

Title page

Title: Researcher linguistic vulnerability: a note on methodological implications

Short title: Researcher linguistic vulnerability

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Abstract

We reflect upon the experiences of a researcher conducting a pilot exercise project with marginalized research participants within the substance use disorder treatment field, in a language that was non-native to her. While the project collected and analyzed quantitative data, the researcher was motivated by qualitative inquiry's commitment to reducing participant-researcher distance and power differences. Despite multiple sources of power imbalances favoring the researcher, the ability of participants to speak their native language to a nonnative researcher, and the researcher's active recognition of her linguistic vulnerability, appeared to afford them an unexpected source of power within the context of the project. We discuss the researcher's observations of these power dynamics and their implications for cross-cultural research and when working with marginalized research participants.

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Researchers must be aware of the discourses that reemphasize the unequal balance of power existing in the researcher-participant relationship (Gubrium and Koro-Ljungberg 2005). Researchers working with marginalized or vulnerable participants, such as persons in substance use disorder treatment, wade into the intersectionality of the researcher-participant and clinician-patient relationships, being uniquely privileged by both their non-participant and non-patient statuses.

We reflect upon the experiences of a researcher conducting a pilot project within the substance use disorder research field in a language that was nonnative to her. Her field notes recorded multiple sources of power imbalances favoring her, yet it appears that participants gained from speaking their native language to her. We suggest that language differences in the research interaction, commonly seen by both quantitative and qualitative researchers as detrimental and as weaknesses to be minimized in cross-cultural research, may in fact be used to empower marginalized participants. We suggest furthermore that a precursor to potential empowerment is a researcher's active decision to expose her linguistic vulnerability.

The pilot study, reported elsewhere in detail (Muller and Clausen 2015), involved an American researcher who spoke Norwegian at a conversational level and served as project leader and group exercise coach. Thirty-five adults residing in residential substance use disorder treatment facilities in Norway enrolled, and the researcher provided three coached, group training sessions per week, for a period of ten weeks. She wrote field notes concerning interactions and impressions during this period. Average group participation by each participant was once a week. Aside from in-person group training sessions, the researcher also contacted participants at least twice a week via text messages to encourage them to attend the next session(s) and comment on small achievements from prior sessions. As part of the

attrition prevention strategy, the researcher attempted to maintain consistently positive, encouraging, and personal contact with each participant. The outcome of interest was quality of life, measured quantitatively with the World Health Organization's 26-item generic instrument, the WHOQOL-BREF (The WHOQOL Group 1998). The researcher collected and analyzed quantitative data in large part because she did not trust her ability to collect and analyze qualitative data in her nonnative language. However, quality of life is the most common patient-reported outcome in the medical field and aligns well with qualitative research's interest in listening for and to the voices of the marginalized. The researcher was motivated by qualitative inquiry's commitment to reducing participant-researcher distance and power differences (Karneili-Miller, Strier et al. 2009).

Qualitative research scholars have described the inherent power differentials that may exist between researcher and subject, at all stages of the research process (Gubrium and Koro-Ljungberg 2005) and those specifically taking place within clinical and social work settings (Karneili-Miller, Strier et al. 2009). Many such differentials were visible in this project: for example, the researcher was a "coach" with the responsibility of imparting new physical skills and new knowledge of physical training. Participants were therefore knowledge-seekers, and in this sense, the researcher was assumed to be more highly trained compared to participants. The participants' status as "patients" and the researcher's corresponding status as "non-patient" also made clear that she did not have the same medical issues as they. Aside from the structural inequalities that the project entailed, participants commented on additional power differentials that the researcher had not anticipated. The project was undertaken as part of the researcher's tertiary education, a level uncommonly attained by the average person with a substance use disorder (Galea, Nandi et al. 2004). Simply being a student was also a social privilege, as being engaged in either the labor market or school/training system is strongly emphasized in Norwegian society, and the majority of participants were both unemployed and

not seeking a higher education. Combined with education level, the researcher's younger age compared to the majority of participants was noted by several participants as evidence of relative achievement or success. Perhaps the most salient expression of the perceived differences between participant and researcher was when one participant remarked, "It would be nice if you were more like us – you know; old, fat, out of shape".

Qualitative researchers have recommended a number of tools that researchers may employ in order to empower research participants. Feminist researchers write of the specific goal of reducing the oppression of various participant groups (Harding 1987, Maguire 1987). These researchers suggest in particular the strategy of being on the same "critical plane" (p8) as the participant (Harding 1987). In our case in the substance use disorder research field, we utilized the following strategies with Harding's suggestion in mind: although the researcher could not self-disclose as having struggled with substance use herself, she attempted to minimize status differences by wearing the same sorts of exercise clothes as participants during training sessions. She utilized the collaborative research term "participant" instead of "informant" or "subject" (Karnieli-Miller, Strier et al. 2009) and avoided labels such as "abuser" and "addict" (and even "out of shape") that perpetuate blame and infer causality concerning the marginalized status of the research participant (Massat and Lundy 1997). Participants who failed to attend a session were referred to as "non-exercisers" rather than "drop-outs". Potential participants contributed to the project design during the recruitment phase in an attempt to actively involve participants in the research process (Salmon 2007). Finally, she conducted the research – both the intervention and outcome measurement – in the participants' native language (Twinn 1997).

This last strategy forms the springboard for this article. Language has been a significant part of assigning power and positionality in the 'insider-outsider' debate long discussed within qualitative research (Carling et al. 2014; Irvine et al. 2008, Mullings 1999),

but most discussion and suggestions around different languages have occurred within the field of second-language research, where it is the participant who is a nonnative speaker of the working language used. In an attempt to minimize participant disempowerment during the interview process, bilingual interviewers, interpreters, and other assistants are introduced de rigueur into the research interaction in order to enable participants to provide information in their native language and researchers to analyze in their own (Hennick 2008). In this study, however, the researcher was operating in her nonnative language, which while less than desirable for the researcher, was a fact neither ignored nor hidden. When the researcher traveled to treatment facilities to recruit participants for the exercise project, her first contact with potential participants, the researcher said that she unfortunately spoke imperfect Norwegian and requested that participants correct her or otherwise make it clear when she was not understandable. Her speech would have exposed this fact without explanation, but the accompanying request accomplished several things. First, it made it clear that the researcher wanted participants to be able to understand her, therefore showing concern for their active participation in the research interaction, despite the fact that the only data collected were participant exercise session attendance rates and answers to questionnaires (rather than written or verbal data to be qualitatively analyzed). Second, the admittance was also a public recognition that the researcher had what she considered to be a very visible vulnerability; perhaps even more visible than track marks and other evidence of heavy substance use that can be physically masked with clothing. The act privileged participants as *not* having this vulnerability, recognizing that they exhibited a normal, socially expected mastery of language. Finally, this request explicitly invited participants to identify and critique her linguistic mistakes.

The fact that the researcher spoke the participants' native language imperfectly did not change her health, fitness, or her structural-hierarchical relationship to her subjects. But the

researcher experienced instances where participants exercised a linguistic superiority and advantage. Several made jokes that they intentionally did not explain, while others used idioms and immediately explained their meanings; in these cases it was clear that the researcher was expected not to understand, and participants could choose to keep her in the dark or to adopt a teacher/translator role. In addition, the Norwegian language's many regional dialects are so different that most participants could choose to speak their dialects and become unintelligible to the researcher but remain understandable to the other participants engaged in the group training sessions. The language imbalance also provided near-continuous topics of conversation during the research interaction, such as mini language lessons and corrections, idiom explanations, and anecdotes and jokes about dialects. These were alternatives to more obvious topics, such as participants' physical fitness levels, exercise needs, and patient experiences and statuses, all of which would have highlighted the differences between them and the researcher. "Topic control" is a strategy to claim power and is used simultaneously in the medical discourse between clinicians and patients (Ainsworth-Vaughn 1995). During the training sessions, the linguistic superiority of participants meant that they could easily take control of the topics at hand, and the researcher actively afforded this to them.

The impact of language differences could not be avoided in this project any more than power differences can be avoided. But in recognizing and addressing this differential a space for participant empowerment was created. The researcher began the study with a focus on how to minimize the negative impact of an unwanted language difference. But as the study progressed, she became aware of the positive impact of intentionally recognizing this difference and framing it as a vulnerability on her part, thus allowing participants to engage in power-claiming. The simplicity of the project evaluation precludes any conclusion that the empowerment the researcher witnessed increased project participation; neither can we speak

to any impact on the measured outcome of quality of life. But if participant empowerment is a goal in and of itself, then this project provides an example of ways in which power asymmetries resulting from researcher vulnerabilities may help to correct the inherent imbalanced research relationship.

In one of the few publications discussing a researcher operating in her second language, Winchatz (2006) suggested that a researcher's comparative linguistic weakness in ethnographic interviews can actually help her to be more sure of participant meanings by being forced to probe for "richer linguistic descriptions" (p89). Experience from this pilot study suggests that even in the context of quantitative data collection, researcher linguistic vulnerability may be of benefit for marginalized participants. This is not to say that nonnative language-speaking researchers are *de facto* well- or better-equipped, but that a lack of fluency on the part of the researcher need not be a hindrance to empowering research – a promising proposition for those interested in cross-cultural research, and a buttress to the cultural mobility of researchers. For research participants, contact with nonnative-speaking researchers who identify their language levels as vulnerabilities and as indicative of a certain level of outsidership can provide a much-needed source of power, particularly for those who enter a research project burdened by additional power imbalances of being patients, physically ill, mentally ill, and socially marginalized. In a mobile and globalized research world, inviting researchers who have not fluently mastered the language of their participants could increase cultural diversity in research and contribute towards the empowerment of marginalized participants.

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