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Dealing with Feeling: Emotion, Affect, and the Qualitative Research Encounter

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Abstract Emotion and affect are different, yet intricately interwoven. Emotions such as fear, joy, or sadness are biological in as far as they are physically *felt*, but they are relational in as far as they are more fully *experienced*. Affect arises out of the relational quality of emotion—it consists of the myriad ways in which emotions are embodied, expressed, and enacted.

Emotion and affect are influenced by their physical and symbolic contexts. In terms of physical context, data for this article were collected from two different research studies and several sites in the Free State Province of South Africa. Two forms of data were collected: verbal data and images/artworks. In terms of symbolic context, these verbal and visual forms of language and their functioning were explored to generate insights on the social construction of emotion and affect.

Margaret Wetherell's work provides a theoretical basis for analyzing emotion and affect. Rather than conceptualizing emotion in terms of obscure or esoteric formulations, her "practice-based" approach grounds the study of emotion by examining its manifestation in actions. When taken together, action and practice imply pattern and order, form and function, process and consequence.

Both projects featured in this paper are sensitive studies that stir emotion. This is fertile ground for exploring emotion and affect in participants' narratives. It is also fertile ground for exploring how emotion and affect may influence the qualitative researcher and the research process itself. Accordingly, this paper offers an additional layer of analysis on the functioning of intersubjectivity, power, emotion, and affect in the research encounter. Concluding insights endorse the practice of mindfulness as a fruitful approach to manage researcher subjectivity in the qualitative research encounter.

Keywords Emotion; Affect; Affective Practice; Interpretative Repertoires; Qualitative Research Encounter; Researcher Subjectivity; Intersubjectivity; Power; Mindfulness

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Distinguishing Emotion and Affect

Historically, the study of feeling/emotion, affect, and mood has been mainly in the fields of psychobiology and psychology. But, over the last decade interest in these issues has spread more widely throughout the social sciences. The work of the sociologist Thomas J. Scheff (1990; 2000) focuses, for instance, on the role of specific emotions such as pride and shame in establishing and preserving, or threatening and breaking, social bonds. With the spotlight more keenly focused on *social* aspects of emotion, affect, and mood, traditional ways of thinking about them have given way to more diverse analyses. One significant shift is away from "essentialist notions of emotion as located solely in individual biology" (McGrath, Mullarkey, and Reavey 2020:75). Instead, social scientists now accept that emotion is also relational and is interwoven with language and context (Willis and Cromby 2020). This paper follows that trend, and is based on the understanding that emotions are biological in as far as they are physically *felt*, but that they are relational in terms of how they are *experienced*. Out of this relational quality—at the confluence of self, other, and context—arises affect: the myriad ways in which emotions are embodied, expressed, and enacted. Thus, while the body remains central to emotion, it is the body-in-the-world that is central to affect.

How Affect Functions

Margaret Wetherell (2012:4), whose work forms the theoretical basis of this article, refers to affect as "embodied meaning making." She contends that affect is "always 'turned on' and 'simmering,' moving along, since social action is continually embodied" (Wetherell 2012:12). From this perspective, emotion and affect cannot be excluded from any human encounter, including the research encounter.

More intricately, she argues that affect is a *practical* human activity (Wetherell 1998; 2012; 2015; Wetherell, McConville, and McCreanor 2020). The notions of "practical" and "practice" imply purpose and intent. This is not to say that embodied meaning-making and affective practice are necessarily conscious. Rather, affective practice is often automatic and unbidden, typically implicating "a large, non-conscious, hinterland of associations, habits, ingrained relational patterns, and semiotic links" (Wetherell 2012:21). Clearly, sometimes we are not aware of what we are doing in-the-moment, instead "we only become conscious of how our bodies and minds have been recruited and entangled after the event" (Wetherell 2012:21).

This recruitment and entanglement is partly due to the repetition of individual, as well as social/com-

munal routines of surveillance and regulation—through which patterns of affective practice are constructed and become embedded "as a kind of potential" (Wetherell 2012:22).

> Practice draws attention to both a transpersonal "ready-made" we confront and slip into, as well as to active and creative figuring. Routines do in some sense "land on" people and "subject" them. And, "forms of encounter," or social relationships, arrive with the affective slots for actors already sketched…It is an organic complex in which all the parts relationally constitute each other. [Wetherell 2012:125]

From this we can deduce that emotion and affective practice are convoluted—almost byzantine—like the functioning of language with its relations of power, its underlying assumptions, and subtle triggers. Language—and more intricately, rules of discourse inherent in language—positions people differentially in relation to themselves, to others, and to their contexts. Similarly, emotion and affective practices position people in particular ways in relation to themselves, others, and the contexts in which they find themselves. For instance, a person could be positioned as "an angry person" in one context and point of view, but be positioned as "a victim with a right to be aggrieved" in a different context and point of view. The person and her/his affective practices have not changed. Rather, she/he is being differently positioned in two different contexts, according to two different discourses and their underlying values. Sometimes the values and assumptions that underlie emotions and affective practices are so entrenched that they become automatic. We are likely then to respond via "interpretative repertoires," which are "culturally familiar and habitual line[s] of argument comprised from recognizable themes, common places, and tropes (doxa[1])" (Wetherell 1998:394).

The Aims of This Paper

This paper has two main aims. The first is to analyze the social construction of emotion and affect as these unfold in qualitative data from two different research studies focused on social responses to HIV. In analyzing the social construction of reality, key theoretical anchors are illustrated, namely, subject positioning, affective practices, interpretive repertoires, and relations of power. The second aim is to reflect on the qualitative research encounters themselves, and transparently describe how emotion was experienced, and affect enacted, by the researcher herself. This serves as a basis for endorsing mindfulness as a fruitful approach to managing researcher subjectivity.

Methodological Notes

Data for this paper originate in two research studies. Both studies used quantitative and qualitative methods. This article draws on qualitative data collected directly from participants, as well as researchers' field notes. The studies were selected because they both focus on social responses to HIV and both yielded rich data for exploring emotion and affect. For both studies I was a project leader and collected data in collaboration with a team of researchers, but in the qualitative research encounters featured here,

[1] Doxa refers to common beliefs or popular opinions.

I was the team member who personally collected the data. This personal involvement in data collection was another selection criterion as it enabled me to offer in-depth and well-grounded analyses of the research encounters and the emotions that I felt, as well as witnessed.

The first study was an evaluation of an Orphans and Vulnerable Children (OVC) program run by a local non-governmental organization in the Free State Province of South Africa (Rau et al. 2014; Rau 2018). The OVC program is one of the organization's interventions designed to mitigate the negative effects of HIV among community members. Data were collected from organizational staff and beneficiaries of the program; the focus of this article is on insights from the children's data. Random sampling was used to control bias in the selection of children. The total population of 608 OVCs was stratified by gender, geographical cluster, and age, and then a list of 32 OVCs was randomly drawn. Children were reached in contact sessions lasting three hours per day for three consecutive days. These were held in the children's home languages—a mix of Sesotho and Setswana. Sessions were highly interactive and methods were participatory, consisting of writing and storytelling, as well as artworks in the form of drawings and decoupage. Verbal data were audio-recorded, transcribed, and translated. Artworks also constituted data, but were not included in analyses unless a child spoke about or explained her/his artwork. All research team members contributed data in the form of field notes on their insights and observations. Great care was taken to work sensitively with the children and to this end a qualified psychologist fluent in Sesotho, Setswana, and English was recruited to the project team. She led all the children's sessions and contributed to the design of activities, as well as to thematic and psychological analyses. She also supported and debriefed the researchers.

The second study was a randomized controlled trial on HIV- and TB (Tuberculosis)-stigma among health-care workers across public hospitals in the Free State Province (Rau et al. 2018). All eight provincial hospitals were stratified by size and district, and then randomly allocated to four control and four intervention sites. In the latter sites, a key intervention was a 1-day stigma-reduction training workshop for health-care workers from all levels and types of jobs. In keeping with the theory of Diffusion of Innovations, positional sampling (Rau et al. 2018:6) and snowball sampling were used to select the 402 participants who attended the training sessions in the intervention sites. In order to better understand how interventions were engaged with and received we conducted 26 focus group discussions among 114 health-care workers. Focus groups lasted between 40 to 60 minutes and were conducted in Sesotho and English. Data were transcribed, translated if necessary, and entered into nVivo12© prior to thematic analysis. Researchers also contributed insights and field notes that were discussed in debriefing sessions at the end of every data collection day.

Signed consent, and assent in the case of the children, were obtained from all participants for all activities in which they were involved. Formal ethical clearance was obtained for both studies. *Study 1*: University of the Free State, Faculty of Education,

Research Ethics Committee (Clearance no.: UFS-EDU-2013-043, dd. July 30, 2013). *Study 2*: University of the Free State, Health Sciences Research Ethics Committee: Institutional Review Board (IRB) number 00006240 (Clearance reference number ECUFS 55/2015, dated 16 September 2015, and 7 December 2016).

Objectivity, Subjectivity, and Intersubjectivity in the Research Encounter

A key consideration for all research—including sensitive studies that stir emotion, like the research featured here—is the degree to which researchers knowingly or unknowingly wield power in relation to participants and the research context. This has implications for how, and how much, researchers influence the content and quality of research and data. Efforts to counteract researcher influence on research processes and participants aim to cultivate an appropriate degree of objectivity.

Qualitative research has long abandoned the quest for absolute objectivity, as reified in quantitative paradigms. Instead, qualitative researchers are instructed, in research texts we consult from very early on in our academic training, to maintain as neutral as possible a stance in relation to participants, what they say or do, and the contexts in which the research takes place. These instructions are many and varied, ranging from how we communicate verbally and non-verbally with participants, to how much of ourselves we should try to leave "outside" the research encounter. For instance, a recommended practice and attitude for interpretative-phenomenology is "bracketing" (Brooke 1991), which urges researchers to suspend prior knowledge, preconceived ideas, and personal proclivities. In practice, cultivating conceptual silence is difficult, if not close to impossible. Another recommendation is the practice of reflexivity (Bourdieu and Wacquant 1992). But, reflexivity requires time and introspection, neither of which are readily available in-the-moment of a research encounter.

I argue here (and later discuss) that it is best to be *fully present* in the research encounter, and that this is more in keeping with the notion that there exists "an intrinsic, irreducible, and mutually transformative relationship" (Brooke 1991:7) between the researchers and their subject matter, their participants, and research contexts. Being fully present does not mean that there is no limit to how, or how much, the personal enters the professional. Rather, it is a matter of being oneself, while managing one's subjectivity in order to make space for the real work, which is to concentrate on the research and its participants. Inevitably, research that involves directly engaging with people makes the research encounter *inter*subjective (Coetzee and Rau 2009). This is consistent with the epistemologies and methodologies of interpretivist, constructivist, and critical research discourses, which promote the idea that the research encounter is a co-constructed reality.

Insights and Findings

The Social Construction of Emotion and Affect

Maintaining neutrality to the research context is one of the desiderata that qualitative researchers should aim to achieve. Imagine then going

into a poor black South African township in order to evaluate a program for children orphaned and made vulnerable through HIV and AIDS. In a very real sense, you are primed for witnessing and working with difficulty and suffering. So the whole research context is highly charged, emotionally, even before directly encountering the children. Wetherell (2012:125) speaks of "a transpersonal 'ready-made' we confront and slip into… Routines do in some sense 'land on' people and 'subject' them. And 'forms of encounter' or social relationships arrive with the affective slots for actors already sketched." On reflection it is possible to identify several "transpersonal 'ready-made'… affective slots" (Wetherell 2012:125) that I and other team members slipped into. Emotions of pity, alarm, and sadness arose in the context of a socially constructed view of orphans and vulnerable children as being needy and powerless. "This view circulates so widely throughout the world that it has become a stereotype—a taken-for-granted construct that is so entrenched in collective understanding that we rarely question the assumptions on which it is based" (Rau 2018:10). By tracking my own emotions of pity, alarm, sadness, and even helplessness that emerged automatically out of this globally entrenched stereotype, it becomes possible to identify the forms of *emotional practice*—the *affects*—that result.

One affective practice was "saving behavior." The research team did not arrive empty handed in what we knew to be an impoverished environment. At the start of every session, children were fed. They were also given a pack with all the materials needed to write or make artworks. During our first session with a group of younger children the project psychologist and I discovered that food and materials had disappeared from the extra stock we always brought to sessions in case more than the invited number of children arrived. Clearly these commodities had been pinched during the session. My feelings of pity, alarm, and sadness for the children translated into reluctance on my part to say anything. Not doing or saying anything was a way to keep the research process on track, and not disturb the children's early acceptance of me. But, it was also my way of trying to save them from feeling disgrace or shame. As Scheff (2000) notes, when someone threatens or breaks a social bond, this can lead to a negative self-evaluation, and more particularly, to feelings of shame. In a process not unlike negative transference,[2] my passivity and feelings of helplessness repeated the widely shared normative notion of "passive, helpless orphans."

Interestingly, the affective practice of "saving behavior" was also manifested by the children, although in a very different sense and way. One boy, like several others, cut pictures out of magazines and stuck them on art paper, adding multi-colored sketches, and a short written piece on his experience of the organization. What set him apart was that he did not use any materials from the pack we gave him. He borrowed everything he needed—scissors, glue, pencil, pen, color markers, even paper—from the packs given to the other children. The other children let him use their materials without any verbal agreement and also without any visible reluctance.

[2] Transference describes a situation where the feelings, desires, and expectations of one person are redirected and applied to another person.

When the activity had ended the psychologist asked him why he did not use his own materials. He replied:

> It is for my brother and sister. They do not have pencils. They do not come here.

The other children "saved" him, so that he could "save" his siblings. They clearly intuited, recognized, or perhaps even identified with his need. In a sense, their affective action served to dis-continue and interrupt poverty, like "poor philanthropists" (Wilkinson-Maposa et al. 2005) who help each other despite having very little themselves in terms of material resources. One could argue that the children's response is one of the "intimate ways in which affect is linked to convention and normal practice" (Wetherell 2012:93) in impoverished communities. This fits well with the notion of the social construction of reality, makes good sense in terms of social science, and I accept it as a valid interpretation.

Nonetheless, it is not entirely satisfying to my "subjective self" whose direct and intense emotional encounter with the sweet solidarity of the children makes me wonder if generosity may involve a more transcendental way of being-in-the-world than is captured in the idea of the social construction of reality, or for that matter Wetherell's notion of affective practice. For some readers this highly subjective interpretation, with its almost mystical overtones, may signal a lapse in critical thinking. I include it here to show how, in that particular interaction with the children, my emotional *feel*ings positioned me differently in relation to different ways of thinking about generosity: the academic discourse of "the poor philanthropist" *versus* the mystical discourse of "a state of grace." It also shows how objectivity can reside alongside subjectivity in the research encounter. Undeniably, emotions in this encounter opened my mind to different interpretations. Irrespective of the merits of the two different interpretations, an open mind is a very important quality for a qualitative researcher to cultivate. Thus, I argue that suppressing emotion in the qualitative encounter is counterproductive and that it is better to be "fully present." Of course, in choosing which interpretation to put forward visibly/publicly, we usually follow the normative expectations of the context in which we are operating.

The Power of Images to Evoke Emotion

The tactic of using art-making, sound, images, and film to evoke feelings is not new in qualitative research, which has long recognized that "like all embodied experiences, emotions and feelings are ineffable: not capable of being wholly represented using words" (Willis and Cromby 2020:3). Talking about feeling also uses imagery in the form of similes and metaphors that capture the essence of an experience. In response to the request to tell us something about their home and families, one child conjured a clear emotive image when he said:

> I do not like my family because they treat me like a dog.

Another little girl also used the image of a dog: from one of the magazines we supplied she cut out a picture of a Labrador snuggled into a bright

red new cushion. He wore a doggy jacket and had a bling collar around his neck. His tongue was lolling out in a show of happiness that matched the warmth in his eyes. When asked about her image she did not want to speak. All sorts of interpretations ran through my head. Could she be saying her home and family is a warm, happy, and safe space where she is well cared for? Could it be wishful thinking? Was she reacting to the child who said he felt treated like a dog? More simply, did she want a dog? It is vitally important that participants unpack the meaning of their artworks, images, or metaphors, not researchers. Any probing needs to be done with great care because participants, especially young children, are prone to suggestion and may wish to please or comply with what they think researchers want to hear. In this project, researchers never pushed past a child's reluctance to speak. As a result, quite a lot of potentially rich data were lost to us.

Many of the children's drawings and decoupage artworks featured desirable things like cell phones, cars, and clothing, but some illustrated deep emotional desires. One little girl cut out an image of a man kneeling in meadow grass; his arms were draped around the shoulders of a young girl and boy, pulling them all closely together—a tightly knit group of smiling faces. The group looked decidedly Nordic or Aryan, while the child who made the artwork is African. It seems that, for her, the appeal of the image transcended racial associations. The man and children in the image all wore the same uniform, like a scout group. The child had drawn a frame of flowers and hearts around the picture and added the name of the organization, along with a title: "It is father." This particular child was an orphan and the household of extended family in which she lived comprised of women only. The child care workers at the organization were also all women. The image in context was touching and quite disturbing—and remains so years later. Encounters like this emphasize the importance of recruiting a psychologist to a research team working in a sensitive and emotionally charged context. They also show how, for researcher and researched, "affective flows can get tied up/connected by / entangled with images" (Wetherell 2012:13).

Another interesting drawing was of a man smoking a long cylindrical pipe, with the caption "Don't try this." The boy who drew it explained:

> When I first came here I was smoking glue.

Many South African townships, like the one in which the organization is situated, have high levels of crime, violence, and substance abuse, all of which contribute to unsavory and unsafe environments for families and children (Hall et al. 2018). Keeping his eyes on his artwork, the boy spoke of a turnaround in his situation, which he attributed to the interventions of the organization:

> I like [this place]. It protects us when it is raining; it makes sure the thugs are not beating us up.

> There are a lot of things I learned from [this organization]—like one has to have a bright future and not be attracted by gangsters. Because once you end up being a gangster…you have a lot of things that make you lose sense of yourself.

In other sessions this child was very reserved. It is doubtful that in this session we would have solicited this depth of revelation without his drawing. In relation to this child's artwork, and the others discussed here, I concur with Radley and Taylor (2003 as cited in Willis and Cromby 2020:9) who find that using art-work and images to solicit narratives "offers more agency to participants, giving them greater freedom from researcher designed prompts, and…facilitating the 'feeling again' of the experiences to which [the images] relate."

Communal Dimensions of Emotion and Affect

> Stigma is a Greek word for a mark that was cut or burned into the skin—it identified people as criminals, slaves, or traitors to be shunned. In his seminal work, Erving Goffman (1963) drew on this age-old notion to define stigma as an attribute, quality, or association that significantly discredits an individual in the eyes of others. [Rau et al. 2018:2]

More recent scholarship places emphasis on stigma as a *process* involving differentiation, othering, and discrimination (Rau et al. 2018:2). Stigma can be overt or covert, perceived or enacted, private or public. In all its various forms and processes, one quality of stigma stands out: it is emotionally fraught. This was demonstrated in qualitative data collection for the second research study featured here, on HIV- and TB (Tuberculosis)-stigma among health-care workers in public health-care facilities. Stigma operates through circular processes that reinforce and amplify it. It can also be interrupted, which is what our research aimed to do via training to increase health-care workers' knowledge of stigma, and also to evoke in them what it feels like to stigmatize or be stigmatized. As Wetherell (2012:143) notes: "the fact that affect does circulate, and that affective practice can be communal, is crucial to the very possibility of collective action and to sociality and polity."

Let me begin with an example of communal affect experienced by a participant who called me aside after a focus group ended to tell me a personal story about being stigmatized because she works closely with HIV-infected patients. This phenomenon is known as stigma-by-association. Almost every morning she would wake up to find empty antiretroviral (ARV) medication bottles in her yard. They had obviously been thrown over her fence during the night. The regularity with which this occurred left her in no doubt that community members were involved.

> What are they trying to say to me? It's upsetting. I am a professional nurse, helping people with HIV to live…people right there, in my community.

Stigma-by-association connects with Wetherell's (2012:81) idea of "circuits of affective value." HIV is one of the most feared infections in South Africa, the country with the biggest HIV epidemic in the world (Statistics South Africa 2018). People with HIV or who are associated with HIV are often stigmatized, particularly in communities where HIV is most prevalent. A strong driver of stigmatization is fear of contagion, which gives rise to a wide range of negative affective practices such as shaming, blaming, discrimination, avoidance, exclusion, degradation, even outright hostility. To be closely associated with the virus, or someone infected with it, carries the risk of attracting these negative effects to one's

self. Some might find it better/safer to reproduce, or at least appear to reproduce, the negative affective practices that circulate in a community and that most community members appear to buy into. This creates "circuits of affective value" that become ever more deeply entrenched through repetition.

The second example is from a nurse in a different hospital. Three factors distinguished her narrative. Firstly, she was most outspoken about her personal experience of being stigmatized in the workplace. This was quite unusual and transgressed what I had come to recognize from preceding groups as a kind of "closing of the ranks" against researchers who come from outside the organization, and whose gaze is on something as negative as stigma perpetrated among the healthcare workers themselves. Secondly, stigma was initially enacted at the communal level, and then it changed form and direction to impact on one individual. Thirdly, the nurse's narrative was of stigma rooted in feelings of fear and antipathy towards "the other," in this case enacted stigma based on ethnic difference.

> They team up against me…it's a large number of people talking the same language.
>
> [I said] I'm not going to fight you. You can continue doing that if it is giving you comfort.
>
> Then they resorted to another person to team up against…who is [also] not a Tswana person.

She lowered her head and her mouth was trembling as she described how stigma against her escalated after she stood up for the rights of a patient:

> A senior personnel…she is my junior when I am counting the age…but with the position she's there as a senior…she was very angry about that [about the nurse standing up for a patient].
>
> Anger, the anger she's having, she's displaying the anger on me. Always and always when she's there, in the unit, she's playing her anger. I made her aware that I'm not responsible for her anger.
>
> [Then when it came to the time for] performance appraisals…I disagree with the information. She's becoming annoyed when I disagree [and] I don't want to sign…Then she's holding my hand, like this, and twisting my arm. This arm [holding it] is still having a problem.

She reported the incident and attended management meetings held to try to arbitrate the impasse, but neither led to the removal of the senior who attacked her emotionally, then physically.

> I used to cry every day at work, but now I'll never cry again.
>
> I resorted to another behavior, which I was not having it previously, of revenge.
>
> I'm displaying an up-to-date defense mechanism against them. Effectively so. I make it a point that I don't misbehave. I do my job. I'll do the correct things, always and always…my only problem is that of arriving late at work.

Relations of power are revealed in the ways in which a person is positioned by others—in this case, the

stigmatization of the nurse based on ethnic difference, which then plays out in affective (angry and violent) practices of discrimination. Relations of power are also revealed in the way a person positions herself/himself: it refers to a person's speaking standpoint and the character she/he knowingly or unknowingly projects. As Edwards (2005 as cited in Wetherell 2012:92) notes, "people are attentive to how they will be heard and evaluated, and will try to avoid any potentially noxious identities, while claiming normatively positive positions." In her narrative, the nurse presents as a victim, but also as a moral judge and accuser. She describes how her affective practice changes from always crying, to defending herself by always doing what is correct. A chink in this armor appears when she starts arriving late for work. By this admission she avoids projecting herself as being perfect. Listeners are likely to excuse this one flaw, perhaps even understand it as being an unconscious expression of not wanting to be in such an inhospitable environment. It is likely that I was not the only one who felt emotion listening to the nurse's story and watching her struggle to keep back her tears, for emotion in one person usually precipitates emotion in others. Her story, and the way she positions herself within it, sets up "ready-made" emotional slots for listeners to take up or slip into: sympathy towards her and indignation at the acts of her aggressors.

Two difficulties for the qualitative researcher arise out of this encounter. Firstly, it was not possible to solicit accounts of the nurse's situation from anyone else in the hospital, because it would have been a breach of confidentiality. An Occupational Health nurse attended the focus group, as well as a staff member from Human Resources: it is very unlikely that they would have remained silent if the story was not well-founded. One man in the focus group said that he had heard about it, but did not elaborate further, except to comment that it showed there were other forms of stigma that do not have to do with HIV. A situation like this can be problematic for any qualitative researcher, who needs to gather multiple perspectives on an issue in order to expand or validate an account.

Secondly, the nurse took up a lot of the allotted time speaking about a form of stigma that was not the focus of the research. Normally, I would have found a way to bring the discussion back to HIV- and TB-stigma, or shift her into a private interview with the co-facilitator. But, her story came tumbling out so rapidly and relentlessly, and the way in which the stigma against her mutated into acts of workplace discrimination was clearly so painful for her that it would have been brutal, and, importantly, in terms of African culture—rude, to interrupt her.

For quite a while after the nurse had finished telling her story the atmosphere in the group was uncomfortable and it took some prompting to get people to speak again. I wonder whether there might have been some collective alarm, perhaps even collective shame (Scheff 1990; 2000), at the nurse having breached normative rules of the workplace, which have to do with maintaining an ethic of neutral professionalism by not openly discussing or showing distress, as well as not telling outsiders about inequitable workplace practices such as discrimination or breaches in patient care.

Emotion as a Catalyst for Change

Wetherell (1998:394) coined the term "interpretative repertoires" for "culturally familiar and habitual line[s] of argument comprised from recognizable themes, common places, and tropes." The functioning of different forms of stigma against people with HIV is driven partly by emotions and affective practices that make use of interpretative repertoires and establish "affective routines that spill over into present and future affect" (Wetherell 2012:151).

"Refiguring," according to Despret (2004:209), is "a moment of hesitation in emotion when it is possible to launch body and mind on new alternative trajectories and choose other forms of becoming." A key aim of our hospital project's stigma-reduction training was to bring about just such a moment.

One male health-care worker shared what I regard as a heroic narrative. It took a few shakings of his head and murmurings of reluctance before he decided to speak. We all waited. Then he spoke softly:

> There is this man in my section. I was stigmatizing him.
>
> After the training I went to speak to him, to say I now have knowledge. That I accept him. That I was wrong. And we have become friends here.

I regard this as a heroic narrative, because he took full ownership of his story and he told it even though it was a source of embarrassment for him. Several participants spoke of witnessing or hearing about HIV/TB-stigma among health-care workers in the workplace. But, outside the guaranteed anonymity of the quantitative-survey component of the research, he was the only one out of 114 participants who openly admitted to having habitually stigmatized an HIV-infected co-worker.

Mindfulness and the Subjective Self

Subjectivity is not singular. As Wetherell (2012:125) puts it, "subjectivities arise in the plural, in shifting and patterned, often clashing, ensembles." Writing about the researcher's self in research Margaret Walshaw (2010:589) concurs: "Subjectivity is not a simple given presumed essence that naturally unfolds, but, rather, is produced in an ongoing process and through a range of influences, practices, experiences, and relations." Qualitative research participants select from their experiences when choosing which stories to tell and how to tell them. Knowingly or unknowingly, they also solicit the researcher into taking up a particular position or "side." In response, the researcher is bound to find that different subjectivities arise consciously or unconsciously within herself/himself.

Symbolically and realistically, emotive research contexts can pose difficulties in managing appropriately boundaried relationships. For instance, the children would touch my hair and fiddle with my clothing, but I could not reciprocate by touching them (many were abused and so touching is taboo). They would also affect all sorts of attention-seeking behaviors, which I sometimes found difficult to respond to kindly, but firmly (others might feel left out if attention was unevenly divided, and again this would risk re-creating a negative association

for orphans and vulnerable children). Particularly in highly emotive settings such as the projects discussed here, the idea of maintaining emotional neutrality is just not viable. Of course, as a researcher I could not cry with the nurse. Nor could I show children the pain I felt at some of their stories and artworks, for this would have taken away from the remarkable resilience that several showed.

One has to stay steady, but one also has to stay true. Inevitably, the qualitative research encounter is intersubjective (Coetzee and Rau 2009). So whether as a researcher you adopt a "persona" or present as your "natural self," participants will register and respond to you. I argue that it is better to be natural: how else would it be possible to honestly reflect on and critically analyze your influence on the research encounter with any real depth, knowledge, or authority?

I regard the notion of "mindfulness" as best suited to the here-and-now of the qualitative research encounter. It has long been featured in Buddhist teachings as a way-of-being in the world, and has been taken up more recently in psychology texts and practices (cf. Lemon 2017). Mindfulness allows for the rising, the noting, and the letting-go of thoughts, emotions, and judgments. This seems to me to be preferable to trying to banish emotions and judgments as intrusions into the research encounter. Mindfulness offers a space in which the researcher is fully and fallibly human—hospitable to her/his own self, as well as the personhood of participants. This is the place I have reached after many, many years as a researcher. I find that being "real" in the research encounter minimizes the distance between participants and myself. It also provides a space for scientific thinking to operate in tandem with ordinary human awareness. In this space, emotions are not something undesirable to be suppressed, but natural and allowable phenomena to be worked with.

In Summary

This article illustrates key processes and products/consequences involved in the social construction of emotion and affect. This is done via analyses of qualitative data collected in two studies on social responses to HIV, and via insights on how the researcher's own emotion and affect are triggered and operate in qualitative research encounters from the two studies. Two types of data were presented: verbal data and artworks. The latter were included to show how effectively images capture the emotion of participants who may not be able to articulate what they feel and do in words—in this case, the experience of children. All data and their analyses show how key theoretical anchors in the social construction of emotion and affect operate, particularly subject positioning, affective practices, interpretative repertoires, and relations of power.

Margaret Wetherell's "practice-based" approach to emotion and affect is applied throughout this paper. Her approach is key in grounding the study of emotion and affect in real-life contexts and rendering them visible. Her ideas complement those on which the notion of the social construction of reality is based.

The research encounter itself is not a natural social reality, but a constructed one. I offer transparent de-

scriptions and insights on how I interpret my influence as a researcher on the research, and vice versa—the influence of the research on my emotion and affect. Having found injunctions to maintain neutrality towards participants and research contexts difficult to practice, I offer readers an alternative that is hospitable to the fully-human and -fallible researcher and that allows scientific mind to operate in tandem with ordinary human awareness: the practice of mindfulness.

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