

Running head: EMERGENT ISSUES

Emergent Issues When Researching Trauma:

A Confessional Tale

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Both Kate Connolly and Rosemary Reilly are Assistant Professors who have collaborated on research pertaining to community resilience after residents have experienced a traumatic event in their neighbourhood. This research was supported through a grant from the Fonds Québécois de la Recherche sur la Société et la Culture, Quebec, Canada.

Abstract

This article examines the impact of conducting narrative research focusing on trauma and healing. It is told through three voices: the study participants who experienced the trauma; the researcher who shared her personal experiences conducting this research; and an academic colleague who acted as a reflective echo making sense of and normalizing the researcher's experience. Issues explored in the paper include: harmonic resonance between the story of the participant and the life experiences of the researcher; emotional reflexivity; complex researcher roles and identities; acts of reciprocity that redress the balance of power in the research relationship; the need for compassion for the participants; and self-care for the researcher when researching trauma. The authors conclude that when researching trauma, the researcher is a member of both a scholarly community and a human community, and that maintaining the stance as a member of the human community is an essential element of conducting trauma research.

Keywords: researcher reflective alliance; researching trauma; stresses of qualitative research

Emergent Issues When Researching Trauma: A Confessional Tale

In qualitative research, the researcher acts as the research instrument and data are typically viewed through the lens of both the study participant contributing the data, and the researcher analyzing the data. Likewise, in narrative inquiry, the story is heard through the voice of the narrator, but also through the voice of the researcher in its retelling or reporting.

Chase (2005) notes that at times, the researcher assumes an *authoritative* voice, where portions of the narrator's story are extracted and an analysis or interpretation of the phenomenon is applied; at other times, the researcher might take a more *supportive* stance, by profiling the narrator's voice so that it is heard and acknowledged in the public domain. A third stance or researcher lens that Chase discusses is that of an *interactive* voice where the researcher's voice gets embedded in the story – in this instance, the personal experiences of the researcher are given voice and expression in the retelling of the story.

The following discussion highlights an example where an interactive voice is adopted, however in this narrative, there are actually three lenses from which this story is observed and subsequently told. This narrative is one that explores emotional trauma. At times we hear excerpts from the study participants as they describe ways in which they reacted to and coped with their traumatic experience, but juxtaposed to this, we hear the voice of Kate Connolly, the researcher, talk about and explore her personal reactions to the narratives she was hearing from her study participants. At other times, however, we hear both of these narratives being reflected back through a further lens, that of Rosemary Reilly. Rosemary, who is well versed in qualitative research (Reilly & D'Amico, 1998, 1999, 2003), acted in a collegial role to support Kate as she dealt with the difficulties of conducting trauma research, but also in a co-investigating role by

placing these reactions into some sort of theoretical and/or methodological context. How this narrative is constructed, then, is as follows: we hear the narratives shared by the study participants, narratives that spurred a ‘harmonic resonance’ in Kate as the researcher. Then, in an attempt to support Kate as she navigates through the traumatic experiences of her study participants and her own resulting vicarious trauma, Rosemary offers a ‘reflexive echo’ to locate and position these various storied experiences into a manageable academic context. In this manner, we have three voices and three lenses contributing to the following story about neighbourhood trauma.

Research Context

In 2001, a middle-class businessman (John Bauer) – well known in his suburban community for his volunteer work as a minor sports coach – fell into financial pressures and eventual bankruptcy. Because he was no longer able to support his family in the style to which he had previously, he methodically killed his wife, three teenaged sons, and a business associate in his home over the course of a three-day period. After a trip into a nearby borough where he killed his father-in-law, he then returned home to set his house on fire before he successfully committed suicide on September 20th, 2001.

The shocking feature of this particular incident for the neighbors on the street is that they had no sense that Mr. Bauer was stressed about his financial situation or that it would have been in his character to commit a criminal act of this nature and magnitude. This research has explored the healing strategies that have supported these residents as they recover from this neighborhood trauma, and more specifically, how women have contributed to these healing strategies.

Doing this study has expanded me (Kate) as a researcher, however, and has stretched my understanding of the researcher as the research instrument. As much as I am learning about neighborhood healing in the midst of trauma, I am also touching my own conceptions of what it means to be a researcher within the very human context in which I am working.

To explore this further, it may prove useful to briefly explain how I have come to the academy and to be doing the research that I am. For over 30 years, my professional practice was situated in municipal government on a management level. During those years, I was a consumer of research. If I was mandated with building a new facility or designing a new program, I would typically hire consultants or academics to collect the necessary data to guide my recommendations and decisions. These data were primarily collected using positivist data collection methods.

At some point in my professional practice, however, I realized that my understanding of research methods was limited; I was unsure if I was even asking the right questions of my consultants. As a result, I questioned the recommendations that I was making to City Council – recommendations that often had multi-million dollar price tags attached to them! It was for this reason that I returned to university to complete a doctoral program with a particular view to enhancing my understanding of research methods.

As is the case with all doctoral programs, at some point I needed to decide on a topic for my comprehensive exams and my dissertation. It was at this point that I revisited the issues that had particularly interested me when I was in practice. During that time, I had either participated in, or supervised staff involved in community development activities on the local level. A community development model builds on the strengths and capacities of the residents themselves to identify their needs, to identify strategies that best respond to their needs, and in many cases,

to take an active leadership role in implementing these strategies (McKnight & Kretzmann, 1997). During my time in practice, I repeatedly observed that it was women residents who were most active on the neighborhood level, and my observation has been empirically supported in previous research endeavors (Connolly, 2002/2003, 2004). While my past research focused on restoring a livable balance to neighborhoods negatively impacted by an external threat coming into a neighborhood (e.g. drug dealers and prostitutes), upon reading about the Bauer tragedy, I became interested in how residents recover from a neighborhood trauma as a result of an *internal* threat - a criminal act committed by one of their own residents.

What was interesting about these studies was that I became aware that when studying trauma, the positivist approach was not appropriate. When the natural order of the world gets so radically disturbed – such as when a 10 year old girl on her way to school gets harassed by a man wanting sex, or when the well-respected man next door commits a mass murder/suicide act - it becomes quickly apparent that these research interests cannot be explored in a distant, remote, objective manner. They simply are too human...too real...too traumatic. My academic pursuits and research interests by their very nature moved me to the interpretivist tradition.

It should be noted that the Bauer case is just one case study of a broader programme of research involving three case communities experiencing trauma and imbalance due to an internal threat of a criminal nature. The three case studies are situated within three theoretical constructs: the social ecological system (Bronfenbrenner, 1979); understandings of community (Cox, 1987; Frazer & Lacy, 1993; Young, 1995); and Gilligan's (1993) ethic of care. The Bauer case is the first of the three case studies to be completed. As such, resolving the researcher issues (e.g., ethical dilemmas, reciprocity), which are the focus of this paper, became imperative so that research into the other two cases could be conducted in as informed a manner as possible.

Purpose of This Article

The data collection methods used for this case study were semi-structured interviews and document review (e.g., media reports). Interviews were conducted in 2003 and 2004, and study participants consisted of the immediate neighbors, as well as some of the community officials (e.g., police, municipal officials, and social workers) who were knowledgeable and involved with the Bauer neighborhood after the incident occurred. Because the Bauer tragedy happened only recently in 2001 and the experience of trauma is still fresh in the minds of the residents, there were numerous challenges in securing study participants. This, in itself, presented some ethical dilemmas for me as the researcher, particularly in finding the balance between encouraging a potential participant to step into their trauma experience so that I could accomplish my research, while not wanting to create any further harm or upset for the individual.

While collecting the data, I (Kate) as the researcher was consistently aware that doing research of this nature presented a number of methodological and ethical issues requiring reflexivity on my part. The role that is typically played by the researcher when using qualitative data collection methods became stretched beyond what I had previously experienced. These challenges related to the issue of reciprocity between the researcher and those being researched, as well as the multiple and shifting identities that I experienced throughout the process. As such, this article will focus on the following four issues that challenged me in exploring resident recovery to neighborhood trauma: shifting identities of the researcher; the necessity and importance of reflexivity; reciprocity issues between the researcher and those being researched; and the stresses that I observed for myself and others resulting from our exposure to the Bauer tragedy.

Telling a “Confessional Tale”

In effect, this paper comprises a confessional tale (Tedlock, 1991; Van Maanen, 1988) in which I (Kate) provide an account of my fieldwork experience, outlining my reflexive process during the data collection phase. Van Maanen (1988) first discussed the notion that there are certain kinds of research where the researcher locates him/herself in the research narrative. Rarely is this done publicly – except with other researchers – as a way to understand the methodology used, or the impact that the research has on the researcher. When this occurs, the researcher is, in a sense, telling a personal story, as if a confession of one’s own experience in the field. Tedlock (1991) makes reference to an ethnographic memoir, where the researcher discusses what went on “backstage” when conducting the research, thereby bringing the encounter between the researcher and the study participant to light.

In the research that I conducted with the Bauer neighborhood residents, I became aware that in asking others to open up about their personal experience of trauma as a result of the mass murders and suicide, I found myself in roles that conflicted with what I understood to be appropriate for even a qualitative researcher. Seeing the home where the murders occurred, hearing the stories of the residents who shared conversations “over the fence” with the Bauer family, and seeing the memorial set up for the boys by their friends has had an impact on me as the researcher. Michael, one of the neighbor kids who grew up adjacent to the Bauer boys described the close relationships he’d had his whole life with the youngest Bauer boy, Justin. He was describing how the two of them used to run back and forth between each other’s homes:

There was a wooden board that fell off the fence, and there’s like... on our driveways, two cement curves and we put the board across it and we didn’t go down the driveway or nothin’ to get to each other’s houses... We’d just run across

the board or jump across. We didn't go like... up and down the street, we didn't know that path... like down the driveway, up the driveway... we'd just run across the board. Across the board. That's it, you know? (Michael, April 13, 2004).

I found this account gripping, for a reason that still somewhat perplexes me. I reflected on the childhood patterns that I had developed with my friends in the neighborhood in which I grew up. I reflected on my son squeezing through the bushes that bordered our property line to get to his friend's house faster. The depth of childhood friendships, the play that we develop as neighbor-kids, the innocence that is part of childhood, the familiarity that results from growing up day by day as neighbors, adjacent to each other – this all seemed to be captured in Michael's story about his friend. I touched a sense of what Rosemary called 'harmonic resonance' in that this was my story too. In fact, it's a kid's story. My realizing that gave depth to the well of Michael's grief.

As the interviews continued, and as I began to appreciate the nature of the neighborhood and the residents who live there, I began to internalize the trauma that had now become part of the consciousness of these people. In previous research that I had done, there was not the emotional texture to the interviews that existed here, and while I was able to continue my work, I began to ask myself questions I'd never considered before: "Am I able to keep emotional perspective as the researcher in this experience?" or "Am I getting too involved in the lives of these study participants?" or "What am I doing with these narratives – these painful stories of loss, pain, and trauma?"

These questions became even more confusing when I discovered that the family who had lived next door to the Bauer's in the suburb had recently moved onto my city block. What kind of a coincidence was this, that in a metropolitan area of 3.5 million people, Mr. Bauer's neighbor

had recently become mine – this occurring after I had received three-year funding for this research and had been conducting the preliminary exploration for well over a year?

It was at this point that I realized that I could not continue to do this research on my own. I thought about who I knew who was knowledgeable about qualitative inquiry and could assume an analytical stance, and yet who had the ‘heart and soul’ to hold these narratives, voices, and stories of which I felt particularly protective. Rosemary Reilly immediately came to mind.

Rosemary is a woman about my age (52 years old) who was raised in a Catholic working-class neighbourhood in a rough section of Philadelphia, Pennsylvania. Of European descent, Rosemary’s understanding of difference and diversity was part of her socialization where racism and heterosexism was simply part of her day-to-day life. What has always impressed me about Rosemary is that she is a “questioner”, always interested in finding out ‘why’, always challenging the state of how things are, or are “supposed” to be. Her previous work with ‘at-risk’ parents, followed by her work with women as they tried to succeed in university, had exposed her to the effects of trauma. No matter how motivated these women were to change, their previous violent experiences involving physical, sexual and emotional abuse continually presented a barrier to their efforts. I knew, too, that Rosemary had both feet firmly planted within the researcher-practitioner realms and that she gravitates towards interpretivist traditions and approaches in her work in educational psychology. It quickly became apparent that if Rosemary was willing, her contribution to this programme of research would be invaluable. It was at this point that I approached Rosemary and formally negotiated a research relationship where we would regularly de-brief and reflect upon the methodological dilemmas throughout the research process.

When Kate approached me (Rosemary), and asked if we could talk about some of her experiences as a researcher, I was eager, since I had been toiling alone doing more qualitatively based research for a few years. We had decided to meet one sunny afternoon in the cafeteria on campus, so that we could have coffee and talk “research”. It was crowded and noisy, but we managed to find a table near a large bright window.

As I gazed across the table, and Kate began to share her struggles as a researcher and as a person, all the noise and the bustle and the brightness fell away. I saw many emotions flit across Kate’s face, the two prominent ones being concern for the individuals with whom she was engaging, and doubt as to whether she was being an ethical and appropriate researcher. I was particularly moved at one point when Kate related a role dilemma she faced when engaging with some of her project’s participants and questioned whether or not she was being a “good” researcher. She slightly turned her head, and wiped away a tear... I knew at this point that I would commit to her request that I be a reflexive ‘other’ and someone to support her as she walked through these case studies.

This article is an account, then, of some of the discussions that Rosemary and I (Kate) have had as I have navigated through the research process. While the voice used in this paper is primarily mine, it is Rosemary who has been able to put language to my experience, locate it within a methodological context, and help me navigate through this research experience, while exploring trauma.

Challenges Concerning Our Assumptions of the Role of the Researcher

Unlike quantitative research where the researcher assumes a clinical, objective, and distant posture from the subject, qualitative researchers often co-create knowledge with their study participants (Maynard & Purvis, 1994) within the context of social interaction (Vygotsky, 1987). When collecting data using qualitative interview methods, the researcher expects to be ‘engaged’ with the study participant. Through practices such as climate setting, rapport building, exchanging social courtesies and niceties, and reviewing ethics protocols, a sense of trust between the study participant and the researcher is established at the onset. If the researcher uses feminist methodology, s/he could expect to participate in the creation of knowledge, feeling free to share understandings from theory or literature to aid in the development of data and the understanding of the phenomena under study. Even under these circumstances though, there is often an implicit ‘emotional distance’ between the researcher and the study participant.

When researching my study participant’s experience of trauma, however, I became the repository for the participant’s emotions and feelings, and in some instances, I was the sole person to hear the narrative. Unlike a psychotherapist who first hears, and then assists the traumatized victim navigate through their recovery process, I heard their experiences and then was left to hold or bear their stories. The need for emotional and collegial support when doing research of this nature – such as that provided by Rosemary - was crucial, as a result.

My study participants have been highly generous in sharing their experiences with me, and the authenticity with which they have let me into their personal experience of trauma has been heartfelt. Some of the identities that have emerged within me as I interact with these study participants, however, have included that of mother, crone or wise woman, professor, academic advisor, and more recently, neighbor.

I regularly observe the impacts that the Bauer tragedy has left on my study participants. These impacts I have begun to call ‘collateral damage’ - accidental, unintended, inadvertent harm to the residents and community members as a result of the Bauer incident. These residents have now become victims in their own right as a result of the trauma they experienced after learning of the mass murder-suicide. Acting out of my own ethic of care (Gilligan, 1993), I have felt compelled to reassure, comfort, and share information that may be helpful to the participant.

For example, a number of the young adults who I have interviewed shared their childhood experiences with the Bauer children in great detail. One of the needs that these young people have is to know where the cremated remains of the family members have been repositied, so that they can visit the deceased friend and pay tribute to the life lived and lost. Sophia, one of the young study participants who had a long-term friendship with one of the Bauer boys said:

Sophia: ...to this day, I don't know where they are. I know that they are not buried because they all got cremated, but I don't know where they are. I don't know if they're on somebody's mantel, or if they're in one of those things at the cemetery, ya' know how they have these special places where they put the urns... I have no clue where they are. And other people didn't know... you know after the funeral when you go with the body to the cemetery that was kept for close friends and family. And so we weren't allowed to go, so we never found out.

Kate: If I trip upon this information while I'm doing the study, do you want to know, Sophia?

Sophia: I want to know. (March 23, 2004).

As this was a recurring concern with some of the younger study participants, and a piece of information that could bring a sense of peace to at least one small part of their trauma

experience, I made some inquiries at both the funeral home and the church from which the Bauer family was buried to determine where the ashes were ultimately laid to rest. Is this the role of an academic researcher? No. Is this within the bounds of qualitative inquiry, as we tend to understand it? Likely not. Is this the right and human thing to do in this circumstance? Absolutely. Did I feel conflicted as I was making the decision to try to locate this information? Certainly. Did that prevent me from making the inquiry as to where the ashes were placed? Definitely not.

Behar (1996) suggests that all too often, researchers and observers rely on methods to “drain anxiety from situations in which we feel... helpless to release another from suffering, or at a loss as to whether to act or observe” (p.6). The typical approach, as I have understood qualitative inquiry, is to graciously exit from the interview, send the thank you letter, and proceed to transcribe and analyze the data. Using this tactic, there would be no conflicts about boundary management. The boundaries are clean and excuse the researcher from any of the uncomfortable anxiety to which Behar refers. In trauma research of this nature, however, I have had to confront my gendered roles, both as a female (e.g. mom, crone), and as a woman whose moral development is guided by an ethic of care.

Gilligan's (1993) work on women's moral development found that women, in modeling gender identity learned from their mothers, define themselves as acting morally when they help others, and are in service to others so that no one is left alone, isolated, or separate. To act otherwise, puts women in a moral crisis because women are most comfortable in relationships and maintaining a web of human connections so that no one is left alone. Situations characterized by conflict pose a moral dilemma for females, as females fear that the needs of some will be denied or ignored, therefore causing the 'other' to be isolated, harmed, or in pain. A female acts,

then, out of an ethic of care in an attempt to resolve the conflict and meet the needs of the other – to do otherwise would place her in a moral dilemma.

In the instance described above with Sophia, I resolved this dilemma by trusting my intuitive knowledge in two ways: a) when the helper (me) is at risk of becoming the victim by overextending my efforts to support another, I know that I have moved outside of a response motivated by my ethic of care; and b) I attempt to respect the following balance: supporting a person when s/he needs support on one hand, with a person's sense of empowerment as s/he acts on her/his own behalf on the other.

What I now know is that I cannot simply hear and then take away my participants' trauma narratives. There will be times when I engage in their lives beyond the interview process. While doing research of this nature, I have touched various identities and have used two strategies to guide me in my choices: a) personal journaling to observe and monitor these fluctuating identities; and b) the reflexive, de-briefing sessions with Rosemary, which leads into the following discussion of reflexivity.

Reflexivity

Richardson (2000) discusses the importance of observational, theoretical, methodological, and personal journaling in order to understand how we have come to know what we think we know. By journaling our anxieties and our reactions, Richardson suggests that a researcher can hypothesize and interpret the study setting in an uncensored manner.

I recall the first time I conducted a site visit to the Bauer neighborhood and drove past the Bauer home. It was a beautiful July day, neighbors were out working in their yards, and for all intents and purposes, it looked like a well-kept, upper-middle class suburban street. I purposely planned to be the passenger in the vehicle, as I wanted to be able to assess the setting in an

inconspicuous way. Residents on the street had had passers-by for months on end after the tragedy, and I suspected that the street name had lost its own identity in favour of “the Bauer’s’ street”. Ethically, I did not want to contribute to further stigma.

When I returned home, it was my intent to carry on my day with the long “to do” list typical of an academic on the tenure track. After some false starts at doing some work, I knew I needed to do some thinking and so sat on my back deck, and simply reflected on where I had just been and what I had just observed. After some time, I pulled out my case study journal and wrote the following:

I drove by the Bauer home for the first time today. It stands empty. Grass browning out, but cut. No annuals planted or anything. I wonder who is maintaining the property...it’s been a few years now.

It is sacred ground somehow. I had the weirdest reaction when I got back home, though. It was a beautiful sunny day, and I just thought I could swing right back into doing all the other things I wanted to get done today. But I couldn’t...I just felt the strongest need to pray... for the Bauer family, for the neighbors, and for those poor firefighters who thought they were going in to save people. So I sat on the back deck. I just had to pray for a bit and then I was all right. (July 18, 2003).

As I have proceeded with this research, and tried to mitigate the various identities that emerged throughout the study, I found reviewing literature on ethics (Guillemin & Gillam, 2004), methodology (Bochner, 1997; Devault, 1990); and trauma (Figley, 1995; Hesse, 2002; Kelly & Totten, 2003) tremendously helpful as I tried to sort through, and “be with” the research. As well, it has been extremely helpful to attend conferences and paper presentations by other

researchers working in trauma (Campesino, 2004; Downe, 2004). Hearing how these researchers have navigated through their own methodological issues, and discussing the personal dilemmas that commonly arise for us has proven to be an important reflexive practice in itself. In discussing this with Rosemary, she said:

In engaging with Kate about what she faced as a researcher and as a human being, we began to gain insight into the nature of research conversations and relationships. The qualitative research relationship is fundamentally and essentially a social relationship, since data are frequently co-constructed through the interactive process of conversation (Kvale, 1996). In order to facilitate the unfolding of the conversation and the narrative, researchers approach the interviewing process as a collaborative and interactive one, minimizing hierarchical relationships in favor of interdependence (Oakley, 1981). This approach cultivates the development of trust, rapport, and relationship between researcher and research participant. The basis of interdependence between individuals is composed of the rhythm and cadence of deep, diverse, intense, and sometimes frequent exchanges. In turn, this conversation is then governed and influenced by aspects of relational culture in which the social interaction is embedded: the implicit norms and shared symbols that manage and give meaning to all relationships. When we as researchers engage in conversation, we carry with us the expectations that we all bring to meaningful and delicate dialogue.

The topic of conversation also shapes the nature of the social interaction and social situation, and activates cultural and social cues for how this interaction might / should proceed. Discussions of trauma, stigma, and violence

infuse the conversation with an atmosphere of intimacy between the individual and the researcher. These are subjects seldom discussed with strangers or those we know on a superficial level. This flavor of intimacy, then, moulds the individuals' perceptions of the expectations placed upon them - both researcher and participant - while engaging in this social interaction. The trusting relationship that must exist for an individual to discuss this with a researcher has resonance with other relationships of the same depth and intensity and acts as a template for how this interaction might progress. But this understanding only emerges because we consciously and deliberately enter into a collaborative reflexive conversational space.

The discussions that I (Kate) have had with Rosemary as we have shaped our alliance have been most interesting. Generally, research is the tension and meeting of two perspectives: the one of the "experience-near", that is the person who has experienced the trauma (the emic perspective) and the one of the "experience-distant", that is, the researcher (the etic perspective) (Geertz, 1975). It is through the co-construction of a shared reality by means of social interaction (Vygotsky, 1987) that allows the researcher as the outsider to gain an appreciation and understanding of the participant's perspective as the insider. However, entering into a co-construction of a shared reality means that the researcher in effect becomes an "I-witness", observing first hand the effects of the trauma on a person she or he has come to know and trust. The researcher becomes a container of, and envoy for, the experiences and meanings of the research participants. As I move into the neighborhood to collect data from the study participants, I am an *outsider* talking to an *insider*. When I leave the neighborhood and take away the study participants' narratives with me, I have become an *insider* to the Bauer tragedy –

an insider to a far lesser degree than a resident, but an insider nonetheless. In this regard, the identity of the outsider / researcher transforms into that of an insider-- insider to the co-constructed shared reality of the trauma. And this is, perhaps, the nature of Figley's contention (1995) that trauma then becomes contagious between the researcher and the researched individual.

Rosemary is purely an outsider to the Bauer tragedy. The reflexive practice that has emerged with Rosemary as the outsider is her ability to attach language to my felt experience, to help articulate my feelings, and to feed the experience back to me in a way that locates it within theoretical constructs and interpretive methodology. In doing so, we move my experience from the emotional level back to the cognitive/meaning level. In this way, speech and affect converge and are worked through (Brison, 1997), thus allowing me to blend the emotional *insider* experience back to a cognitive *outsider* role so that I can reflect on the data, conduct the analysis, and resume my role as a researcher in the research activities.

It therefore becomes crucial for a person who is researching trauma to cultivate reflective alliances to not only debrief the research experience but to create a safe "unloading zone" for the emotionality that emerges. Doing so ultimately helps to re-ground the researcher. This relationship also serves to mirror back the research experience, which can deepen the researcher's own understanding of the meaning associated with the data, as well as the role the researcher plays within the research context. To do trauma research without this reflexive mirror would leave me (Kate) paralyzed in my researcher role to some extent. Having the ongoing discussions with Rosemary allows me to feel this work, to "be with" the trauma, to respect the pain, but to let it go.

Reciprocity

Reciprocity refers to the type of give-and-take typical of social interactions among people. In social science research, acts of reciprocity might include paying study participants for the time they have given to participate in the study or providing transportation to the data collection location. Issues of reciprocity often become methodological concerns when building trust and setting the climate, but also involve ethical judgments and consideration on how reciprocity is negotiated (Schwandt, 2001).

Earlier in this discussion, I had described an act of reciprocity in my attempt to locate the ashes of the young Bauer boys. A further example of a decision I made, that differs from what I have typically used when conducting qualitative research, was in deciding to provide some academic counseling to the young study participant who had also become my neighbor. In my role as a professor, I am also trained as an academic advisor for students within the department. Discussions with students include such issues as course selection, disabilities or special learning needs, program choices, and mature student status. One of my study participants has found it very difficult to resume his studies after the Bauer tragedy. On September 11th, 2001, North America was shaken with the events of the World Trade Centre. Nine days later on September 20th, 2001, police discovered the bodies of the Bauer family. This young man spent the next several weeks living near the Bauer house trying to focus on his school work on one hour of sleep a night. Understandably his academic work suffered, which became a serious concern, as he had been an excellent student up until that time. The next September, he attempted to start fresh with a new academic year and a new semester. A similar inability to focus on his studies occurred with the emotional memory that September brought and the anniversary of the Bauer tragedy.

Being a university professor and an academic advisor, I am aware of admission requirements that support students who have, for a variety of reasons, been unable to complete their normal high school programs. In my mind, I was conflicted about the appropriateness of sharing this information with my study participant and assisting him to navigate through the university bureaucracy. I had internalized, it would seem, that as a researcher I could only have one role at a time, when in fact, I was experiencing many identities depending on the situation I was in. Rosemary and I discussed my dilemma at length after which she reflected:

As we talked, I wondered if what Kate might be feeling is the pull of social exchange norms: the norm of reciprocity (Gouldner, 1960) and the norm of fair exchange (Blau, 1964), which serve to create stable affiliations. These norms contend that relationships are based on exchanges of nearly equivalent and equitable value, and are an important part of our early socialization (Shehan & Kammeyer, 1997).

But as our discussion progressed and deepened, it was clear to me that this was not the rational cost-rewards paradigm discussed in the sociological and family literature that posits an 'autonomous self' interested only in acquiring benefits from social relationships. Rather, it was a way to rebalance power in favour of the research participant, and to recreate a stable relationship. The individuals who were working with Kate were revealing their pain, fear, and the stigma associated with the Bauer tragedy. They were gifting her with a seldom-seen aspect of their most private and vulnerable selves. This was a sacred gift that needed to be honored, yet created a kind of inequity. Within our general cultural framework, "only getting without giving" smacks of exploitation. What could

Kate give them that would, in some small way, rebalance the equity between them and recreate a stable and level relationship? Publishing the findings and making the world aware of these phenomena were a long way off and distant from the here-and-now interactions in which she was engaged with these individuals. These people were in need now. But within the customary stance of the “researcher” it was not possible for Kate to address these needs, and lessen the pull of these powerful norms. Yet, compelled by her profound ethic of care, she did.

Through the discussions that I, Kate, had with Rosemary and by gaining a better appreciation for the practice of social exchange that is customary in our culture, I was better able to resolve the dilemma about the shifting identities I was experiencing, and my need to “give in return” to my neighbor and my study participant. Consequently, I met with my study participant, made suggestions for university staff who would be helpful to him, and talked through the approach that he might take to course selection and timetabling.

Stresses Resulting from Compassion Fatigue

As can be appreciated, researching residents’ experience of trauma is difficult research. A number of subsequent impacts commonly occur. Figley (1995) refers to *compassion fatigue* as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help the traumatized or suffering person.” (p.296). Hesse (2002) further discusses “vicarious trauma” as the cumulative effects on the therapist as a result of engaging with trauma victims. Figley (1995) suggests that that which makes trauma contagious within a community is also that which makes it contagious between the researcher and the traumatized study participants. In considering the

impacts on the researcher as a result of studying trauma, the term ‘compassion fatigue’ seems to fit most accurately when researching the Bauer case.

Managing compassion fatigue involves spacing the interviews, collegial de-briefing, such as that which I (Kate) am doing with Rosemary (Kelly & Totten, 2003), and journaling (Brisson, 1997; Hesse, 2002). I have come to understand the value of these strategies through my own experience of secondary trauma while collecting data from the research participants in the Bauer case study. It also involves accepting and keeping my humanness as a touchstone... and as a communication and relational conduit. I believe that a researcher must add the role of “I” witness and maintain the stance of “human being-in relationship” or “member of the human community” to the various identities she or he draws upon. S/he must also accept that the researcher can be touched and affected by the stories that are told. Self-care, then, becomes a key concern. Again, in a discussion with Rosemary, she offered this reflection:

Being sensitive to the notion of imbalance (since this was a central tenet of her research), Kate addressed the pull of the compelling norms of reciprocity and fair exchange by prompting a shifting of her situational identities (Angrasino & Mays de Perez, 2000) to mother, wise woman, professor, academic advisor, neighbor, or fellow human being-- whichever authentic identity was harmonious with the social interaction, context and need expressed by the individual in conversation. For individuals who have experienced trauma in the past, tangible [information and advice] and intangible [support] sources of social support (Figley, 1989) are key to recovery and re-empowerment, and were an important way for Kate to rebalance the perceived inequity in the social research relationship.

But in engaging in reflexive research practice, Kate also came to understand the imbalance holding these stories of trauma can create in the researcher.

Connection with another [myself] in sharing her story, much like the participants in her project, became an important way to create meaning and understanding, and a way to then move on to analysis.

Conclusion

When I (Kate) first began talking to Rosemary, the most conflicting aspect of doing this research was that I judged myself negatively for how I was engaged in the research I was doing. As a result of some scripts that I had created in my mind about how researchers “should be” (e.g., objective), I knew that I was far from emotionally objective. I cared about my study participants in ways that I judged were not ‘clinical’ enough. I walked away from the interviews feeling heavy hearted and judged myself as not being ‘tough enough’ to do this kind of research (even as a 56 year old woman who has done community work her entire life!); and I was experiencing a psychological – almost deep spiritual wounding – as I reflected on all the lives that had been touched by this one man’s act. I could not shake the chilling thoughts of the firemen who had found the bodies, the young woman who lived adjacent to the Bauer home seeing Helen Bauer’s laundry on the line for five full cold rainy days, of the many young people who John Bauer had coached over the years – youth who had looked up to him as a role model. I kept thinking about all the good that John Bauer had done over his 55 years, only to be remembered for the last 3 days of his life. The list goes on and on, and in one particularly tearful session with Rosemary, I talked about an ‘evilness’ about what had happened - not so much in what John Bauer did or did not do, but an evilness caused by the systemic and structural expectations that Mr. Bauer would have felt compelled to meet as a financial provider for his

family. Trying to reconcile all of this, as a new researcher who had two even more horrific case studies ahead of her, was impossible to do on my own. Rosemary's interventions in articulating and putting words to my feelings 'normalized' the experience and gave me permission to be a compassionate person, as well as a researcher. I found and took great comfort in Behar's (1996) courageous work where she said:

I think what we are seeing are efforts to map an intermediate space we can't quite define yet, a borderland between passion and intellect, analysis and subjectivity, ethnography and autobiography, art and life...Call it sentimental, call it Victorian and nineteenth century, but I say that anthropology that doesn't break your heart just isn't worth doing anymore. (p.177).

Behar has challenged the researcher roles that, while located within the positivist paradigm have leaked into the interpretivist paradigm, for me (Kate) at least. I now know why there is little research being done in the area of neighborhood trauma. It is hard, grinding work - emotionally, spiritually, and psychologically. However, through the use of collegial support, journaling, reflexive practice, pacing the data collection, and accessing the experiences of others who have written or present about similar experiences, this work can be done. But only by those who agree with Behar that if it doesn't break your heart, it just isn't worth doing.

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