to the relationship between ourselves, and our audience. What we say about our work is intimately tied in with who is listening. The constraints and freedoms that contour our voices as qualitative researchers shape not only the stories we tell about our participants, but also our very selves as human beings. As designated alpha functions for our audience charged with turning beta into alpha elements, we must incorporate affect into our reports for them to do justice to ourselves, our readers and listeners, and most importantly, our participants.

Although the concept of intersubjectivity is a relatively new concept within research methods, it has been taken up as a radical paradigm shift within psychoanalytic theory as a promising new frame to understand the self/other relationship (Mitchell 1988; Orbach 1998; Stolorow 1992). On this, Stolorow (2002, 330) noted:

intersubjective systems theory seeks to comprehend psychological phenomena not as products of isolated intrapsychic mechanisms, but as forming at the interface of reciprocally interacting worlds of experience. Psychological phenomena . . . cannot be understood apart from the intersubjective contexts in which they take form . . . it is not the isolated individual mind . . . but the larger system created by the mutual interplay between the subjective worlds of patient and analyst, or of child and caregiver.

I would add to this conceptualization that our psyches and the psyches of our participants and audiences – Stolorow’s “psychological phenomena” – are forming at the interface of the reciprocally interacting worlds of our experiences and the experiences of our participants and our audiences in an ongoing co-constitutive, mutually beneficial exchange. In another article on a similar topic, Orange and Stolorow (1998, 534) wrote:

The intersubjective field would include the intermediate or transitional area – the space of illusion and playing, the space between us . . . it would also include the subjectivities of both participants. Making the whole intersubjective field increasingly safe permits exploration, inquiry, play, and the development of new and/or revised psychological organization.

I titled this article Putting Ourselves on the Line to capture the essence of what I believe it means to inhabit Fine’s (1998) hyphen, and to suggest, as I did in earlier sections, that this hermeneutic, empathic, emotional stance within our current academic climate can be risky. To conclude, I would like to challenge the notion of this stand as being truly dangerous. While risky in some respects, taking up the position of intersubjectivity provides a different kind of safety that is implied by Orange and Stolorow’s quote above. As researchers, we are able to make the intersubjective field safe by being full, grounded, empathetic, and present beings with our participants and with our audiences. The sense of safety within all of these
dynamics can open the glorious research space to, “exploration, inquiry, play, and the development of new and/or revised psychological organization” for both ourselves, and the other in our qualitative projects.

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Notes
1. See Rennie (2000) for an outline on how hermeneutics has been applied to qualitative research methods.
2. The idea that empathy requires an ability to see both one’s own and another’s perspective is important to emphasize. Empathy can easily be mis-identified with the psychoanalytic concept of “projective identification.” This defense arises when one splits off repressed feelings and projects them onto another whom they then identify with. “In projective identification parts of the self and internal objects are split off and projected into the external object, which then becomes possessed by, controlled and identified with the projected parts” (Segal 1973, 27). To simplify and to differentiate empathy from projective identification we can use the example of anger. If I am angry and unable to handle my feelings I may “project” them onto a friend by identifying that emotion as being present in them rather than in me. That friend who is then both empathizing and being supposedly empathized with can take on those feelings of anger as “real.” This process simultaneously projects and creates a feeling onto and into another that was originally not there. It is thus important to recognize that empathy must include the ability to be both fluid and stable. One must be fluid enough to internalize the experience of the other but also stable enough to recognize the difference between oneself and the other. Frank (1992) has similarly argued that: “hermeneutics involves a circular process of engaging the other from a reflexive stance that includes knowing what is not shared as well as what is lived in common. We share a world with others through this dialectic of sameness and difference. Care requires both the reciprocity of each person’s needs and also the primacy of one person’s immediate need” (482).
3. It is important to make this distinction as many theorists have aptly pointed out that: (a) empathy can be misused (and manipulative) in unequal power dynamics; and (b) it is not always ‘nice’ or used with the intention of benefiting the other (see, e.g. Boler 1997; Code 1994; Lang 1994).
4. Consider Winnicott’s (1965) famous quote about infants and mothers. He noted, “There is no such thing as an infant … Whenever one finds an infant one finds maternal care, and without maternal care there would be no infant” (39). In other words, both mother and child are engaged in an ongoing process of co-creating one another and exist within an intersubjective realm. While the mother has more “power” and “agency” in the dyad, both are equally invested in the other for their own self-definitions and sense of personhood.
5. Due to the limited scope of this paper, I am unable to go into a lengthier discussion on the repercussions of ignoring emotions in research from the feminist perspective. Briefly, some feminists have argued that emotional labor in the research process is necessary and helpful in producing knowledge. To claim, and to practice this, however, is to put oneself at risk, most particularly for women in patriarchal institutions where Cartesian duality demands that one separate emotion from one’s work. For further reading see The Emotional Nature of Qualitative Research, edited by Gilbert (2001).

Notes on contributor
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