

"I Feel Like I'm Swallowing Stones": Qualitative Research in the Field of Addiction as Emotionally Challenging Work

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Abstract: Conducting qualitative research in the field of addiction is a demanding process that requires researchers to engage in emotional labor. In this article, we discuss this issue by presenting the findings of an exploratory qualitative study we carried out in Greece with addiction researchers. As revealed by the analysis of the data from focus groups we held with those who took part in our study, emotion management was identified at all stages of an investigative project: During the attempt to gain access to the field, the fieldwork, the data analysis and in the dissemination of the results. Emotional labor is required, in particular, to manage researcher–interviewee boundaries, the risk of retraumatizing the narrator through the recall of traumatic memories, and the disclosure of information that the investigator is not prepared to hear. The latter's fear of misinterpreting the interviewees' meaning during data analysis can also generate intense emotional charge. Participants in our study reported techniques that mitigated the above-mentioned challenges. By highlighting these issues, we aim to promote emotional awareness as an integral component of wider researcher reflexivity.

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1. Introduction

In recent decades, there has been increased interest in the role of emotions in conducting qualitative studies (CAMPBELL, 2002; RAGER, 2005). Many scholars performing qualitative research have acknowledged the significance of emotions throughout the investigative process, departing from the positivist view that they should adopt a detached role and act as impartial listeners in the area under study. Instead, it is now accepted that, with their embodied presence in the field, researchers participate in the procedure with all their subjectivity (sensory, cognitive, and emotional) and use themselves as a research instrument (DICKSON-SWIFT, JAMES, KIPPEN, & LIAMPUTTONG, 2009). This approach is contrary to the viewpoint that considered emotions as the opposite of rational thinking and sought to eliminate them from the investigative process as obstacles

or factors that could disorient the researchers and distort their sound judgment (GILBERT, 2000). As argued by BERGMAN BLIX and WETTERGREN (2015, p.689), "[e]motions are neither opposed to, nor complementary, to rational behaviour, but integral to it. Thoughts, actions, and interactions are intrinsically emotional and emotions are our inherently rational guides to the world." [1]

Accepting their participation in the field as an embodied presence that produces emotions during their interaction with the participants, qualitative researchers believe that these emotions should serve as guideposts for them to orient themselves in the field and understand the data in depth. This view was consolidated with the emergence of the sociology of emotions (BERICAT, 2016; ELLIS, 1991; HOLLAND, 2007; NECKEL & PRITZ, 2019). Researchers in this field highlighted their importance in the understanding of the social world and in the production of knowledge. Similarly, feminist epistemology (CARROLL, 2012; GAZSO & BISCHOPING, 2018; JAGGAR, 1989) was also significant. Scholars working in this field emphasized that engaging in qualitative research, particularly on sensitive topics, involves emotional and gender-related challenges (BEYENS, KENNES, SNACKEN & TOURNEL, 2015), as well as emotional costs for both research participants and researchers (SAMPSON, BLOOR & FINCHAM, 2008). The growing interest in autoethnography was also important in this respect (see, among others, ELLIS, ADAMS & BOCHNER, 2010). Because of the aforementioned trends, there is a growing discussion on how important emotions are to the research process.¹ Researchers, more openly now compared to the past, are abandoning the cloak of being "cold" and "objective" (SCHEIRS & NUYTIENS, 2013, p.141) or an "invisible omniscient author" (LIAMPUTTONG, 2007, p.185) and explicitly acknowledging the influence of emotions on the collection, interpretation, and analysis of their data. [2]

In this context, a growing number of scientists underlined the emotions that researchers experience when they enter the field. These feelings are often unpleasant and stem from the sense of being confused, drowning in data, and experiencing unease as a result of hearing accounts of painful events (see also BENOOT & BILSEN, 2016; McCLELLAND, 2017). Consequently, the investigators are required to establish emotional reflexivity (LUMSDEN, 2019). This entails a continuous monitoring of their own emotions in relation to the field, as a component of broader researcher reflexivity (BURKITT, 2012; GILBERT, 2000; RUOKONEN-ENGLER & SIOUTI, 2016). They also need to engage in emotional labor (CAMPBELL, 2002; DICKSON-SWIFT et al., 2009; HOCHSCHILD, 1983; ROGERS-SHAW, CHOI, & CARR-CHELLMAN, 2021) in order to cope with intense emotional charges from both themselves and the research participants when they enter difficult fields of study involving "sensitive topics" such as those related to the experience of substance use and addiction. In this text, we adopt the definition of "emotional labor" proposed by STEINBERG and FIGART (1999, p.13). These authors argued that emotional labor occurs

¹ It should be noted that there has long been a tendency for researchers with backgrounds in qualitative sociological research or cultural anthropology to include in their studies reflective comments about their participation in the field and involvement in the research process. However, these references often remain on the sidelines of the main text and, more specifically, in the (methodological) appendices of the studies (e.g., GOFFMAN, 2014; LIEBOW, 1967).

when a person (employee or researcher) is involved "in face-to-face or voice-to-voice interaction" in which they produce "an emotional state in another person while at the same time managing one's own emotions" (see also CAMPBELL, 2002; DICKSON-SWIFT et al., 2009). [3]

Emotional reflexivity and emotional labor are indeed hard work (MELROSE, 2002) and are required for multiple reasons at the various stages of research. They are required, first of all, when entering the field and establishing a rapport and trusting relationships with the participants. The issues that emerge in the relevant literature concern the feeling of uncertainty and awkwardness that the researchers may experience within a social world that is unfamiliar to them, along with the possibility of not being welcomed into the field. Emotional labor is also required during the "testing" process which the gatekeepers or participants will submit the researchers to and which will determine whether or not they are eventually permitted access to the field (e.g., DICKSON-SWIFT et al., 2009). During fieldwork, emotional management and resilience are also required (FENGE, OAKLEY, TAYLOR & BEER, 2019; SUADIK, 2022). Building trust is a time-consuming, dynamic, and difficult endeavor (BEYENS et al., 2015); therefore, gaining and retaining trust should never be taken for granted. Awkwardness on the part of the researcher in a sensitive matter can undermine trust and make the participants particularly wary. "Awkwardness" in fieldwork is defined as "a relational experience that occurs when certain social expectations are threatened or broken in situations involving the researcher and research participants" (SCHMIDT, VAN DER WEELE, & SEBRECHTS, 2023, p.3). Emotional labor is also required when conducting data analysis and presenting findings. In studies that involve members of disempowered populations, researchers must manage feelings of guilt and shame if they are perceived as exploiting the pain of the participants to advance their own career. [4]

A specific area of study that is particularly intriguing due to the extent of emotional labor required is qualitative research involving individuals struggling with substance use or those who have successfully recovered (AGAR, 2002; HARRIS & RHODES, 2018; MAHER & DERTADIAN, 2018; NEALE, ALLEN, & COOMBES, 2005; RHODES & MOORE, 2001; RHODES, STIMSON, MOORE & BOURGOIS, 2010). The subjects of these qualitative studies are usually the social worlds of people with substance use problems, their experiences, the ways in which they manage their situation, and their action strategies. As NEALE et al. (2005) argued, the undertaking of qualitative studies has contributed to demystifying and understanding better the phenomenon of addiction, identifying new emerging trends in substance misuse, and challenging negative stereotypes about people who use drugs. Qualitative research in the field of addiction is often focused on individuals who are hard or impossible to reach using other methodological strategies (SIMPSON & BLUTHENTHAL, 2020; WIEBEL, 1990). Such groups include, for example, sex workers (e.g., LANKENAU, CLATTS, WELLE, GOLDSAMT & GWADZ, 2005), people who use substances and have delinquent behavior (e.g., SANDERS, LANKENAU & JACKSON-BLOOM, 2010), or incarcerated people who use drugs (e.g., VAN OLPHEN, ELIASON, FREUDENBERG & BARNES, 2009). However, carrying out a qualitative study in

the field of addiction is not an easy task. Emotions are always present during the research procedure and not only when collecting data. They accompany researchers during the transcription, when they listen to the same stories again and again, but also later during the data interpretation. People with substance use problems are a particularly disempowered population and face complex difficulties. Issues such as abuse, neglect, serious health problems, incarceration, social stigmatization and violations of fundamental rights often emerge in their narratives (KASSERI, 2024; TSIOLIS & KASSERI, 2021). For this reason, substance use and addiction are among the "sensitive" topics for research (CORBIN & MORSE, 2003; DECKER, NAUGLE, CARTER-VISSCHER, BELL & SEIFERT, 2011; DICKSON-SWIFT et al. 2009). According to LEE and RENZETTI (1993, p.5), a sensitive topic is "one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data." [5]

Because of the practical and emotional difficulties involved in carrying out research in the field of addiction, a significant amount of work has been conducted by people who hold a dual role: That of researcher and therapist in the field. In these cases, practical issues such as gaining access to the field and building a rapport with participants are more easily resolved, but this dual role gives rise to important challenges (BERGER, 2015; FISHER, 2011; GEDDIS-REGAN, EXLEY & TAYLOR, 2021; HILLER & VEARS, 2016). According to GEDDIS-REGAN et al. (2021, p.215), a researcher who also has the role of therapist "must consider how their dual position informs participant consent, data collection, and analysis." These authors also argued that "reflexivity is essential in research design to effectively respond to ethical questions around role, authenticity, and trust" (ibid.). [6]

Despite the increased use of qualitative approaches in addiction research, knowledge of the emotions that develop during these studies remains limited (BRIGGS, 2013). Interest in the researchers' feelings and emotional interchange with the participants is extremely limited across all stages of the investigation. In this study, we draw upon the findings of previous work conducted in several disciplines that examined the researchers' emotional experiences (for more detail, see DICKSON-SWIFT et al., 2009; GOODRUM & KEYS, 2007; GRANEK, 2017; MALLON & ELLIOT, 2019). We focus on this topic with the aim of strengthening the emotional reflexivity of researchers conducting qualitative studies on addiction. [7]

In the sections that follow, we outline our methodological design (Section 2) and offer the main findings of our study and the discussion (Section 3). We specifically go over the emotional labor that researchers undertake when negotiating their role in the study area (Section 3.1), when conducting field research (Section 3.2), and when analyzing data and disseminating the results (Section 3.3). We conclude the paper with an overview of the main points raised as well as suggestions for how our findings may encourage emotional reflexivity within the qualitative research culture (Section 4). [8]

2. Methods

We have based this article on an ongoing exploratory project in which we examine the emotional labor involved in conducting research with people who have substance use problems or with recovered individuals. The objective of this examination is to explore, through the perspective of researchers who have carried out qualitative studies on addiction, the ways in which they became emotionally involved in the research field and the emotional challenges they faced while communicating with participants. [9]

To collect the data, we chose the focus group method (MORGAN, 1997). In accordance with this method, the participating addiction researchers were encouraged to interact with each other rather than responding to the moderator in turn. Throughout the process, we invited the participants to extensively discuss their emotions at different stages of their research (before entering the field, through the data collection period, during analysis, and when disseminating study findings), as well as the thoughts and ethical dilemmas they encountered while conducting their study. Each focus group discussion lasted about two hours. A positive atmosphere emerged during the conversations, and there was no discernible imbalance in the participants' allotment of speaking time. Those contributing recognized commonalities in their experiences. This resulted in the communication produced among them being of a mostly complementary character; that is, each speaker mainly elaborated on or deepened what the others had said. The participants described their experience in the focus group as interesting and constructive. They identified a reflective function in this procedure since it allowed them to recall their emotional state while conducting their research, as well as the challenges and obstacles they encountered; and they were given the opportunity to reflect on them and speak with others who had had similar experiences. [10]

To select participants, we utilized the strategy of purposive sampling and, in particular, criterion sampling (PATTON, 2001). Contributors in the current study were required to fulfill the following criteria: 1. To have undertaken qualitative studies in Greece on the field of substance use and addiction within the last decade, using interviews as the major data collection method; 2. To have addressed, for the purposes of their research, people who use drugs, people in recovery, or people who have recovered from addiction. For the purposes of the study, the first author (Z.K.) conducted two focus groups online in May and December 2023. The first focus group included four female researchers, while the second one consisted of six individuals—five women and one man. We recruited all ten participants via our academic network. Participants focused their study on vulnerable individuals who had experienced substance use, including those who had been incarcerated or subsequently released (three out of ten researchers); individuals with a long-term addiction to heroin who received opioid agonist therapy (OAT); homeless individuals who used drugs; sex workers; and at-risk youths with substance use issues. Most researchers included in the study utilized some version of a narrative interview (e.g., McADAMS, 2008; SCHÜTZE, 1983) as a data collection method. Several of them were familiar with the topic

they were studying, as they had been involved in the field of addiction in different ways. Their roles included working as therapists, volunteering, or interning at addiction treatment programs. Before each focus group, we informed the participants about the ethical principles of the research and obtained their consent to participate. We emphasized the importance of their voluntary and unrestricted involvement, and made it clear that they could withdraw at any point during or after the focus group discussion. The focus group method provided a good opportunity for participants to engage in discussions about their field experiences with other researchers who shared common interests. [11]

Focus group discussions were recorded and transcribed verbatim. Thematic analysis and the six-step framework proposed by BRAUN and CLARKE (2006; 2020) were used to examine the research material. In particular, after familiarizing ourselves with the data, we created the initial codes. Next we developed categories ("themes") which provided the first responses to the research questions while also organizing the generated codes. Following additional data analysis, these themes were revised and linked together. In the end, the themes that addressed the research questions posed in this article were selected, as well as the interview excerpts that provided indications of each topic. Throughout the analysis process, theoretical concepts as well as elements from the relevant literature sharpened our theoretical sensitivity. To protect the participants' privacy, we employ pseudonyms in the following analysis and presentation of findings. [12]

3. Findings and Discussion

We present the findings report in chronological order, based on the stages of the study. We highlight the emotions generated and the emotional labor that the researchers performed: When trying to gain access to the field and to negotiate their role there (Section 3.1); when conducting the field research (Section 3.2); and when analyzing the data and disseminating the results (Section 3.3). Within the above sections, we emphasize the main themes that emerged from the thematic analysis of our empirical material. We document our findings by quoting indicative excerpts from the research participants' words that we translated into English ourselves. [13]

3.1 Emotional labor in negotiating the researcher's role in the field

We examined our material to detect the emotions that dominate when researchers prepare to enter the field and the strategic management of emotions that they practice to gain and maintain access there; BERGMAN BLIX and WETTERGREN (2015, p.689) referred to this as "strategic emotion work." In analyzing the data produced in the focus groups, we identified a key differentiation to the above issues, which lay in whether the researcher was familiar with the field through another role (in addition to that of researcher) or was attempting to enter an unfamiliar social world for the first time. [14]

3.1.1 Gaining access in an unfamiliar field and building trust

In the category of researchers attempting to enter an unfamiliar field for the first time, anxiety and stress predominate in relation to 1. whether the researchers will be welcomed in the field and build trusting relationships with potential research participants; and 2. whether or not they will be able to convince those involved in the field of the importance of their study (see also VAN MAANEN, 2011). Any attempt to approach strangers and initiate dialog about stigmatizing behaviors is quite challenging (SANDBERG & COPES, 2013) and requires time, mental strength, and patience on the part of the researchers. The latter's awareness that they have no prior relevant experience or familiarity with the field acts as a background to the production of these feelings. Anxiety and worry increase due to specific practical issues. For example, if the study involves people who use drugs, the researcher may be concerned about whether they will be sober enough to participate in the research procedure. This dimension is reflected in the following excerpt:

"There was great concern about whether they [the participants] would accept. Whether they would have understood, whether they would be intoxicated before we started [the interview] or after [...]. If I would manage to [properly] present to them my research project and its importance. So, it was a period full of uncertainty and stress" (Demosthenes, Focus Group [FG] 2). [15]

Another source of stress during study planning is whether gatekeepers will allow admission into the research field, as well as the bureaucratic procedures required. Gatekeepers often adopt a protective attitude towards people with substance use problems or individuals in recovery, believing that these people have suffered in their lives and have more to lose than to gain by participating in research (DEMPSEY, DOWLING, LARKIN & MURPHY, 2016). For this reason, researchers "should not expect to be welcomed in a social context where we ask for much and have little to offer in return" (SANDBERG & COPES, 2013, p.180). As people in recovery belong to the category of disempowered populations, special safeguards are required to allow researchers to enter the field. There are also "tests," such as participation in a personal interview with some gatekeepers which the researchers must pass successfully. In this regard, Stella, who carried out her research on recovery programs, stated:

"The bureaucratic part was also challenging: How to get permission from the directors of the programs [...] In many cases, the directors of the programs, since the participants were a special population and the data that might come out was sensitive, put me through a personal interview to see if they would give me the green light to do the interviews" (Stella, FG1). [16]

The combination of the difficulties of conducting research in special contexts such as prisons with the inexperience of novice investigators, creates additional anxiety about the success of the undertaking. The researcher knows that it is not enough to be allowed to enter the field by the prison authorities. They also need to be accepted by potential research participants and to gain their cooperation.

This causes additional anxiety and stress. In the excerpt below, it appears that the researcher (Elia) was aware that every detail in her behavior (dress, posture, expressions) was crucial in her attempt to win the recognition and trust of her imprisoned participants. This need for impression management (GOFFMAN, 1959) sharpened self-control on the part of the researcher as well as her emotional alertness.

"I remember being quite anxious to do [the research], since I had been having a lot of difficulty up until these interviews. And how you, as a young researcher, could deal with it was crucial. That is, how you walk, the way you dress, and so on are all crucial in prison. The image you will project to the inmates. The researcher has to be careful not to take a stand that could make it harder for people who came from the streets to talk about themselves. So, I had a lot on my mind, like how can I get it all done? That was what I was worried about. Also, it was the first time I had done anything that had to do with qualitative study. But I remember being very interested; after each interview, I listened to it to see how it went" (Elia, FG1). [17]

As can be seen from the above excerpt, the smooth integration into the field and the building of trusting relationships with the participants there are attributed, according to the participants in our focus groups, both to the receptivity of the field and to the skills of the researcher. The actions of the investigators in the field as well as the emotional signals they receive within it are subject to a process of self-observation and self-evaluation. The researcher has, consequently, to activate processes of "emotional reflexivity" that, according to BERGMAN BLIX and WETTERGREN (2015, p.689), imply attentiveness to emotional signals, monitoring the researcher's position and action in the field. However, their emotional state also depends on the results of these processes in relation to the effectiveness of their actions. [18]

3.1.2 Emotional management during the transition from therapist to researcher

On the other hand, those researchers who are already familiar with the field of study through their participation in it in another role (e.g., therapists or volunteers), have to cope with stress about how to manage the transition from the previous function as a therapist to the new role as investigator. Specifically, they are concerned about whether they will be recognized by participants as researchers, a role that is vaguer and of dubious utility, in the common perception, than that of therapist. Korina, who had extensive experience as a therapist in a therapeutic facility that was the field of her study, stated in this regard:

"Because I had had a therapeutic role before, the research role seemed to me perhaps a little easier. Of course, the difficulty of the research role is tied to the question, 'What do you want from us now?', while on the other hand, the therapeutic role seemed to be clearer and more useful to them" (Korina, FG2). [19]

A similar concern was expressed by Calliope, who carried out her research with released people with whom she had worked therapeutically in the past for

problems related to addiction. Calliope was particularly concerned about whether she could transfer the trusting relationship she had established with subjects in the therapeutic setting to that of the research. On the other hand, changing the context of the relationship and communicating within a new role, that of the researcher, left open the possibility of revealing evidence from the period of imprisonment (e.g., experiences of abuse) which the prison context did not allow investigators to thematize. Calliope expressed her anxiety about the potential revelation of a new reality through the process of conducting her study as follows:

"My main worry was how I would be outside of the therapeutic role. How will I be in this relationship? I first met these people in my workplace 15 years ago, and we had formed a trusting relationship. 'I was tested,' they claim. I was also curious to see what I would learn from the research. I knew them from when I was working at the prison, but what I discovered throughout the research was something different. Something else I discovered while studying. So, I was anxious" (Calliope, FG2). [20]

Within the research relationship, the released prisoners felt free to disclose experiences of abuse and human rights violations that they had experienced during the period of imprisonment. These details had been suppressed during the therapist's communication with the individuals inside the prison. The more comprehensive picture of the living conditions in the prison that the investigator obtained through the research process led her to a retrospective critique of her function as a therapist. She found that therapists focusing only on the issue of addiction, disconnected from the general framework of the living conditions of the prisoners, constitute an ineffective intervention. The discovery of this condition, as well as what she heard from released prisoners about what they were going through in prison while being involved in the drug addiction program, without her being aware of that, made her feel sadness, intense anger, and helplessness, as she was unable to intervene in the situation:

"I heard and felt very strong emotions about the prison conditions: Cramped, dirty cells filled with too many inmates. There were several people in a small cell, with toilets that were dirty and no toilet paper. We are talking about conditions that no one deserves. [...] First and foremost, I felt sadness; I felt responsibility [...] that we are also responsible for those who are in these environments. Because we only listen and learn their stories about the part of their recovery, and we only dwell on that as if the rest should not be touched. And we therapists would frequently join the group and say, 'This only concerns the prison; we are concerned with the addiction part.' As if one has nothing to do with the other. I felt intense agitation - and I still do - because I felt this [...] helplessness. When someone has such experiences, how can he avoid using drugs and become the person that society and the specialists want" (Calliope, FG2). [21]

Another issue that emerged from the focus group analysis regarding the transition from the role of the therapist to the role of the researcher was that this switch requires the researchers, who previously functioned as therapists, to broaden their interpretive viewpoints. To be functional in their role, the therapists start with entrenched attitudes. On the other hand, they are called upon to

question dominant perceptions, with which they may initially agree, when the value system and lifestyle adopted by the group they are studying deviates from them. The need for such adjustments, however, must be met with emotional readiness, as questioning a cognitive background that has been experientially built via daily professional activity might cause feelings of doubt and embarrassment (see also BERGMAN BLIX & WETTERGREN, 2015). In this regard, Korina said:

"We say, for example, that drug use is negative and recovery is positive. No, it's not like that. Because several people said to me, 'Look at me, what I enjoy doing is taking drugs.' What we call 'motivation' and what we read about it in the books or in our professional training is extremely questionable. So, I also came across this deconstruction: 'I enjoy taking drugs! As much as you like to do yoga, I like to do this. This is the way I live!' And it is not necessarily negative because it is a disorder in the DSM [Diagnostic Statistical Manual]. It's just another way of life, of course with mental suffering, but it's another way of life. I mean, I was quite interested in what I heard. The deconstruction of what we consider 'addiction'" (Korina, FG2). [22]

3.1.3 Building safety with multi-stigmatized participants

Researchers who approach multi-stigmatized populations (for example, homeless people, sex workers, or prisoners with substance use problems) raise concerns over their ability to provide a safe environment that will enable participants to openly share their experiences. They also address practical challenges that arise when studying participants who are vulnerably housed or suffering homelessness. Their primary concern lies in their ability to identify their research participants and secure a suitable venue for the interviews. Georgia, who conducted her research with sex workers in Athens, reported:

"At first, I was worried about whether I would be able to find the participants and how I would make them feel safe enough to talk to me as someone they had never met and share very personal parts of their lives, like scary situations or negative experiences they had had. I often experienced anxiety caused by the fact that I would often find a woman and then not be able to find her again" (Georgia, FG2). [23]

Ismene, who investigated homeless people who used drugs, shared a similar concern:

"My biggest worry was about trust: How could I, as a researcher, ask them to take part in a study that will likely require them to talk about hard things that have happened to them during an extremely difficult and painful time in their lives?" (Ismene, FG2). [24]

The lack of stability in terms of research conditions in special environments, such as prisons, as well as the frequent rotation of available participants from the population under investigation, makes it difficult to establish a trusting atmosphere and, as a result, impedes the smooth flow of the study. This fact

adds to the researchers' worry and anxiety. The statements made by Eleonora, who conducted her study in a prison, are characteristic:

"There are constant quarantines in prison, and I frequently lose my population. Too many interruptions hampered my research. I mean, I can complete a month of research that is flowing well, and then the prison closes for six weeks [for security reasons]. And when I return, I don't find the same inmates, or only a few of them. I'll have to meet new inmates and start from the beginning" (Eleonora, FG1). [25]

Other researchers have encountered similar challenges. For example, LANKENAU et al. (2005), in their ethnographic study of young users in New York who have sex with men for money or drugs, reported their difficulty in recruiting participants and gaining their trust. Another issue that developed during the aforementioned study was that the people approached for research purposes were frequently under the influence of substances, as their usage was an inherent component of their everyday lives (ibid.). As a result, investigators had to return to the field several times to confirm participants' consent and their capacity to submit trustworthy data. [26]

3.2 Emotional labor while conducting field research

Because the interview constitutes an "embodied emotional performance" (EZZY, 2010), the researchers cannot be emotionally detached from the procedure. They empathize with their research participants and feel affected by what they hear from them. To the extent that the interview is seen as an embodied emotional performance, it necessitates emotion management, or emotional labor (DICKSON-SWIFT et al., 2009; LUMSDEN, 2019). Ismene specifically stated:

"The interviews were very emotional. They were people who were actively using drugs, living on the streets, and going through a hard time. I'd ask them to tell me their life story which was filled with painful and traumatic past experiences. There were times when I tried to get as far away from someone as possible so that my feelings wouldn't show. In some situations, I remember that because we were both women, my emotional tightness and involvement were stronger when I was talking to women, especially women who had just been out on the street and told me that it was also a new world for them, with all the problems, violence, and harassment they faced" (Ismene, FG2). [27]

As mentioned in the above quote, the emotional charge increases due to the researcher's gender identification with the participant. In particular, in studies with vulnerable social groups, the researchers who participated in the focus groups thematized interviewing as a highly emotionally charged condition in which interviewees narrate painful and traumatic experiences (see also GOODRUM & KEYS, 2007). Investigators need to manage emotions such as compassion, guilt, and shame. Scholars in the literature have proposed the term "compassion stress" to describe this emotional state (BURR, 1996; RAGER, 2005). Stella talked about how emotionally involved she was during the interview:

"This man broke down at one point, crying uncontrollably. I teared up as well; it was difficult to stay uninvolved. Then there was silence. We hugged at the end of the interview. Because sharing was too strong. It was not just a simple interview. It was more than that. It was tough. It took an hour and 45 minutes to do the whole interview. Every minute was like swallowing stones—both for me and the man, obviously" (Stella, FG1). [28]

3.2.1 Two-way emotional exchange during the interview

The emotional exchange during an interview is reciprocal. Narrating traumatic experiences requires courage and strength on the part of both the narrator and the listener. After all, as DICKSON-SWIFT et al., (2009, p.65) pointed out, "the ability to be empathetic, is one of the main skills needed to undertake qualitative research and while being empathetic it is difficult not to get drawn into the emotion, especially when face-to-face with another person who is experiencing emotion." Nevertheless, the dilemma is whether the researchers will permit their intense emotions to be openly conveyed throughout the course of the study or if they will opt to let these emotions surface once the research is concluded and they have departed from the field. According to DICKSON-SWIFT et al., numerous researchers contend that openly displaying emotions, such as crying, is deemed as not appropriate and that such behavior contradicts the rules that govern how they should act in their work. Calliope described her decision to conceal her emotions throughout the interview as follows:

"When they saw that I wasn't talking, they...I didn't take a position. I really paid attention to what they were saying. They obviously saw something in me. They even asked me, 'Can you bear to listen any longer?' That's something I've heard a lot. I ask, 'Can you take it? As long as you keep going, I will too.' That's what I said back then. And I'll tell you something. I couldn't stand what I heard, but I didn't tell them. I then had to go for a walk while crying. It was too much for me to bear" (Calliope, FG2). [29]

Other researchers have reported similar experiences. LIAMPUTTONG (2007, p.88) referenced a study conducted by HUBBARD, BACKETT-MILBURN and KEMMER (2001, p.128), in which the researchers felt emotionally unprepared to deal with participants who cried when talking about death and loss experiences. One member of that research team expressed her desire to cry in the privacy of her car after the interview. Another intriguing component of the above excerpt is the participant's concern about the interviewer's preparedness to listen to the traumatic memories they recall (for the concept of bearability of a narrated story, see PLUMMER, 1994). In the following extract, Ismene emphasized the reciprocal emotional exchange and power shift between the researcher and the participant during interviews. She cited an occasion in which a participant (a homeless person who used drugs) provided indications of care about her and asked if she was okay with what she heard during the interview as evidence of such a power shift. This emotional exchange increased her intimacy and trust with the participant (for similar findings, see DICKSON-SWIFT et al., 2009).

Furthermore, the shift in care roles balanced the structurally dominant relationship that existed between the researcher and the participant:

"Concerning the difficulty of listening to such difficult situations and traumatic experiences, I remember that at the end of the first interviews, some people asked me if I was okay [laughs]. I remember one [participant] asking me, 'Are you okay?' [...] I was at a loss for words. This was an inversion of roles. I wanted to ask him the same. But he obviously saw something in me as well. Yes, he [the participant] expressed an interest" (Ismene, FG2). [30]

3.2.2 Negotiating boundaries between researchers and participants involves emotional labor

The ongoing negotiation of boundaries between researcher and participant, as well as the pursuit of balance, is an emotionally demanding activity. According to BERGMAN BLIX and WETTERGREN (2015, p.691), "the negotiation of boundaries between researcher and participant involves continuous emotion work to sustain 'emotional balance'; taking care to be close, but not too close, to participants, while these boundaries are situationally contingent" (see also MAIER & MONAHAN, 2010). Surpassing boundaries is thematized in two ways in our study material. In particular, the researcher and the participant are both capable of breaking boundaries. [31]

In the first version, a researcher may experience anxiety and concern regarding the potential to exceed boundaries during interviews. This includes the risk of asking questions or discussing topics that may be perceived as uncomfortable, offensive, or even threatening to individuals who are vulnerable or face multiple stigmas. Utilizing an unstructured, narrative interview, such as that suggested by SCHÜTZE (1983) or McADAMS (2008), which allows the interviewee to freely choose the topics to discuss and the way to present them, mitigates certain potential risks. Nevertheless, when it is essential to record specific important dates, events, and circumstances by employing targeted questions, the researchers' apprehension resurfaces as they strive to avoid turning the interview into an interrogation. In this regard, Ismene reported:

"Furthermore, I had in mind some methodological issues that troubled me, because apart from the experience [of homelessness] itself and its pathway, I also wanted to know in detail some important chronological transitions, for example when they first found themselves on the street? [I wanted also to know] all the shelters [for homeless people] that they used in their pathway. I was also worried that the narrow questions asked during the interview came across as a bit of an interrogation" (Ismene, FG2). [32]

In the second version, the research participants are the ones who transgress the boundaries. These are usually inappropriate actions on the part of the participants that infringe upon the researchers' privacy and cause them discomfort. This result is consistent with other qualitative studies' findings that investigators, particularly women, are more likely to encounter inappropriate behavior, including sexual harassment, when conducting fieldwork (see, for

instance, PERRONE, 2010). This risk increases when female researchers are required to conduct the study in specific environments or circumstances, including prisons. According to BEYENS et al. (2015), prisons are intricate research environments in which investigators face many emotional challenges because they are places of suffering, violence, and machismo. Elia, who carried out her research with incarcerated people who used drugs, mentioned an inmate who flirted with her after the end of the interview. She maintained that establishing explicit professional boundaries in her interactions with research participants from the very start was what ensured her safety in such circumstances. She declared:

"One interview was with a man of my age [...] So, near the conclusion of the interview, I realized he was going to flirt with me which was quite tough for me. It was one of those interviews where very hard experiences were recounted, and I felt depressed. Thank goodness there was a boundary there from my side, or we could have messed up the condition at the end" (Elia, FG1). [33]

3.2.3 *The management of retraumatization risk*

Researchers using the narrative interview as a data collection method also worry about the risk that the participants, being carried away by "the flow of the narrative" (for more on this issue, see SCHÜTZE, 1983), will report facts that they are not ready to share. The words of Niobe, who conducted her research in a social rehabilitation program with individuals in recovery, are indicative.

"I was very afraid that, at some point, they would find themselves in an awkward position where they felt compelled to speak about things they weren't ready to discuss. I tried very hard to keep it in mind in my attitude and demeanor, to give them space so that they could withdraw at any time, that they did not have to respond, and that they have rights in this respect. I was very afraid that I might retraumatize them in some way" (Niobe, FG2). [34]

The above excerpt shows that researchers are aware, through their theoretical as well as practical knowledge, that the interview process is an embodied communication between the counterparts (interviewer and interviewee). Furthermore, the retrospective retelling of painful lived events entails potential risks. Risks are associated with the potential for causing harm, such as retraumatization or even a relapse into drug use. The awareness of these risks creates fear and anxiety in the researcher. Calliope characterized the following as an exceptionally challenging occasion for her:

"And when he narrates all this, his gaze freezes, and he has a sob that couldn't come out. He stops talking, and his gaze freezes. I didn't say anything, but I did mention the following: 'A sob'. Because there was one sob that he could not let go. There I swayed; I thought I didn't want him to get hurt! I was afraid he might get hurt with all that he remembered again. And I told him, 'let go of the sob.' He actually took a breath afterwards. We looked at each other, and I said to him, 'How's it going? Shall

we continue, or do you want us to stop?' At that moment, I felt lost in this interaction and felt a great fear and danger for him" (Calliope, FG2). [35]

Along the same lines, Stella expressed her intense thoughts as a result of her own awareness of the possibility of both retraumatization and accidental stigmatization of interviewees by the researcher as a result of possible clumsy handling during the interview.² By adjusting her actions, she was trying to prevent such a possibility. She emphasized the emotional tension that this effort caused her:

"I had a lot of anxiety about how I was going to approach them [the participants] and how I was going to unlock them, because it is a very stigmatized population. The participants had moved on in their lives, leaving behind this part, which had to do with addiction, both chronologically and emotionally. They even saw addiction in a slightly more romantic light, as a success story. So, I was in a quandary about how to challenge their narratives without embarrassing them, traumatizing them, or further stigmatizing them. It demanded a great—I think, great precision, all of it. That's how I had it in mind. And I was very anxious about this part. So, there was a really tight feeling in the stomach, which even now I recall" (Stella, FG1). [36]

A specific difficulty posed by researchers who are also qualified as therapists is whether the researchers can operate therapeutically when they see a need or whether both of these roles should be kept strictly distinct from one another. Interviews, according to SILVERIO et al. (2022, p.8), are not "opportunities for therapeutic intervention," and "researchers must keep their 'research hat' on at all times." However, these authors admitted that doing so in practice might be difficult, particularly for clinicians. According to the findings of our analysis, this dilemmatic condition leads to emotional distress for the researcher and necessitates management because it induces feelings of guilt. Niobe expressly stated:

"I had a lot of difficulty differentiating the roles [...] When they gave me the interviews and told me their stories, I felt a need to greatly alleviate them and take on a therapeutic role. Although it was much easier for me, I knew that this wasn't right. I was also filled with guilt. I felt that I had left an emotional backlog in one interview, when a woman was emotionally charged because she remembered being abused by

2 A closer examination of the relevant extracts leads us to the conclusion that the researchers who took part in the focus groups spoke about their concern about potential retraumatization rather than specific events of their participant being retraumatized during the study. We can assume that the researchers' concern is based on relevant information they have received from their studies in social work, psychology, or another social science discipline. It is also related to the growing interest in the pertinent scientific discussion in recent years about the dangers of harm and retraumatization that involvement in research by members of vulnerable social categories poses (see, among others, DICKSON-SWIFT, JAMES & LIAMPUTTONG, 2008; DUCKWORTH & FOLLETTE, 2012; GAGNON & NOVOTNY, 2020). However, it should be noted that the opposing viewpoint has also been substantiated in the pertinent literature; that is, under careful guidance, the process of story-telling and reinterpreting traumatic events within it can have healing effects for research participants (ROSENTHAL, 2003). After all, the open format of the narrative interview which prevents the interviewer from being pushy and directive, enables the interviewees to select which events to thematize, activating relevant defenses and avoiding references to painful experiences (see mainly ROSENTHAL, 2003; also GAGNON & NOVOTNY, 2020; GULOWSKI, 2022).

men. Although I knew I could handle it [and give her support], I felt that this was not my role" (Niobe, FG2). [37]

Ismene felt compelled to move beyond her research role when an interviewee expressed suicidal thoughts to her during the interview. The investigator received crucial information and became the bearer of a burden that she attempted to manage, limiting the scope of her interest in her function as a researcher:

"Another incident that sometimes came up was that some of the participants mentioned during the narration that they were thinking about ending their lives; that for them it was no longer worth living. This brought me into an awkward and difficult position. Obviously, at that time, to some of those with whom we had a relationship of trust for months, I was responding and trying a little bit to... not to prevent them, because it was a thought that they obviously had, but to talk a little bit about it and tell them that there are social services and professionals who can listen to them" (Ismene, FG2). [38]

3.2.4 Emotional labor when leaving the research field

The moment of separation, the exit from the field, is described as intensely emotional. The difficulty lies in the sense that after completing the data collection process in which the participants shared with them their painful personal experiences, the researchers will leave, and the participants will remain behind without having changed anything in their tough circumstances. This causes feelings of guilt. The following passage is typical:

"There was a difficulty: I came, I got something, I did an analysis, how do I leave them? When a connection is established, how do I leave them? I think that's the hard part [...] There is a bigger need for continuity, a need to take care of these people in a different way" (Stella, FG1). [39]

The disparity in circumstances between that of the researcher and that of the participant was particularly apparent in Elia's work, having conducted her study with incarcerated people with substance use problems. While her participants remained incarcerated, she was able to leave and resume her life after finishing her daily fieldwork in the prison. She expressed her gratitude to these people, who trusted her despite the difficult circumstances they faced. She wanted to express her gratitude to them by giving them the impression that they were a part of something significant for both her and them:

"I was going out and I was free. That was our main difference. I felt immense gratitude and wanted to somehow show that. But they also had the feeling that they had contributed to something very important, and I think they felt good about that. For example, few people have the chance to take part in a study in a special condition, which is imprisonment. Only a few individuals have the chance to speak. And all I had to offer was this. I really felt a huge need to do it for that reason, because I was going out and I was free while they remained in prison" (Elia, FG1). [40]

The awareness that they will continue to live in safety while their study participants will continue to live in vulnerability or imprisonment brought the researchers emotions of guilt and hopelessness. Their emotion arises from their limited ability to effect substantial change in the prevailing circumstances of social injustice, suffering, or rights violations. However, the subjects in our research cited other emotions besides hopelessness and guilt. Examining the relevant parts closely exposes the researchers' positive sense towards their work, their relationships with the people they met, and the political significance of their work. Specifically, many researchers believe their study inevitably includes elements of political activity because they provide a voice to those who are excluded from public discourse, and that empowers them. Experts performing social interventions could receive valuable feedback by utilizing the knowledge acquired about these groups and their pressing social issues. The perspective of Ismene, who conducted a study with individuals who used drugs and were experiencing homelessness, is enlightening:

"I see my research as a unique chance to provide a voice to people whose voices would otherwise go unheard, as well as to strengthen ties between researchers and professionals working in this field" (Ismene, FG2). [41]

3.3 Emotional labor in analyzing data and disseminating the results

Emotional labor extends beyond fieldwork to other stages of research, such as data processing. According to McCLELLAND (2017, p.342) "this is where a practice of vulnerable listening encourages researchers to think about potential dangers when encountering material at all stages of a listening project." As such, we broadened the scope of our investigation to include how researchers manage powerful emotions when analyzing their data. [42]

The disclosure during the interview of personal information, as well as of unpleasant experiences from people who belong to disempowered and multiple stigmatized groups, strengthens the researchers' feeling of responsibility to be fair to the people who trusted them and to faithfully interpret their perspective. Correspondingly, their anxiety that they may unwittingly misrepresent the meaning of the words of the participants increases. As SMYTHE and MURRAY pointed out:

"[a] common reaction of narrative research participants to researchers' analyses of their stories is that the analysis fails to capture them fully in their personal uniqueness and individuality. [...] Associated with such reactions, there is often a subtle sense of betrayal, a feeling that the researcher has undermined participants' authority to speak for themselves about their own experiences" (2000, p.324). [43]

One way of overcoming this worry is to involve participants in the analysis procedure by communicating the researchers' interpretations to them. This strengthens the latter's confidence that they are accurately interpreting the participants' points of view. It also enhances their trust in one another. Demosthenes had this to say about it:

"I did the analysis [...] and turned back to the participants to show them the results. I gave them back the analysis and said to them, 'I see this? Do you see it?' Or 'I saw these issues. Do you see them?' And this was a way to rebuild trust but also to make sure of the validity of the themes that emerged" (Demosthenes, FG2). [44]

Georgia took a similar stance, believing that she owed it to her research participants to represent their point of view as accurately as possible.³ She connected this commitment to her gratitude to people who had entrusted her with their personal experiences:

"When I was reading the interviews or listening to them again, I was trying to go back to the same point when I interviewed each woman, so that I could make any interpretation as close as possible to what she had said to me in that moment. [...] In the interviews, I felt that they gave me a bit of their intimate experiences, and I thought that was great. [...] I was very grateful for that" (Georgia, FG2). [45]

However, to convey the perspectives of the participants, the researchers must act with "openness" and not allow their moral judgments towards addiction to dictate certain interpretations of the data. They should also refrain from being judgmental. Niobe commented on this:

"I struggled because I didn't want my own attitude or ethics towards recovery, or the therapeutic philosophy used in various treatment programs, to influence how I attribute people's meanings. [...] This was challenging for me because I had started some related discussions with some individuals in recovery about free will, individual choice for addiction [...]. And it made things tough for me because I felt like [...] somehow my point of view had prevailed, even though they themselves supported something different. I went through a process of sort of criticizing their point of view" (Niobe, FG2). [46]

A significant issue that the addiction researchers were concerned about and that influenced their activities was whether providing detailed reports of specific events or information could inadvertently reveal the identity of study participants, despite their efforts to anonymize the data. According to SMYTHE and MURRAY

3 According to the relevant passages, our study participants appear to follow a "naturalistic" understanding of qualitative research, which requires the researcher to decipher the "subjective meaning" that the actors assign to their social reality. It also requires the researcher to act as a "speaker" for underprivileged social groups that lack the power to express their own voice in the public sphere. Given this comprehension, the researcher has to accurately express the viewpoint of the research participants. This is also regarded as one of the quality standards of a qualitative study; LeCOMPTE and GOETZ (1982, p.32) referred to "internal validity" of research findings, while LINCOLN and GUBA (1985, p.213) referred to "credibility." According to LINCOLN and GUBA, credibility can be operationalized through the member-checking process, which involves the study participants controlling the findings and interpretations. Representatives of reconstructive qualitative research do not fully agree with this viewpoint. They believe that qualitative research should go beyond merely expressing participants' perspectives ("subjective meaning"). Scholars should proceed to the disclosure and reconstruction of the latent meaning in structures that operate "behind the actors' backs" without any awareness on the part of the actors (ROSENTHAL, 2018, p.165). Representatives of reconstructive qualitative research would rather follow the guidelines of "communicative validation" (STEINKE, 2003, p.329) through group text interpretation than the member checking procedure. Our study participants do not appear to have followed such a practice.

(2000, p.320), "[t]he information collected from participants in narrative research typically is so detailed and individually specific—in McLeod's (1996) terms, so 'saturated with identifying markers' (p.311)—that disguising the identities of research participants becomes extremely difficult." Stella, aware of the potential negative impact on the research's appeal, preferred not to disclose such data, although she knew that this would potentially make it less interesting. She chose to suppress the information provided, in order to ensure the participants' safety and prevent potential harm. The following passage refers to this dimension:

"There is information [in the research material] that can reveal the participants' identities. And, in order to protect those people, I opted not to make this information public. And I had the idea, and I continue to get the impression, that we share secrets throughout the interviews. And this is still a significant burden. [I decided] not to disseminate [this information] for the sake of research or in order to shed light on a hidden community. Nevertheless, I'm ethically okay with not sharing it in the published results of the study, although I'm missing out on something extremely strong. I don't mind because I'm ethically all right with not sharing it, even though it's still a burden" (Stella, FG1). [47]

4. Conclusion

Starting from the assumption that the embodied presence of the researcher in all stages of a qualitative research project produces emotions, we sought in our study to detect the feelings that those who conduct research with people who have substance use problems, or who have recovered, have to manage. Our main argument is that focusing on investigators' emotions enriches reflexivity and improves research practice. As BERGMAN BLIX and WETTERGREN (2015, p.689) argued, "emotions are neither opposed to, nor complementary, to rational behaviour, but integral to it." The intense emotional involvement of researchers in qualitative work is due to the flexibility that characterizes the research design and makes the praxis a social process distinguished by the elements of contingency and indeterminacy. The contingency of the research and the risks taken by the researchers increase when the study is about disempowered and socially stigmatized populations and is conducted in demanding environments (such as prisons or venues of drug exchange). In the context of our study, we gathered data from two focus groups to capture the feelings as well as the emotional work techniques of researchers who had conducted research with people who used drugs, people in recovery, or people who had recovered from addiction. [48]

In terms of preparing to enter the field, we identified a notable difference in the concerns and anxieties investigators face, depending on whether they are entering the field for the first time or are familiar with it through some role other than that of researcher. Those attempting to gain access to an unfamiliar social world for the first time are anxious about whether they will be permitted to enter by the gatekeepers and whether they can gain the trust of the participants they would like to approach. As they consider that their access and acceptance in the field depend both on the receptivity of the field and on their own skill in persuading participants of the importance of their research, the success or failure

of their effort is accompanied by feelings of personal satisfaction or discontent and frustration, respectively. Of a different character, on the other hand, is the stress of researchers who have already been introduced to the field through their previous presence there in another role (therapists, volunteers). Their main concern is whether they will be able to successfully shift from one role (e.g., that of therapist) to that of researcher. The first challenge they must overcome is to be recognized by the members of the group they want to investigate in their new role, and to transfer the sense of trust established in their previous role to the research relationship. Emotional labor is required for them to manage maintaining or setting new boundaries with the research participants. [49]

Researchers engage in an intense emotional exchange with participants during the study process, particularly while conducting interviews. Their emotional strengths are tested when listening to stories of extreme suffering or sorrow. In the literature, this is referred to as "compassion stress" (RAGER, 2005, p.423). However, the display of intense emotional manifestations, such as crying, needs to be regulated because researchers are confronted with the perception that such manifestations are incompatible with the anticipated "professional" stance of a researcher. [50]

Emotional labor is required to manage the boundaries between the researcher and the participant, given that both sides may violate them. The subjects in our study expressed concern that the questions they ask their participants could be perceived as uncomfortable, offensive, and even threatening. Feelings of anxiety and worry are also caused by the possibility that the participants, carried away by the flow of the narrative, will recall traumatic memories that they are not ready to share, which can lead to retraumatization of the narrators. On the other hand, emotional management is necessary in situations where participants exhibit inappropriate behaviors that violate the researchers' private sphere and make them feel uncomfortable. Such behaviors, which have a strong gender dimension, are usually caused by a misunderstanding of the terms of the setting and the limits on the forms of intimacy that can develop between researcher and participant. [51]

Special requirements of emotional preparedness arise for researchers who are also qualified as therapists. When exploring sensitive topics with disempowered people, these investigators are frequently faced with the dilemma of whether they can also function therapeutically within the research setting, if a need is determined, or whether they should keep the two roles strictly separate. Furthermore, for those who had the role of therapist in the past, there is another issue. The retrospective disclosure revelation, through the research, of aspects of the lives of the recovered individuals that were not thematized or made known to them during the therapeutic relationship can cause intense emotional disturbance and embarrassment. These disclosures can leave the researcher feeling guilty and self-critical about how they operated as a therapist. [52]

Emotional labor is required when the researchers leave the field, as the awareness that they will continue to live in safety while their participants will

continue to live a life of vulnerability and threats causes them to feel guilty. It also creates feelings of powerlessness in the face of situations of social injustice, misery, and violation of human rights that they feel they can do nothing to change. This feeling of helplessness is mitigated by many researchers' belief that their work contains elements of political action in the sense that it provides a voice to groups excluded from public discourse and that it publicizes the acute social problems they face. [53]

Researchers also have anxiety when analyzing their data. At this point, they are concerned about whether they may, even unintentionally, misrepresent the meaning of what their participants said and fail to treat those who trusted them fairly. Involving participants in the process of analysis, allowing them to become aware of the researchers' interpretations of their own words and to comment on them, is often chosen by the investigators as a strategy to alleviate their anxiety. [54]

Our findings revealed a strong relationship between the researchers' state of emotions and the moral judgment of their actions (see also GEDDIS-REGAN et al., 2021). Evaluating one's actions, or even omissions or inability to act, can produce feelings of satisfaction, discontent, sadness, hopelessness, or even guilt. It also endorses the viewpoint that the researchers have to develop emotional self-awareness, i.e., continuous monitoring of their own emotions in relation to the field, as a component of broader researcher reflexivity. Emotional self-awareness is a prerequisite for high-quality research (see also GILBERT, 2000). The emotional exchange during the study process and the reflection on it might serve as the backdrop to the balancing of the structurally set power relationship between the investigator and the investigated. Such issues of emotional awareness and reflection ought to be more systematically incorporated into research training curricula. It should also be a part of the supervision that novice researchers receive when they prepare their doctoral theses, since this supervision, although focused on methodological issues, frequently overlooks the emotional involvement and the demanding nature of their work. [55]

Additionally, our study highlighted the importance of collective, communicative contexts which encourage researchers to openly discuss their emotions and the obstacles and challenges encountered during the research process. Our focus groups had such a function and let the participants reflect on their investigative work when they communicated with one another. This latent function of the focus groups leads us to believe that the inclusion of individual researchers and their projects in organized collective contexts, within which research groups operate in terms of equality and solidarity, can serve as a counterbalance to the anxiety, fear, and guilt that can arise during any stage of the research process, especially when the researcher feels isolated. [56]

In closing, we hope this article will contribute to the attempt to highlight how undertaking qualitative research in the field of substance use and addiction is an embodied experience in which researchers may be emotionally affected by the work they do. In a broader sense, we aim to inspire qualitative researchers to emphasize the emotions that arise during their research, recognizing them as

significant indicators and signposts of their investigative practice, and hope to contribute to embedding emotional reflexivity within the qualitative research culture. [57]

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