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Care and Migration: A Reflexive Account of a Researcher with a Migration Background

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Abstract

The importance of a researcher's positionality has been well documented in prior studies. Yet, reflections on cross-cultural research from the positionality of a researcher with a migration background are rare. In this paper, I respond to this knowledge gap through a reflexive account of my positionality as a researcher with a migration background who has conducted cross-cultural research concerning dementia care. Following critiques of "ethnic matching," I apply a reflexive approach in which researcher positionality is understood as intersectional. I illustrate how both commonalities and differences within the researcher-researched relationship impact rapport-building and power dynamics. Also, I highlight how a researcher's experienced emotions can impact the content and analysis of the collected data. The insights from my reflexive account may help improve research strategies in culturally diverse settings. Moreover, I argue for a reflexive approach – rather than a deployment of "ethnic matching" – throughout future research in this field.

Keywords

positionality, cross-cultural research, migration, dementia care, ethnic matching

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The importance of a researcher's positionality has been well documented in prior studies. Yet, reflections on cross-cultural research from the positionality of a researcher with a migration background are rare. In this paper, I respond to this knowledge gap through a reflexive account of my positionality as a researcher with a migration background who has conducted cross-cultural research concerning dementia care. Following critiques of "ethnic matching," I apply a reflexive approach in which researcher positionality is understood as intersectional. I illustrate how both commonalities and differences within the researcher-researched relationship impact rapport-building and power dynamics. Also, I highlight how a researcher's experienced emotions can impact the content and analysis of the collected data. The insights from my reflexive account may help improve research strategies in culturally diverse settings. Moreover, I argue for a reflexive approach – rather than a deployment of "ethnic matching" – throughout future research in this field.

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Introduction

Research claims are always negotiated through the voice of the researcher. This relates to the idea of "researcher as instrument" in qualitative research (Clift et al., 2018) and that "researchers are part of the social world they are researching" (Holmes, 2020, p. 3) – the implication being that research is never neutral, unbiased, or objective. That is why the researcher's personal accounts of conducting research should not be ignored or eradicated, but rather included as part of the research process (England, 1994; Holmes, 2020). Hence, especially in qualitative research, researchers have increasingly scrutinized their positionality and the complex interactions with participants.

However, reflections on cross-cultural research from the positionality of a researcher with a migration background are rare. Especially in cross-cultural dementia research, such reflexive accounts are absent. This is unsurprising, as persons with a migration background (PwM¹) are underrepresented within research on dementia care and aging care in general

¹ "Race" is not an official social category in the Netherlands. Instead, "migration background" or "ethnicity" are commonly used terms within Dutch discourse. The term person with a migration background (PwM) was introduced in 2016 in the Netherlands as a replacement for the term allochthonous (originating elsewhere) – the opposite of autochthonous (original inhabitant) – because it was found to be a problematic term (de Ree, 2016). PwM is not an ideal term either because it demarcates people on what they are not (i.e., a person with a white-Dutch background), and it highlights differences from the majority. Furthermore, although the term PwM is divided into Western and non-Western, in Dutch discourse it commonly refers to persons who are not white. Nonetheless, this term is applied throughout this paper because I have yet to come across a term that is more inclusive and suitable to the Dutch context.

(Zubair & Norris, 2015), which makes studies discussing researcher positionality within this context even more unlikely.

When the positionality of researchers with a migration background is discussed at all in cross-cultural (dementia) research, it is limited to brief categorizations of the researcher's ethnically and linguistically matched background. For instance, Shanley and co-workers (2013) mention the use of an Arabic, Italian, and Spanish fieldworker as a research strategy within their study on dementia care in ethnically diverse communities. However, a reflexive account of these fieldworkers' backgrounds is not provided. This research strategy is often referred to as "ethnic matching." According to Papadopoulous and Lees (2002), "ethnic matching" entails that the ethnicity of the interviewer is matched to the participant's ethnicity to produce more cultural understanding, accurate details, and sensitivity throughout the research process. Thus, especially in research on topics that are sensitive, it can be seen as a strategy for overcoming distrust (Bhopal, 2009). For example, in her study on Asian women's views on arranged marriages and dowries, Bhopal (2009) incorporated her own experiences as an Asian woman in British society into the collection of data. Bhopal revealed personal details about her life throughout the interviews to minimize power differences and enable participants to share their stories – without fearing they will be othered. In doing so, she argues that "othered researchers who sit outside the confines of the privileged, white, middle-class academy are able to understand the experiences of women who continue to be othered" (p. 37).

While I acknowledge the value of such studies, the rationale for "ethnic matching" is problematic. First, it reveals an unjustified expectation that, simply by not being white, ethnic minority researchers have the natural ability to conduct cross-cultural research (Sin, 2004). Second, the idea that ethnically matched researchers can produce more trustful and accurate data is questionable, since this implies a static notion of identity that can be accessed through a shared ethnicity (Adu-Ampong & Adams, 2020; Rhodes, 1994; Ryan et al., 2011). In doing so, matching for difference neglects the fact that researcher positionality is complex, multiple, fluid, and context-dependent (Adu-Ampong & Adams, 2020; Holmes, 2020; Phoenix, 1994; Ryan et al., 2011; Soedirgo & Glas, 2020). Hence, "ethnic matching" does not necessarily produce "better" data (Phoenix, 1994; Ryan et al., 2011). That is why critics of "ethnic matching" emphasize that researchers should continuously be aware that their positionality is never fixed. In other words, as argued by Crenshaw (1989, 1991) and other intersectionality scholars (e.g., Davis, 2011; Hankivsky, 2014; Phoenix, 2006), all individuals are shaped by the intersections of different social categories (e.g., ethnicity, gender, class, age, and religion). So, rather than focusing on a single social category, researcher positionality should be understood as intersectional (Soedirgo & Glas, 2020).

The reflexive account captured in this paper will therefore illustrate how different aspects of a researcher's identity intersect and permeate the entire research process. This is done from my positionality as a researcher with a migration background who has conducted cross-cultural research concerning dementia care (see, Ahmad et al., 2020; Ahmad et al., 2022, Ahmad et al., n.d.). Despite sharing the social category "migration background" with most of the included participants, other intersecting aspects of my identity played a role in the recruitment of participants, and the quality and content of the research data. In this paper, I aim to illustrate what this meant in practice. In doing so, I respond to the gap in knowledge on the positionality of researchers with a migration background who conduct cross-cultural research. Also, my reflexive account of the conducted research may offer insights for future research in cross-cultural settings.

Researcher Positionality

There is an extensive body of literature discussing researcher positionality and its influence on the research process (e.g., Adu-Ampong & Adams, 2020; Bourke, 2014; Carter et al., 2014; Clift et al., 2018; Davis, 2018; Holmes, 2020; Kapinga et al., 2020; Merriam et al., 2001). Researcher positionality can be described as a disclosure about the researcher's individual worldview and position about how the research is conducted (Holmes, 2020), and where the researcher stands in relation to the researched (Merriam et al., 2001). This means that, in the same way that the experiences of research participants are placed within a socio-cultural context, the experiences of the researcher, too, should be analyzed as such (Bourke, 2014). Therefore, it is necessary that researchers make explicit how their positionality has influenced the production of knowledge.

To make this explicit, reflexivity is used to identify and articulate positionality. Reflexivity can be defined as a process of thoughtful, conscious self-awareness in which a researcher seeks to understand intersections between self, other, and the research (Carter et al., 2014; Finlay, 2002b). Thus, through a reflexive analysis, the implicit becomes explicit. This entails that “rather than trying to eliminate their effects, researchers should acknowledge and disclose their selves in their work, aiming to understand their influence on and in the research process” (Holmes, 2020, p. 3). This makes reflexivity essential in increasing the integrity, transparency, and trustworthiness of a research (Carter et al., 2014; Finlay, 2002b; Guillemin & Heggen, 2009; Holmes, 2020).

The notion of reflexivity is not new; in the past few decades it has been highlighted across ethnographic and sociological work. The debate has moved from a positivist ideal of value neutrality in which the researcher's presence is eradicated to minimize subjectivity, to a recognition that research is “a joint product of the participants, researcher, and their relationship” (Finlay, 2002a, p. 212). For instance, in the field of anthropology, ethnographies such as *Reflections on Fieldwork in Morocco* (Rabinow, 1977) challenged the division between subjective and objective writing styles through reflections on decisions and dilemmas in their fieldwork experience. Almost a decade later, the influential book *Writing Culture: The Poetics and Politics of Ethnography* (Clifford & Marcus, 1986) gave rise to more debates about reflexivity in ethnographic methods and qualitative research in general, which further pushed qualitative researchers towards a growing “methodological self-consciousness” (Finlay, 2002a, p. 210).

In a similar vein, feminist philosopher Donna Haraway (1988) critiqued the myth of objective or value-free research. She refers to this as a “god trick” – the myth of a researcher who speaks from a position of authoritative knowledge outside and above social reality – and instead calls for the notion of situated knowledge. That is, within the process of acquiring knowledge, neutrality is not possible since every person comes from somewhere and perceives the world from a partial perspective. This means that “the researcher is always more than her theories, methodological perspectives, and normative commitments. S/he is also situated in a particular social, cultural, and geopolitical location, and this ‘situatedness’ has consequences for the kind of knowledge that can be produced” (Davis, 2018, p. 640). Reflexivity is, therefore, tied to the notion of situated knowledge. In this paper, I will use the discussed notion of reflexivity to make my intersectional positionality within the conducted research project explicit.

Outline of the Research Project

Research Context and Methods

The present paper is based on four-year doctoral research that explored how PwM perceive and experience dementia care-sharing within their families and with formal care. The need for this research stems from the increasingly aging populations and changing ethnic composition in European societies (England & Azzopardi-Muscat, 2017), making dementia care in families with a migration background a pressing concern for European health and social care (Alzheimer Europe, 2020; Canevelli, 2019).

In total, forty-one participants were included in the study. Purposive sampling was used to select PwM who provide care, or have until recently provided care, for a family member with dementia ($n = 31$). Included family caregivers were Dutch citizens with a Chinese, Indian-Surinamese, Moluccan, Moroccan, and Turkish migration background. In addition, practitioners ($n = 10$) were included to highlight their professional experiences with PwM caring for a family member with dementia. These were health and social care workers (such as caregiver support managers, nurses, and dementia case managers). Eight of the practitioners had a white-Dutch background, two had a migration background.

I recruited family caregivers through gatekeepers who were contacted through different channels, namely: community centers, social workers, organizers of peer groups for family caregivers, and partner organizations. Additionally, two of the included family caregivers were recruited through my personal network. I recruited practitioners through partner organizations and my professional network. In the case of family caregivers, obtaining the support of gatekeepers was vital to opening doors to potential participants. These gatekeepers often had the same ethnic identity as potential participants and had local influence within their ethnocultural community. That is why, especially in minority populations, gatekeepers are known to add credibility to a research project by their acceptance of it (Dempsey et al., 2016). I met with these gatekeepers in person, in which I explained the research project and its objectives. This allowed for relationship building and clarification of the research project.

I collected data between February 2018 and January 2021, in the Netherlands. The dataset on the care experiences of family caregivers was gathered through five different qualitative methods: semi-structured interviews, photo-voice interviews, life-story interviews combined with “shadowing” observations, and focus group discussions. The first four methods were conducted in person. Due to COVID-19 regulations, the focus group discussion was conducted through an online video-call in Microsoft Teams. Data on practitioners’ experiences were collected through semi-structured interviews with the help of online video-calls in Microsoft Teams (due to COVID-19 regulations). The names of all mentioned participants in this paper are pseudonyms.

The Researcher

My reflexive journey will start with a succinct disclosure of my background. I was born in the Netherlands shortly after my parents fled the Iran-Iraq war that ended in the late 80s. Both of my parents are Iranians who were born and raised in working-class families in Iraq, but, as Iranian nationals, they were compelled to return to Iran when the war started. From there, they fled to the Netherlands. Like many PwM, my parents’ complex migration history reflects on my identity as a second-generation PwM. For instance, it is why I grew up with both the Iranian and Iraqi culture and language while simultaneously growing up in a white majority society. These aspects of my identity have made me increasingly aware of the diversity within groups and how this complicates static terms relating to one’s ethnic or cultural background. It

has also fueled my academic interests in topics related to social exclusion and the process of “othering” within Western societies. Moreover, I am a woman who was raised in a religious, lower-middle class, Shi’ite family that places an emphasis on traditional gender roles. Also, from a very young age, I have been frequently visiting my extended family in Iran. These experiences have led to my interest in understanding gender inequalities, and how these inequalities are often justified through religious beliefs. In sum, my background may explain why I identify as a feminist researcher (with a background in cultural anthropology), and why I perceive my sense of self as intersectional.

My background is relevant to my positionality within the conducted research, as it is intertwined with the entire research process. In what follows, I will illustrate its intersectional relevance through the three following themes: rapport-building, power dynamics, and the role of emotions.

Rapport-Building

Rapport-building can be described as the ability to connect with others to create understanding and trust within the researcher-researched relationship (Dickson-Swift et al., 2007; Guillemin & Heggen, 2009). In doing so, rapport-building contributes to the depth and quality of the data, while it also ensures that respect is maintained between researcher and participant (Guillemin & Heggen, 2009). Qualitative research is thus largely based on the researcher’s efforts to build rapport with participants. This especially applies to research on sensitive, taboo topics that may evoke emotions from those participating in it (Dempsey et al., 2016). Within the context of PwM, shame and stigma are often attached to discussing dementia, and dementia care is often experienced as emotionally and physically demanding (Mukadam et al., 2011). Thus, the sensitivity of the research topic, as well as the emotions attached to it, made rapport-building essential to the recruitment of family caregivers and the collection of data. In what follows, I will reflect on intersecting aspects of my identity that were relevant to rapport-building with PwM caring for a family member with dementia.

Recruitment of Family Caregivers

The process of data collection started with the recruitment of family caregivers of individuals with dementia. The gatekeepers I was in contact with would either give me the telephone number of a family caregiver they asked to participate in the study, or they would refer me to gatherings or peer group sessions at community centers where I could find potential participants. This entails that my initial interaction with participants either happened over the phone or in person. When initiating the contact over the phone, I would often receive the question “where are you from?” – which referred to my non-Dutch name. After explaining my migration background, this would usually follow with an informal conversation about the participant’s migration background. Although none of the participants I spoke with had an Iranian or Iraqi migration background, these informal conversations may have enhanced rapport through a sense of shared “otherness.” Even before meeting the participant in person, this facilitated a sense of trust, as none of the potential participants rejected participation in the study. Here, it needs to be said that the gatekeepers have also played a role in creating this sense of trust, as participants generally know and trust them. Nevertheless, when I would initiate the contact in person, and gatekeepers did not play a role in facilitating contact and trust, the initial conversations with participants would still proceed in a similar manner.

Particularly when recruiting participants in person, it became clear that my migration background intersects with gender, religion, and age. Not surprisingly, the gender norm “caregiving as women’s work” cuts across all cultural groups (Calasanti & Slevin, 2001),

including families with a migration background (Tonkens et al., 2011). Thus, as expected, many of the family caregivers I encountered were women. Being a woman with a migration background was therefore an important commonality in accessing gatherings and caregiver peer groups that consisted of female caregivers. These groups were considered safe spaces in which women shared their thoughts and experiences with each other. In one group, Moroccan-Dutch women gathered once per week to chat about their daily lives and to read qur'anic verses together. Instead of directly recruiting participants from this group, I engaged in two qur'anic reading sessions. This was possible because of my gender (as this group was organized for women), as well as my religious upbringing in which I was taught to memorize the most commonly known qur'anic verses. Afterwards, I would chat with some of the women in this group, which led to the inclusion of two new participants. Thus, my migration background, gender, and religious background facilitated participation in these gatherings. Through my participation, these aspects of my identity enhanced rapport, which worked as a strategy of access. That does not mean that I always deployed my religious background to recruit participants. Instead, my religious upbringing particularly helped recruit participants who identify as Muslim. Rather than religious background, shared gender, and a shared "otherness" (due to migration background) supported rapport-building in the recruitment of non-Muslim participants.

In addition to these intersecting aspects of my positionality, age may have also been relevant to the recruitment of family caregivers. My presence as a young woman (between the age of 29 and 32 at the time of conducting fieldwork), who sometimes belonged to the same age range as my participants' children, could be a reason why participation in the study did not feel threatening. For instance, many family caregivers asked me "what I'm studying." After describing my previous studies and explaining that I now work as a researcher, they often described their children's studies. This hints that my age made some family caregivers more inclined to help me carry out the research project through their participation.

Data Collection

While collecting data, my migration background was often the basis for both commonality and difference within the researcher-researched relationship. Here, one of the first aspects that comes to mind is the fact that, while I shared the social category "migration background" with all included family caregivers, I did not share the same ethnic identity. While recalling the process of data collection, I realized that this difference facilitated trust rather than distance, as it avoided a frequently expressed fear of gossip and judgment by members of their ethnocultural community. Zeynep, a daughter of a family caregiver, expressed this fear as follows: "Then they'll start gossiping in our family. [They'll say] that we can't take care of our father, that we left him in an old age home. We can't accept that. No, no, we can't..."

Many of the family caregivers I spoke with expressed similar concerns. For instance, a Turkish-Dutch family caregiver of her mother explains how she frequently needs to defend why she admitted her mother to a nursing home:

MA: What do your relatives and people in your surrounding community think of your mother being in a nursing home?

Meryem: ... When I see people at the market or in a store, they ask about [my] mother. I say [to them] that she's in a nursing home. [Then] they say: "Why don't you take care of her yourself?" If I [could've] done it myself, then I wouldn't have sent her there. If [my] mother had been at home, then two people really had to be

with [her] twenty-four hours a day... “The children don’t [care], they ditch their mom, dad there” – that’s how people think, right. But [there’s no other option] when the situation at home doesn’t allow for it.

Due to gendered care norms, social control and feelings of honor and shame may be attached to invoking formal care outside of the home environment (Ahmad et al., 2020; Ahmad et al., 2022). As suggested in the above examples, social control often leads family caregivers to fear gossip and judgments within the ethnocultural community that they identify with. Hence, the fact that I had a different ethnic identity from the included family caregivers most likely worked in favor of the research project. Considering the sensitivity of the research topic, this difference may have given more room for openness and trust. However, this difference cannot be understood as separate from the social category “migration background,” which I shared with all included family caregivers.

That is, even though I did not share the same ethnic identity as my participants, my migration background helped to build trust and rapport with them. This was apparent in several ways. For instance, it meant that I often deliberately incorporated my background in the interview in order to find a common ground with participants, as shown in the following example of a photo-voice interview:

- Anneke: Let me show you a picture of the bible...
- MA: [The cover of the bible says] “al kitab”; that’s Arabic for “the book.” Is that the same in the Malay language?
- Anneke: Yes, the Malay language. [And] *hawa, nafas*, means “breath” [in the Arabic and Malay language].
- MA: Breath, yes.
- Anneke: I know that because... I had a Turkish intern whom I had to supervise and [when] I said something about *hawa*, she said: “Hey, that means ‘breath’, right?” ... Well, there you go, there are so many similarities.

When I first contacted Anneke, a Moluccan-Dutch caregiver of her sister, she went to great lengths to explain that she experienced the relationship with her dementia case manager as difficult. One of the reasons she expressed related to an experienced lack of interest in her cultural background, as well as the migration history of the Moluccan community in the Netherlands. This exacerbated a feeling of being misunderstood by her dementia case manager. Throughout the interview, I deliberately avoided this from happening through examples such as the above, combined with questions about her migration history. In other interviews, too, I tried to level myself with participants’ narratives by revealing aspects of my migration background. This is illustrated in the following example:

- Jun: Chinese people have a custom... We all eat together; each person has their own plate and together you have a [dish/dishes] ... [It’s a custom for a person to] put food on other people’s plates... My mother does that [at the adult daycare], [but] the daycare worker doesn’t get it.

They say my mother's aggressive, and that other patients can't handle her.

MA: Ah, yes, we do that as well [in Middle Eastern cultures] ... You mean she ladles food onto people's plates, and they don't understand that she means well?

Jun: You get it because that's what is done in your culture, too. But for other cultures... they say: "What are you doing! I don't want that!"

The above interview excerpts from Anneke and Jun are examples of how I would use my migration background to put myself on a "level playing field" with participants (Dickson-Swift et al., 2007, p. 332). Even though my comments about my background were brief and subtle, revealing such personal details validated participants' stories and it created a common ground, which enhanced rapport. In addition to such aspects of my migration background, I would sometimes also incorporate aspects of my religious background into interviews with participants who identify as Muslim. This is illustrated through the following example.

Faiza is a Moroccan-Dutch family caregiver of her mother. When I spoke with her over the phone, she explicitly told me that I am allowed to interview her, but that I am not allowed to conduct "shadowing" observations of her care-role. Upon meeting with her, we first had an informal, brief conversation about our migration backgrounds. Since I am not visibly Muslim, most practicing Muslim participants, including Faiza, asked me whether I identify as Muslim. When I affirmed my religious background, this followed with "alhamdulillah" (thank God). Despite this common ground, Faiza appeared cautious about sharing her narrative throughout the interview. Interestingly, through rapport-building, she became more comfortable in sharing her experiences with me. This gradually happened using Islamic/Arabic words, as they helped Faiza to feel understood. The following is an example of how this went:

Faiza: Suddenly she was seeing things that weren't there, hearing things that weren't there... She couldn't sleep, was afraid, anxious... And then I thought maybe she's... how should I say it... We [call them] spirits.

MA: Do you mean, *djinn* [demons]?

Faiza: Yes, *djinn*, yes, that's what I thought... Two or three times [imams] came here, for *ruqya* [exorcism]. They said: "That woman has no *djinn*." ... And then I thought: "I'll go to the doctor."

MA: So, you didn't think she was seeing *djinn*, but you thought it was [possessing] her?

Faiza: Yes, that's what I thought, at the beginning [of my mother's dementia].

As shown in the above, at first, Faiza was hesitant to use the word *djinn*. Complementing her sentence with this word helped to make her feel understood. The effect of building rapport during the interview was confirmed when, after the interview, she let me know that I can conduct "shadowing" observations at her home – something she rejected before, when I spoke with her over the phone. This illustrates the importance of developing a relationship of trust through rapport-building prior to conducting fieldwork in a private space (see also Dempsey et al., 2016).

Hence, the above examples from Anneke, Jun, and Faiza, illustrate that, while a shared “otherness” (through migration background) and shared religious background were helpful in the recruitment of participants, it was not enough to gain participants’ trust to share their narratives with me. Rather, deploying my migration background and/or shared religious background facilitated rapport-building, and therefore more openness and trust during the collection of data.

Even when I would not deliberately incorporate my migration or religious background into the interviews and observations, I was often positioned by participants through a hinted shared “otherness.” This was particularly visible through a perceived dichotomy on care-views between “us” (PwM) and “them” (white-Dutch people) – as expressed by Karima, a Moroccan-Dutch caregiver of her mother:

You know how [white-]Dutch people are. They sometimes ask me: “What about your father?” ... They easily think: “Dad will take care of mom or mom will take care of dad.” They think very easily about it. But that doesn’t apply to us.

Although the perception of a shared “otherness” (which sometimes intersected with a shared religious background) facilitated rapport-building throughout the interviews, it also risked misinterpretations or unwarranted shared cultural or religious understandings about expressed concerns. To avoid this from happening, I would respond to participants’ expressed concerns with follow-up questions; even when a shared understanding about the expressed matter appeared to be assumed. The following example illustrates this:

Mabrouka: When my mother was [doing] better... she used to go to [my sister] for a few days. But now [my sister] says: “I really don’t want to have anything to do with it anymore.”

MA: And what do you think of that?

Mabrouka: ... I feel sorry for her, more for her than for my mother. Because my mother is taken care of.

MA: Why do you feel sorry for her?

Mabrouka: She’s missing out on a lot, *hasanat* [religious “credits” for doing good deeds].

MA: *Hasanat*. So, you mean because she’s not fulfilling her religious duties?

Mabrouka: Yes, and... she’s ill now, but she’s still your mother. She still does nice things... And she does a lot of *du’a* [supplication prayer] for my kids. And then you think to yourself, she’s still there, even though she’s [ill]... Those are very beautiful moments.

MA: And those are moments that [your sister] will no longer experience because she distanced herself.

Mabrouka: Exactly.

As most of the participants who identified as Muslim, Mabrouka used Islamic/Arabic words she knew I would be familiar with (e.g., *alhamdulillah*, *du'a*, *hasanat*). In the above, Mabrouka mentions the importance of *hasanat* in Islam. Because of my upbringing, I am familiar with this term and how its message is applied to daily life. Nonetheless, to make sure I understood Mabrouka correctly, I asked her to confirm how I had interpreted her answer to my question. Her additional explanation appeared to be essential, as it shows that, besides missing out on *hasanat*, Mabrouka meant that her sister is also missing out on experiencing beautiful moments with her mother. Thus, throughout the interviews with family caregivers, I tried to beware of making assumptions based on an assumed shared understanding. However, there were still instances in which I unintentionally failed to pose follow-up questions during the collection of data, which is a notable risk of rapport-building through shared “otherness” and/or shared religion.

In sum, different intersections of my migration background, religious background, gender, and age, have supported rapport-building in the recruitment of family caregivers and the collection of data. This is not to say that these intersections of my positionality have made the recruitment and data collection effortless, or that it guaranteed access to family caregivers and in-depth data. It rather means that, whether deliberately or unknowingly, these intersecting social categories were deployed to enhance rapport with family caregivers.

Power Dynamics

Power is an important feature of the research process and the researcher-researched relationship (Bashir, 2019; England, 1994; Karnieli-Miller et al., 2009; Kvale, 2006; Sin, 2007). For instance, qualitative research has focused on minimizing power relations between the researcher and participant (Karnieli-Miller et al., 2009), and how the shifting nature of power can also render researchers vulnerable (Bashir, 2019; Sin, 2007). Following England (1994), who argues that researchers should approach power relations in the research encounter by exposing the partiality of their perspectives, I will reflect upon the power dynamics in my encounters with family caregivers and practitioners.

Family Caregivers

In the prior section, I have illustrated how intersections of my background contributed to rapport-building. Deploying these aspects of my identity made space for a “friendly” and low-threshold conversation which enabled family caregivers to open to me. These forms of rapport-building are thought to minimize power dynamics between researcher and participant (Bhopal, 2009). Deploying different, intersecting aspects of my identity may indeed have heightened empathy and encouraged family caregivers to share their experiences with me. This was visible when some of the family caregivers I spoke with expressed that, before talking with me, they had never disclosed their concerns to anyone in detail.

Nonetheless, it would be naïve to claim that deploying my background minimized or even lifted power dynamics between myself and family caregivers. No matter how much I would level myself with participants to create a low-threshold research setting, in the end, there would remain a difference in that I would do this with the aim of collecting data. That is why Kvale (2006) argues that it is problematic to view interviews through the popular conception of a warm, caring, and empowering dialogue because it gives a false image of a joint and equal endeavor. Even though rapport-building led to an atmosphere in which participants felt comfortable to share their stories with me, the purpose of building rapport makes our positions

inherently unequal: “The research interview is not a dominance-free dialogue between equal partners. The interviewer’s research project and knowledge interest set the agenda and rule the conversation” (Kvale, 2006, p. 484).

Especially during my interactions with participants who expressed shocking circumstances about their care-role, I felt uneasy about deploying my background for the use of data collection while being unable to provide them with practical support. Furthermore, while creating trust through rapport-building served to obtain data, in some cases, it may have been interpreted as friendship. For instance, some family caregivers sent me text messages (long after the interview or observation took place) to ask me “how I’m doing.” This raises ethical concerns, especially when considering the sensitivity of the research topic. In other words, I levelled myself with participants for the sake of data collection without realizing this may be interpreted as friendship, and that participants may have opened up to me due to an image of a “friendly” dialogue. Hence, although rapport-building through intersecting aspects of my background allowed for openness and trust, this only gives the impression of minimized power dynamics. Asymmetrical power dynamics within the relationship were not erased nor minimized.

Practitioners

Unlike my interactions with family caregivers, the interviews with most of the practitioners I spoke with were carried out without a direct disclosure or deployment of my migration and religious background. I was generally positioned as a student or a researcher, which was exemplified through practitioners’ questions about my studies and research. However, in an interview with a dementia case-manager, a white-Dutch woman in her fifties, I found myself positioned as a migrant Other:

- MA: You told me earlier that your co-worker heard a client [with a migration background] say that they perceive dementia as a curse.
- Case-manager: Yes.
- MA: Could you tell me more about that?
- Case-manager: No, I was thinking [about it] this very week, when I got in touch with you. Then I thought: “Well, maybe I should ask if that’s indeed how you perceive it.” So, what’s your [ethnic] background?
- MA: [silence] I have an Iranian background.
- Case-manager: Iranian...

Before interviewing this case-manager, I had only contacted her through e-mail. As with my initial phone-contacts with family caregivers, my non-Dutch name shaped an image of who I might be. However, while in the case of family caregivers my name generally engendered a sense of familiarity and shared “otherness,” for this case-manager it created a perception of migrant Other. To understand how this affected the power dynamics and content of the interview, it is necessary to understand how her posed question impacted me.

Like many PwM, I am all too familiar with the question “where are you from?” or different versions of it, such as the one posed in the above. White-Dutch people have asked me this question for as long as I can remember; often out of curiosity and sometimes out of visible hostility towards PwM. In either case, throughout the years, this question has constructed me as an Other whose Dutch legitimacy is questioned, and who can thus never truly be considered Dutch. As argued by Sara Ahmed (2017), such questions are posed to assert that a person does not belong: “‘Where are you from?’ is a way of being told you are not from here. The questioning, the interrogation, can stop only when you have explained yourself... These questions only appear to be questioned; they often work as assertions” (pp. 116-117). Hence, in my experience, negative feelings are attached to this seemingly simple question, which explains my rather acquiescent response to the case-manager who posed the question.

I started the interview with the expectation to be perceived as a researcher/student who will interview this case-manager’s professional experiences with regards to dementia care in families with a migration background. Through her question, I was suddenly positioned as a migrant Other who belongs to the same group of people who a part of my study’s focus is (i.e., PwM caring for a family member with dementia). During the interview, this affected my perceived and experienced positionality, as the dynamics of power shifted from “researcher” to “Other.” Even though I was familiar with this case-manager’s question, as well as the reasons why it is problematic when posed by a white-Dutch person, I did not know what to say. To break the silence, I simply answered her question and continued with the interview. Afterwards, I realized that due to feeling stumped because of the implications and feelings attached to the case-manager’s question, I failed to use her question as an opportunity to inquire about her underlying assumptions about PwM caring for a family member with dementia.

Thus, the above example illustrates how intersecting aspects of my identity (being an ethnic and religious minority) affect the interviewing process and therefore the content of the collected data. Moreover, there is a presumption that researchers are always the ones in power, but, as illustrated in the above example, “the power relations between researcher and researched can often be reversed even in the course of a single interview and this is complicated by racial/ethnic axes of differentiation and their associated sets of power differentials that are never constant” (Sin, 2007, p. 479). The subjective experience of power is thus often ambivalent for both researcher and participant (Bashir, 2019; Sin, 2007).

The Role of Emotions

So far, I have reflected upon intersecting aspects of my identity that were relevant to my interactions with participants. Indirectly, this also affected the content of the collected data. In this section, I will reflect upon aspects of my identity and accompanying emotions that have directly impacted on the content and analysis of the data. As argued by feminist scholars, a reflexive account of a researcher’s experienced emotions offers a deeper understanding of the issues being studied (Blakely, 2007; Reger, 2001). By doing so, researchers acknowledge that (intersecting) aspects of their identity influence their perceptions and thus their analyses (Reger, 2001). In what follows, I will illustrate this by highlighting how my experienced emotions – that are specific to my gender, religious background, and migration background – have affected the content and analysis of the data.

First, albeit under different circumstances, my experiences as a woman who was raised in a religious, patriarchal environment have made me sensitive to detecting the effects of gender inequalities within the context of dementia care-sharing in families with a migration background. These experiences include the gender-related restrictions (i.e., restrictions that only apply to women) I experienced within familial and communal contexts, as well as the gender-related restrictions and regulations I experienced and observed during my frequent stays

in Iran. Consequently, my familiarity with the harm and complexity of gendered contexts in the family sphere and broader social communities makes me experience a feeling of indignation when detecting gender inequalities. This has prompted me to bring the theme of gender to the fore throughout the data collection and research papers. Within the analyses, this meant that I was particularly interested in understanding the gendered mechanisms underlying an unequal distribution of care-tasks (see, Ahmad et al., 2020; Ahmad et al., 2022). Within the conducted interviews, observations, and focus group, this meant that my inquiries generally included (indirect) questions relating to participants' perceptions and experiences with regards to gendered care norms. This is visible in the following excerpt from an interview with a Moroccan-Dutch family caregiver of her mother:

- Karima: They [i.e., white-Dutch people] sometimes ask me: "What about your father?" ... But my father's old. I can't expect him to take care of my mother.
- MA: But if the situation would be reversed, wouldn't your mother provide care for your father?
- Karima: Yes, then it would've been different, yes...
- MA: Because women are often viewed as caregivers.
- Karima: Yes, yes... then it would've definitely been different... Yes, then maybe we [Karima and her sister] would help her, for example by taking father out of bed... Men are always taken care of by the wife.

By asking Karima about a hypothetical situation in which, instead of her mother, her father would be the one in need of care, the interview was directed towards an inward reflection on gender norms. I posed such questions not only because I believed they would provide relevant data, but also through my detection of implicit gender inequalities that made me experience a feeling of indignation. This feeling was incited by my own experiences relating to gender inequalities, which directed me to pose follow-up questions to elucidate the gendered dimension of family caregivers' narratives.

Second, growing up as a minority woman in the Netherlands, I have experienced first-hand the harmful effects of cultural stereotypes and racist attitudes about Muslim women and people of Middle Eastern descent (and PwM in general). Whether directly or indirectly, this has often led me to feel like an Other within Dutch society. This became worse after the 9/11 terror attacks, after which anti-immigration and anti-Islam sentiments increased. These experiences have undeniably affected the lens through which I analyzed and wrote about the collected data, as I deliberately aimed to avoid reproducing stereotypes and ethnocentric views about PwM. For instance, in my analyses of family caregivers' experiences, I aimed to avoid cultural stereotypes about families with a migration background by using an analytical framework that studied how participants make sense of their emotions (and how this relates to their social contexts) rather than their "cultural differences" (Ahmad et al., 2020), and through an intersectional exploration of the influence of a number of social categories rather than a single category of difference such as ethnicity or culture (Ahmad et al., 2022). In my analysis of practitioners' views, my experiences as an Other within Dutch society have led me to capture the harmful effects of stereotypical assumptions and othering views about PwM, that

practitioners expressed through a frame of “the migrant Other” and the frame “they look after their own” (Ahmad et al., n.d.).

So, a felt sensitivity to detecting gender inequalities, as well as a feeling of being made into an Other within Dutch society, was ingrained in my gaze as a researcher and co-determined the content and analysis of the research data. This helped opening doors within the collection and analyses of the data, and it helped to avoid reproducing cultural stereotypes about PwM. This should not be taken to imply that another researcher would have been unable to arrive at findings like my research. Instead, it means that my lived experiences regarding gender inequalities and othering, that are specific to my religious and migration background, have provoked emotions that cannot be detached from the content and analysis of the data – including the final text.

Concluding Thoughts

In cross-cultural research, “ethnic matching” is often assumed to provide “insider status,” and that this allows for richer data that is collected in a more sensitive way (see e.g., Bhopal, 2009; Papadopoulous & Lees 2002). That is why the practice of “ethnic matching” has also been deployed and promoted as a research strategy in research on dementia care in ethnic minority populations (see, e.g., Berdai-Chaoui et al., 2018; Richardson et al., 2017; Shanley et al., 2013). Following critiques of “ethnic matching,” I have illustrated the intersectional nature of my positionality within the conducted research project. In doing so, this paper draws attention to the need for a reflexive approach – rather than a deployment of “ethnic matching” – throughout future research in culturally diverse settings.

That is not to say that the importance of a researcher’s ethnic identity should be disregarded in cross-cultural research. As illustrated in this paper, both my ethnic identity and migration background were relevant to the research process. Considering the sensitivity of the research topic and family caregivers’ expressed fear of gossip within their ethnic communities, not sharing the same ethnic identity with the included family caregivers may have worked in favor of the research project. This is in line with Ryan and co-workers (2011), who argue that “being interviewed by someone from your locality, who is likely to be known to you, may lead participants to have concerns about being judged by a peer, and despite assurances of confidentiality, may worry about breaches of privacy and local gossip” (p. 51). Also, despite not sharing the same ethnic identity, having a migration background (which sometimes intersected with a shared religious background) often led to a felt shared “otherness” and common ground, which facilitated rapport-building with family caregivers. On the other hand, my ethnic identity and migration background also affected the power dynamics in an interview with a white-Dutch dementia case-manager. The shifting power dynamics rendered me vulnerable, and they affected the collection of data during this interview.

Hence, my ethnic identity and migration background were indeed relevant to the research project, but not as understood through the logic of “ethnic matching.” More importantly, my ethnic identity and migration background were not the only aspects of my background that were relevant to the research. Intersections of my migration background, religious background, gender, and age, have enhanced rapport-building in the recruitment of family caregivers and the collection of data. These aspects of my identity benefitted rapport-building with family caregivers, but they also risked unwarranted shared understandings about expressed concerns. Another risk of rapport-building through (intended or unintended) deployment of my background, is that it may have been interpreted as friendship. This raises ethical concerns. Namely, family caregivers’ openness and trust may have been a result of an unintentionally created image of friendship, even though the researcher-researched relationship is not a dialogue between equal partners. The claim that rapport-building through “ethnic

matching” minimizes power dynamics (Bhopal, 2009) is therefore not completely justified. Thus, as researchers, we should be mindful of the power dynamics inherent to the research relationship, especially within the context of a sensitive topic such as dementia care. Indeed, these dynamics shape how knowledge is produced (see also Bashir, 2019).

As illustrated in this paper, knowledge production is not only shaped through relational aspects of the research, but also through emotions experienced by the researcher. Within the context of my research, this meant that my lived experiences with regards to gender inequalities and othering – that are specific to my religious and migration background – have provoked emotions that impacted the questions I posed during the collection of data, as well as the analysis and final text.

In conclusion, by highlighting the intersectionality of my background through my reflections on and responses to my positionality, this paper responds to growing calls that caution against an application of positionality that is essentialist and static (Adu-Ampong & Adams, 2020; Ryan et al., 2011; Soedirgo & Glas, 2020). To the best of my knowledge, this is the first paper to offer a reflexive analysis of researcher positionality within the context of cross-cultural dementia care. Considering the increasingly ethnically diverse populations in European societies (England & Azzopardi-Muscat, 2017), the insights from my reflexive account may help improve research strategies in culturally diverse settings in the field of dementia care and beyond. That does not mean that this paper does not have its limitations. Indeed, any reflexive account is subjective, and there are always aspects of ourselves that we are unaware of (Holmes, 2020). Nonetheless, it is essential in striving for honest, transparent, and ethical research.

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