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Jo Batey & Christoph Szedlak

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A sport research teams’ reflections on conducting emotionally demanding research with the bereaved

Jo Batey and Christoph Szedlak

Department of Sport, Exercise and Health, University of Winchester, Winchester, UK; Department of Sport, Hartpury University, Hartpury, UK

ABSTRACT

This paper explores the experiences of a sport research team (n = 6) who attended a conference with and then interviewed relatives of athletes whose deaths were linked to traumatic brain injuries through playing sport. Afterwards the research team were interviewed to explore the effects of undertaking such emotionally demanding research. Several researcher team members (n = 3) also later conducted online interviews with bereaved relatives who had not attended the conference. These researchers were re-interviewed to explore how their online experience was different to conducting in-person interviews. Interviews with the research team took place with a colleague known to the researchers but not involved in data collection at the conference. Reflexive thematic analysis led to the development of five themes: (1) ‘Wow! I don’t know if we’re ready for this’, (2) the emotional struggle, (3) a vulnerable team, (4) learning how to take self-care, (5) less emotion but also less connection. Findings suggest that preparing for bereavement interviews is challenging, that the research team were collectively vulnerable, and that learning to take self-care was important. Online data collection was found to reduce researcher vulnerability but raised different challenges. Findings are discussed in relation to the challenges of preparing for sensitive interviews, the pros and cons associated with deeply connecting with participants, the importance of self-care and support for researchers, and the implications of conducting interviews online without having developed pre-established relationships with participants.

Introduction

Research in the social sciences has long recognised that qualitative researchers are vulnerable when they explore sensitive topics and open themselves up to the suffering of others (e.g. Connolly and Reilly 2007; Lee-Treweek and Linkogle 2000; Wray, Markovic, and Manderson 2007). A belief that knowledge is co-constructed means that qualitative researchers immerse themselves in the research process and become ‘passionate participants’ (Sparkes and Smith 2014) in the lives of those they seek to represent. When this deep engagement with participants involves sensitive issues (e.g. bereavement) researchers are exposed to distressing stories and witnessing others sorrow. This type of research has been termed emotionally demanding research (EDR) and is defined as ‘… research that demands a tremendous amount of mental, emotional, or physical energy and potentially affects or depletes the researcher’s health or well-being’ (Kumar and Cavallaro 2018, 648).
The concept of researcher risk is not a new one. Lee-Treweek and Linkogle (2000) identified several types, (e.g. physical, emotional, mental), almost a quarter of a century ago. Since then, the term researcher vulnerability has been introduced to represent the multiple types of vulnerability that exist and explains how researchers might be affected by conducting EDR (Micanovic, Stelko, and Sakic 2019). Researching the bereaved is one area where vulnerability is present and has manifested itself in several ways. For example, researchers have reported feeling guilty for making participants re-live difficult experiences (Berger 2021), as well as having difficulties managing their negative emotions when commonly experiencing interrupted sleep, exhaustion and compassion fatigue (Butler, Copnell, and Hall 2019).

More recently researcher vulnerability has been acknowledged in trauma-informed research (TI) (McMahon and McGannon 2024). Yet despite TI research guidelines acknowledging that researcher self-care and wellbeing are important, they (inevitably) prioritise protecting participants (Alessi and Khan 2023), which is also reflected in current institutional ethical approval procedures (e.g. Clift et al. 2023). Resultantly, researcher wellbeing can sometimes feel like a secondary consideration to protecting participants and benefiting the research process. Therefore, as TI research approaches develop, equal focus should be given to explore ways to better protect researchers undertaking sensitive research. This is particularly important if trauma-informed approaches are to fulfil their claim to be holistic (McMahon, McGannon, and Zehntner 2024).

The recognition of researchers as vulnerable has also prompted calls for ethical processes to shift from a sole focus on protecting participants to better consider researcher wellbeing (Clift et al. 2023; Eriksen 2017; Sherry 2013). Recently, Dickson-Swift (2022) has advocated for less individualised and more holistic, formalised and supportive infrastructures which incorporate all research team members including ethics committees. Frameworks and protocols specific to researcher self-care have also been forthcoming (e.g. Kumar and Cavallaro 2018; Skinner et al. 2023) which detail individual and institutional responsibilities designed to reduce vulnerability and promote wellbeing. At the individual level researchers are encouraged to incorporate self-care into their research proposals, build in time for breaks from the research environment, engage with wellbeing resources, and adhere to self-care interventions (Skinner et al. 2023). Meanwhile, institutionally focused initiatives include having a dedicated post to champion researcher wellbeing, providing researcher mentoring programmes and free access to counselling (Berger 2021). Nonetheless, calls to better protect researchers have existed for decades and their continued promotion today indicates that they have not been adequately embedded into EDR.

This lack of engagement with self-care processes designed to reduce researcher vulnerability might be explained by a reluctance to inhibit the co-production of data. While historically the term vulnerability has been perceived as problematic and undesirable (Clift et al. 2023) many believe it to be a productive space where researchers are able to adopt an emic perspective and write about the lives of participants as insiders (Lee-Treweek and Linkogle 2000). The relational and reciprocal elements of qualitative research are thought to be especially important in sensitive research where reduced power relations and a desire to give back to participants (Sterie et al. 2023) encourage a ‘commitment of self’ (Noddings 1984, 13). This commitment is evident in the demonstration of caring behaviours such as showing empathy, sharing, and providing comfort, and might best be achieved through embracing rather than preventing vulnerability. Thus, working with vulnerability can help us to better understand ourselves, our participants and how we affect and are affected by our research.

Although in some fields there is consensus on the deleterious effects of conducting EDR and a push to protect the wellbeing of those who deeply engage with their participants (e.g. Dickson-Swift 2022; Howard and Hammond 2019) this discussion has been limited in the sport and exercise literature. One exception to this was Sherry’s (2013) autoethnographic account, which explored the challenges of undertaking longitudinal research with a street soccer programme in a vulnerable community. Sherry reported that she struggled to let go of established relationships cultivated in the field and was constantly emotionally fatigued. More recent reflexive accounts have detailed how
researchers have coped when conducting immersive fieldwork on sensitive topics in medical settings. For example, when Rogers, Kinnafick, and Papathomas (2019) planned a physical activity intervention for use in a secure psychiatric hospital, they reported difficulties associated with balancing intimacy and distance with patients, managing feelings of guilt, and the inability of ethics boards to prepare them for messier, practical ethics that arose in the field. While this research demonstrated some detrimental effects on the lead researcher, it did not explicitly engage with the body of work on EDR or researcher vulnerability, which could have promoted some useful self-care strategies.

More recently, TI research approaches have also been adopted in the sport and exercise literature. Researchers exploring trauma and physical activity levels in autistic adults (Jachyra, McLeod, and Rosenbaum 2024) and abuse in artistic gymnastics (Barker-Ruchto 2024) have testified to the emotional impact conducting the research had on them. If TI approaches can better incorporate researcher vulnerability and wellbeing in the future, then they hold great promise for more comprehensively supporting those wishing to undertake EDR. However, despite EDR and TI approaches increasing in sport and exercise domains consideration of how researchers become vulnerable and how wellbeing might be challenged remain limited. As such, this paper aims to explore the experiences of a sport research team who conducted EDR in a fully immersed research environment and then online.

**Method**

**Research context**

The research team were invited to attend a conference organised by the Concussion Legacy Foundation (CLF) in the United States. The CLF regularly hold conferences for individuals affected by the loss of a family member to Chronic Traumatic Encephalopathy (CTE), which is a neurodegenerative brain disease resulting from a history of repetitive brain trauma. Conscious that the bereaved relatives had experienced significant adversity, and wanting to ensure that their experience of participating was as positive as possible the research team spent much time considering how data collection might be conducted sensitively. Data collection for this paper happened before the recent and welcome development of TI qualitative research practices (e.g. Edelman 2023, Alessi and Khan 2023). Despite this, there was evidence of the team adopting practices aligned with TI practice. For example, the team travelled to the conference which was a space where relatives would feel culturally safe and supported in giving voice to their stories. They were also introduced to the relatives as allies in the fight against CTE. The relationship between repetitive brain trauma and CTE has long been denied by sport organisations and is largely silenced in American culture, therefore it was hoped that promoting allyship would also enhance the tellability of stories (Smith and Sparkes 2008). Finally, the onus was on relatives to approach one of the team if they felt comfortable sharing their experiences. The research team also promoted autonomy and perceptions of safety during interviews through providing choice about when to stop recording or taking a break. Finally, the conference organiser requested that the research team be fully involved in the conference as delegates which was unanticipated but agreed to. This included engaging with relatives throughout the day in multiple different roles (e.g. learner, sharer, listener) in addition to conducting the interviews. This formal and informal relationship building enabled them to cultivate a more relational connection with participants (Edelman 2022) and reconfigure power imbalances (McMahon, McGannon, and Zehntner 2024).

**Participants**

A sport research team consisting of six academics (four men and two women) attended the conference. They represented three UK universities and were all experienced in conducting
qualitative interviews. It is extremely difficult to recruit experienced researchers that as a team have simultaneously conducted EDR. Hence, this cohort allowed us a rich and unique opportunity to explore EDR with the bereaved. Upon returning to the UK the research team were interviewed by the first author who they all knew but who had not been a part of the data collection process. This insider status meant that participants trusted the first author, and this made talking about sensitive issues easier (Dwyer and Buckle 2009). Trust was understood to be in place because the research team members reflected that speaking with the first author was therapeutic.

**Data collection**

After gaining University ethical approval and informed consent from the research team, the first author conducted semi-structured interviews. The interview started with general questions such as, ‘What was the experience like for you?’, and then moved on to understand possible impacts asking, ‘How did you feel during and after the interview?’ and ‘Why did you feel that way?’ Following this, we aimed to explore their reflections on the process asking, ‘What did you learn about yourself as a person or a researcher?’ Last, we concluded with, ‘What would you have done differently in preparation for the interviews?’ During the interviews and in our initial data analysis, we realised that perceptions differed according to whether researchers had conducted interviews in-person or online. Thus, we decided to re-interview those who had conducted interviews online and in-person. Our aim was to understand how an online environment might influence possible emotional effects (i.e. ‘Did you feel different when conducting interviews online compared to in person?’ and ‘How did that impact you during and after the interview?’).

**Data analysis**

We used a reflexive thematic analysis (Braun and Clarke 2019) to analyse the data. The first author familiarised themselves with data during the transcribing process, which meant adding and editing phrases that were missed by the transcription software. This also included highlighting significant phrases and making notes. Following this, they re-read and reflected on the notes starting to create initial codes. Here, the first author labelled these codes as inductive (data-driven), deductive (theory-driven), semantic (focusing on explicit meaning), and latent (underlying meaning) (Braun, Clarke, and Weate 2016). All codes were combined in one document, which enabled the first author to explore the relationship between codes to generate initial themes and sub-themes (Braun, Clarke, and Weate 2016). Themes were discussed with the second author and as a result, we combined some sub-themes. In addition to the main themes, we identified three distinct sections, Exploring Experiences During the Interview, Exploring Experiences After the Interview and Moving Interviews Online. These sections enabled us to structure our report more effectively to tell a comprehensive and coherent story. The above steps, although described as linear, were cyclic and messy in nature (Trainor and Bundon 2021). We went back and forth between steps, resulting in new code generation and new themes, combining and renaming existing themes, and multiple iterations of the thematic map. Finally, we agreed that five themes were significantly nuanced and complex (Braun and Clarke 2019) and thus representative of the entire data set in relation to exploring experiences of conducting EDR.

**Philosophy, reflexivity, and rigor**

Our study was underpinned by interpretivism, which means we adopted a relativist ontology (i.e. multiple realities and truth, mind-dependent, created, and changes over time) where knowledge is socially co-constructed and subjective (epistemological constructionism). To enhance the quality of the research and provide transparency of the co-construction process during the data analysis, the first author engaged in reflexivity (Smith and Sparkes 2016). For intersubjective reflection (Trainor and Bundon 2021) the first author kept a reflexive journal, in which they examined their positionality
within the research team and during the research process (Morrow 2005). Here, they were transparent about how personal thoughts, feelings, and emotions played a role in the construction of the data (Braun and Clarke 2019). For example, the first author was well known within the research team. Although this might be an advantage as rapport had already been built, this relationship could also motivate socially desirable responses. Hence, the first author used distinct probes such as ‘Could you provide an example of how that happened?’ The reflection process was aided by the second author, who acted as a critical friend throughout the data analysis process (Smith and McGannon 2017). To further enhance the reflexive process, we collaborated with an experienced qualitative researcher, who offered to act as an additional critical friend to challenge the co-construction of our final themes. Here, we focused on how the themes should carry patterns of shared meanings rather than a simple summary of data domains and tell a compelling and engaging story (Braun and Clarke 2019).

Results

In the following sections we present the participants’ reflections on the impact of conducting EDR. We first explore their experiences during the interviews before moving to consider the post interview effects. Finally, we consider how moving interviews online affected the experience.

Exploring experiences during the interviews

“Wow! I don’t know if we’re ready for this”

Prior to data collection the research team held several meetings where they considered the challenges of interviewing the bereaved and listening to distressing stories. Team members were encouraged to familiarise themselves with the types of stories that they might hear by visiting the CLFs website and reading some of the personal stories available there. Despite this preparatory work the research team still felt underprepared and had misjudged how difficult it would be to listen to stories of trauma. When asked broadly about his experience, Kai shared:

We were thrown in at the deep end … It was so tough hearing some of the stories and I’m not sure we were quite prepared for how to respond … We did have [research team] meetings at the start, but I don’t think we really knew what it was going to be like then. And perhaps, we researched the wrong things to prepare ourselves. We were researching CTE and trying to understand that. I think we needed to research how to interview people in these [emotional] situations and how to prepare for it.

This response demonstrates that the research team’s preparations were less helpful than they had hoped in preparing them to hear emotive stories of loss. Their planning had failed to equip them for interviewing the bereaved and this led to a collective vulnerability amongst the team in the early stages of the interview process.

Despite considering that they had prepared well, once interviews began the research team soon recognised that this had been naïve of them. Several echoed Mike’s sentiments that, ‘I think we had an idea that it was going to be hard. I don’t think we realised how hard. How traumatic’. Therefore, while cognitively the team understood that the emotive content would be challenging to listen and respond to, they had failed to predict how potent the embodied experience would be as they listened to stories of grief and loss first hand. Rebecca elaborated:

I hadn’t anticipated how much more difficult it is when you’re talking to the families directly … When you’re opposite the person that is grieving and upset you know and trying to get answers. Sat one metre away from this person as they break down crying … I think it’s a bit more real, alive, meaningful.

The emotional struggle: maintaining a professional mask

A common challenge for the research team was to retain an element of emotional detachment when listening to emotive and upsetting stories. They spoke about how demanding it was to
self-regulate their emotions during interviews. Often these struggles were evident in the internal dialogue that they engaged in before interviewing. Andy recalled reminding himself, 'The long-term impact of this research is more important than my own feelings … You’re doing this for the right reasons. It’s horrible, but it’s helpful.' Mike’s inner voice reminded him to, ‘listen to the stories as a researcher so that you don’t get fully caught up in their sorrow’. This enabled him to better maintain his composure when relatives became distressed. However, there were times when suppressing physical expressions of emotion remained difficult. Rebecca explained:

I made every effort … I certainly felt, very physically felt I had a reaction. I think maybe I welled up a couple times, … but I was really trying not to cry. Especially with people who weren’t crying back at me, you know.

For some of the research team the cost of managing their own feelings was evident in the moral distress they experienced. Andy suggested that this arose from a perception that the team were ‘stealing people’s stories’. Consequently, he sometimes became cautious about probing too much during interviews for fear of further upsetting participants. He elaborated:

I feel a bit guilty for doing this research. They’re [the participants] really traumatised, really upset … And one side [of me] is saying, ‘This person is just human, and they just need love and support and care’. And then there’s another part [of me] that’s for research going, ‘I really need to hear what you have to say because I need to get that down as data’. And that tension between, ‘I need to get this data because it tells a good story’, and ‘I need to just be human’ … That was quite hard as a researcher.

Here, Andy shows us the emotional cost of trying to manage his own feelings while also being sensitive and empathetic to the feelings of the participants. Reminding himself of his role as a researcher allowed him to display behaviours he perceived to be more aligned with maintaining his professional role (i.e. collecting the stories as data) but it also came at a human cost (e.g. feeling guilty).

Employing emotional labour was also necessary when bereaved relatives’ stories evoked memories of adversity in the lives of the research team. Some of the research team chose to share their experiences of loss with participants when this happened. Rose chose not to self-disclose and instead recalled working hard to maintain emotional control:

I found quite a lot of parallels [with the participants story] because my Mum’s got dementia … I was quite tense and had to stop myself connecting these to my own experience. One talked about her husband (who) took an overdose, and my (family member) is a drug addict. So, I found that one particularly tricky, because inside I was going, ‘Just manage, manage, manage’. And the guy (in the interview) ended up taking a drug overdose. And I was like, ‘yeah, I can totally see that’. There was so much of what she said that was like, ‘Yep!’ with my family and the similarities between the behaviours. I found that I had to kind of decompress after the interviews for a bit.

The emotional labour required to listen to distressing stories was extensive since it caused the research team to confront difficulties in their own lives while having to maintain their professional role. This demonstrates that experiencing prior or current personal trauma might make some individuals more prone to being vulnerable when conducting EDR.

The significant amount of emotional labour experienced was amplified by the data collection happening in an immersive research environment. Research team members spoke about the consequences of being completely embedded. Several explained how this had implications for role clarity and made the experience more emotionally intense. However, this immersion was unanimously perceived as positive because team members recognised that being ‘invited in’ helped them to develop rapport with relatives who began to perceive them as insiders. Mike, who had previously shared concerns about being perceived as quite impassive during interviews explained, ‘We weren’t standing at the side while the families did the ice breaker. We were there introducing ourselves too. There was a power in being there and having the opportunity to develop those relationships’. Nonetheless, there was a parallel acknowledgement that the
maintenance of dual roles was difficult and that there was an emotional cost to deeply engaging with participants, which Kai highlighted:

The relationship building was important, but it comes at a cost. It does make you more invested. It’s not just participant A. This is (name) who I sat next to at lunch… we shared some musical taste and so on. And yeah, that changes things. I think that’s the challenge of doing it. We developed relationships with the people there.

Exploring experiences after the interviews

A vulnerable team: “we were in bits. I’ve probably only just recovered”

Everyone shared that they struggled with physical and emotional labour. This was likely exacerbated by the emotional labour they were employing for lengthy hours in an immersive research environment. Rebecca recalls a common experience within the research team:

I was going to bed every night just being like, ‘What on earth? Like what? This is a lot [to take in]!’ I don’t think I slept more than five hours every night… I was just constantly thinking about it.

Others reported waking frequently in the night and their first thoughts being about the traumatic stories they had heard. In this depleted and vulnerable state there was some evidence of a diminished ability to listen to further stories of suicide and bereavement suggesting that emotional labour and the skillset that underpins it (i.e. demonstrating empathy), can only be sustained for a finite amount of time. As Kai illustrated:

After I finished doing the interviews I’d gone to catch up with the other members of the (research) team at the bar. But there were some conference attendees there and they carried on talking about the stuff (CTE and death by suicide). And it’s just like, ‘I just need a break. I just want to chill out. I don’t want to hear about any more deaths’.

The repercussions of hearing these stories continued post-conference. A week after returning Andy shared, ‘I think we’re all probably still processing it. I’m speaking on behalf of the others but, yeah, it’s not something you just walk away from and forget about’. There was also evidence of how the experience impacted on the personal lives of the research team. Rebecca became hyperaware of the symptoms of brain injury incurred through sport and linked specific behaviours with evidence of such injury in a family member.

Now, every time someone loses their temper, I’m like, ‘Oooh! Hmmm! Concussion!’ For example, I went to my (family member), and he flew off the handle about something and I was like; ‘Short temper; quick to be in a rage; impaired cognitive capacity’. The man played American Football for a loooong time. He’s been to war. I was already saying in my head, I’m donating his brain.

These longer-term vulnerabilities experienced by the participants demonstrate that those who conduct EDR might require additional and longitudinal support once they have left the research environment.

Learning how to take self-care

The combination of feeling underprepared for interviewing, the change to the anticipated research environment and the subsequent employment of large amounts of emotional labour made the team emotionally vulnerable. The team emphasised using self-care strategies which became important to help them cope with their vulnerability and to manage their wellbeing. While some strategies reflected those they already used to manage physical and psychological wellbeing (e.g. exercise), others were informal and unplanned. After a particularly challenging interview Kai shared:

There was one time I went to my room and had an hour. Just away from it all. Just went and changed my shoes, changed my shirt. So, I physically freshened up [which helped] to mentally freshen up as well. It felt good to get away. Just to forget about things for a bit.
Learning how to take self-care also involved showing self-compassion. Mike, who had previously confessed to having undertaken research for research’s sake recognised the powerful impact that research in this area could have:

This research has the potential to really change lives in a meaningful way … A potential almost to save lives … It helps to remember that. So, yeah, it makes me look at it as an academic and I think, this is important. This is why we do this stuff even though it’s tough.

The team were passionate about their research giving voice to stories that had been silenced, and to providing a space where stories about CTE were listened to without judgement, believed and validated. However, once they recognised the emotional toll that listening to these stories had on them, a common self-care strategy was to purposefully engage with thoughts that helped rationalise placing themselves in a vulnerable position for the greater good. The perception that they were making a difference was an important source of gratification, which aligned with a collective belief that interviewees found telling their stories therapeutic. Andy elaborated:

One of the key benefits which helped me to understand why I took on this baggage, was that these people really benefitted from sharing their story. So, for me, even though it was difficult, [the] process of them being able to share their story was beneficial. That helped.

The research team also came to rely on each other for emotional peer support. This support was highly valued since every team member was able to empathise with the challenges faced and provide reassurance. Rebecca had initially been sceptical of sharing experiences with one another, but soon recognised that it was a valuable route to taking self-care:

Being able to just go up to each other and debrief became important … You can’t do anything about what you’ve taken on board, but you can certainly chat with each other and say I understand that was tough. I understand that. And just kind of be like, it’s okay.

During informal peers debriefs the team reflected that being honest with each other about how difficult they were finding the experience provided comfort as Andy discussed:

For me, having that open dialogue with the research team has been really useful. One day me and Kai did an interview almost at the same time, so we debriefed with each other. And I think recognising that it’s difficult takes a lot of the weight off, because you’re not trying to bottle it up. We are all open that these interviews are tough … They’re the most difficult conversations you’ll probably ever have to listen to.

Negotiating vulnerabilities collectively saw self-care move beyond its individualising nature towards a shared undertaking of the struggle. This helped the team to normalise the challenges, facilitate perceptions of being able to cope and manage wellbeing.

**Moving interviews online**

*Less emotion but also less connection: “it was easier on me, but the connection wasn’t there”*

Upon returning to the UK, the research lead was contacted by bereaved family members who were unable to make the conference but wished to share their stories. Conducting online interviews with participants who they had not previously met was a different experience for the research team who reported being able to remain more detached. Here, Andy describes how the emotional potency of the situation was reduced:

It’s much more difficult to get sucked into the emotion because it’s just a person on a computer screen, you know? So, I felt that was easier. I was able to separate much more.

The team recognised that their perception of these interviews as being less emotive was partly a consequence of not having developed bonds with online participants prior to the interview. They were also cognisant that once the interview finished, they could decompress in a familiar
environment therefore decreasing the amount of emotional labour experienced. Rose shows us that while the interviews were still demanding, being at home provided opportunities for the research team to remove their professional masks and engage in self-care immediately.

At home I made a conscious effort to take some time away and go and sit outside and have five minutes. And just, I didn’t even talk to [my wife] about any issues, she just came and sat next to me, and we just sat at the end of the garden for a bit. So, I tried to kind of do that and make a cup of tea and take that time.

Nonetheless, while the team reflected that conducting interviews online reduced vulnerability and had positive implications for wellbeing, there was a parallel understanding that feeling better did not lead to better data. Mike spoke at length about the rewards of spending time with participants and conducting interviews in-person:

Being there shaped the data much more fully, more positively. Because you’re hanging out, you’re seeing, you’re hearing the way they talk to other people, you’re having lunchtime conversations. That then feeds into your qualitative work. So, I just think, we’ve just got to accept that we’re going to get nowhere near the depth of data if we do it that way (interview online) and it needs some thinking about.

Team members who interviewed online as well as in person attributed lower quality data to several things. This included an inability to pick up on body language and other linguistic and behavioural signals in the online environment. Other common challenges surrounding data collection are illustrated by Kai:

When we went out to Florida, we built up a rapport with people. (We) knew who they were before we got to hear anything about their stories. So, I was coming into it (online interviews) fairly cold. I didn’t know who the person was, didn’t know much about them at all. It’s more clinical in a way. It was harder because you haven’t got that same rapport, and you can’t develop the same connection with them. It was like, OK, thank you very much, goodbye, and that’s it. I’ve spoken to them about some really deep stuff for an hour or so, and then that’s it - gone!

The team believed that despite the challenges of the immersive research environment and the collective vulnerability experienced at the conference, conducting in-person interviews enabled an insight and understanding that was unmatched when online. Importantly however, although some participants found it less emotionally demanding to conduct interviews online, this was not the case for all. Kai illustrates:

To do an (online) interview (at home) and then be stuck in that same location is quite odd because there’s not a definite end to it. I know the interview’s finished but I’m still dealing with it. So, there was no way of escaping from it in terms of the impact that it had on me. It’s not like I could go out for a drink or a catch up with the other team members and chat about it. So, there’s a vulnerability for researchers there when you’re doing it in your own home … So, going to bed it was like, how do I switch off from this? All the things going through my head and replaying it.

Here, some of the self-care strategies employed by the research team while at the conference were unavailable to Kai. Others also spoke about not having a ready-made support network available when interviewing from their own homes and felt isolated and unsupported post interview.

Discussion

This study explored the effects of conducting EDR on a sports research team. It shows how the team was vulnerable and underprepared, which resulted in the employment of large amounts of emotional labour. In this depleted state the team’s vulnerability increased and they learned the importance of self-care. These findings raise questions about how we might maintain the many benefits that working from a position of vulnerability affords without compromising researchers’ wellbeing and suggests that the answers are not straightforward. Furthermore, this research illustrates some of the challenges associated with moving data collection from an in person, immersive research
environment to online. It highlights some important considerations including perceptions of data quality, vulnerability, and wellbeing across these domains.

While researcher vulnerability and wellbeing have been explored in some professions for over twenty years (e.g. Dickson-Swift 2022) our findings suggest that these conversations need fuller consideration in the sport domain and that better implementation of existing self-care frameworks is required. The integration of TI research practices might be one route to addressing these concerns. Recently work using such approaches has increased in sport and exercise domains (McMahon and McGannon 2024) and TI research guidelines which incorporate self-reflection and self-care have been used (e.g. Barker-Ruchto 2024). However, notwithstanding these welcome advances, current TI research guidance could better prioritise researcher vulnerability and wellbeing. Alessi and Khan’s (2023) guidelines do include a commitment to researcher self-care (e.g. through the rigorous use of reflexivity), but its presence is accounted for only on the basis that taking self-care will protect participants from the potentially complex emotions experienced by researchers. Our work has emphasised how researcher wellbeing and vulnerability are important in their own right and deserving of a more central position when conducting EDR.

Despite attempting to prepare for the demands of interviewing the bereaved the research team were naïve as to how the experience would affect them. This might be understood through the concept of embodiment. Harris (2015) has discussed how the concept of embodiment and specifically the researcher’s body is often absent in qualitative research. Reflecting on her own experiences of conducting sensitive research, she considers that the interview dynamic incorporates embodied perception (i.e. where the corporeal and the social overlap). Here visceral reactions are common because researchers, ‘… attend to and with our bodies to the bodies of others’ (Harris 2015, 1696). Our findings show that for the research team managing the body’s physical manifestation of emotions (e.g. trying not to cry) while listening to stories of loss was a challenge during in person interviews and raises questions about how we might better prepare researchers for such experiences. Our findings also support other studies where researchers conducting EDR have been blindsided by distressing content and felt like they were operating in uncharted territory (Johnson and Clarke 2002; Dickson-Swift et al. 2007). McKenzie et al. (2017) further note that a lack of preparation or training has the potential to exacerbate the negative effects of vulnerability to the detriment of personal well-being.

Another key finding was that the research team employed a substantial amount of emotional labour throughout the research process. Within health-based EDR research, emotional labour, or the cost of managing feelings (own and others) in any working environment (Grandey and Melloy 2017), has been shown to lead to negative outcomes such as compassion fatigue (Connolly and Reilly 2007), insomnia (Dickson-Swift et al. 2007), experiencing negative emotions and vicarious trauma (Kumar and Cavallaro 2018). Additionally, research with the bereaved suggests that managing negative emotions while trying to maintain a professional role is challenging (Butler, Connell, and Hall 2019). Our results further propose that emotional labour cannot be maintained indefinitely since the skillset that underpins the maintenance of the professional role (e.g. showing empathy) took its toll on the team. This supports research that has demonstrated that immersive environments increase emotional labour (Kumar and Cavallaro 2018) and a ‘commitment of self’ (Noddings 1984, 13). The research team found that becoming insiders and developing emotional attachments meant maintaining professional boundaries was often difficult. For example, they reported feeling awkward about hugging participants and going for a coffee with them post-interview. This is consistent with EDR literature that has examined the role conflict experienced by researchers when fully immersed (Berger 2021; Johnson and Clarke 2002; Micanovic, Stelko, and Sakic 2019) and has identified that researchers struggle to navigate the ‘shifting identities’ (e.g. researcher, ally, friend) (Connolly and Reilly 2007) that their insider status affords them. Similar challenges have been identified by Smith et al. (2009) who recognised that questions about boundary crossing are complex and fluid. They asked, “how close is too close’ to research participants and “how far is too far” (2009, 342) and
suggested that employing empathy is a route to crossing boundaries and promoting opportunities for dialogical understanding which might lead to richer data.

Although the adoption of a TI approach at the conference might have created an environment which empowered relatives to tell their stories and improved their experience, for the research team this was something of a double-edged sword. These experiences might be understood through the concept of narrative tellability, which is described as the features that a storyteller thinks make their story worth telling; it’s noteworthiness (Baroni 2014). Tellability dictates how and to whom storytellers share their stories (Jackl 2022). Norrick (2005) proposed tellability is comprised of two dimensions; upper and lower-bounding. Stories in the upper-bounding side are rarely told because their disclosure is too personal and frightening. Importantly such tales have also been described as difficult to listen to (Smith and Sparks 2008). As such, while the research team facilitated the disclosure of stories in the upper-bounding side of tellability during in person interviews they failed to anticipate the impact of this on their own wellbeing.

Emotional labour was further exacerbated when traumatic interview content evoked memories of previous or ongoing trauma. Here, the research team managed their composure by using self-disclosure or focusing on their internal dialogue. While these coping strategies are not uncommon in the literature (e.g. Dickson-Swift et al. 2007) they do point to the potential for this work to be more emotionally demanding for some researchers over others. Therefore, knowledge about researchers’ lives should be an important factor when considering researcher vulnerability and self-care in the future. This finding supports part of Kumar and Cavallaro’s (2018) framework for researcher self-care which identifies that the existence of prior and current trauma signals an enhanced need for self-care. Specifically, these individuals are classified as being prone to overidentifying with their participants and feeling guilty about participants’ trauma (Kumar and Cavallaro 2018). Similarly, TI research guidelines have advocated for a ‘radical self-assessment of the researchers’ own trauma history’ (Alessi and Khan 2023, 147) although once again this is primarily advocated to better protect relationships with participants and peers rather than to protect researcher wellbeing.

Our findings also showed that the adverse effects on the research team continued post interviews. Researchers struggled to forget the stories they had been told and there was evidence of ‘spillover’ into other areas of their lives (Micanovic, Stelko, and Sakic 2019). This resonates with Connolly and Reilly (2007) who suggested that when knowledge about traumatic events is co-constructed and shared, researchers become envoys for their participants stories. Moreover, it supports recent sport-based research which showed that it can take time for researchers to process trauma, and highlighted a need for longitudinal support (Jachyra, McLeod, and Rosenbaum 2024). Our research team experienced many of the symptoms identified in the literature, including re-experiencing the event (e.g. re-living participants stories); reduced levels of functioning (e.g. insomnia; difficulties concentrating, low mood); and feeling guilty (Eriksen 2017). Collectively these findings suggest that reducing power relations through the cultivation of more relational connections at the conference made the research team more vulnerable. Although they occupied a more powerful position than participants and theoretically were able to maintain a professional mask this broke down in practice in the ways outlined above.

Research has shown that vulnerability and vicarious trauma increase, and wellbeing decreases when robust strategies for researcher self-care are not in place at both individual and institutional level (Berger 2021; Dickson-Swift et al. 2007; Eriksen 2017; Johnson and Clarke 2002). At the individual level self-care recommendations have included, using supervision and peer support (Wray 2007); building in down time between interviews (Berger 2021); boundary management (Dickson-Swift et al. 2006), and adherence to self-care and wellbeing plans (Kumar and Cavallaro 2018; Skinner et al. 2023). Our research team identified using informal self-care strategies at the conference which demonstrated their need for support. The most valued of these was debriefing with other team members and sharing vulnerabilities. The research team missed this form of support when they conducted online
interviews post conference and did not have research team members conveniently at their disposal. This finding resonates with other studies which have identified that normalising the distressing nature of research and being honest about its personal impact is an important self-care measure (Micanovic, Stelko, and Sakic 2019; Skinner et al. 2023). However, other recommendations identified for self-care such as taking regular breaks and pacing data collection (Berger 2021) was not possible given the length of the conference, highlighting that if self-care strategies are to be useful, they must be realistic (Wray, Markovic, and Manderson 2007).

At institutional level self-care recommendations include universities taking the wellbeing of researchers as seriously as they do participants. Indeed, Dickson-Swift (2022) said it is vital that institutions move away from individual-based strategies and commit to supporting the formalised integration of TI research approaches as standard. This will involve universities educating themselves and their researchers about the impact EDR might have. It should include having researcher self-care embedded into and normalised within research policies. Research proposals should require assessment of the potential for vicarious trauma to occur and consideration of how to address it (Berger 2021). Other recommendations include researcher mentoring/supervision and free access to counselling (e.g. Kumar and Cavallaro 2018). However, these strategies have time and cost implications which make their wholesale employment challenging.

Our findings illustrate how interviewing online might decrease researcher vulnerability and improve researcher wellbeing. However, while moving data collection online might have mitigated some of the risks to the research team, this was perceived to come at a cost (i.e. data quality). Admittedly to simply compare in-person interviews with online interviews negates the importance of the research team having spent extended amounts of time making connections with bereaved relatives at the conference and developing rapport outside of the interview setting. Therefore, comparisons are not straightforward. Viewed through a TI lens this meant that the research team had been able to establish greater levels of safety and trust in the research environment prior to in-person interviews which is central to the gathering of rich data (Alessi and Khan 2023) and a key principle of TI research (Hira, Sheppard-Perkins, and Darroch 2023). They were also able to establish more relational connections with participants which reduced power imbalances (Edelman 2022). These findings might also be partly understood by considering that the embodied experience was reduced for the research team when they conducted interviews online. While the physical distance had a largely positive impact on the research team’s vulnerability, it also led to an emotional distancing which can limit researchers’ ability to hear and understand participants experiences (Ezzy 2010).

The perception of detachment felt by the research team when interviewing online might also be explored through the concept of tellership. Identified as one of the gradient dimensions of tellability, tellership explores how the storyteller (e.g. bereaved relative) perceives their audience (e.g. researcher) to be engaged in their story. When storytellers consider that their audience are inattentive or less involved stories can remain untold (Ochs and Capps 2001). Given that the meaning derived from the telling of challenging tales arises through a relational and collaborative process (between teller and listener) (Koenig Kellas 2005) environments where this might be denied or compromised need further consideration. This is especially so given the exponential growth of online interviews in qualitative research (see Salmons 2015 for an overview). We recognise that while at the conference the research team were only immersed for a short period of time. Research has identified that experiencing negative effects when conducting EDR in immersive environments is cumulative and predicted by prolonged exposure (Berger 2021; Connolly and Reilly 2007). However, our research suggests that even when participants are exposed to sensitive research environments for short, intense periods of time feeling underprepared and having few opportunities for self-care means multiple pathways to vulnerability exist.
Conclusion

Our study extends the limited research on the effects of conducting EDR to a sport research team. Our findings suggest that sport-based researchers are equally vulnerable to experiencing reduced wellbeing when undertaking EDR and thus have implications for any sport researcher planning to undertake sensitive research. To mitigate against researcher vulnerability strategies of self-care must be adopted at both personal and institutional levels and should be embedded within ethical processes that are committed to researcher wellbeing and the holistic integration of TI research practices. This will take a commitment from researchers, university ethics boards, and grant committees who have historically failed to prioritise researcher wellbeing. Progress is evident in some disciplines where frameworks for researcher self-care (Kumar and Cavallaro 2018) and wellbeing exist (Skinner et al. 2023) however the sport-based research has fallen a little behind. This has been partly remedied by the recent integration of TI research approaches in sport (McMahon and McGannon 2024) although researcher wellbeing is deserving of a more central focus in this literature. Finally, our research has highlighted that in a culture where logistical and financial decisions continue to drive online data collection, it is imperative that we better understand what might be gained and lost from such choices. Although online interviews might reduce pathways to vulnerability and better protect researcher wellbeing, their use might also mean researchers struggle to engender the same connections with participants that being fully immersed and learning from the inside makes possible.

Note

1. Brain donation is currently the best way to advance research in CTE which can only be diagnosed post-mortem.

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Notes on contributors

Jo Batey is a Senior Fellow in Knowledge Exchange in the Department of Sport, Exercise and Health at the University of Winchester, UK. She is also a BASES Accredited Sport Scientist.

Christoph Szedlak is a Senior Lecturer (Research) in Strength and Conditioning in the Department of Sport at Hartpury University, UK. He is also the programme lead for the Masters in Science in Strength and Conditioning as well as the leading the University’s research area of Coach Development and Pedagogy.

ORCID

Jo Batey http://orcid.org/0000-0002-0111-4056
Christoph Szedlak http://orcid.org/0000-0001-9794-0899
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