

A Methodology for the Marginalised: Surviving Oppression and Traumatic Fieldwork in the Neoliberal Academy

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journals.sagepub.com/home/soc**Ruth Pearce** 

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Abstract

This article proposes that survival may be considered a research method for social researchers, especially if they are undertaking fieldwork within marginalised communities of which they are a part. Drawing on an autoethnographic account of conducting research while trans, it shows how marginalised researchers may encounter both challenges common within the neoliberal university, and troubles specific to the researcher's social identity, touching on experiences of casualisation, distressing fieldwork, trauma, and suicide. The article concludes that marginalised researchers should not be held individually responsible for their own survival; rather, they require the active support of research communities and institutional frameworks.

Keywords

autoethnography, casualisation, higher education, marginalisation, neoliberalism, reflexivity, research methods, suicide, transgender, trauma

*Zoë, are you there?**I'm really worried about Helen.*

A friend once told me that no-one can be on suicide watch 24 hours a day, seven days a week. Yet over the summer of 2013, I found it increasingly difficult to think of anything other than how to keep Helen alive.

When I invited Helen to live with myself and a couple of other friends in 2009, I had no idea how deeply our friendship would develop. We met through a university society for lesbian, gay, bi, trans, and asexual students; I had recently finished my undergraduate

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degree and she was just beginning hers. Initially, sharing a home was a matter of convenience, but we soon began to spend a great deal of time together. We shared music, played videogames and board games, spent months bingeing back episodes of *Buffy The Vampire Slayer*, *The L Word* and *Game of Thrones*. We would dance around the kitchen to extravagant heavy metal while making food together, both grinning wildly and recalling obscure details from the works of JRR Tolkien. I remember this time with delight: Helen is without a doubt one of the warmest and most generous housemates I have known.

Helen became increasingly ill between 2012 and 2013, afflicted by a complex range of physical and mental health issues, many related to her trans status. I effectively became her carer, assuming responsibility for her well-being without consciously making a decision to do so. I cooked meals so she had a healthy alternative to the pizza takeaways she relied on, took on her share of the cleaning around our house, planned gaming evenings so she had something to look forward to. If I wanted to spend time with my partner, I would invite Helen to join us for the evening. My PhD fieldwork petered out, and I cut back on socialising outside the multi-occupancy suburban home we jokingly referred to as 'Trans Manor'.

One morning in early November, I hadn't seen Helen emerge from her room for over 24 hours. I messaged our mutual friend Zoë to ask for advice. I was meant to be preparing for a research methods class I taught on Friday mornings, but felt terribly distracted, sick with worry.

I feel like I should check on her.

or do you think I should wait until I get home?

am about to leave for campus

I got really paranoid last night but didn't want to knock or anything in case I woke her up

but now I'm worried

like, more worried

Carefully retaining a calm demeanour, Zoë advised me that Helen wouldn't mind my checking on her. In a sense, she was right.

she's dead

Zoë she's dead

who do I call?

When I rang emergency services, the operator asked me to check Helen's pulse. I didn't. Helen had seemingly passed away peacefully; an outcome of devastatingly careful planning, the means of suicide as painfully apparent to me as it had been apparently painless for her. But she was no longer present; I had no desire to touch the body that remained as a bizarrely inappropriate corporal reminder of her beautiful but all-too-brief life. She was just 23.

From Personal Troubles to Public Issues

In this autoethnographic article I draw on my own experiences as a case study, to argue that academics from marginalised backgrounds can face specific and severe challenges that put them at a disadvantage with respect to their less marginalised peers.¹ This compounds and exacerbates existing inequalities within the academy, which are typically seen as a matter for institutional ‘diversity and inclusion’ programmes, or equality schemes such as the UK’s Athena SWAN and Race Equality charters (Bhopal, 2018; Tzanakou and Pearce, 2019). I propose an alternative approach: to treat challenges associated with structures of oppression as a *methodological* problem.

For example, Helen wasn’t the first trans friend of mine to take her life, nor was she the last. Suicidal feelings and suicide attempts are both common among trans people as a consequence of widespread transphobia. In the UK’s largest dedicated study of trans mental health, approximately a third of respondents reported attempting suicide at least once; a similar figure reported knowing trans people who had died by suicide, and nearly 70 per cent of respondents said that they knew other trans people who had attempted to do so (McNeil et al., 2012: 44, 59). Similar figures are reported in research from Aotearoa New Zealand, Canada, and the United States (Adams et al., 2017a; Veale et al., 2019). If a given trans individual hasn’t considered or attempted suicide themselves, they are likely to have friends who have.

Within our communities, suicide can feel like an inevitability, an affliction that strikes with grim regularity. Inevitably, many of us take on the work of trying to keep our friends alive. My point here is that neither Helen’s experience nor mine are unique. *Trans scholars are likely either to be suicidal or to have suicidal friends.* This is the context in which we conduct our studies. Therefore, as part of the fight for trans liberation and equality within academia, we need methodological approaches to research – incorporating rationales, methods, and ethics – which take problems such as the high prevalence of suicide within trans communities into account.

Importantly, this is not an argument specifically about either trans scholars or about suicide. Rather, I regard trans scholars as an example of ‘outsiders within’ the academy. Patricia Hill Collins (1986) introduces the figure of the ‘outsider within’ through her account of Black feminism in sociology. She describes how Black feminist contributions to sociology in a US context reflect the specific standpoint of Black women within a racist, sexist society, especially with regards to the importance of self-definition and self-valuation, redefining culture, and the interlocking nature of oppression. However, ‘to become sociological insiders, Black women must assimilate a standpoint quite different than their own’; that of the white men who have ‘long been the dominant group in sociology’ (Collins, 1986: S26). We can still see this today in UK sociology departments, where white men are usually disproportionately represented among senior academics, and many introductory social theory modules rely primarily (if not entirely) on a ‘canon’ of white men such as Karl Marx, Émile Durkheim, and Max Weber. Black women who retain an epistemological commitment that does not simply replicate that of white men may therefore be positioned as marginal within their discipline, reflecting their experiences within wider society (Collins, 2000). While Collins’ analysis centres Black women, her conclusions are relevant to all: ‘Black women’s experiences highlight the tension

experienced by any group of less powerful insiders encountering the paradigmatic thought of a more powerful insider community' (Collins, 1986: S29).

In this article I write from my standpoint as a trans woman living in an intensely transphobic society, and working within the UK higher education sector at a time of increased precarity and individualisation. I posit that the methodological frameworks we typically rely on and teach in UK sociology departments do not adequately prepare 'outsiders within' for tackling such challenges. From a trans feminist 'outsider within' perspective, I propose two aspects of a methodology for the marginalised: ethical responsibility towards the self, and a supportive community of scholarship. These are intended to support the *survival* of scholars who are themselves marginalised, especially if they are also studying marginalised communities; for if the researcher cannot survive the research process, then something has gone horribly wrong with the methodological design of their study. The shadow of suicide looms prominently over this analysis, with Helen's death representing an example of the kind of devastating experience that a methodology for the marginalised must be able to account for.

I turn next to describe the more specific method underpinning my analytic approach in this article: that of autoethnography. I then apply an autoethnographic lens to my experiences as a researcher, in terms of navigating the neoliberal academy, undertaking research on trans issues, and experiencing secondary trauma. In each of these discussions, I reflect both on challenges I faced as a consequence of my marginality within the academy, and the factors that contributed to my survival.

Finally, I draw on these experiences to outline some principles of a methodology for the marginalised. In doing so, I also turn my attention to the discipline of sociology itself. Our discipline has long ago rejected positivism and is deeply concerned with questions of society, culture, and peoples in all their plurality. Why, then, do we so often employ detached, individualistic approaches to our research: our methodological and ethical approaches, our fieldwork, and even our writing? Why do we allow neoliberal logics to burrow so deeply into our soul when teaching, mentoring, and positioning ourselves and our departments with respect to institutional metrics?

Autoethnography

I originally intended to undertake fieldwork for my PhD throughout 2013, examining how 'trans health' was constructed and contested within trans community support groups, activist spaces and the health professional spheres, especially on the Internet. The actual research encompassed two primary periods: January–July 2013, and July 2014–April 2015, with supplementary data collection continuing for some time after. The year-long break in the middle began as I buckled under the emotional weight of an immense number of distressing stories from research participants, while also spending an increasing amount of time caring for Helen. It ended as I slowly emerged from an intense period of depression and bereavement.

In accounting for this break in the methodology chapter of my PhD thesis, I turned to autoethnography. This method combines autobiography, a personal narrative about one's own life, with ethnography, an immersive qualitative research method used to understand community practice (Ngunjiri et al., 2010). As Carolyn Ellis and colleagues (2011)

argue, drawing upon personal experience can give us insights into aspects of the social world that might otherwise be inaccessible to researchers for practical and/or ethical reasons (Ellis et al., 2011). Reflexive writing and archival materials such as diaries, papers, and meaningful mementos from the researcher's own life can provide rich data on the social and cultural contexts in which they are embedded (Chang, 2008).

Some argue that autoethnographic methods are insufficiently rigorous. Nathan Stephens Griffin and Naomi Griffin (2019) observe that autoethnography has been associated with intellectual laziness and issues with validity, as it does not require external fieldwork, as well as narcissism, as there is frequently a focus on personal anguish. Dafina-Lazarus Stewart (2017: 301) notes that 'I have heard such projects as this derisively called "me-search" that is nothing more than navel-gazing, unfit to be called rigorous research and devoid of applicability in educational policy and practice.' Stewart (2017: 301) contests these claims, arguing that autoethnographic accounts of minority experience in the academy provide an insight into 'the very real material effects of systematic oppression in educational and other cultural institutions' while offering a hope for survival through outlining 'means and strategies of becoming'.

The following passages from my PhD thesis offer autoethnographic insight into methodological difficulties I encountered as a trans person researching trans people's experiences. I thematically coded my fieldwork diary using the qualitative data analysis programme NVivo, originally for the purposes of revisiting trans health events I had attended and social interactions I had witnessed. One of the unexpected themes identified during this process was my own distress. I took the fieldwork entries that exhibited this distress as a starting point for further recollection and exploration of my experiences, excavating draft writings, personal and professional blog posts and Facebook chat conversations,² taking notes of my memories as they were elicited through this process:

I was engaging on a daily basis with stories of transphobia and cisgenderism from medical providers and the mainstream media, as well as narratives of hardship, anguish and internalised transphobia from research participants. The very act of managing my feelings while entering the field, analysing my data and attending research events became an increasingly difficult form of emotional labour [. . .] only compounded by my desire to maintain a 'professional' approach. (Pearce, 2016: 99–100)

My 'insider' familiarity with the subject matter and the field meant that I empathised easily with participants' stories. The topic of trans health was very 'close' to me as I began fieldwork, but feels even 'closer' at the time of writing. [. . .] In particular, two trans friends (one of whom I lived with at the time) took their own lives. These experiences meant that posts written by distressed individuals within the community sphere were particularly hard to read. (Pearce, 2016: 100)

I eventually became severely depressed, anxious and prone to panic attacks. In the wake of my housemate's death in November 2013, I took several months off the project to focus on recovery. While I found my supervisor and a number of other individuals in my department (particularly other PhD students) to be very supportive, I felt isolated by the impersonal structures of the wider university institution, which are not well adapted to support the mental health of academics. (Pearce, 2016: 101)

On revisiting these passages during the writing of my first book, I realised that this process of traumatic becoming warranted further attention. While I felt increasingly isolated during the doctoral research process, I knew that my feelings of heightened emotional vulnerability were hardly unique, especially among women and/or queer people studying experiences of marginalisation, oppression, and exploitation (e.g. Chatzifotiou, 2000; Downes et al., 2013; Griffin and Griffin, 2019; Hochschild, 1983; Stryker, 1994). This article builds on my previous autoethnographic work to account for how my own vulnerability was managed through emotional reflexivity and collective community support.

There are two main approaches to autoethnography. The ‘evocative ethnography’ approach favoured by writers such as Arthur P Bochner and Carolyn Ellis seeks to emphasise the importance of communicating through emotion; the above passages show how important this was to portions of my thesis. Bochner and Ellis (2016: 9–10) encourage researchers to ‘write vulnerably about crucial turning points that they’ve lived through [. . .] stories with raw and naked emotion that investigate life’s messiness’. This approach does not necessarily guide the reader through an argument, instead leaving space open for different kinds of reader engagement with the author’s interior life. The ‘analytic ethnography’ approach favoured by writers such as Leon Anderson (2006) instead seeks to provide some clear intellectual grounding, through making the researcher’s positionality explicitly visible in the text, engaging in dialogue with informants beyond the self, and committing to providing insight into the wider social world.

Like Heewon Chang (2016) and Griffin and Griffin (2019), I combine the artful, emotive insight of ‘evocative’ approaches with a committedly ‘analytic’ engagement with the social world. Following C Wright Mills (1959), I see this as an act of ‘sociological imagination’, linking my own personal tragedy to wider public issues (Mills, 1959). In this article, therefore, I provide context for my experiences, speak to pre-existing research literatures, and argue for a reflexive and communitarian approach to undertaking social studies. I also write with ‘heart’, in using narrative to convey important emotional meaning (Ellis, 1999, emphasis in original). In attending to the trauma of fear, loss, and uncertainty, and the motivation of love and rage, I address what it *means* to work and write from a position of marginality as a sociologist, as an ‘outsider within’ (Collins, 1986).

Precarity and Marginalisation in the Neoliberal University

The experience of loss was devastating. In the days, weeks, and months that followed Helen’s death, I found it increasingly hard to focus on anything, to leave the house, to leave my bed. Minor challenges felt like overwhelming obstacles. Fieldwork was out of the question.

I continued to teach undergraduate classes and undertake administrative and consultancy work, but only because I desperately needed the money. Like many other part-time PhD students undertaking hourly paid work, I didn’t have a contract of employment that would grant me sick leave. For a handful of hours each week I put on a competent face, before collapsing back at home, exhausted from the emotional labour required to maintain a veneer of professionalism.

Helen’s passing was not the sole cause of the depression I experienced in its wake. Rather, it was the final blow to my resilience. Through 2013 I was perpetually exhausted

and emotionally vulnerable.³ My life felt like a juggling act as I sought to balance my research with multiple precious, temporary jobs and my unacknowledged caring role at home. At one point I had had nine part-time jobs on the go at the same time, three of which were entirely separate casual teaching positions in different departments at the same university. I was fired from one of these days before Helen's death, after participating in industrial action. I had not realised that I 'counted' as a university worker (and therefore had a legal right to strike) for merely two of my teaching jobs: for the other, I was outsourced through Unitemps, a fully owned subsidiary of the university (and therefore had no right to strike).

My experiences here are part of a wider picture in which neoliberal reforms have piled growing pressure upon an increasingly precarious academic workforce in many parts of the world. I understand neoliberalism to refer to the

complex, often incoherent, unstable and even contradictory set of practices that are organized around a certain imagination of the 'market' as a basis for the universalisation of market-based social relations, with the corresponding penetration in almost every single aspect of our lives. (Shamir, 2008, cited in Ball, 2012: 18)

Consequences of this within higher education institutions include increased internal competition, the proliferation of 'hard' management practices, such as 'the imposition of discourses and techniques of reward and punishment' (Deem, 1998: 53), and the offloading of both social and financial costs onto individuals (Lynch, 2006).

Staff and students alike report growing levels of anxiety and stress due to growing pressures to perform, compounded by disciplinary processes and means of institutional/self-surveillance such as citation scores, funding audits and research 'excellence' frameworks (Ball, 2012; Gill, 2009; Pereira, 2015). Short-term 'casual' teaching contracts and outsourcing proliferate, with postgraduate students and early-career researchers forming an army of underpaid labour, desperate to impress potential employers and gain 'experience'; women are overrepresented within this group (Winslow and Davis, 2016). This context is not conducive to the mental well-being of any academic, but early-career researchers are hit particularly hard. For example, Katia Levecque and colleagues (2017) report that 32 per cent of Belgian students are at risk of developing mental health problems such as depression.

The pressures of neoliberal organisation inevitably intersect with pre-existing patterns of inequality within the academy. Neoliberalism has arguably made it easier for some 'outsiders within' to create space for themselves within the university, if they can 'play the game': for instance, Maria do Mar Pereira (2015) finds that feminist academics in Portugal have achieved new recognition and support, so long as they can keep attracting grant funding. Nevertheless, women scholars are typically overrepresented in junior positions, paid less than men, and likely to encounter casual sexism and barriers to starting families (Courtois and O'Keefe, 2015; Thwaites and Pressland, 2017; Winslow and Davis, 2016). Students of colour face attainment gaps shaped by racist practices and structures (Madriaga, 2018); staff of colour are also likely to experience racist harassment and abuse, particularly if they are Black and/or women (Bhopal, 2018; Clancy et al., 2017). Even gender and race equality schemes can ironically place an additional

burden of responsibility on marginalised scholars to do the work of tackling sexism and racism (Ahmed, 2017; Bhopal, 2018; Tzanakou and Pearce, 2019).

Trans students and staff are similarly likely to face significant challenges navigating the university environment, with '[g]ender norms and expectations [. . .] encoded into the most banal and the most ceremonial of moments' (Stewart, 2017: 300). Trans students can face open hostility and violence, especially if they do not 'pass' as cis (Nicolazzo, 2017). Curricula, administrative procedures, and gendered spaces such as toilets and changing rooms typically fail to take trans people into account, creating systemic barriers (Goldberg and Kuvalanka, 2018). This can lead to high dropout rates among students (Lawrence and Mckendry, 2018; Nicolazzo, 2017), a phenomenon I informally observed among postgraduate trans peers while undertaking my PhD. It can significantly disrupt trans academics' ability to undertake teaching and research work (Pitcher, 2017).

Since 2017, the UK higher education sector has become an increasingly hostile space for trans staff and students. This is due to a backlash against proposed reforms to the Gender Recognition Act 2004 (Pearce, 2019), which builds on transphobic discourses and ideas that have long circulated within the academy through 'trans-exclusionary' radical feminist writings (Hines, 2019; Kennedy, 2020). At events on university campuses across the country, speakers have called for a rolling back of legal rights for trans people, for restrictions on access to medical treatment for young trans people, and for trans women and girls in particular to be excluded from public toilets and changing rooms, sports events, rape crisis centres, women's shelters, and organisations such as Girlguiding. I have observed both trans and cis scholars working in trans studies being subject to intense harassment and abuse on social media. A number have been doxxed (had their home address shared maliciously online), others have faced extensive complaints to their institution and/or research funding body from people who object to trans studies research, and some have experienced Freedom of Information requests from both fellow academics and members of the public who seek access to the content of their work emails in an attempt to discredit their studies. The precarity of the neoliberal university makes these tactics particularly effective for inducing feelings of insecurity in trans studies scholars.

I was fortunate. My PhD project concluded before the current backlash had begun in earnest. I had long ago transitioned, had the correct name and sex/gender on my university records, was often perceived to be a cis woman by students and colleagues, and was not directly discriminated against within my department. Nevertheless, as I have shown, I still encountered substantial challenges as a precarious worker, which were only compounded by the difficulty of undertaking traumatic fieldwork while trans.

Researching while Trans

In addition to the usual worries about thesis writing, conferences, publications, supervisory relationships, and the rapidly deteriorating academic job market, I found my topic of study to be inherently upsetting. I was already deeply stressed prior to Helen's death. In researching discourses and experiences of trans health, I found myself examining the prejudice and discrimination that targeted people like me. I encountered stories of loneliness, fear, and mistrust on the part of patients, plus medical neglect, abusive language,

and sexual assault from medical practitioners, to name but a few painful examples (Pearce, 2018). Extracts from my fieldwork diary during the first few months of 2013 demonstrate a growing sense of exhaustion and distress as I immersed myself in trans community discussions and media reporting of trans issues.

During my first month of fieldwork, a public debate took place across numerous media platforms over the value and limits of free speech with respect to commentary on trans issues. A particularly inflammatory column by journalist Julie Burchill was published in the *Observer*, entitled 'Transsexuals should cut it out'. The *Observer's* editor rapidly pulled the piece and issued an apology following a wave of complaints from readers; the article was subsequently re-published in the *Telegraph*. I wrote:

I find it utterly impossible to maintain any kind of objective distance from all this. The Telegraph's actions genuinely hurt at a gut level. Part of this came from anger at the idea that they consider it so important to ensure that Burchill's diatribe retains a high-profile media platform, but part of it also came from fear upon seeing the Telegraph's reader comments. [. . .] The comments were full of such powerful hatred. They would deny us our civil rights, our dignity, our access to medical care. (Fieldwork diary, 15 January 2013)

This extract shows how I initially felt compelled to maintain an 'objective distance' in my work, imagining that my role was to dispassionately read and assess the material in question. This was, of course, impossible given the 'powerful hatred' often levelled towards trans people (Kennedy, 2020; McNeil et al., 2012; Nicolazzo, 2017). It is also not necessarily conducive to a reflexive feminist epistemology in which 'the personal, the particular, the emotional, the subjective and the "private" [are] put on the agenda [. . .] for issues of power and difference to be recognized' (Davies, 2012: 748). As Jackson and colleagues (2013: 6) observe, this is not an easy task when handling distressing data, as it can involve an 'enormous cognitive effort [. . .] to regulate, control, reduce, and/or displace feelings of immense sadness and bewilderment, and to quite often fight back tears'. Nevertheless, it was necessary. A close friend of mine remarked that she couldn't understand 'how you can do the research that you do and not just become hate and anger incarnate'. I did (and still do) retain an enormous amount of anger as well as despair; I have merely learned to control and harness its energy when writing.

This emotional labour takes its toll. As the initial fieldwork period progressed, I increasingly wrote about tiredness associated with attending events and reading accounts of mistreatment and abuse endured by research participants:

On Tuesday (two days ago) I attended the Trans* Health Matters conference in London [. . .] I came away with a *deep sense of emotional exhaustion*. The whole experience of attending the conference was somewhat harrowing because of the sheer scale of problems that face trans people when it comes to health. (Fieldwork diary, 14 March 2013, emphasis added)

Like other feminist scholars and social researchers before me, I found the line that divided my research topic from my everyday life was blurry at best. Helen's suicide erased that line entirely. When I tentatively returned to fieldwork in 2014, I felt more emotionally fragile than before, with stories of illness and/or suicidality especially reminding me of her death:

When I'm already feeling emotionally vulnerable, the sheer level of anguish experienced by the people on the message board I'm looking at hits hard. I frequently shout at my computer or want to cry. There are some good stories but so much pain. I'm just reading a post by someone who is having a lot of trouble finding out what's happening with his surgery referrals and is so worried by it all that he's becoming physically ill. It all feels horribly familiar. I've already retreated to my bed and cried a couple of times today. (Fieldwork diary, 22 September 2014)

I only began to realise how much emotional control I had exerted upon completing the primary fieldwork period one afternoon in April 2015. Realising that I had finished the very last of my planned observations on an Internet community, I suddenly began to sob uncontrollably. Months of pent-up sadness and frustration flooded out with my tears.

The university offered just three sessions of bereavement counselling. When I later accessed private therapy through a local charity, my counsellor told me that she was expected to discuss issues of emotional vulnerability arising from her work with her clinical supervisor. She expressed a great deal of surprise that the university did not have similar procedures in place for social researchers conducting ethnographies and/or qualitative interviews. Many PhD supervisors do provide some level of emotional support for their students, but this is a largely unacknowledged form of labour. Moreover, there is rarely (if ever) any form of professional training or guidance available for academics seeking to support students through emotional troubles, especially when these involve observing or experiencing traumatic events.

I am fortunate to have a lot of time and support in processing the impact of Helen's passing, and finding space to remember the love and joy we shared as friends. However, it is only through writing this article that I have begun to acknowledge the secondary trauma of researching trans people's experiences with healthcare, a trauma compounded by my own experiences as a trans person.

Secondary Trauma

Secondary trauma is a phenomenon in which people who have heard multiple stories of horrifying or shocking experiences from trauma victims begin to experience intrusive symptoms such as disturbing recollections, restless sleep, anxiety, depression and a feeling of survivor's guilt (Warden, 2013). It is widely acknowledged within many mental health literatures, but rarely within social science, where it is most often associated with ethnography in violent contexts such as conflict zones (Markowitz, 2019; Warden, 2013; Wood, 2006). However, it is apparent that secondary trauma can also occur more generally in feminist research. For example, Sevaste Chatzifotiou (2000: 8.3) describes the impact of interviewing residents in Greek women's shelters about experiences of domestic violence, abuse, and rape: '[l]istening to women's traumatic stories made me feel anxious and depressed'.

In May 2018 I was invited to speak about my research in Oxford, at an event on gender identity issues in psychotherapy. My presence represented the successes I had achieved since 2013; I had completed my PhD, was recognised as an expert on trans health outside of my own discipline, and had achieved employment as a postdoctoral fellow (on a 2.5 year fixed-term contract). My own talk in the morning was well received.

However, I found my trauma triggered by an afternoon talk by clinicians from the UK's child and adolescent Gender Identity Development Service (for a published version of this paper, see Bonfatto and Crasnow, 2018).

The tone of the paper was judgemental and intrusive. Pen portraits of patients and their families included highly sexualised descriptions of two mothers' physical appearances; one case study explicitly detailed a young person's feelings about masturbation. The presenters did not reflect on how their own role (and power) as clinicians might be perceived and experienced by patients, or provide information on whether consent was obtained from patients or parents for use of notes in academic work. One of the case studies described a suicide attempt by a teenager, A, who had been requesting access to medical interventions for some years.⁴ The presenters argued that through surviving the suicide attempt, A was forced to 'accept the reality of her male body [. . .] the idea that she *was not in fact* a girl' (Bonfatto and Crasnow, 2018: 38, emphasis in original). In addition to being grounded in biological essentialism, this account misgenders A by prioritising the clinician's reading of her as male over her own understanding of herself as female, an action which is harmful to trans youth (Ansara and Hegarty, 2012).

As Bonfatto and Crasnow read their paper, I became painfully aware of being perhaps the only trans person in the room: certainly, the only visible trans person in the room. I was seemingly the only person who had talked extensively with trans and other gender variant people outside of the context of a clinical power dynamic, hearing their stories from a place of mutual understanding. I suspected I was the only person who had seen multiple trans friends die by suicide at a young age. I felt compelled to speak out, but also compelled to carefully moderate the critical comments I saved for a discussion panel at the end of the day.

I pushed down my anxiety and stayed mostly silent through the rest of the event. I maintained my composure as I strolled back to the train station alongside the Thames, taking in picturesque scenes of quaint cottages, old stone bridges and wading herons in the beautiful spring sunshine. The revulsion and horror caught up with me the next day. I obsessively played a repetitive video game for several hours before suddenly collapsing into loud, messy sobs, much to the surprise and distress of my partner. Released from the emotional labour of professional self-control, I turned the story of A's attempted suicide over and over in my head, remembering stories from my research and my last encounter with Helen's body as I did so. I felt both disgusted by a sense of personal complicity in the clinicians' exercise of symbolic violence, and utterly powerless.

Experiences such as this remind me that, while I survived my PhD, I have become considerably more emotionally vulnerable as a direct consequence both of my research and because of other events which took place during the same time period. I have learned that it is vital to consider my mental health carefully *prior* to undertaking a new project, and to prepare accordingly.

Surviving Traumatic Research

While events such as the Oxford psychotherapy conference still occasionally trigger painful reminders of the trauma I experienced during fieldwork, I did successfully complete my project and continue a career in research. I used to feel lucky simply to have

‘survived’ as a trans scholar, particularly given the high dropout rates among PhD students in general, and trans students in particular. However, on analysing my experiences, I have come to attribute my survival success to three key factors.

The first factor was learning to be ethically responsible to myself, through acknowledging the importance of looking after my emotional safety. For example, in writing my thesis I realised the year out from my studies was not a mistake to gloss over, but rather an entirely necessary period of recovery which enabled me to complete the research. This learning process was undertaken largely *outside* of the formal confines of the academy. Accounts of social researchers’ ethical responsibility to themselves (rather than just to their participants) are on the increase, but remain relatively rare (Downes et al., 2013; Gilliam and Swanson, 2019). As Karen Lumsden (2009: 510) notes, ‘[t]he “emotional labour” required by fieldworkers is still neglected in textbooks and methods courses and thus can come as a shock to the ethnographer’. I therefore learned a great deal from my counselling sessions, and from emergent cultures of care within UK trans communities, which emphasise the importance of openly talking about and processing mental health issues with friends and confidants.

However, I did benefit enormously from the strong concern with reflexivity in feminist social studies (Davies, 2012). Scholars such as Julia Downes and colleagues (2013) suggest that researchers interested in communities of which they are a member document their anxieties and remain sensitive to their social role and power dynamic with respect to the spaces they are studying. Chatzifotiou (2000) proposes researchers working with survivors of abuse and violence plan access to counselling, a recommendation that influenced my own eventual decision to seek support. Stewart’s (2017) autoethnographic account of interrogating Black transmasculinity in the academy inspired a therapeutic period of self-reflection that informed the writing of this article.

I also later came to realise that some methods of survival I informally taught myself have begun to receive some formal attention in the literature. For instance, Sharon Jackson and colleagues describe how ‘emotional reflexivity’ may be employed to minimise emotional harm. They define emotional reflexivity as an active process in qualitative research in which researchers ‘invoke a reflexive agency’ through reflecting on the process of ‘working on’ their emotions (Jackson et al., 2013: 3). Drawing on Hochschild (1983), Jackson and colleagues describe how they felt required to undertake both private and public emotional performances while completing a secondary analysis of children’s narratives of distress, abuse, and neglect. These included ‘deep acting’, which involves ‘actively alter[ing] the internal emotional states we were experiencing so we could carry out the cognitive work required for data analysis’, and ‘surface acting’, which necessitates finding strategies to manage personal emotional states in front of an audience when disseminating the research findings, for instance through asking audiences to silently read particularly painful participant quotes from slides (Jackson et al., 2013: 6).

I utilised similar strategies for managing the emotional pain of my research. I carefully managed my response to media articles and participant narratives during data collection and analysis by focusing on the task in hand (be that digital capture or thematic coding), then later processing my emotional response in my fieldwork diary: a form of deep acting. At events such as the *Trans* Health Matters* conference in London and the Oxford psychotherapy conference I planned when to speak and when to stay silent, to

ensure that I was communicating my desired message in a language the audience would understand, and not snapping in anger: a form of surface acting. Similarly, I have invoked an emotional reflexivity throughout this article. I have reflected upon and analysed my emotional responses to my experiences, and worked to strike a balance between communicating my desired message and framing this message within a structure and language deemed appropriate for academic publication: a balancing act commonly required of 'outsiders within' (Collins, 1986).

The second factor in my survival was my relative privilege, especially in terms of my (middle) class status and whiteness. An informal observation frequently shared among trans scholars is that you can only survive at so many intersections within the academy. While the wider trans population is hyperdiverse, the trans people I have met at academic and student conferences in the UK are overwhelmingly male or masculine-identified, white, and/or middle class. When I encountered financial difficulties, I received support from my family and knew I could ask for money if needed: this complicated my experience of economic insecurity while working part-time. My whiteness ensured I was more socially intelligible within the academy and less likely to be tokenised than trans scholars of colour and especially Black trans scholars: as Stewart (2017: 287) observes, 'what it means to be a part of any other social group is defined, understood, and normed through what it means to be a White member of that group'. I therefore primarily experienced marginalisation in the university on the grounds of my trans status (as it intersected with my womanhood and queer sexuality), without having to *also* confront factors such as classism and racism.

The third and final key factor offers an important basis for survival for individuals unable to rely on privilege, either wholly or partially. This factor was the support and collegiality I experienced within my research community. In an extract previously quoted from my thesis, I acknowledged that 'I found my supervisor and a number of other individuals in my department (particularly other PhD students) to be very supportive' (Pearce, 2016: 101). In the absence of appropriate formal structures within the university, I was fortunate enough to have numerous friends within the sociology department with whom I could share my feelings and discuss the everyday horrors of my research findings, a factor also identified as deeply important by Downes et al. (2013) and Sampson et al. (2008). Since completing my PhD, I have increasingly relied on informal international support structures within the field of trans studies, reflecting Z Nicolazzo's (2017) observation that kinship networks play a vital role in helping trans people to navigate the hostile environment of the university. It is this factor I turn to more fully in the concluding thoughts that follow.

A Methodology for the Marginalised

Surviving the experience of undertaking research as an marginalised outsider within the academy is a methodological issue. For researchers without access to particular forms of privilege, exercising an ethical responsibility towards the self and being positioned within a supportive community of scholarship are not simply methods for coping, but necessary components of knowledge production. They are an essential part of our work, especially if we are also studying marginalised populations of which we are a member.

In this final part of the article, I offer some proposals for building these approaches into processes of research design, especially for postgraduate and early-career researchers.

As sociologists, we often feel that we have very little power within the neoliberal academy, our departments mere minnows compared to the Leviathan of the institution. Critiques of neoliberalism and accounts of academic stress, anxiety and depression are not new (Ball, 2012; Gill, 2009; Pereira, 2015), yet the neoliberal university persists. However, there are numerous positions through which we hold power with and/or over others, be that as colleagues, as supervisors, as managers. It is through these positions that we may seek to contribute to the survival of ourselves and others: especially those who are disadvantaged due to structural processes of inequality and marginalisation.

Those of us with supervisory responsibilities should consider how we can prepare undergraduate and postgraduate students alike for emotional or distressing fieldwork, especially if those students intend to study a marginalised community of which they are a part (Hoffman, 2007). There was no real acknowledgement of the possible harms of my research project during my PhD programme. Carolyn Ellis (1999) describes one way in which students might be supported through her encounters with Sylvia, a PhD student and survivor of cancer. Ellis carefully prepared Sylvia for the emotional difficulties of research with other cancer survivors. In acknowledging the 'pain' that the project would entail and the 'vulnerability' it would require, Sylvia was empowered to plan a study that accounted for these emotions. By contrast, Shea Ellen Gilliam and Kate Swanson (2019) outline a cautionary tale, in which Swanson admits that, as an academic mentor, she did not adequately prepare Gilliam for the pain and trauma of an autoethnography examining the experiences of newly out trans women in roller derby. The authors recommend that topics such as self-care and emotional labour should be discussed in supervisory contexts, and warn that there may be ethical limits to the personal risks undertaken for the sake of research even in an autoethnographic context.

Nevertheless, the responsibility for this emotional labour should not be placed solely upon supervisors, whose primary concern is their students' academic rather than emotional development. Ideally, universities should provide a paid role for trained counselors to discuss such issues with researchers undertaking difficult research, and ensure the provision of secure, well-paid academic jobs. In the absence of this, scholars might consider how they can push back against the institution. For example, we can explicitly write funding for counselling and therapeutic support into grant proposals, and argue that a truly 'cost-effective' grant might involve hiring a research assistant at a high point on the salary scale, drawing on relevant feminist social science methodology literature to make the case for doing so. Similarly, members of Ethics panels or Institutional Review Boards should consider emotional and psychological risks for researchers as well as participants in assessing research proposals (Gilliam and Swanson, 2019), so long as this entails providing constructive, timely feedback rather than effectively barring difficult research by and/or with members of oppressed groups (Adams et al., 2017b). These points highlight the primary importance of *collective* support for transformative approaches to social research, both in terms of the aggregation of individual acts of resistance, and organised efforts to transform praxis (e.g. through union activity). In this way, questions of ethical responsibility towards the self are very much *facilitated* by the presence of a supportive community of scholarship.

I urge readers to consider how they might support the creation of ‘safer’ spaces for marginalised academics and students. This may be done, for example, through facilitating accessible events and networks through which academics feel they can share their stories and consider strategies for survival (Downes et al., 2013), and organising against workplace casualisation (Wänggren, 2018). Within these community spaces, it is important that our support for others is not uncritical: we must challenge prejudice and work to confront our own assumptions and privileges, however marginalised we might feel ourselves, and support the pursuit of critical, oppositional scholarship that pushes the boundaries of institutional gatekeeping (Collins, 2000, 2016).

Within sociology specifically, we have a habit of valorising the sole-authored article. In the last year I have published a number of co-authored articles (Pearce and Lohman, 2019; Pearce and White, 2019; Riggs et al., 2019; Tzanakou and Pearce, 2019). I have learned an enormous amount from my colleagues’ knowledge and experiences through collaborative fieldwork and writing. It is also a less lonely and isolating experience, especially when addressing upsetting topics such as aggressive misogyny in the workplace, and shares the workload of analysis and writing. I am fiercely proud of all these articles, but have been advised to write more in my own name alone. The article you are reading is my pointed response to this largely unspoken requirement within our discipline, but even this deeply personal work is inevitably informed by the advice and support of others. I could not have written it without informal and formal feedback from generous readers such as Rosemary Lucy Hill, Kirsty Lohman, Maria do Mar Pereira, and the anonymous reviewers; nor without the friendship of individuals such as Zoë and indeed Helen. As sociologists, we need to be far better at acknowledging the benefits and importance of collaborative research and writing, within our formal and informal disciplinary structures as well as our intellectual communities.

Further actions that can be taken within sociology departments might include: addressing the possible harms of distressing research in doctoral training programmes, providing students (and staff!) with a point of contact for emotional as well as scholarly support, creating an appropriate workload model to reflect the demands of this position, and prioritising the creation of permanent academic positions rather than fixed-term teaching fellowships. In some cases, these actions will involve taking on the wider bureaucracy and organising logics of the university. Managers may wish to consider how they might work alongside their colleagues in fighting these battles; academics in non-management positions can work through their unions to centre the voices of staff on hourly paid and/or fixed-term contracts, and utilise equality schemes to create pressure for change. Again, this is not to suggest that we set aside critical analyses of the severe limitation of such approaches, which can operate as a form of performative ‘diversity work’ while resulting in little if any real change (Ahmed, 2017); rather, I argue for a collective *weaponising* of schemes such as Athena SWAN through partial and strategic engagement (Tzanakou and Pearce, 2019).

I propose these actions in recognition of the fact that we are not individually responsible for our own marginalisation, or its effect on us as researchers. Marginalisation is a social phenomenon; it requires a social response. As Collins (2016: 143) asks, ‘Who has your back and whose back do you have?’ A methodology for the marginalised therefore

cannot be limited to the actions and undertakings of the individual researcher. It must instead be part of a wider fight for collective survival and social justice.

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Notes

1. I use the term 'marginalisation' to refer both to the processes by which oppressed groups are pushed to the margins of the society, and to the experiences that these individuals have at the margins.
2. I obtained informed consent from friends to reproduce quotes from these personal conversations.
3. In this article I have focused specifically on the impact of Helen's suicide and the effects of casualisation, to enable thick description of a particular set of examples. However, these were also embedded in a deeply complex web of oppression tied to my experiences as a trans woman undertaking a PhD, which included casual cisgenderism in the workplace, being the only trans person in my department, recovering from domestic abuse and stalking, and supporting friends who had been raped.
4. As Bonfatto and Crasnow do not provide information on consent, it is not clear whether the name they use for this individual is a pseudonym. I have therefore employed my own.

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