

REFLEXIVITY AND EMOTIONS IN QUALITATIVE FIELDWORK WITH HEROIN USERS

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Abstract

Motivation for the paper: Doing qualitative research fieldwork implies some ethical and personal issues to take in account such as reflexivity and emotions. Objectives: Describe and analyze challenges in managing emotions while researching hidden populations with substance abuse problems. What was done: Results come from an ethnographic study with heroin male and female patients attending a methadone clinic. How it was done and validated: 100 open-ended qualitative interviews were done with the aim of reaching a subjective approach related to the onset of heroin consumption and the eventual assistance to the clinical space. Thematic analysis was used and saturation validity was obtained. Project was approved by the research and ethics committee of the National Institute of Psychiatry Ramon de la Fuente Muñiz, in Mexico Major results: Listening to complex personal, social and structural violence stories make evident researcher and interviewee vulnerabilities. Besides observing the wounded bodies due to the multiple injections, the extreme thinness, blank stares and death hovering in the environment, which made its appearance four times. Conclusions: Researcher identity has implications in all levels including themes of gender, ethnicity and status are involved in research process. Besides there are interactions that provoke emotions and feelings in the field work that provide a glance to culture and social dynamics that became a source to enhance clinical interventions. Previous psychotherapy and ethical training of the fieldwork team to be in charge of reflexivity, it is a must.

Keywords: *Reflexivity, emotions, qualitative research, ethics, hidden populations.*

1. Introduction

According to Pagano et al (2018), accessibility to a group involves various issues such as the legal status of the person, the public or private contexts in which they are intended to be addressed, and the status of the researcher as part of the community or as a subject. plausible to be reliable in the context. And in a very relevant way, his experience in managing his own emotions and those that can be expressed in the daily life of field work.

The presence of the researcher in the clinical environment and its methodological implications are important to mention. The view of the observer, participant or not, goes in two directions; it is a mutual questioning of the ethnographer and their informants, given that it is carried out through encounters, interactions, and conversations. Thus, reflexivity, also called biographical reflexivity, is defined not only by ascriptive characteristics, but also by the perceptions and judgments of others concerning the researcher. The people themselves who are actively involved give meaning to their own actions, which includes the research process itself: the mutual understanding between researchers and the actors who are being investigated [Whitaker et al. 2019]. Reflexivity can be defined in this way, as a consciousness of the mutual relationship between researcher and the object of study that shows how new ideas are generated, how the relationship is shaped by preexisting knowledge, and how research results are obtained [Whitaker et al. 2019]. The identity of the researcher has implications at all levels, including those of gender, ethnicity, and status that are involved in the process of research. (Pagano 2018) There are also interactions that provoke feelings and emotions during field work, which provide a look at the social dynamics of a culture, a group, or the life of a subject [56]. In this process there are therefore three levels of subjectivity and thus of reflexivity: that of the subject of the experience, that of the subject that knows, the epistemic subject, and that of language in a close relationship between the epistemic subject and the subject of the experience (Passegui, 2020).

2. Design

It is an ethnographic study based in medical anthropology theory that used narrative medicine approaches.

3. Objectives

Describe and analyze challenges in managing emotions while researching hidden populations with heroin abuse problems.

4. Methods

This study uses an ethnographic approach [Cortes et al. 2005; Pérez, G. 2012) with semi-structured open-ended interviews (Hammer, D., Wildasky, 1990) to give an account of the experience of heroin users of both sexes with use of this drug, and their eventual outpatient treatment in a private ambulatory methadone clinic in Mexico City. Results in this work comes from 100 open ended interviews study (Romero et al. 2022). It was approved by the Research and Ethics committees of the Instituto Nacional de Psiquiatría.

4.1. Sampling

The participants were a non-probabilistic convenience sample, a recruitment technique that does not give the same selection opportunities to all members of the population. (Heckarton, 1997).

5. Discussion

As has been mentioned in other works (Lalor, Begley, and Devane 2006), exploring the painful experiences of people with complex life trajectories imposes difficult epistemological, methodological, and emotional dilemmas on research teams. These authors point out three important challenges: 1) the issues of observation, 2) the issues of listening, and 3) the issues of support. Each of these areas requires specific skills from researchers.

In the first point, that of observation, which can be a participant or non-participant, following these authors, requires the protection of the subjects through "reciprocity and equity" (page 610), which are essential qualities. However, it could added that the physical and emotional protection of the researchers is necessary, considering the contexts in which they are interviewed, the activities in which the interviewees are engaged, and their emotional situation at the time of the interview. McGarrol (2017) affirms, social and professional lives are also affected by the exchange.

In the study with heroin users who came to take their dose of methadone, it was common for them to present in anxious states due to withdrawal from the substance, so taking the substitution treatment dose was prioritized first and wait for the anxious state to subside. On occasions, those of humbler origin had not eaten for days or came from other states of the country after having traveled for more than three hours, fatigue being a frequent state of mind and even when their desire was to participate in the investigation, they were he had to postpone the interview until a later time.

Some of the patients were drug dealers and had been in prison on many different occasions. Dialogue with them had to be particularly careful not to impose prejudice or stigma on them. On the other hand, professionally it was our first time coming into contact with heroin users and emaciated, scarred bodies that resonated with physical and emotional pain. The illnesses narratives (Charon, 2006) permeated by emptiness in the sense that Recalcati (2003) uses as the destructive use of one's own body as expressions of an experience that seems not to adapt to the subjective dimension of lack. In a reflexive way, it was inevitable to think about the series of privileges of age, gender, social support networks and all the issues of health determinants that the clinic staff and the researcher had, unlike the users being cared for.

In relation to the second challenge, the issues of listening (Lalor et al 2006), it is important to mention that all of the interviews were recorded, transcribed, and systematically analyzed. The approach used to review participants' stories was narrative analysis, which Riessman (2008) defines as "the family of methods used to interpret texts that share a historicized form" (p. 11). In this method, information retrieved from narratives is interpreted through the stories the individuals need to report, the chronology of successive events, and breaking points or epiphanies. A thematic analysis was also carried out, analyzing what was said or written during the collection of the information. The analysis was carried out by the research team. (Romero et al 2022).

Transcription of these narratives is a complex process.

The third and final challenge the issue of support (Lalor et al. 2006). Ideally speaking, qualitative research that is based on a dialogical relationship where the experience lived by the subject interviewed is shared to a researcher, should be able to offer a type of minimum containment or support.

Containment is a concept from psychoanalysis, developed by Wilfred Bion (1963) that describes the mind's ability to house elements from experience within it. These contents will be transformed into thoughts, through an assimilation process that implies tolerating anguish and building a personal sense between what is felt and what is experienced. Particularly when having a traumatic experience, the mental contents seem to have no meaning or coherence (Weightman, 2016).

Psychoanalytic listening makes use of the sensitivity of the interviewer who receives the experience of the other person. It will be necessary to reduce the anguish and later make the person see that it is possible to bear the traumatic experience as a manageable part of their history. It is essential that people being interviewed with painful experiences manage to realize that what they feel belongs to them, are their emotions. (Lazcano 2018)

6. Conclusions

After all these reflections a good qualitative researcher must have what Kvale (1996: 148-149) pointed out: many years ago: Knowledgeable, Structuring, clear, gentle, sensitive open, steering, critical, remembering and clarifying We must add to be brave, flexible, empathic but before all has a strong commitment with his/her emotions and trained in ethical themes in the fieldwork.

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