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Mutual Emotional Labor as Method: Building Connections of Care in Qualitative Research

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Abstract

Emotional labor may be vital to the success of qualitative research studies, particularly longitudinal studies that depend on the maintenance of research relationships over time. Rather than being limited to the comportment of researchers toward their participants, however, we find that participants also actively engage in practices of emotional labor to manage researchers and guide research interactions. We document elements of such "mutual emotional labor" in the establishment of rapport, in crafting experiences of personalized therapeutic benefit from participating in interviews, and in efforts to navigate closure at the conclusion of research projects. We argue that by recognizing forms of reciprocal emotion management, researchers may be better equipped to engage in ethical research practices that serve not only knowledge production but also human connection and care.

Keywords

emotional labor, qualitative research, ethic of care, empathy, trust

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Building Connections of Care in Qualitative Research

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Emotional labor may be vital to the success of qualitative research studies, particularly longitudinal studies that depend on the maintenance of research relationships over time. Rather than being limited to the comportment of researchers toward their participants, however, we find that participants also actively engage in practices of emotional labor to manage researchers and guide research interactions. We document elements of such "mutual emotional labor" in the establishment of rapport, in crafting experiences of personalized therapeutic benefit from participating in interviews, and in efforts to navigate closure at the conclusion of research projects. We argue that by recognizing forms of reciprocal emotion management, researchers may be better equipped to engage in ethical research practices that serve not only knowledge production but also human connection and care.

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Introduction

Emotional labor is a highly effective but problematic resource for qualitative researchers. Particularly for longitudinal studies whose success depends on the maintenance of relationships over time, elements of emotional labor can permeate interactions with informants, leading researchers to perform and develop strong empathetic bonds with those they study (Calman et al., 2013; Mazzetti, 2013). Such connections serve multiple purposes. On an instrumental level, they may assist researchers with the collection of rich stories and data, while also improving retention rates, as, to varying degrees, participants may come to see themselves as friends of the researchers or as research partners in their own right (Birch & Miller, 2000; Campbell & Wasco, 2000). On a personal level, these connections can add meaning for everyone involved; when research endeavors are interwoven with and strengthened by relationships of care, the two become the warp and weft of robust qualitative inquiry (Blakely, 2007). At the same time, there are dangers of attachment both for researchers and participants (Rogers-Shaw et al., 2021). For some projects, interviewing can have a visceral psychological impact (Dickson-Swift et al., 2009; Wharton, 1999; Woodby et al., 2011), such that researchers may experience extreme levels of distress and both physical and emotional exhaustion (Clark & Sousa, 2018; Cowles, 1988; Wray et al., 2007). Nonetheless, as this paper will explore, emotional labor is a vital part of the method for managing the researcher-participant relationship and the myriad emotions that can emerge during longitudinal qualitative research projects.

In her classic formulation, Arlie Hochschild (1983) described emotional labor as emotion self-regulation, particularly with the presentation of positive emotional signals (e.g., smiling, laughing, speaking in a cheerful tone of voice) by women in service-sector jobs. Such

emotion regulation, which now clearly extends into most service work regardless of workers' gender, is an expected and commodifiable aspect of service work, meaning that presentations of authentic-seeming forms of care are central to organizations' brands and part of what they sell to customers (Brannan et al., 2011; Fleming, 2009; Mumby, 2016).[1] Hochschild found emotional labor expectations to be alienating for workers, generating unhealthy dissonances between their internalized sense of self and outward performances. Especially when individuals engage in "surface acting," where they go through the motions and fake outward expected behaviors, they are more likely to experience strain, detachment, and burnout (Brotheridge & Grandey, 2002; Grandey, 2003). Other scholars of emotional labor have challenged the view that there is a core internal self and have instead argued that notions of the self are more contingent and discursively constructed (Cassell, 2005; Tracy, 2000). Nonetheless, there is ample evidence that emotional labor performances contribute to worker stress and exhaustion (Brotheridge & Grandey, 2002; Morris & Feldman, 1996; Pugliesi, 1999). Moreover, in compelling women workers in particular to adopt a subordinate, subservient role, such labor expectations may reify gender stereotypes, encourage harassment, and hamper efforts at achieving gender equality in workplaces (Cameron, 2000; Mumby & Putnam, 1992).

In the context of qualitative research, which has been historically—and problematically—viewed as a softer, feminized approach to knowledge production compared to quantitative research (Crang, 2002; Mir, 2018), these critiques of emotional labor take on a different timbre. Research informants are not "customers," yet the research relationships still depend upon exchanges where emotional labor can be mobilized to generate (or extract) value in the form of data (Birch & Miller, 2000; Gilbert, 2000; Lillrank, 2012). The constant negotiation of power relations and emotion in open-ended interviews can be apprehended as significant data in its own right (Campbell, 2002; Hoffmann, 2007). At the same time, perhaps akin to the labor of workers in the healthcare and homecare industries, this does not imply that the interpersonal bonds and friendships are fake or reducible to instrumental exchange. Rather, those sincere relationships define and animate the research enterprise, allowing qualitative researchers to "give back" in ways that resist or exceed calculation (Dickson-Swift et al., 2016; Granek, 2013; Mokos, 2017). Much of the qualitative methods literature celebrates this capacity to develop meaningful relationships, but it often ignores the emotional labor that *participants* must also do to establish rapport with researchers. Bringing feminist critiques of emotional labor to the field's discussion of longitudinal qualitative research, we invite reflexivity about researchers' expectations of participants, particularly in terms of achieving rapport, committing to the study, and engaging in personal disclosure over time.

Drawing upon a three-year longitudinal study of healthy people who had enrolled in paid pharmaceutical clinical trials, this paper explores the role of emotional labor in the research teams' recruitment, retention, and data-collection efforts. In a very real sense, from the start we knew that the success of the project depended on us forging long-term connections with our informants. Whether through sending birthday and holiday cards, periodically following up to verify their contact information, or through scheduled formal interviews, we sought to communicate that we were reliable and that we cared. What we did not adequately appreciate until later was how significant these connections were for many of our informants. Because of our regular contact and our active, non-judgmental listening in interviews, many came to view us as a sympathetic and dependable presence in their otherwise unpredictable lives.

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[1] It should be noted that emotional labor does not always manifest as gendered feminine expressions of care. Some occupations, such as bill collectors and police interrogators, rely on a mix of positive and negative emotions (Ashforth & Humphrey, 1993; Rafaeli & Sutton, 1991; Stenross & Kleinman, 1989; Sutton, 1991), whereas others, such as 911 operators or healthcare workers, may require neutral emotional comportment (Cottingham, 2015; Smith III & Kleinman, 1989; Tracy & Tracy, 1998).

The emotional labor we found ourselves performing led our informants to disclose much more about their personal situations than we ever needed to know for the "science" of our project, but it also strengthened our relationship ties and encouraged informants to provide "real-time" updates about their clinical trial participation and actively collaborate in the production of findings for our project. It was also physically and emotionally exhausting: hearing stories of personal trauma, discovering that one of our participants had died, empathizing and identifying with informants because of loss in our own lives, or, perhaps worse, being repulsed at times learning about the abuse our informants inflicted upon others. While we were enveloped in the often-unrelenting rhythm of data collection, we were acutely aware of the emotional labor that was required of us as we interacted with participants. We were less attuned at the time to the emotional labor that we expected from our participants, and it was only after data collection had concluded that we grasped the extent to which these researcher-participant relationships demand "mutual emotional labor."

In the sections that follow, we critically analyze the relationship between emotional labor and qualitative research methods, especially those involving longitudinal research with human subjects. First, we offer an overview of the methods of our study, primarily with the aim of contextualizing our observations about emotional labor in research. Second, drawing on our data, we illustrate how rapport was established between the researchers and participants by mutual performances of openness and honesty to demonstrate trust. Emotional labor here can be witnessed not only in the interviewers' expressions of genuine interest, but also in the interviewees' performances of candor as they let their guard down and offer appropriate, desired responses, for example. Third, we discuss the therapeutic nature of our structured engagements with informants. For instance, as with workers in service industries, interviewers may have to serve a function for informants that goes beyond the narrow scope of the project itself. Rather than merely providing participants an outlet to speak about their enrollment in clinical trials, a topic about which we found that most of them did not discuss with others, many also wanted to share more broadly about their personal struggles, especially when they had few or no intimates who would truly listen to them about anything. Here, we often performed emotional labor to keep the interview on track, but some informants also performed emotional labor while resisting these efforts. Fourth, we describe the emotionally fraught nature of ending the research relationship, including our active planning for how to do so sensitively and unambiguously. In longitudinal qualitative research practice, as we experienced acutely, the end of the study can exact an emotional toll both on participants and researchers.

By reflecting upon our own gendered and raced study experiences, we highlight the importance of recognizing mutual emotional labor in qualitative research. We argue that seeing participants as also actively engaging in emotional labor may help researchers better understand how best to interact with their informants and to engage in ethical research practices that serve not only knowledge production but also human connection and care.

Methods and Participant Characteristics

Our qualitative research was focused on the participation of healthy individuals in clinical drug trials that are conducted for the pharmaceutical industry to test the safety and tolerability of investigational drugs. These trials, often categorized as "Phase I," provide financial compensation in exchange for enrollment, with the average clinical trial offering about $3,000 (Fisher et al., 2021). The purpose of our study was to investigate how healthy people perceive the risks and benefits of participating in these clinical trials, how they make decisions about whether and in which trials to enroll, and how their health behaviors are shaped by their clinical trial involvement. Because many individuals who participate in Phase I trials do so serially (Abadie, 2010; Elliott, 2008; Fisher, 2020), our study was longitudinal with the

goal of assessing changes in perceptions, decision making, and behaviors over time, as well as tracking participants' actual clinical trial activity over a three-year period (Edelblute & Fisher, 2015; Fisher et al., 2018). The study was reviewed and approved by the Biomedical Institutional Review Board at the University of North Carolina at Chapel Hill.

Recruitment for our study was done at seven residential medical research facilities across the United States that specialize in Phase I trials. Our project team was not involved in the actual clinical trials being conducted, but we received permission to recruit from these facilities to identify healthy people who had enrolled in these paid clinical trials. Members of our study team, including the study PI (JAF), traveled to each clinic to do in-person recruitment and to conduct an initial semi-structured interview with participants who provided written consent to join our study. All recruitment and interviewing were done by white women research team members.

After enrollment in our study, we conducted with participants up to an additional four semi-structured interviews, which were scheduled to occur roughly six months, one year, two years, and three years later.[2] Given the wide geographic distribution of our sample, all follow-up interviews took place via telephone, and we had no subsequent face-to-face interaction with participants. In addition to interviews, we routinely contacted study participants via phone calls, emails, and text messages to ensure that their contact information was up to date and that they had reported their clinical trial activity to us through an online clinical trial "diary" (CTD). The CTD was a survey that collected information about all clinical trials they screened for, including the clinic name, dates, the therapeutic purpose of the drug being tested, the study risks, and whether they had qualified for the study and participated in it (Edelblute & Fisher, 2015). For participants who could not or chose not to complete the CTD online themselves, a member of the study team collected the information via phone through an abridged version of the survey (the CTD "lite"). We also sent participants birthday cards, as well as holiday cards in December each year. Most of our research team consisted of white women (Hispanic and not Hispanic), so nearly all contact with participants over the course of the study was done by women.[3]

In total, we enrolled 180 participants, of whom we retained 166 (92.2%). Of the 14 participants who did not complete the study, we removed two immediately after enrollment when we discovered they were the same person who had provided different names and details to two different members of our research team. Three participants withdrew their consent and left the study shortly after enrollment because they did not want to complete CTDs. Eight participants were simply lost to follow-up between enrollment and the six-month interview, and one participant died in a motor vehicle accident between the year-two and year-three interviews. There were an additional three participants whom we temporarily lost to follow-up and who, as a result, missed some data collection time points, but after reconnecting with us, they finished the study. Thus, we retained all but one participant after they completed the first follow-up interview six-months after enrollment. At different junctures past this point in our study, several participants shared that they might not want to continue in it. However, after speaking with a research team member who acknowledged their right to withdraw but encouraged them to continue, they all decided to remain in the study. The final project dataset included 736 interviews and 1138 CTDs.

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[2] Our study also included a "control" arm to which roughly 20% of our sample was randomized. All control-arm participants were interviewed only twice (at enrollment and again three years later), and they did not provide any information about their clinical trial activity until the final interview. We designed the study with a control arm to assess whether our study had an unintentional effect on participants' clinical trial perceptions or activities during the three years we followed them.

[3] The exception to this was five of our year-two interviews were conducted by a black man who served as a graduate research assistant during summer 2015.

Despite concern about the underrepresentation of minoritized racial and ethnic groups in biomedical research, healthy individuals who enroll in Phase I trials are disproportionately black and Latinx (Fisher, 2020; Fisher & Kalbaugh, 2011). Representative of this larger trend, 68.3% of our sample were people of color, including 73 (40.5%) black and 36 (20%) Hispanic participants, and 35 (19.4%) were foreign born and living in the United States (including both documented and undocumented immigrants; see also Kalbaugh et al., 2021). Most of our sample were men (72.8%), and most participants were between the ages of 30 and 49 (63.3%). Given the paid nature of Phase I trials, it is unsurprising that most were unemployed (41.0%) or held only part-time jobs (33.7%). Finally, nearly all the participants had previously enrolled in Phase I trials, with only 21.1% in their first clinical trial when we met. Thus, consisting of individuals from groups that are often negatively affected by social and economic inequalities in the US, the study sample was demographically quite different from our research team and had divergent backgrounds and experiences from those people with whom they were asked to share substantial personal detail about their lives. As we discuss below, these demographic differences sometimes played an important role in our rapport and the mutual emotional labor our team and participants performed.

Findings

Performing Rapport

We followed good practices for semi-structured interviews of asking open-ended questions with probing follow-ups (Patton, 2015). Interviewers were also trained to demonstrate active listening with subtle verbal cues and to wait before moving on to the next question to make sure participants had finished answering the prior question. However, more than just asking questions, interviewing required emotional labor to achieve successful research partnerships. In short, we needed to develop and maintain rapport with the participants we had recruited to and retained in our study. Performances of mutual trust were critical to this process.

The first potential challenge to establishing trust as part of the researcher-participant relationship was an inherent feature of our recruitment method. Because our aim was to identify healthy individuals who had enrolled in a clinical trial, we went to research clinics conducting these trials. Although the medical research clinics were not involved in the study design, data collection, or analysis of our findings, convincing all our participants that we were independent from those clinics and their staff proved difficult. Of course, some participants were not put off by a possible connection between us and the research clinics, and they demonstrated eagerness to speak with us nonetheless. Others expressed wariness. Part of the reason for their concern was that some healthy clinical trial participants engage in a variety of behaviors that are technically against the rules—those set by the clinics or by the research protocols—governing their trial involvement (Dresser, 2013). For example, to earn more money from medical research, some participants enrolled more frequently in clinical trials than they should have, and many failed to observe some food and activity restrictions. When we informed prospective participants about our study, we communicated our interest in hearing about what they needed to do to qualify for clinical trials, and we explained our study requirement for them to report to us the clinical trials for which they screened while in our study. We never said that we were investigating rule-breaking, in part because this facet was only a tiny piece of the study and because we had little basis for knowing the prevalence of rule breaking. However, for those participants who ever engaged in rule breaking, our study understandably raised red flags. Additionally, we informed participants that we wanted to know about their prior experiences enrolling in clinical trials, including both positive and negative experiences with the clinics and

staff. For participants uncertain about our relationship with the clinics, candor about any of their grievances against the clinics might appear unwise.

Nonetheless, recruitment was easy. The fact that we offered a $20 Visa gift card after enrollment and completion of the first interview, plus up to $450 over the course of the entire study, was sufficient incentive for most participants. Beyond the money, our study—and the initial interview in particular—provided a respite from the boredom many participants experienced as a result of being captive to the clinic during the trial.[4] For individuals to make "good participants" for our research, however, we needed more than willingness to enroll; we wanted them to be honest about their perceptions of clinical trials and share with us concrete stories about their personal experiences. To establish a level of rapport that would facilitate this goal, considerable emotional labor was required of our team.

Our experiences with one study participant are illustrative of the emotional labor we had to do to establish and maintain rapport. When we invited Jason, a multiracial man in his 30s, to enroll, he was both highly curious and cautious about the study.[5] As a full-time clinical trial participant (sometimes referring to himself—like many others do—as a "professional lab rat"), Jason frequented many research clinics to enroll in Phase I trials and often broke the rules to maximize his trial income. It was not enough to tell Jason that our research team was independent from the Phase I clinics. We also had to hear his concerns about confidentiality, demonstrate understanding and empathy for why our study could put him at risk, and explain our process to keep him and his data safe. We also had to make him feel seen as a full person who had valuable insights he could truthfully impart to us because he trusted the person in front of him (JAF). Jason maintained suspicion about how confidential his information would be, but he nevertheless could not bring himself to decline. The consent process took approximately 45 minutes, and during that time, Jason divulged confidential information about his trial participation, which demonstrated both his value as a potential participant (which was seemingly one of his intentions) and his ability to open up for our study. During the interview that immediately followed his consent and study enrollment, Jason digressed by saying, "I guess that is one of the reasons why I wanted to do this [study], 'cause of curiosity, and for somebody that wants to hear my story and talk to me about stuff, I can't-, I can't turn down the attention. I can't do it. I can't do it." A statement for which the interviewer rewarded Jason by enthusiastically replying, "Yeah, I am interested in you!" to affirm the sincerity of her approach to listening to what he had to say.[6] Jason next explained that because of the stigma of clinical trial participation, he did not often talk about his experiences with others unless they were people he had met in trials. At the end of the interview, which lasted more than 2.5 hours, Jason made a point of saying how much he enjoyed it and later even hugged the interviewer on the last day of her recruitment visit to that clinic.

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[4] In most instances, the participants were spending multiple consecutive days and nights in the clinic as part of the Phase I trial in which they were enrolled. In one clinical trial, the participants came early in the morning twice a week to the clinic and stayed for roughly eight hours before going home. Most clinical trials consisted of considerable down time during which the participants had little to do for the trial itself, but they were typically allowed to watch television or use whatever electronic devices they had brought with them to the clinic.

[5] All participant names are pseudonyms. Jason was recruited by one of the authors (JAF), who then also conducted four of five total interviews with him. Jason was also in frequent contact throughout the study with the project manager who collected his CTDs via phone.

[6] This interaction is reminiscent of Arendell's (1997) report of being a woman interviewing men. She noted that "men disclosed their experiences and feelings to me in the depth and emotional detail which they did because I am a woman," (347-348) while also being "aware that I was walking a fine line between warm appreciation of his disclosures and style and responding in kind to flirtatious comments and innuendo. I''d be reluctant to share with students or other researchers this particular audiotape" (358).

Notwithstanding the rapport we created with Jason in the research clinic, he ignored our requests to complete his clinical trial diary (CTD) for the trial he was in when we met him. Two months later, he still had not completed his CTD, so we followed up with him by telephone to convey the importance of the CTDs to our study. Jason explained that he continued to have concerns about confidentiality and was uncomfortable completing CTDs because of the evidence they would provide about his disregard for some clinical trial rules. After reminding him again about our independence from the clinics running the trials and the safeguards we had in place to protect his confidentiality, Jason asserted that he knew the National Institutes of Health (NIH) had funded the project and was quite sure they would receive the identities of all the study participants, which would in turn affect his ability to earn his income though clinical trials. Hearing that NIH would not get this information made Jason incredulous; from his perspective, why would "the government" give us money to do the research if they were not getting the names. This conversation took not only explanations about NIH's funding arrangements, but also a great deal of emotional labor to, again, listen carefully and empathize with his concerns. We had to persuasively—and accurately—perform that we heard his worries and understood where he was coming from. It also required an explicit ultimatum: to remain in the study, he would have to trust us enough to complete CTDs. When we reminded Jason that he could withdraw from the study if he wanted to do so, we also commented on what a shame that would be for the research because his important insights were so beneficial to our project aims. In the end, Jason stuck with us, completing his CTDs and engaging in the longest interviews of the project. As he himself indicated, Jason no doubt enjoyed the attention that our study gave him, but we also had to convince him to trust us as individuals who had his best interests in mind and did not want to cause him any harm.

Although Jason's case is perhaps more extreme than other participants in our study, it highlights the extent to which researchers may have to engage in emotional labor to assuage participants' concerns about their involvement in research. Throughout our interactions with participants, most of our study team took pains to perform a sincere interest in the lives of our participants to understand why they enrolled in clinical trials (or no longer did so, as the case may be). Indeed, for those of us with the most experience conducting interviews, we tried to create the impression that many of our standard questions, and not just follow-up questions, were impromptu rather than being read from the semi-structured interview guides. When possible, we asked questions to follow the natural flow of the interview rather than the predetermined order of topics on the guide, and we created transition bridges between topics to demonstrate our active listening. In a sense, the type of emotional labor in which we were engaged encouraged the participants to open up and talk by almost downplaying the fact that we were researchers asking questions as part of a study. The performance was one of a deep and engaging conversation (albeit one-sided), not a formal interview. We also made significant efforts to normalize participants' experiences, as recommended in the literature (see Cowles, 1988), so they felt comfortable not only sharing their stories, but also would not feel judged when they did so.

However, the frame of friendliness that we used to reduce barriers between the researchers and participants also necessitated emotional labor *on the part of those being interviewed*. While not acknowledging it to ourselves at the time, we expected participants to reciprocate the emotional performance by demonstrating both an openness and sincerity in their responses to our questions. Returning to Jason, for example, despite his concerns about confidentiality, when he opened up, he truly did so, telling hours-worth of detailed stories about his clinical trial participation, including confessions about breaking the rules. Our study had its fair share of talkers, but part of the invisible (to us at the time) emotional labor most participants performed during interviews was their trust in us, a willingness to share their lives without reservation. We are not suggesting that participants had no reservations about speaking with

us. Instead, their mode of interaction as interviewees conveyed a willingness to speak openly about their perceptions and experiences. When they did so, interviewers felt as though data collection had gone well and the interviewee was a good study participant. Our perceptions as researchers were being skillfully managed by participants.

When this performance of emotional labor on the participants' part was lacking, interviewers often felt as though the interviewees were not only holding back but possibly also being dishonest. Our interactions with Austin, a black man in his 20s, illustrate this dynamic. Like Jason, Austin expressed similar concerns about confidentiality and was nevertheless highly engaged during interviews. His answers to questions were typically lengthy, and he provided rich detail about his clinical trial participation. Yet, Austin raised concern among at least two interviewers about his truthfulness. Following the year-one interview, our team member wrote that he was "high energy, optimistic, overwhelmingly positive." She felt that despite the flood of information he provided, Austin was not genuine. Because she worried, she could not break through to him, we assigned a new interviewer for Austin's remaining two interviews. After the first of those, the interviewer reflected, "He answered the questions, but it sometimes felt like he wasn't really listening to the question but just continuing on his dialogue about positivity, motivation, money, etc." She was even more direct about her doubts about Austin following the final interview:

> His story is very congruent most of the time, but then there are certain things that make me question if we have all the info. … He's a hard one to figure out. Sometimes I feel like he's totally pulling our legs and other times I feel like his story does make sense!

She also added her own emotional reflection to her post-interview notes, "I'm pretty disappointed with the interview."

What is particularly interesting here is that Austin's interviews did not reveal any inconsistencies, either internal to a single interview or across the three-year timespan, that indicate our study team should have doubted him. His interview transcripts even demonstrate how cooperative he was in providing data to our study team. Austin's issue was that he failed to manage the interviewers' "feelings" about what he was conveying. These interactions were likely shaped by gendered and racialized expectations about subject positions because the interviewers often interpreted his displays of positivity and optimism as a suspect and inauthentic performance. In other words, the interviewers felt that he was performing the identity of a financially successful black man to impress them instead of sharing the anxieties they expected (but had no evidence to suggest) he must have about his precarious situation. Put differently, he—unlike Jason or other participants—did not use emotional labor to convince our team that he was being open and sincere.

With interviewing, participants both choose what to share and actively negotiate the emotional register(s) in which to tell their stories. Hoffmann (2007) casts this as a form of power that the interviewee holds, and we agree. In reflecting on our experiences, we find it striking the extent to which both the researchers and participants must perform their trustworthiness through emotional labor. Without this element (regardless of how either party feels), rapport may seem empty or missing. Jason required reassurance that he was not being duped by us because he wanted to tell his stories, but our team also required—and was missing—reassurance that Austin was not misleading us in some way. Both participants were minoritized men, but they interacted with our white, female team members in quite different ways. Following Bonilla-Silva's (2019) insights on racialized emotions, Jason could be said to have connected with us by meeting us in a white-dominant-expected emotional register

whereas Austin did not (see also Wingfield, 2021).[7] We now see that we may have subconsciously expected performances in a normative white register and that Austin's nonconformity to that expectation could be construed as a negotiation of power and an assertion of agency on his part. These reflections underscore the role of emotions in managing the research process and interpersonal expectations, perhaps especially when interacting with differently positioned strangers with whom we are temporarily, but sometimes intimately, connected (on this point, see also Small, 2019).

Providing "Therapy"

The literature on qualitative methods frequently notes that research participants may experience interviews as having a therapeutic effect (Birch & Miller, 2000; Mazzetti, 2013; Wolgemuth et al., 2015). Despite informants claiming to experience research studies in this way, interviewing must not be conflated with therapy. Qualitative interviewing rarely has an *a priori* therapeutic purpose, and researchers are often not trained to provide therapy (Rossetto, 2014). Still, interviewers, much like those employed in the service sector, must essentially practice "amateur therapy" (Cameron, 2000). Delving into the details of someone's personal life is likely to unearth an array of feelings that may otherwise go unexplored, and the emergence of these feelings and reflections on them can be therapeutic and be perceived as a benefit of research participation (Hutchinson et al., 1994). In our study, as we indicated above, participants often did not divulge information about their clinical trial participation with others besides us, and at the same time, by asking them about this topic, we were effectively also tapping into their larger worries about their financial situations or hopes for the future (see, for example, Monahan & Fisher, 2020).

In our final interviews with participants, we asked them to reflect on their time in our study. Our primary goal was to assess whether being in our study might have unintentionally changed their perceptions of clinical trials, but the participants used the opportunity to tell us about what the study meant to them for those three years. In response to the question, "How do you think being in [our] study has affected the way you think about clinical trial participation?" some participants were quite explicit about how the interview provided them with an outlet that they did not otherwise have in their lives. Sylvester, a black man in his 20s, replied:

> You guys don't affect me in that way, but to talk about these things with somebody is a positive thing. Like I don't talk about clinical studies outside of you guys. … I like it because, like I said, it gives me a platform to speak to people about, I guess, a part of my life that's a small part of my life, doing studies, but it's really a big part of my life. You know what I mean? … So, with you guys, I get to talk about it.

Travis, a black man in his 40s, made the point more directly:

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[7] As part of what Bonilla-Silva (1997) refers to as a "racialized social system," racialized groups "fashion an emotional subjectivity generally fitting of their location in the racial order" (Bonilla-Silva, 2019, p. 2). Here, Bonilla-Silva is not referring to simple emotions that people might feel, but "the socially engendered emotions in racialized societies" (p. 3) that shape how we feel about and interact with "other" racial groups. For whites, there may be an unspoken expectation that the experience of black people is characterized by their social disadvantage in an inequitable society, and without a narrative of struggle, it could be that experiences like those of Austin who earned his income primarily by enrolling serially in clinical trials would appear inauthentic to our white project team.

I like talking to you guys, for the most part. You kind of make me feel like it's therapy, kind of get some of this crap off my chest that I've been thinking. Yeah, because I don't talk about it [otherwise], you know what I mean?

While having an outlet to talk about clinical trials could have a salubrious effect for many participants, some signaled that the interviews allowed them the opportunity to have epiphanies about their lives more generally. This was the case for Oscar, a Latino man in his 30s. Responding to the same question about the effect of the study on his thinking about clinical trials, he avowed:

Well, it has made me more—I don't know—made me more aware of my circumstances and more aware of my motives for doing a lot of things, I think. 'Cause talking to you-, I mean, because you ask me crap that no one really bothered to ask me or even stuff I'd ask myself. … I'm a 33-year-old man. Nobody cares what I'm going to do with my life, you know, right? [*laughs*] … It's been a lot of—what do you call it? —you know, breakthroughs. … Not that I'll always even say anything profound, I mean, because—look over your notes—I say a lot of dumb stuff. But, I mean, I'll say something that I was never aware of how I was feeling, and then something inside of me just kind of triggers it, you know, and then all of it alters my mentality for the rest of the year.

This beneficial effect appeared to be most meaningful for a few participants who were in the direst situations over the course of our study. Paolo, a Latino man in his 30s, experienced a downward spiral in the three years we followed him. Starting with his wife leaving him and ending with impending eviction with no clear place to live, Paolo saw our study as a bit of a life raft providing him with a little money and a kind person with whom he could speak:

This [study] is great for me 'cause I never get to understand how I've been teaching myself and how the Lord has taught me. … But the fact that I was able to go and purge, I feel so much better right now. So, you may be pushing me as a [research] subject and listening… but the fact that I was able to go to a stranger and share with her my life? Symbolically we became pen pals. Even though it was one-sided, a pen pal shares their life, shares their heart. And you guys took it in. … And the fact that you came and heard me, and I got to purge? Right now, I feel great after having such a horrible week. … I don't know of any other human I could have spoken to. [*starts crying*] I have no other person that I want to call and to let me share my story. So, the fact that you took it from me, I appreciate you so much. … I really appreciate someone listening to me.

Stories like these could be both heartbreaking for the interviewers and also infuse their interactions with participants with more meaning, the sense that we were helping them outside the narrow scope of our study.

In some of these cases, the emotional labor required of the interviewer was extreme. Paolo was one of the participants who really challenged the interviewer to perform a caring and patient role. For one, his situation was distressing, particularly because the $200 he would receive for his final interview was hardly going to make much of a difference in his long-term financial wellbeing. More importantly, however, throughout the study, he was highly prone to unnerving tangents during which his mental instability was often outside the expertise of our study team. Thus, interviewing Paolo might have had a therapeutic effect on him, but it was

distressing not only for the individual on the phone with him, but even for the entire team as we coded and analyzed his transcripts.[8]

While the emphasis so far in this section has been the emotional labor of the researcher, many participants also worked to assert their own agenda to shape the content of the interviews. In many instances, participants wanted to talk about something important to them that was far outside the scope of the research. This was a common occurrence with Paolo throughout all his interviews. For example, he flagged he was heading into a digression by saying, "I want to tell you a really, really special moment of mine: I know what my angel looks like." The interviewer had to repeatedly rein in the tangents. After many lengthy off-topic monologues, she warned him that it was quite late (as the interview was taking place in the evening), and there were still many questions remaining in the interview. Paolo replied, "Yeah, but it's linked. The only reason I'm saying all of this is because it's linked to medical trials. … You're going to see all this link then. It's, it's tied." With that, he digressed yet again, repeating information about his wife leaving him and other challenges of the past few years. After several minutes of this, the interviewer implored him to focus, and Paolo mobilized emotional labor to continue to steer the conversation: "I'm so sorry. I'm so sorry. I enjoy talking to you. I enjoy talking to you." The interviewer relented, saying "I know, and it's fun to talk to you, too. But it, it's been a stressful week for me, and I'm—." Cutting her off, Paolo added, "Yes, I'm sorry. I won't deviate. I won't deviate. I promise, I promise, I promise." In this way, Paolo steered each interview as much as he could to get out of the experience what he wanted, and it took substantial emotional labor on the part of both him and the various interviewers to manage each other during these lengthy phone calls over the course of the study.

While Paolo was probably the most extreme example, in part because his interviews were distressing, other participants similarly engaged in a type of cat-and-mouse game of asserting their own agenda, talking about what mattered to them, and connecting only loosely these topics to clinical trials or the specific questions asked of them. In some instances, the participants were more successful in that their emotional labor to use the interview the way they wanted often led to more rapport and a more enjoyable interview for the researcher despite the additional time and energy it took to collect the needed data. By and large, these participants were more apt to express the sentiment that the interview helped them, whether it was by providing an outlet or processing their thoughts and/or feelings about their personal situations.

While the interview content and semi-structured format, which was more permissive of tangents, facilitated a potential "therapeutic" outcome, researchers' emotional labor importantly amplified this experience. It is arguably not just what the participant reveals, but how they are related to as a human being that feels therapeutic. Importantly, the participants' *own* emotional labor was also key to the rapport and interactional dynamic they had with interviewers. Elias, a Latino man in his late 30s, focused on his interactions with the study team when responding to that same question about how our study affected his perceptions of clinical trials:

> Honestly, I loved it [the study]. I loved the camaraderie that I have with you
> girls, you know. And it was just-, it was really awesome. From the first time I

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[8] Some of the emotional labor and qualitative methods literature has discussed how transcribing and coding transcripts can also be distressing research tasks, meaning that the emotional impact of interviewing on the study team does not end when the interview does (Mazzetti, 2013; Woodby et al., 2011). More broadly, in his reflections on being a researcher, Svallfors (2020) notes, "[U]niversity scholars do not teach about the realities of research. Perhaps it is unteachable, but we should at least talk about what we do and how it feels. … The intellectual life is regarded alarmingly often as a non-physical, emotionless activity… Assembling creative and productive research environments is in fact a delicate and emotional enterprise" (xii).

> met [a team member], it was like, "Oh my God." … We talked for a long time.
> … I had a good connection with her.

Many participants commented on their perception that the study team's genuine interest in them was not only affirming but also felt like they had made friends. This was certainly how Elena, a Latina woman in her 40s, saw the nature of her interactions with the study team. She shared:

> Well, I've seen you more as a friend that I could talk to about it [my study participation]. Honestly, that's the way it feels. It's like you're not going to judge me by it. … So, it was just as easy as speaking to a friend. … Sometimes, it's still nice to know that there's somebody out there that remembers you or that wants to talk to you, you know?

Reflecting on this aspect of the researcher-participant dynamic made some participants feel fortunate to have enrolled in the study at all. For example, Dina, a white woman in her 60s, commented:

> It's helped me [being in the study]. Just with you calling right now, [it] makes you think how lucky you are. You're really lucky that people care about what happens to you, you know? ... You guys are fantastic. … You've been so nice to me.

When articulating what it was about the interviewers that made them feel good, participants focused on listening skills. Leon, a black man in his 30s, said unprompted during an interview:

> I'm gonna tell you this. I think that you are one of the best listeners I've talked to in a while, you know, really. … I really enjoy talking with you 'cause I know that you meet a lot of people, and you talk to a lot of people, and I'm sure, darn sure, that you give them the attention that—most of them—that you and I have had as well. … It's a huge skill to be able to listen closely, not even listen, but so close that you can even feel the anxiety, the person's heart beating almost inside of them. … It's been great talking with you.

Leon is also flagging empathy here, a form of emotional labor that has been described as essential to successful qualitative interviewing (Carroll, 2012; Dickson-Swift et al., 2009; Hoffmann, 2007; Mazzetti, 2013).

Even the study's more superficial touches seemed to have had a therapeutic effect on participants when they felt someone cared about them. Specifically, in our effort to retain people in our study, as noted above, we sent birthday and holiday cards. As part of our process for doing so, we hand-wrote a message on each card, as well as hand-addressed each envelope. We mobilized this personal touch to communicate that real live people were working on our project and keeping in touch with each participant. This too was a form of emotional labor, and many of the participants felt the care that we intended to impart. Tina, a white woman in her late 40s, told us:

> I loved getting that birthday card and a Christmas card. I did, no, I really did. I always felt that was just so nice, and everyone seemed to be so genuine. And, you know, I'd open up the card, and it'd say, "Oh, you know, blah, blah, blah,"

> and I'd say, "Oh my god, that's really nice!" I said, "And, you know, they really mean it."

Some participants, like Elias, even told us they had kept the cards because it was so meaningful to receive them. Even more remarkable was that some participants wanted to be interviewed on their birthdays so they would have the opportunity to speak to the interviewer and make the day more meaningful. Rob, a Native Hawaiian man in his 40s who was single and living alone, said that by doing the interview on his birthday, he was sure to speak to someone who cared about him that day. In this sense, the timing of the interview, which was always flexible to accommodate the participant's schedule, was another expression of the care the research team took of participants and provided an intangible benefit to participants.

Crucially, the experience of the participants also hinged on their own performance of emotional labor. The men in our study seemed to be more aware of the departure in gendered interactional style they had to adopt for the interviews. For example, Nikos, a white man in his 30s, described himself as "an extreme introvert." As someone who was "not a talker," Nikos described his astonishment at how much he said in each interview, reflecting on the process of "opening up" particularly without the use of alcohol. Likewise, Jervis, a black man in his 30s, confessed:

> Talking to somebody that you-, you know, yeah, you know? It's such a weird thing, talking about your personal life, and you never know where that information is gonna go and how it's gonna, you know, impact you, you know, sometime in the future and all that. It's-, whatever. It's a little bit scary.

Reminiscent of Jason above, Jervis is referring to concerns about confidentiality that essentially had to be managed to complete the interviews. Not only did this require the interviewer to engage in emotional labor, as we described above, but part of the therapeutic experience for some participants was to process their own emotions about sharing private information with strangers.[9]

Parting Ways

Longitudinal studies come to an end, and researchers must plan for that ending in their interactions with each participant. With emotional investments in the study and each other on the part of both researchers and participants, concluding the final interview can be a fraught moment. We specifically planned for this ending by including questions about the study itself (e.g., the effect of the study on their thinking about clinical trials), as well as determining in advance how to manage potential requests for continued contact with the study team. Regarding continued contact, we planned specific types of responses to questions, not just to have a standardized approach across participants, but also to give interviewers language they could use to gently reject requests for continued contact. Despite attachment to many of our participants, the project team agreed that a "clean break" approach to ending the study was necessary primarily for logistical reasons. Materially, the end of the study signaled an end to financial resources supporting the study team, with concomitant effects on physical space and telephone lines. As a result, it was impractical to suggest that participants could stay in touch with us should they wish it, and we explicitly referred to the final interview as the "last time

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[9] As is probably self-evident, writing this paper was also an important way for us to process the emotional demands of these research relationships and obtain a form of closure that we could not have had otherwise.

we would speak" with participants when interacting with them. Nonetheless, these decisions did not necessarily translate into easy goodbyes.

Emotional labor was critical to the process of ending the researcher-participant relationship, and both parties were engaged in this work. The interviewers usually emphasized how thankful we were that the participants stuck with us for three years and were willing to share so much with us, particularly because their involvement was of so much value to our study. The final remark was typically to wish them "the best for the future, whether or not it involves clinical trials!" During this wrap-up portion of the interview, participants usually mirrored back these sentiments, thanking the interviewer or the whole research team for their time and interest over the years and wishing us luck with the rest of our study. As one brief example, Natasha, a white woman in her 30s, shared, "I think what you guys are doing is good. … I actually had a pleasure talking to you guys. You know, it's kinda, really interesting." In cases like these, the goodbye was straightforward and easy because both parties channeled friendliness and gratitude to end the interaction.

However, many participants also expressed considerable regret about the end of the study. The introduction of this emotion into the goodbye had varied consequences for the interviewer. Most of the time, the interviewer could mirror the sentiment and move on. Justin, a white man in his 50s, illustrated this dynamic. He said, "Well, I just don't want this to come to an end. [*laughs*] You know, you said three years, and then three years went like nothing." Sentiments like this were very low pressure, and the interviewer could agree about how quickly time had passed and what a shame the study was not longer. The emotional engagement stayed on the surface for both the participant and interviewer.

Occasionally, when acknowledging the end of the study, participants would try to leave the door open for future interaction. One mechanism for doing so was expressing their future availability to the research team. For example, Wyatt, a white man in his 30s, indicated:

> I respect what you guys are doing, and it's cool, you know. And yeah, it's been three years. It's been a trip. So yeah, you guys can call me whenever you want. You know, you can check in on me if you want.

Recognizing the sincerity of an offer like this—or even desire—to stay in touch, the interviewers usually thanked the participants again for their study involvement but re-emphasized in an amiable way that it would be the last contact. Our concern with leaving the door open was that the participant might falsely expect that the interviewer would or should check on them.

Some participants even took a further step to indicate not only their openness to future contact but also to suggest that they would continue to be in touch with us. One manifestation of this sentiment was tepid, as was the case with Lucas, a black Latino man in his 40s. He said:

> You guys are wonderful people. … I wish that, you know, that you guys can maybe-, like sometimes I can contact you guys, you know, in the future and say hello, you know. It's been a wonderful experience talking to you guys.

Other participants were more forceful about why they should stay in touch with us after the study ended. For example, Jesse, a Latino man in his 30s, tested the boundaries of future contact when he asked, "Okay, I have a question. For example-, so after this [interview], it's the end [of the study], right? There's no more interview calls, right?" To which, the interviewer replied, "That's right. This is the last one." Jesse immediately countered, "What if I get into a [clinical] study? Like, 'Hey, guess what? I just screened. I'm gonna get into this study.' Do you want to know about it?" Referencing the fact that he had been reporting his clinical trial participation

to us for three years was a clever way to push the interviewer. She nevertheless replied, "I mean, of course, in a way I would like to know, but this really is the end. We can't keep following up with people, unfortunately." In this way, the interviewer performed the emotional labor of demonstrating care for Jesse's future activities while also being clear that there would be no additional contact, with her emphasis on what the team could not do as opposed to what Jesse should not do.

These attempts to continue the relationship despite the end of the study are critical moments to perceive the need for emotional labor. The participant uses emotional labor that might manipulate the researcher into feelings that would allow future contact. Indeed, checking in on participants and knowing how their lives were going was an appealing thought when we sincerely enjoyed getting to know many of them over the years and felt invested in their futures. At the same time, needing to reiterate the end of the relationship created a new emotional burden on the interviewer who had to essentially communicate that despite the appearance of an authentic relationship between them, the research team's interest in the participants had primarily been research based. This was unnerving, particularly when seeing the participants as mere "subjects" and not as "friends" conflicted with the interviewers' values about having genuinely cared for participants as individuals. For example, Calvin, a black man in his 30s, announced:

> I would think that after three years, that it would only be the right thing to do to stay in contact with you. How could I not? Just to-. I think-. Honestly, like just to let you know what the next chapter of my life is. I already have thought that from giddy-up. Like our first introduction, I was like, 'In the end, I'm gonna tell her what happened,' you know.

In this case, the interviewer could not bring herself to explicitly tell Calvin that he could not be in touch. This was a much more satisfying way to leave things, and it seemed worth the gamble that he would not actually continue to be in touch (he has not).

In contrast, at the end of the final interview with Oscar, one of the participants who felt the study had been therapeutic for him, the interviewer was much clearer that contact could not continue. When thanking him one final time before hanging up, Oscar declared, "Goodbye forever!" and ended the call. While Oscar was prone to being dramatic, this move on his part was disquieting for the interviewer. She wondered if he was daring her to call back to end on a different note or whether he was truly just articulating the finality of that call in his own mock aggressive, yet playful way. Regardless, Oscar dictated the emotional tone and created emotional ambiguity with this move, and in its deviation from the expected script, it conjured real feelings of guilt on the part of the interviewer. Oscar forced her to acknowledge that they were not, in fact, friends despite the friendliness of their interactions. She, of course, knew this all along, but the ending did not allow her to maintain the illusion that their rapport exceeded the practical goals of the study.

Concluding Thoughts

There should be no doubt that qualitative research, especially in longitudinal studies, requires emotional labor on the part of the study team. The emotional aspects of qualitative research have received considerable attention, particularly in terms of the negative toll that this work can exact on researchers' personal and professional lives (Campbell, 2002; Smith, 2021; Woodby et al., 2011). Like other researchers, we have experienced degrees of emotional strain from hearing about informants' traumas, relating their own experiences to our own, and feeling powerless to help them navigate difficult circumstances. However, we focused here on the

demands of mutual emotional labor in qualitative research. Rather than seeing only the emotional labor we had to perform as researchers, we wanted to emphasize instead the dialectic relationship with participants.

Research participants contribute to rapport in qualitative interviews not simply by being open and demonstrating a willingness to share their thoughts and experiences, but also by managing the researcher's reactions to what they share. Researchers are likely to equate honesty with rapport, assuming that if they achieve what *feels* like rapport, the participant is being open in their responses to questions. While this might often be the case, researchers should be reflexive about their trust in or doubt about participants' narratives based on the emotional labor those participants perform. Some participants, particularly minoritized men, might be less accustomed to doing the emotion work that contributes to white women's expectations about "good" rapport, particularly if participants' self-presentation differs from the interviewers' (potentially problematic) assumptions about their racialized position. To doubt participants' stories and to expect complete truthfulness is potentially an unfair burden to place on such participants. Even if they are not disclosing all the information that they otherwise could, there is no reason to assume that they are less truthful than those participants with whom we have the most rapport. The latter participants could be similarly selective about disclosing details, but they may be more skilled at managing expectations and minimizing any doubt that a researcher might have. To recognize that both parties are contributing to rapport and engaging in emotional labor can sensitize researchers to their own gendered and racialized assumptions and biases, particularly as they relate to participants' ability and willingness to manage the emotions of an interviewer from a different race and class background.

We also analyzed the so-called therapeutic nature of interviewing through the lens of emotional labor. As the literature has suggested, interviewees can feel as though they benefit from talking about research topics that impact their lives and allowing them to have insights into their own motivations and situations that they might not otherwise have had (Birch & Miller, 2000; Mazzetti, 2013; Wolgemuth et al., 2015). However, any therapeutic effect of an interview is also constituted through the emotional labor of both the researcher and participant. Rapport is likely a required element before participants can find therapeutic value in an interview. Yet, for interviews to serve this purpose, the participant may have to derail the interview process to talk about topics that are outside the scope of the study. In turn, the researcher must skillfully manage these digressions, choosing which ones to allow and which ones to cut short. Moreover, as participants have "breakthroughs" about their lives, the emotional labor required of researchers could increase as they must negotiate more difficult revelations from participants than researchers had expected or are prepared to do. Understanding the therapeutic aspect of interviewing as being inextricably connected to emotional labor can help researchers recognize that such a "benefit" of participation, if we should see it in such terms, is not a part of the design of the study or an interview guide. Instead, it is the result of efforts made by both the researcher and participant to find meaning and connection in the stories the participant tells.

The final aspect of mutual emotional labor we discussed involved the end of the researcher-participant relationship. In a longitudinal study when researchers and participants have repeated interaction over time, they develop expectations about how they interrelate. Saying goodbye after multiple research interactions can be difficult for either or both parties. Managing that process, again, requires emotional labor of both the interviewer and participant. Having a plan can help researchers structure the end of the relationship, but they also need to be attentive to the emotional needs of participants, particularly those for whom saying goodbye might be upsetting. At the same time, researchers also need to be prepared for the emotional manipulation that some participants might attempt. Ultimately, regardless of the sincerity of researchers, their relationships with participants are often premised on an instrumental goal,

which is something that can foster distressing feelings of guilt on the part of researchers (Mazzetti, 2013). Remembering that that is the case can help researchers be better prepared for the feelings that might arise if/when they have chosen to fully end their relationships with participants. It is also wise to remember that the meaningfulness of the relationship is likely to never be more intense than during that final interaction, so despite what participants say and researchers feel in those moments, there is less at stake in cutting ties than it might seem. Nonetheless, recognizing how researchers' emotional labor can end these relationships on a positive note provides an important lesson about the kind of closure that both researchers and participants might need from a long-term study.

Although emotional labor as a form of work can be framed as an inauthentic approach to dealing with others, we see it as a necessary practice to achieve an ethic of care. Establishing rapport with participants, helping them gain a therapeutic benefit that is for them alone, and respecting a long-term relationship at the conclusion of a study may benefit the research and/or the research team, but these approaches to research are also mechanisms to demonstrate human connection and care that are meaningful to researchers and participants. Recognition of mutual emotional labor also highlights the extent to which participants are also working with (and sometimes against) the researcher. Participants engage in emotional labor because they too want to ensure the research has value or because they respect and appreciate interviewers' interest. In these ways, participants' emotional labor is critical to the research process.

References

Abadie, R. (2010). *The professional guinea pig: Big pharma and the risky world of human subjects*. Duke University Press.

Arendell, T. (1997). Reflections on the researcher-researched relationship: A woman interviewing men. *Qualitative Sociology*, *20*(3), 341–368.

Ashforth, B. E., & Humphrey, R. H. (1993). Emotional labor in service roles: The influence of identity. *Academy of Management Review*, *18*(1), 88-115.

Birch, M., & Miller, T. (2000). Inviting intimacy: The interview as therapeutic opportunity. *International Journal of Social Research Methodology*, *3*(3), 189-202.

Blakely, K. (2007). Reflections on the role of emotion in feminist research. *International Journal of Qualitative Methods*, *6*(2), 59-68.

Bonilla-Silva, E. (1997). Rethinking racism: Toward a structural interpretation. *American Sociological Review*, *62*(3), 465-480.

Bonilla-Silva, E. (2019). Feeling race: Theorizing the racial economy of emotions. *American Sociological Review*, *84*(1), 1-25.

Brannan, M. J., Parsons, E., & Priola, V. (Eds.). (2011). *Branded lives: The production and consumption of meaning at work*. Edward Elgar Publishing.

Brotheridge, C. M., & Grandey, A. A. (2002). Emotional labor and burnout: Comparing two perspectives of "people work". *Journal of Vocational Behavior*, *60*(1), 17-39.

Calman, L., Brunton, L., & Molassiotis, A. (2013). Developing longitudinal qualitative designs: Lessons learned and recommendations for health services research. *BMC Medical Research Methodology*, *13*(1), 1-10.

Cameron, D. (2000). Styling the worker: Gender and the commodification of language in the globalized service economy. *Journal of Sociolinguistics*, *4*(3), 323-347.

Campbell, R. (2002). *Emotionally involved: The impact of researching rape*. Routledge.

Campbell, R., & Wasco, S. M. (2000). Feminist approaches to social science: Epistemological and methodological tenets. *American Journal of Community Psychology*, *28*(6), 773-791.

Carroll, K. (2012). Infertile? The emotional labour of sensitive and feminist research

methodologies. *Qualitative Research*, *13*(5), 546-561.

Cassell, C. (2005). Creating the interviewer: Identity work in the management research process. *Qualitative Research*, *5*(2), 167-179.

Clark, A. M., & Sousa, B. J. (2018). The mental health of people doing qualitative research. *International Journal of Qualitative Methods*, *17*(1), 1-3.

Cottingham, M. D. (2015). Learning to "deal" and "de-escalate": How men in nursing manage self and patient emotions. *Sociological Inquiry*, *85*(1), 75-99.

Cowles, K. V. (1988). Issues in qualitative research on sensitive topics. *Western Journal of Nursing Research*, *10*(2), 163-179.

Crang, M. (2002). Qualitative methods: The new orthodoxy? *Progress in Human Geography*, *26*(5), 647-655.

Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2009). Researching sensitive topics: Qualitative research as emotion work. *Qualitative Research*, *9*(1), 61-79.

Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2016). Doing sensitive research: What challenges do qualitative researchers face? *Qualitative Research*, *7*(3), 327-353.

Dresser, R. (2013). Subversive subjects: Rule-breaking and deception in clinical trials. *Journal of Law, Medicine and Ethics*, *41*(4), 829-840.

Edelblute, H. B., & Fisher, J. A. (2015). Using "clinical trial diaries" to track patterns of participation for serial healthy volunteers in U.S. Phase I studies. *Journal of Empirical Research on Human Research Ethics*, *10*(1), 65-75.

Elliott, C. (2008, January). Guinea-pigging. *The New Yorker*, *7*, 36-41.

Fisher, J. A. (2020). *Adverse events: Race, inequality, and the testing of new pharmaceuticals*. New York University Press.

Fisher, J. A., & Kalbaugh, C. A. (2011). Challenging assumptions about minority participation in U.S. clinical research. *American Journal of Public Health*, *101*(12), 2217-2222.

Fisher, J. A., McManus, L., Cottingham, M. D., Kalbaugh, J. M., Wood, M. M., Monahan, T., & Walker, R. L. (2018). Healthy volunteers' perceptions of risk in US phase I clinical trials: A mixed-methods study. *PLOS Medicine*, *15*(11), e1002698.

Fisher, J. A., McManus, L., Kalbaugh, J. M., & Walker, R. L. (2021). Phase I trial compensation: How much do healthy volunteers actually earn from clinical trial enrollment? *Clinical Trials*, *18*(4), 477-487.

Fleming, P. (2009). *Authenticity and the cultural politics of work: New forms of informal control*. Oxford University Press.

Gilbert, K. R. (Ed.). (2000). *The emotional nature of qualitative research*. CRC Press.

Grandey, A. A. (2003). When "the show must go on": Surface acting and deep acting as determinants of emotional exhaustion and peer-rated service delivery. *Academy of Management Journal*, *46*(1), 86-96.

Granek, L. (2013). Putting ourselves on the line: The epistemology of the hyphen, intersubjectivity and social responsibility in qualitative research. *International Journal of Qualitative Studies in Education*, *26*(2), 178-197.

Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.

Hoffmann, E. A. (2007). Open-ended interviews, power, and emotional labor. *Journal of Contemporary Ethnography*, *36*(3), 318-346.

Hutchinson, S. A., Wilson, M. E., & Wilson, H. S. (1994). Benefits of participating in research interviews. *Journal of Nursing Scholarship*, *2*, 161-164.

Kalbaugh, C. A., Kalbaugh, J. M., McManus, L., & Fisher, J. A. (2021). Healthy volunteers in US phase I clinical trials: Sociodemographic characteristics and participation over time. *PLOS ONE*, *16*(9), e0256994.

Lillrank, A. (2012). Managing the interviewer self. In J. F. Gubrium, J. A. Holstein, A. Marvasti, & K. D. McKinney (Eds.), *The SAGE handbook of interview research: The complexity of the craft* (pp. 281-294). SAGE.

Mazzetti, A. (2013). Occupational stress research: Considering the emotional impact for the qualitative researcher. In P. L. Perrewe, C. C. Rosen, & J. R. B. Halbesleben (Eds.), *The role of emotion and emotion regulation in job stress and well being* (Vol. 11, pp. 287-313). Emerald.

Mir, R. (2018). Embracing qualitative research: An act of strategic essentialism. *Qualitative Research in Organizations and Management: An International Journal*, *13*(4), 306-314.

Mokos, J. T. (2017). Stigmatized places as therapeutic landscapes: The beneficial dimensions of river-bottom homeless encampments. *Medicine Anthropology Theory*, *4*(1), 123-150.

Monahan, T., & Fisher, J. A. (2020). Sacrificial labour: Social inequality, identity work, and the damaging pursuit of elusive futures. *Work, Employment and Society*, *34*(3), 441-456.

Morris, J. A., & Feldman, D. C. (1996). The dimensions, antecedents, and consequences of emotional labor. *Academy of Management Review*, *21*(4), 986-1010.

Mumby, D. K. (2016). Organizing beyond organization: Branding, discourse, and communicative capitalism. *Organization*, *23*(6), 884-907.

Mumby, D. K., & Putnam, L. L. (1992). The politics of emotion: A feminist reading of bounded rationality. *The Academy of Management Review*, *17*(3), 465-486.

Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). SAGE Publications.

Pugliesi, K. (1999). The consequences of emotional labor: Effects on work stress, job satisfaction, and well-being. *Motivation and Emotion*, *23*(2), 125-154.

Rafaeli, A., & Sutton, R. I. (1991). Emotional contrast strategies as means of social influence: Lessons from criminal interrogators and bill collectors. *Academy of Management Journal*, *34*(4), 749-775.

Rogers-Shaw, C., Choi, J., & Carr-Chellman, D. (2021). Understanding and managing the emotional labor of qualitative research. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, 22*(3). https://doi.org/10.17169/fqs-22.3.3652

Rossetto, K. R. (2014). Qualitative research interviews: Assessing the therapeutic value and challenges. *Journal of Social and Personal Relationships*, *31*(4), 482–489.

Small, M. L. (2019). *Someone to talk to*. Oxford University Press.

Smith III, A. C., & Kleinman, S. (1989). Managing emotions in medical school: Students' contacts with the living and the dead. *Social Psychology Quarterly*, *52*, 56-69.

Smith, R. (2021). The emotional impact of research: A reflexive account of a counsellor-turned-Ph.D. researcher's experience of vicarious trauma. *European Journal for Qualitative Research in Psychotherapy*, *11*, 22-32.

Stenross, B., & Kleinman, S. (1989). The highs and lows of emotional labor: Detectives' encounters with criminals and victims. *Journal of Contemporary Ethnography*, *17*(4), 435-452.

Sutton, R. I. (1991). Maintaining norms about expressed emotions: The case of bill collectors. *Administrative Science Quarterly*, *36*, 245-268.

Svallfors, S. (2020). *The inner world of research: On academic labor*. Anthem Press.

Tracy, S. J. (2000). Becoming a character for commerce: Emotion labor, self-subordination, and discursive construction of identity in a total institution. *Management Communication Quarterly*, *14*(1), 90-128.

Tracy, S. J., & Tracy, K. (1998). Emotion labor at 911: A case study and theoretical critique.

Journal of Applied Communication Research, *26*, 390-411.

Wharton, A. S. (1999). The psychosocial consequences of emotional labor. *The Annals of the American Academy of Political and Social Science*, *561*(1), 158-176.

Wingfield, A. H. (2021). The (un)managed heart: Racial contours of emotion work in gendered occupations. *Annual Review of Sociology*, *47*(1), 197-212.

Wolgemuth, J. R., Erdil-Moody, Z., Opsal, T., Cross, J. E., Kaanta, T., Dickmann, E. M., & Colomer, S. (2015). Participants' experiences of the qualitative interview: Considering the importance of research paradigms. *Qualitative Research*, *15*(3), 351-372.

Woodby, L. L., Williams, B. R., Wittich, A. R., & Burgio, K. L. (2011). Expanding the notion of researcher distress: The cumulative effects of coding. *Qualitative Health Research*, *21*(6), 830-838.

Wray, N., Markovic, M., & Manderson, L. (2007). "Researcher saturation": The impact of data triangulation and intensive-research practices on the researcher and qualitative research process. *Qualitative Health Research*, *17*(10), 1392-1402.

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