

## Chapter 2. Emotional reflexivity during a global health crisis: Emotion ‘work’ in online health communication research

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### Abstract

This chapter explores emotion work and emotional reflexivity in online health communication research. The authors draw on their own experiences of conducting qualitative interviews during the COVID-19 health crisis to consider how emotions are modified and expressed in the absence of face-to-face contact with research participants. This experience highlighted the importance of emotional reflexivity in health communication research as well as the vital role of nonverbal and paralinguistic features in interviewing. The authors identify three strategies which can support emotional reflexivity in online interviewing and enhance the robustness of research whilst facilitating emotional connection with interviewees.

### Introduction

Conducting robust qualitative health communication research relies on making interpersonal and emotional connections with the participants in our research projects. Building relationships of trust in such situations requires careful preparation and ongoing relational work on the part of the researcher. Emotions have been consistently identified as key to the productive exploration of ‘sensitive’ topics in health and communication research. Stages and processes in research such as ethical approval and gaining informed consent facilitate this reflexive emotional work but Smart (2009) identified a range of other *intangibles* that are important sources of data and key to the negotiation and management of our research relationships. These *intangibles* shape our research questions and relationships whilst

giving depth to the data we collect. Smart (2009) argued that these aspects of research include emotions, body language and the material ‘things’ used during a research interaction.

Our chapter explores this idea of *intangibles* that bring life to qualitative research by focusing on ‘emotion work’ (Fitzpatrick & Olson, 2015) and emotional reflexivity in a series of audio interviews conducted during the COVID-19 health crisis. We elaborate further on the notion of emotion work and link it with Hochschild’s (1983) work on emotional labour in section two of this chapter. The rationale for focusing on emotion work here is two-fold: firstly, emotions and emotional reflexivity are under-researched in health and medical fields (Fitzpatrick & Olson, 2015; Holmes, 2010). This is partly attributable to the tensions between qualitative and quantitative researchers as the former strives to demonstrate validity to the latter which remains heavily influenced by positivist methodologies such as clinical trials and experiments. Secondly, travel restrictions and limitations on interpersonal contact associated with the COVID-19 pandemic that began in 2020 have meant that social researchers have had to quickly modify their approaches to conducting fieldwork. As evidenced by the continuing publication of social research, many researchers have been able to adapt to using online modalities. However, at the time of writing, there has been limited examination of how these fundamental changes in the conduct of research have affected the type of research done and the recruitment and engagement of research participants. Importantly, some of these changes, which were prompted by the pandemic, may persist beyond this global crisis as research budgets remain tight and physical movement across geographical areas continues to be restricted. The examination of how our research practices have changed and at what ‘cost’ is thus of great importance. In this chapter, we discuss the intangible aspects of research (Smart, 2009) related to emotions and emotional reflexivity in an interview-based study and connect this discussion to wider considerations of emotional reflexivity in health communication research.

### Theoretical background: Health communication, reflexivity and emotional labour

The field of health communication research is broad and has dispersed links to other research domains including sociology, social psychology, anthropology, data analytics, psychology, medicine, applied

linguistics, artificial intelligence and, increasingly, 'big data'. The broadness of the field is attributable to the complexity of both health and human communication. Health is now understood as much more than the absence of disease. Contemporary discourses and narratives continue to reflect the World Health Organization's 1946 definition of health as 'a state of complete physical, mental and social well-being' (World Health Organization, 1946). Health communication research, in turn, focuses on exploring the use of and responses to the wide variety of communication strategies that seek to 'create meaning in relation to physical, mental, and social well-being' (Harrington, 2014, p. 9). The complexity of health and communication is particularly prominent in the 'sensitive topics' (Carroll, 2012; Dickson-Swift et al., 2009) that are often the focus of our research. A heightened awareness of emotions and relationships in health research also reflects a shift away from the historical tendency to take a top-down approach to the study of health problems which can overlook power imbalances between the researcher and the research participant(s). In recent decades, critical approaches to social inquiry and health communication research have increased awareness of the need for reflexivity to be embedded within our work and draw attention to the values, power relations and beliefs (Lupton, 1994) that shape our work. The value of such critical work has been emphasised through health communication research that considers the structural inequality shaping the lived experiences of health for different population groups (Figueroa et al., 2002; Kincaid & Figueroa, 2009; Storey & Figueroa, 2012).

Critical health communication research that aims to explore the lived experiences of health and well-being requires the researcher to understand reflexivity. The ideas of reflection and reflexivity in health communication research share similarities with other fields. *Reflection* is concerned with the 'common practice of thinking back to an event and assessing it and our conduct in relation to it' (Iedema, 2011, p. 183). In contrast, *reflexivity* refers to how we monitor and influence 'conducts and contexts in situ...reflexivity is collaborative in nature, diffuse in focus, open-ended in purpose and immediate in effect...reflexivity is a fully internalized and socially distributed...practice' (Iedema, 2011, p. 184). Reflexivity in health communication research is closely linked to understanding the purpose of the research itself and the potential for the researcher to (re)shape the stories and

experiences of the participants. Hernández and De Los Santos Upton (2019) highlight the importance of reflecting on ‘how the composition of a research team and the cultural knowledge they bring to the table will impact the experiences of participants’ (p. 9). Reflexivity throughout the research process is facilitated by careful consideration of issues of power, values and beliefs and how these influence the formulation of a research topic, the identities of the researcher and the research participant(s) as well as the analysis and writing up of research outputs. In contrast to the dominance of clinical and laboratory-based research in the decades up to the 1980s, recent years have seen the expansion of research techniques such as ethnographic fieldwork and the use of video-based research that aim to capture experiences of ‘health’ *in situ* (Iedema et al., 2018). These approaches are better able to acknowledge the presence of emotions in the experience of both the researcher as well as the participant(s).

In this chapter, we draw on recent applications and extensions of Arlie Hochschild’s formulation of emotion work which originated in her book *The Managed Heart* (Hochschild, 1983) to focus on emotional reflexivity in health communication research. Hochschild’s seminal work explored how individuals used and suppressed emotions in the course of their employment as they tried to meet the perceived requirements of the employer. Hochschild (1983) initially developed this theoretical framework through the detailed analysis of how airline employees managed their own emotions as they fulfilled occupational tasks. This emotion work reflected the need or requirement to ‘anticipate, interpret, respond to and manage emotions and behaviours of others’ (Roach Anleu & Mack, 2019, p. 21) in the workplace context. The purpose of this emotion work is to observe regulations and to meet the ‘goals of the employer’ (Winefield, 2006, p. 194) by influencing the state of mind of the customer or service user. This emotion work was done in the course of paid employment and was thus referred to as emotional *labour*. Emotion work and emotional labour are used interchangeably in some of the literature but, in this chapter and in keeping with the approach of Fitzpatrick and Olson (2015), we will use the term emotion work.

The context of the study: COVID-19 and the new ‘frontlines’ of infection control

To explore emotion work and emotional reflexivity in the domain of health communication research, we draw on our experience of conducting an online mixed methods research study between July and October 2020 during the intensification of the pandemic both globally and in our local context of Hong Kong. The study itself was motivated by a growing awareness of and curiosity about the movement of infection control practices, such as the wearing of personal and protective equipment (PPE) like masks and gloves, out of clinical contexts and into communities and societies more broadly. By this stage many governments had adopted public health policies of ‘social distancing’ (Ahmed et al., 2018), shielding of vulnerable people, closing schools and workplaces and discouraging long-established social practices such as handshaking and group gatherings including collective worship and funeral services. As the crisis unfolded in 2020, the imposition of these regulations was described as ‘an unprecedented natural experiment’ (DeFilippis et al., 2020, p. 2) and was predicted to have significant and long term impacts upon communities and individuals.

In this context, we were particularly interested in the experiences of non-clinical occupational groups involved in highly relational work such as teaching and end-of-life care (broadly defined to include people working in social care, funeral and religious services) and how the need to observe and enforce these infection control regulations so broadly affected their health and well-being. Workers engaged in these intensely relational jobs are known to experience high levels of emotional investment in what they do and draw heavily on communication and interaction in order to fulfil their job tasks and derive job satisfaction (Golightley & Holloway, 2020). Burnout and job exhaustion amongst these occupational groups is usually high and affects staff retention and productivity (Aiello & Tesi, 2017). The restrictions placed on workers interaction with service users as well as the new requirement to *enforce* infection control practices were, we hypothesised, likely to have an impact on their personal stress and thus their health and well-being. We also noted that previous health crises (such as the outbreak of SARS) were found to have significantly impacted the health and wellbeing of a diverse range of workers yet a majority of research attention was directed towards clinical workers (Maunder et al., 2003; Tam et al., 2004). The limited research focussed on non-clinical workers found that individuals often reported greater stress and trauma as they were suddenly required to deal with health

and clinical issues that were beyond their areas of knowledge, expertise and preparedness (Brooks et al., 2018).

The research project itself, entitled *COVID-19 and the new 'frontlines' of infection control*<sup>1</sup>, involved data collection using an online survey incorporating questionnaires often used in research into stress and emotional labour and follow-up interviews with volunteers from the survey phase. A total of 20 research participants in Hong Kong and Australia were recruited through existing social and research networks of the broader research team and the findings of this project are reported elsewhere (Turnbull et al., in press). The focus of this chapter is on data associated with five audio recorded interviews conducted with end-of-life workers using telephone and Internet services during the second qualitative phase of this project in August and September 2020<sup>2</sup>. Of these five interviews, the first author (MT) conducted two in English with Australian participants and the second author (XW) interviewed three people in Hong Kong in Cantonese Chinese (hereafter referred to as Cantonese). Interviews were transcribed verbatim, checked for accuracy by another research team member and then analysed in the original language. Excerpts from the Cantonese interviews have been included in this chapter in Chinese with English translations.

### Reflexive scope for this chapter: Emotional reflexivity in online health communication research interviews

This chapter focuses on how emotion work and emotional reflexivity were enacted within this set of five audio interviews. Interviews are a popular method of data collection across research fields (Cresswell & Poth, 2017). However, high quality and robust interviewing is complex (Peters & Halcomb, 2015). Additional data such as field notes provide important sources of contextual information (Phillippi & Lauderdale, 2018) as well as insights into the emotion work done by

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<sup>1</sup> Human research ethics approval for this project was granted by the relevant board at The Hong Kong Polytechnic University (reference number HSEARS20200805002-01). The research was funded by a grant from the Departmental General Research Fund of the Department of English, The Hong Kong Polytechnic University.

<sup>2</sup> Other interviews conducted during this project used audio and video connections. It is the audio-only interviews that are of particular interest in this chapter.

participants and researchers. These broader sources of information can facilitate the robustness of data collection and analysis (Fitzpatrick & Olson, 2015). Additionally, empirical research has underscored the importance of the emotion work an interviewer does as they build relationships with interviewees, negotiate roles and rules about the expression of feelings and emotions (Fitzpatrick & Olson, 2015), and respond to the emotions that emerge during the interview process (Carroll, 2012). This emotion work draws on the attitudes and experiences of the interviewer and can be further considered as expressions of emotional reflexivity as we respond in real time to our own and others' 'emotions and embodied experiences through the research process' (Carroll, 2012, p. 551). This reflexivity may be evident in the ways we acknowledge, observe and reflect upon changes in emotions (Carroll, 2012) as well as the emotions we express and the details about ourselves that we disclose.

In the interview context, the production, expression and interpretation of emotions are always situated within an interpersonal interaction. Emotions are most obviously expressed through verbalisations and behaviours such as laughing or crying. Importantly, however, emotions are also embodied or evident in the intangible aspects (Smart, 2009) of our research practices. Paralinguistic features such as body language, facial expressions and the way we use the things and artefacts around us such as the interview space, recording devices, consent and information forms (Rolland et al., 2019, p. 287) are also expressions of emotion. Emotions are interactive and involve both the initial expression as well as the response from the other interactant. It is these points of interaction that constitute emotion work. For example, if an interviewer asks a sensitive question and the interviewee provides a response that includes evidence of verbal or non-verbal stress-related emotions such as anxiety, the interviewer then needs to manage both their own response as well as that of the interviewee in ways that are appropriate to the context of the research interview. This emotion work performs important functions within the research interview and allows us to establish relationships, build trust and demonstrate empathy (Fitzpatrick & Olson, 2015). Additionally, this emotion work and the associated reflexivity allows the researcher to engage with sensitive topics that may evoke strong feelings and responses in the participants as well as the researchers themselves (Fitzpatrick & Olson, 2015). Even research that does not provoke intense emotional responses *is* emotional as 'all researchers will feel some kind of

response towards their research and/or their research participants' (Symon & Cassell, 2012, p. 8).

Thus, emotion work extends beyond the interview itself and can be seen in the questions we do (and don't) ask, the way we respond to disclosures and the details we record in our notes and emphasise in our analysis (Guillemin & Gillam, 2004). In this sense, emotion work is connected to the ethics of research which goes beyond procedures such as the process of gaining informed consent (Reid et al., 2018). Research ethics encompasses consideration of how the researcher's values and beliefs are embedded in and expressed throughout the research endeavour.

To analyse these dimensions of emotion work and emotional reflexivity in a set of audio interviews, we draw on two sources of data: the original interview transcripts (INT) and the transcript of a semi-structured discussion (SSD) between the authors conducted eight months after the research project itself. The analysis of these data sources draws on the content analysis of the interviews and thematic analysis of the semi-structured discussion. Excerpts from these sources are included in the following sections for illustrative purposes<sup>3</sup>.

### Reflexivity in this study: Context work, emotionality and linguistic modification

The published literature that focuses on emotional reflexivity in qualitative interviews primarily draws on researcher experiences of conducting empirical face-to-face interviews with research participants (Carroll, 2012; Fitzpatrick & Olson, 2015). In this chapter, we explore emotion work and emotional reflexivity in the context of audio interviews conducted during the COVID-19 pandemic. This presents a unique perspective on emotional reflexivity given the focus on the intensity of emotion work and the need to compensate for the loss of the intangible aspects that usually add contextual and visual information to interviews.

In the following discussion, we consider how emotional reflexivity unfolded in these audio interviews and how we, as interviewers, adapted our practices to facilitate this emotion work. This reflexive practice was enabled by previous experiences of conducting health communication research. Margo

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<sup>3</sup> The following naming conventions indicate the data sources: interviews (INT), semi-structured discussion (SSD).



(MT) has 10 years of experience in public health and health communication research and a majority of this work has involved face-to-face interviews in community settings such as primary health care services and people's homes. Similarly, Xiaoyan (XW) has worked in the field of health communication for five years and has conducted a range of face-to-face interviews with healthcare professionals in Hong Kong public hospitals. Our experience of audio interviews was limited although XW had participated in a few remote audio-only interviews as a research participant. Below we discuss three key dimensions linked with emotion work and emotional reflexivity in these audio interviews: (i) creating a bounded research space; (ii) mutual disclosures and linguistic management of emotion; and (iii) emotion work and linguistic management of emotional reflexivity. We conclude the chapter by considering how analysing these experiences suggests strategies and techniques that can facilitate emotional reflexivity in both audio and face-to-face interviews.

#### Creating a bounded research 'space' for the interview

The physical location of a research interview sets out a context and a bounded site in which emotion work can be done. Previous work on emotional reflexivity within research interviews has suggested that the location of a research interview can shape power relations between the interviewer and interviewee (Holmes, 2010). In a site like a university or hospital, the interviewer may tacitly draw on institutional authority to legitimate their work or role as the expert interviewer (Fitzpatrick & Olson, 2015). In contrast, when conducting an interview in someone's home the participant may be in a more powerful position as they control access to the physical site. Whatever physical site is used, however, there are stages that set up the relations between the researcher and participants and the emotion rules that will shape the interview. Access, introductions, social rituals such as hand shaking and negotiating seating arrangements begin to establish a context for discussion.

In audio interviews, however, these physical boundaries are absent. We both noted that even though there was no physical location for the audio interviews we conducted, we went through some processes to establish a bounded *space* in which the interview would take place. This space was shaped by the procedures of collecting informed consent but also by the choices in relation to communication that were made by the interviewees that opened the interview itself. These choices

had the effect of a redistribution of power within the relationship. This became evident in the semi-structured discussion between the researchers. For MT, a key difference was in the choice some participants made to do audio only interviews:

**MT:** [...] two of them chose to have audio only connection. So I asked them if they would like video and audio through Zoom or Skype, but they both chose audio only, which at the time [...] I thought, oh, you know, that's an interesting choice. [...] perhaps it was for their own privacy or perhaps it was to manage their own emotional connections with me as an interviewer as well, or perhaps to take some of the power back. (SSD)

XW, in contrast, noted that her technique of giving interviewees the choice of interview language marked the opening negotiation of the interview:

**XW:** I gave them an option [...] I was asking because English is also the official language in Hong Kong, so I didn't want to assume anything. So I asked them if they would like to do the interviews in English or Cantonese and all three decided to go with Cantonese.

**MT:** And how did you feel about offering that language choice?

**XW:** I feel like I'm empowering them because usually [...] power differentials between the researcher, you know, who actually comes from the institution and has the professional knowledge about the topic. I'm empowering them by giving them the option. And also, I mean, for these qualitative interviews we would want to know more about their experience, their perspectives [...] I think they could share better if they get to choose their language. (SSD)

In addition to the physical location of the interview, Fitzpatrick and Olson (2015) described using material artefacts like tissues and teacups to give a sense of informality within an interview room and to acknowledge the potential for and acceptability of emotions. In the context of audio interviews, however, these physical artefacts were absent; yet, as identified by both researchers, other emotion work was done to negotiate these emotion rules within the virtual research space. For example, we attended to aspects of confidentiality by organizing a private workspace with a reliable phone or

internet connection. MT noted that after listening to the audio files, she became aware of how often she emphasised the steps related to privacy to the participants as a way of compensating for the loss of the physical representations of trust and rapport building and seeking to provide reassurance:

**MT:** [...] the opening of the interviews, is usually a time when I think you establish trust and you feel that early-stage rapport with an interviewee. [...] often I've done the interviews in people's homes. [...] So you're invited into somebody else's house. You wait to see where they ask you to sit all those sorts of things. So you get lots of information about them from their context. But that was missing. So I found that I was verbalizing a lot. I think I was talking much, much more than I usually would in a face-to-face interview because I was trying to establish trust and convey some sense of emotion or to try and figure out how they were feeling. (SSD)

XW noted the absence of the 'small talk' that usually framed the beginning of an interview and contributed to the relations and facilitation of the subsequent emotion work:

**XW:** [...] when we actually enter the private room and then when we close the door and have some small talks, chitchat probably [...] during that time, usually what people talk about when they get together is COVID, the pandemic, the situation here, the social distancing regulations [...] so talking about that before the interview, actually, brings people together a little bit more, shorten the distance, because at that moment we belong to the same group of people going through the same experience. So I think that ingroup relationship would actually make people feel like, oh, I already know a little bit more about you. And also I feel like in the private room itself says a lot about, you know, the privacy and the trust [...] that would probably have an impact on what they share during the interview. But while doing it over the phone, that relationship is quite distant. (SSD)

Similarly, the end of the interview was marked by additional 'talking' that seemed to replace the social and embodied practices like a wave or handshake that usually mark the end of an interaction.

MT described asking questions and repeating information to bring a clear close to the interview:

**MT:** So in terms of ending the interview [...] they came to a sudden and quite abrupt end. And again, that was partly because of the loss of the social practices that often mark the end of a conversation. So when somebody finishes talking, you can see natural segue to ending the conversation, saying thank you and goodbye, but obviously without any visual feedback [...] it felt like it was kind of guessing. So, again, I used more verbalization, like saying, do you have anything else that you'd like to comment on? And again, I was aware that if we've been face to face, sometimes the hesitation, or the signs of hesitation, can mean that somebody does want to say something else whereas that was lost with the audio only. And I found that at the end of the interviews, I reiterated the information about the project itself that I had covered before I started the audio recordings in terms of the consent and the human research ethics number [...] (SSD)

XW described emailing each interviewee afterwards to provide additional follow-up contact and reassurance:

**XW:** So after the interview, I sent out the email to each participant, just expressing appreciation for their participation again. I was also saying [...] if they have any colleagues or friends interested in the topic they are very welcome to do the survey. And also if they were interested in the results or anything like that, they could contact me through email [...] sending out that email as a thank you. [...] actually they could get some results if they are interested and they know where to find me. So I think that's somehow reassuring them. (SSD)

This analysis indicates that even in a virtual space, creating some kind of boundaries and openings and closures of the research space involved emotion work that compensated for the loss of the interpersonal and embodied practices of research. These compensations involved additional linguistic description and discussion and illustrate the importance of the outcomes of emotion work – building trust and negotiating ‘feeling rules’ (Fitzpatrick & Olson, 2015, p. 50).

Mutual disclosures and linguistic management of emotion

In addition to the emotion work involved in creating a bounded research interview space, we noted evidence in the interview transcripts of the use of linguistic strategies that marked emotional reflexivity. Previous research has noted the importance of strategies that facilitate emotional reflexivity such as mutual disclosure and sharing of relevant personal information (Ezzy, 2010). In face-to-face interviews, paralinguistic aspects of communication (e.g., facial expressions, gestures, body language) support these strategies and establish practices for expressing and negotiating emotions. In the audio interviews, however, these aspects were absent. The audio interviews and semi-structured discussion indicated that in the absence of paralinguistic aspects of communication, greater verbalisation of sharing and rapport building occurred.

In MT's interviews there were examples of attempts to build rapport and emotional connections through shared experiences or common knowledge about local events such as the Australian bushfires. On reflection, MT noted that she, as the interviewer, was more dependent on the interviewee engaging verbally with those attempts at disclosure or sharing of experiences. In face-to-face interviews, a nod or facial expression would relay potential engagement but this was absent in the audio interviews. The effect of this was to put greater emphasis on the need for linguistic and verbal emotional engagement.

For example, the following extract from an interview transcript shows attempts at mutual disclosure:

**MT:** You said you are a nurse by background?

**RP:** Correct. [Pause]

**MT:** Sorry I'm trying to remember the name of the unit you worked at in [city name]? [...] I used to work at the University [city name]. (INT)

In this exchange, MT linked to a previous detail disclosed by the research participant to her own experience of the city. The research participant gave a minimal response and thus MT tried again to link the discussion to shared experiences.

In contrast, XW observed that she shared less personal information with interview participants as she was concentrating on discerning the potential emotions of the participant:

**XW:** [...] at the beginning or at the end of the interview when I was talking about the project [...] it was just totally silent so I was not sure how they felt. [...] if we do it face to face, probably I would share a little bit more of my experience, relevant ones, trying to engage. But these uncertainties during the interviews over the phone [...] Actually, I was a little bit worried or concerned about how they felt about what I said [...] while they were sharing I was also unsure about their, you know, emotional status exactly [...] sometimes you could tell one's emotion from the non-verbal cues so much more than the words themselves. So I think uncertainty went through the whole conversation. That's why I felt extremely exhausted after the interview. I spent a lot of time guessing and speculating.

**MT:** That's a very good point [...] you think you did less sharing of personal experiences because you couldn't tell how that other person was responding to you, that sharing your personal experiences is very important within qualitative interviews, isn't it, in terms of building trust and rapport building

**XW:** And to that power differential as well. (SSD)

In XW's interview transcripts there were a few examples of mutual disclosures of information or experiences and those examples that could be found were very brief:

**RP:** 我估嘅個疫情底下好多呢啲嘅狀況，就唔係咁順暢啦，即係會做得...即係我做住運動都要戴口罩呀。 [I suspect that under the pandemic there are many scenarios like this. It's not that smooth. It could be done...which means I even have to wear a mask when I am exercising.]

**XW:** 係呀，做唔到 gym 呀。 [Right, can't even work out.] (INT)

Emotionality in the interviews was also managed through the deployment of certain linguistic strategies. By reviewing the transcripts and identifying linguistic management strategies, MT and XW

noted that discursive markers were frequently used to fulfil pragmatic functions associated with trust and rapport building.

Previous research has described how discourse markers *oh* and *well* are used in interviews which are described as asymmetrical interactions when compared with conversations between friends (Fuller, 2003). Interviewers often use these ‘response signals’ to indicate that they are listening to what is being said (Fuller, 2003, p. 43). After reviewing her interview transcripts, MT noted that she often said *okay* and *thank you* to the interviewee after they responded to a question. This was explained as both a substitute for paralinguistic behaviours such as nodding or eye contact but also an attempt to reassure the interviewee that discussion and emotional disclosure were appropriate.

XW used similar discourse markers to indicate her constant presence and verbally display active listening to the interviewees. In addition to using these discourse markers, XW also utilized disjunctive questions to comment on what the interviewee shared to acknowledge the emotions that the interviewee had displayed.

**RP:** 唔可以因為疫情我地乜都唔做，就鬆懈㗎。但係我地又唔可以因為我地太過投入  
係服務度，我地衝呀，衝曬上去。咁就令到...即係依家成日嗰個抗疫嘅態度好似好唔  
認真咁樣㗎。咁即係掉番轉亦都 concern 即係佢哋亦都可能會有個擔心㗎嘛。[...] 真係  
有啲同我哋講你唔好上來住啦，遲啲先啦咁樣，亦都有啲咁樣嘅狀況。咁我估我哋一  
路就啲疫情高高低低，我哋嗰個服務亦都係高高低低咁樣調節中囉。但係有一樣嘢我  
哋真係好 bear in mind 嘅就係我地唔可以甩咗個 case 咁樣囉。係呀，點都要同佢有啲聯  
絡嘅咁樣囉。 [We could not stay and do nothing at all or slack off because of the pandemic.  
However, at the same time, we could not be too devoted to the service like rushing to their  
apartments. If we do so, then we don't seem to be serious about fighting the pandemic. They  
(the service users) may also have the same concern as we do. [...] Indeed, some of them  
asked us not to go to their apartments or to postpone the home visit. I think we need to adapt

our services based on the development of the pandemic. But one thing that we keep bearing bear in mind is that we should never drop the case. We must keep in contact with them.]

**XW:** 都好有挑戰性嘅依家? [It's very challenging currently, isn't it?] (INT)

Both MT and XW often summarised the responses of interviewees and repeated key phrases to facilitate emotional reflexivity during the interview.

This strategy is frequently used in face-to-face interviews and XW described it as effective in the audio interviews as well:

**RP:** 同埋我覺得嗰個壓力係即係同事會承受, 咁就係所有同事都係、成行都係承受個壓力、就係嗰個防疫嗰個感染、即係防疫嗰個措施呢、同埋嗰個服務之間點樣去擺個平衡囉。我覺得即係成個行業都係面臨一樣嘅壓力囉。 [Also I think this is the type of stress that all our colleagues and the whole industry are confronted with, the epidemic prevention, the infection...which means how we can strike a balance between following the infection control regulations and providing the services. I think the whole industry is facing the same pressure.]

**XW:** 係, 嗰個 balance 好難平衡到呀依家。 [Right. It's very hard to strike that balance now.]

**RP:** 係呀係呀。大家又未經歷過咁嘛! 係咪? [Right. Right. We've never experienced anything like this, haven't we?] (INT)

When the interviewee verbally expressed negative emotions such as stress or despair, XW paused for about two seconds to provide the interviewees with some space and imply they could continue if they would like to. XW would provide longer pauses in face-to-face interviews (e.g. three to five seconds) but for audio interviews the participant(s) might attribute these long pauses to a poor phone or Internet connection. MT also observed instances of her laughter as emotional reflexivity within the interviews. However, the laughter was always in response to that of the interviewee – again in the absence of



paralinguistic cues, the interviewee was in a key negotiating position in terms of leading displays of emotions.

#### Emotion work in linguistic management of emotional reflexivity

Emotions and emotional reflexivity have a variable impact on researchers (Carroll, 2012). Although the impact on individuals may be unpredictable, the presence of emotions in research is undeniable. The preceding discussion has traced how emotions and emotional reflexivity unfolded in the audio interviews in terms of the work that we did to create a research space and to manage emotions through the deployment of linguistic strategies. These strategies were not necessarily planned in advance but rather emerged through the combination of our dispositions and prior experiences. Through discussion and reflection well after the conclusion of the research project, we both felt that this way of interviewing involved more emotion work than face-to-face interviewing. This was reflected in the dominant emotions we described:

**MT:** I felt quite anxious. I'd say it would be the dominant emotion I felt at the end of the interview as well in case I hadn't done enough or tried hard enough to make that person feel comfortable or to acknowledge their contribution. So again, I verbally thanked them and acknowledged their contribution and the value of it. But from an emotional perspective, I didn't feel sure that I'd done that adequately.

**XW:** Actually, I was a little bit worried or concerned about how they felt about what I said [...] while they were sharing I was also unsure about their, you know, emotional status exactly [...] sometimes you could tell one's emotion from the non-verbal cues so much more than the words themselves. So I think uncertainty went through the whole conversation. That's why I felt extremely exhausted after the interview. I spent a lot of time guessing and speculating.

**MT:** But overall, my comments about doing those interviews with audio connections only was it was very difficult. And I found managing the emotionality of the interview difficult, partly because obviously I didn't have any of the nonverbal cues that often the signs of

emotion and also having to interpret pauses, for example, what does a pause mean in this context? Does it mean the connection is bad? Does it mean they've been distracted by something in the background?

**XW:** I really struggled with that, trying to let the participants know, I empathize with them, [...] I can feel what they are going through. I can feel their emotion. [...] when one participant mentioned some of their clients are at the end stage of their lives and they felt sorry if they couldn't fulfil their last wishes or things like that. And I really felt for them. But I was trying really hard to verbalize that, but it's just so difficult to do, to engage and to show my deep acting to them. (SSD)

In these extracts from the reflective discussion between MT and XW, a sense of anxiety and stress is foregrounded. This may reflect our relationship to the topic itself and the emotionality connected with discussing end-of-life issues as well as our position to issues derived from the pandemic (we were all 'insiders' affected by the pandemic). However, it can be seen that the work involved in managing emotions linguistically put greater cognitive demands on us as interviewers and increased the risk that we were shifting focus somewhat from the interviewee to our own management of what we were saying and describing. This opens up an important question in relation to the quality of the data collected through audio interviews compared to face-to-face interviews. This is the final point we discuss in the conclusion to this chapter.

## Conclusion

This chapter has focused on emotion work and emotional reflexivity in a set of audio interviews from a health communication research project. The analysis and discussion associated with these interviews has shown the ways in which emotions and emotional reflexivity influence context, management and productivity of a qualitative interview even when we are not face-to-face with our interviewees. It is of note that in the research analysed here the absence of paralinguistic and embodied elements of emotion intensified the cognitive and linguistic 'work' of the researcher. This additional work was evident in the use of certain linguistic strategies and the increased verbalization of processes, stages

and information. Drawing on our reflections and analysis, we would suggest the following strategies for researchers conducting online communication research:

- Consider the importance of field notes even when you are not ‘in’ the field. Field notes are often used to record contextual information and provide important additional research data. We would encourage researchers to compile field notes even when conducting online research to capture the strategies, mistakes and adaptations that shape their research practice.
- Link field notes to a reflective diary detailing your research experiences. Interviewing involves well developed communication skills, and significant adaptations are required when conducting research online. Reflecting on your emotions and responses as an interviewer may provide prompts for ongoing skill improvement.
- Identify and incorporate communication strategies into your research work. For example, having a clear plan of how and when you are going to make statements about ethics and privacy during an initial interview will ensure that you cover relevant details but also work on developing rapport. Including a follow-up thank you email to a research participant can provide valuable and additional contact. This may be particularly important when research concerns a sensitive topic.

This experience of conducting audio interviews has drawn attention to the importance of emotion work and emotional reflexivity as well as the need for these to be considered overtly in the planning and conducting of online research.

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## References

- Ahmed, F., Zviedrite, N., & Uzicanin, A. (2018). Effectiveness of workplace social distancing measures in reducing influenza transmission: A systematic review. *BMC Public Health, 18*, 518.
- Aiello, A., & Tesi, A. (2017). Emotional job demands within helping professions: Psychometric properties of a version of the Emotional Job Demands scale. *TPM-Testing, Psychometrics, Methodology in Applied Psychology, 24*(2), 167-183.
- Brooks, S., Dunn, R., Amlôt, R., Rubin, G., & Greenberg, N. (2018). A systematic, thematic review of social and occupational factors associated with psychological outcomes in healthcare employees during an infectious disease outbreak. *Journal of Occupational and Environmental Medicine, 60*(3), 248-257.
- Carroll, K. (2012). Infertile? The emotional labour of sensitive and feminist research methodologies. *Qualitative Research, 13*(5), 546-561.
- Cresswell, J., & Poth, C. (2017). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (3rd ed.). Sage.
- DeFilippis, E., Impink, S., Singell, M., Polzer, J., & Sadun, R. (2020). *Collaborating during coronavirus: The impact of COVID-19 on the nature of work*. (Working paper No. 27612). National Bureau of Economic Research: Cambridge MA.
- 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.
- Ezzy, D. (2010). Qualitative interviewing as an embodied emotional performance. *Qualitative Inquiry, 16*(3), 163-170.
- Figueroa, M. E. K., Kincaid, D. L., Rani, M., & Lewis, G. (2002). *Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes (Communication for Social Change Working Paper Series: Number 1)*. New York, NY: Rockefeller Foundation.
- Fitzpatrick, P., & Olson, R. (2015). A rough road map to reflexivity in qualitative research into emotions. *Emotion Review, 7*(1), 49-54.

- Fuller, J. (2003). The influence of speaker roles on discourse marker use. *Journal of Pragmatics*, 35(1), 23-45.
- Golightley, M., & Holloway, M. (2020). Editorial: Unprecedented times? Social work and society post-COVID-19. *The British Journal of Social Work*, 50(5), 1297-1303.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and 'ethically important moments' in research. *Qualitative Inquiry*, 10(2), 261-280.
- Harrington, N. (2014). *Health communication: An introduction to theory, method and application*. Taylor & Francis Group.
- Hernández, L. H., & De Los Santos Upton, S. (2019). Critical health communication methods at the U.S.-Mexico border: Violence against migrant women and the role of health activism. *Frontiers in Communication*, 4(34), 1-12.
- Hochschild, A. (1983). *The Managed Heart: Commercialization of Human Feeling*. University of California Press.
- Holmes, M. (2010). The emotionalization of reflexivity. *Sociology*, 44(1), 139-154.
- Iedema, R. (2011). Creating safety by strengthening clinicians' capacity for reflexivity. *BMJ Quality and Safety*, 20, i83-i86.
- Iedema, R., Carroll, K., Collier, A., Hor, S.-Y., Mesman, J., & Wyer, M. (2018). *Video-Reflexive Ethnography in Health Research and Healthcare Improvement: Theory and Application*. CRC Press.
- Kincaid, D. L., & Figueroa, M. E. (2009). Communication for participatory development: Dialogue, action, and change. In L. R. Frey & K. N. Cissna (Eds.), *Routledge Handbook of Applied Communication Research* (pp. 506-531). New York, NY: Routledge.
- Lupton, D. (1994). Toward the development of critical health communication praxis. *Health Communication*, 6(1), 55-67.
- Maunder, R., Hunter, J., Vincent, L., Bennett, J., Peladeau, N., Leszcz, M., Sadavoy, J., Verhaeghe, L., Steinberg, R., & Mazzulli, T. (2003). The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *Canadian Medical Association Journal*, 168, 1245-1251.

- Peters, K., & Halcomb, E. (2015). Interviews in qualitative research. *Nurse Researcher*, 22(4), 6-7.
- Phillippi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and conversation. *Qualitative Health Research*, 28(3), 381-388.
- Reid, A. M., Brown, J., Smith, J., Cope, A., & Jamieson, S. (2018). Ethical dilemmas and reflexivity in qualitative research. *Perspectives on Medical Education*, 7, 69-75.
- Roach Anleu, S., & Mack, K. (2019). A sociological perspective on emotion work and judging. *Onati Socio-Legal Series*, 1-21.
- Rolland, L., Dewaele, J. M., & Costa, B. (2019). Planning and conducting ethical interviews: Power, language and emotions. In J. McKinley & H. Rose (Eds.), *The Routledge Handbook of Research Methods in Applied Linguistics* (pp. 279-289). Routledge.
- Smart, C. (2009). Shifting horizons: Reflections on qualitative methods. *Feminist Theory*, 10(3), 295-308.
- Storey, D., & Figueroa, M. E. (2012). Toward a global theory of health behavior and social change. In R. Obregon & S. Waisbord (Eds.), *The Handbook of Global Health Communication* (pp. 70-94). West Sussex: Wiley-Blackwell.
- Symon, G., & Cassell, C. (2012). *Qualitative Organizational Research: Core Methods and Current Challenges*. Sage.
- Tam, C., Pang, E., Lam, L., & Chiu, H. (2004). Severe Acute Respiratory Syndrome (SARS) in Hong Kong in 2003: Stress and psychological impact among frontline healthcare workers. *Psychological Medicine*, 34(7), 1197-1204.
- Turnbull, M., Wu, X. I., & Watson, B. M. (In press). A comparative study of the impact of the COVID-19 crisis on the communication practices of end-of-life care workers. *Communication & Medicine*.
- Winefield, H. (2006). Support provision and emotional work in an Internet support group for cancer patients. *Patient Education and Counseling*, 62(2), 193-197.
- World Health Organization. (1946). *Preamble to the constitution of the World Health Organization*. International Health Conference, New York.

