

Examining Research Issues of Power and Privilege Within a Gender-Marginalized Community

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This research practice article presents the ethical dilemmas and decision-making of a White transgender researcher (Stacee), who conducted a qualitative case study of resiliency among three transsexual women of Mexican origin who worked as entertainers in south and central Texas. The study, conducted within a community in which both the researcher and participants were a part and in which they had all experienced varying degrees of marginalization, presented a number of unique characteristics from the onset that became more embedded as the study developed and concluded. In the absence of a guiding body of literature from her own profession, Stacee leveraged ethical guidance from a multidisciplinary body of literature. We present this article in an effort to guide best practice in conducting intragroup qualitative studies.

Keywords: *qualitative research, case study, transgender, transsexual, research ethics*

Introduction

Sound qualitative research is grounded in rigorous dedication to advancing the human condition; furthermore, research in the behavioral and social sciences is iterative, evolving in both depth and complexity with each addition to the corpus of literature. Many may question how the research process begins and moves forward in an intentional fashion. From whence does an idea for research, a passion for any given topic, or an agenda for social change emanate?

Any number of factors may influence a social or behavioral scientist's decision to move forward with a research item. The researcher's personal interest or identification of a need for some subset of the general population may drive these inclinations. In some cases, a researcher may have firsthand experience of some personal or cultural phenomenon that precipitates her or his choice. This presents a dilemma, as personal experience and insider research poses a potential threat to the production of viable qualitative research.

This article presents the navigation of challenges faced by a transsexual researcher from within the counseling field in her exploration of the lives of three transsexual women. Consideration is given to the philosophical, historical, and contextual factors of relevance that impacted her movement through this process; particular attention is paid to the ethics and impact of conducting research

from within a given culture. Additionally, recommendations for best practices for insider research are delineated.

Historical Platform

Qualitative research has an embedded platform of obligation to ethics and morality that have been shaped by a series of historical happenings within professional arenas such as medicine and psychology, including the Nazi medical experiments that led to the Nuremberg Trials in 1945 and the formation of the Nuremberg Code in 1949 (Hesse-Biber, 2006; Punch, 1994). Additionally, the 15-year Willowbrook hepatitis experiment and the 4-decade-long Tuskegee syphilis experiment led to the National Research Act of 1974 (Gamble, 1997; Punch, 1994; Rothman, 1982). The trail of problematic events within the social science arena includes Vidich and Bensman's account of the New York community of Springdale in the 1950s, Project Camelot in the 1960s, and Laud Humphreys' Tearoom Trade in the 1970s (Babbie, 2004; Punch, 1994). Objectionable research activities, such as noted, generated enormous outcries by the public (Babbie, 2004; Gamble, 1997; Hesse-Biber, 2006; Punch, 1994; Rothman, 1982). In retrospect, questions of ethical and moral behavior are of principal concern for the trail of historical events overshadowing the evolution of research practice.

Professional Codes of Ethics

Social and behavioral research is bound by a code of ethics, a set of professional dicta established by leaders and peers in any given field. A sense of "anything goes" across behavioral and social science fields awakened the onus to identify unethical behavior and shape the comportment of research activities with human subjects. Concerns such as harm, deception, confidentiality, privacy, and consent led to the development of federal laws, review boards, and other protections on behalf of research participants (Mok, 2003; Punch, 1994; Slack & Wassenaar, 1999). Professional associations and organizations, both national and international, developed inclusive efforts of protection on behalf of research participants and instituted codes of conduct and ethical behavior as a means to reduce and eliminate inappropriate research activity. The Australian Psychological Society (2007) adopted its first ethical code in 1949, the American Psychological Association (2004) adopted its first ethical code in 1953, and the National Association of Social Workers (2008) followed suit in 1960 (Reamer, 2003). The ratified codes declared by these organizations became international models that shaped the formal regulatory guidelines adopted by other professional entities. For instance, codes established by the National Association of Social Workers (2008) became a model for the Canadian Association of Social Workers (2005), and the Union of Social Educators and Social Workers of Russia (2003) in development of ethically responsible standards for practicing professionals.

Principles, values, and standards accepted by associations among helping professions were created, in part, as a response to painful misuses of researcher power (Hesse-Biber, 2006; Punch, 1994; Reamer, 2003). Former and present missteps and histories of exploitation dictate an intentional process for protection of human life (Pugh, 2007; Punch, 1994). Established codes of ethical and responsible conduct chiefly observe risks and challenges in view of the practitioner (e.g., psychologist, social worker, counselor, etc.) in relation to the client, minimally acknowledging the practitioner as researcher.

A number of codes of ethics take into account issues related to power. The American Counseling Association (2005) has not yet specifically indicated how to address these concerns in research;

however, power is addressed in a number of counseling-related areas, including clinical and supervisory relationships with current and former students (F.3.e., F.10.c., and F.10.f.). The American Counseling Association (2005) has, on the other hand, offered guidelines that instruct counselors to avoid harming, respect the diversity of, and not impose values upon their research participants (A.4.a and A.4.b). Though the spirit of these guidelines does suggest a consideration of power and the potential for exploitation, the research process and all involved parties can benefit from researchers and reviewers considering aligned health and mental health paradigms' instructions for protecting clients and research participants along these bounds. For example, the American Psychological Association (2004) instructs those bound by its code of ethics to specifically avoid exploitation of research participants, attempt to protect participants from harm, and to provide comprehensive informed consent that describes any harm (3.04, 3.08, and 8.02). Additionally, the National Association for Social Workers (2008) explicitly prohibits dual relationships with research participants, as well as promotes due consideration of all potential consequences to conducting and participating in research (5.02d and 5.02o).

Stacee's research was designed and carried out under a code of ethics adopted by the American Counseling Association, which promotes optimal human development through a set of unified values that are intended to help drive decision-making that is in the best interest of the public and counselors' professional identities (2005). As the American Counseling Association code of ethics, in its current form, gives limited specificity for counseling research, consideration was given to the codes of ethics outlined by the American Psychological Association (2004) and the National Association of Social Workers (2008). These considerations were made in the context of philosophical differences across these mental health paradigms, including the knowledge that limited, carefully scrutinized dual or multiple relationships may be inevitable for counselors, and they are appropriate in some cases if they are beneficial (American Counseling Association, A.5.c, 2005).

A common thread among codes that govern work in the helping professions is the subtle inference that the practitioner–client relationship and the researcher–participant relationship are analogous. Recognizing the researcher as practitioner solidifies the reality of multiple identities. These influence the research process and rapport with participants, thereby providing a foundation for the development. As with the practitioner–client model, the researcher–participant relationship gives rise to a power imbalance that requires researchers to use discretion regarding roles and expectations and in measures related to risk management of boundaries. (Reamer, 2003; Weiner-Levy, 2009).

Given the relational nature of qualitative research, dual or multiple relationships in some cases are unavoidable, particularly in small or rural communities (Endacott et al., 2006; LaSala, 2003; Pugh, 2007). For counselors, specifically, the American Counseling Association has instructed clinicians to consider the impact and benefit of these relationships (American Counseling Association, A.5.c, 2005). Again, these guidelines have yet to be fully realized in their definite application to research.

Negotiating Power in Gender Research

Qualitative research embraces creativity and exercises techniques common to therapy. Bourdea (2000) recognized the parallel of qualitative research and therapy, making a case for comparison between the researcher–participant and therapist–client relationship. The shared elements of qualitative research and therapy (e.g., explore a complex problem or phenomenon, intense interviewing, empowerment, social transformation, behavior and ethical challenges, etc.) coincide

with shared qualities and concerns relevant to the relationship with both clients and participants (e.g., duration, culture variation, power imbalance, dual/multiple connection, negotiation, care, self-disclosure, etc.; Bourdea, 2000; Hart & Crawford-Wright, 1999; Grafanaki, 1996). The resemblance between qualitative research and therapy creates a need for researcher vigilance in recognizing a dual or multiple relationship, the potential for role confusion, boundary crossing, power difference, and boundary violation (Austin, Bergum, Nuttgens, & Peternelj-Taylor., 2006). Qualitative researchers must be confident and competent to engage the bidirectional exchange with participants reflexively, without impairing professional judgment or staging the act of exploitation (Hart & Crawford-Wright, 1999; Holmes, 2010).

Mental health researchers and professionals can assess imbalance power in a number of ways. In general, a dynamic, holistic perspective is most likely to elucidate the potential for and impact of exchanges between those with differing degrees of power. One such approach is the ADDRESSING format outlined by Hays (2008), in which one can evaluate *age* and generational influences, *development* disability, *disability* acquired later in life, *religion* and spiritual orientation, *ethnic* and racial identity, *socioeconomic* status, *sexual* orientation, *indigenous* heritage, *national* origin, and *gender* (p. 4) influences that may have impacted clients' (or in this case, the research participants' and researchers') life experiences. Application of this format, which was designed for a clinical context, should illuminate potential areas of power difference that might have bearing on how researchers and their participants interact, including participants' willingness and ability to be forthcoming and authentic. Researchers should also take into account educational privilege—while this is undeniably tied to socioeconomic status, we believe that one has expanded agency, voice, and freedom to express views that are not in line with established hegemonies with advanced education.

Exploitation becomes a significant consideration in transgender research, the evolution of which follows that of other marginalized and thereby voiceless groups over history, notably including women and persons of color (Gilligan, 1982; Hill-Collins, 2009). In the case of transgender research, most of the historical body of literature was written by medical professionals who were describing what they saw as a disease model, at times including clearly pejorative titling such as *Psychopathia Transsexualis* (Cauldwell, 1949/2001b) and *The Sissy Boy Syndrome* (Green, 1987). The emergence of both transgender authors (Feinberg, 1996, 1998; Wilchins, 2004) and more affirmative care services (Carroll, Gilroy, & Ryan, 2002; Reicherzer, 2006) has helped transform the service platform that is accessible to transgender persons. Nonetheless, the vast majority of literature in the helping professions has been developed by persons outside the transgender community. As a community of persons who have experienced significant marginalization due to the confluence of heteronormativity and gender binarism (Reicherzer, 2006; Singh, Hayes, & Watson, 2011)—and in the cases of transgender Latinas, White supremacy and the potential for language barriers (Retzliff, 2007)—loss of voice becomes a significant and noteworthy feature.

The issue of loss of voice for transgender women of color is not unlike historical discourse by feminists of color, who describe the relative subordination of their issues within the larger context of a feminist agenda (Anzaldúa, 2007; Hill-Collins, 2009). Equally, “queer politics” has been largely representational of the body of power holding the greatest sociopolitical capital to influence change—in this case, gay White men (Wilchins, 2004). As such, it is necessary to consider the contributions of feminism, queer theory, and critical race theory in discussing the experiences of a transgender women of color for whom power has been largely inaccessible due to the confluence of gender identity, historical racism, and poverty.

Critical race theory, feminist theory, and queer theory are contemporary paradigms that may inform lived experiences in context of the researcher–participant relationship. Feminist theory focuses on gender inequality challenging patriarchal dominance within society. Feminist theory queries generally operate from the bases of discrimination, objectification, and oppression involving women within a specific context. Theorists conducting research from this perspective aim toward a transformative end of gender empowerment (Olesen, 2005). Critical race theory is a framework that was more specifically designed to question the impact of racism within American society (Delgado & Stefancic, 2001). Feminist theory has a likeness to critical race theory in that both attend to discrimination and oppression. Furthermore, both give significant focus to systemic issues related to power and oppression. However, critical race theory has traditionally entailed a more heavy concentration on the intersection of race, law, and power.

Queer theory is a framework that is characterized by its relevance to individual identity. The theory builds upon feminist challenges, focusing on what is identified as conventional and normative sexual activity or identity. In particular, queer theory questions the prescribed standards and assumptions related to heterosexuality and, in doing so, allows for inquiry relevant to categories of race, class, and age in addition to gender, making it comparable to feminist theory and critical race theory (Denzin & Lincoln, 2000; Plummer, 2005).

Insider Research

The researcher–participant relationship in studies within oppressed communities presents a critical opportunity for the emergence of a marginalized voice to be heard. This *standpoint research* (Olesen, 2005), in which the shared community of the researcher and participant are a part, provides a basis for the study of the community’s qualities, creates a unique set of challenges due to the relative power the researcher holds in the relationship. The concern for ethical sensibility and discretion is intensified when the perception or certainty of sameness enter the research dynamic. A sharing of cultural, linguistic, ethnic, national, and religious heritage or imagined community creates the bases for the development of dual or multiple relationships (Al-Makhamreh & Lewando-Hundt, 2008; Bhopal, 2001; Few, Stephens, & Rouse-Arnett, 2003; Fine, 1994; Ganga & Scott, 2006; Kanuha, 2000; LaSala, 2003; Pitts & Miller-Day, 2007; Weiner-Levy, 2009). Furthermore, these degrees of sameness also present a challenge to researcher perspective and relative objectivity. A number of authors have described research in which both the researcher and the participants were of the same culture or community (Al-Makhamreh & Lewando-Hundt, 2008; Bhopal, 2001; Colnerud, 1997; Endacott et al., 2006; Few, Stephens, & Rouse-Arnett, 2003; Ganga & Scott, 2006; Grafanaki, 1996; Johnson-Bailey, 1999; Kanuha, 2000; LaSala, 2003; Schank & Skovholt, 1997; Slack & Wassenaar, 1999; Weiner-Levy, 2009; Yassour-Borochowitz, 2004). Researchers confronting the investigative process under a distinction of sameness tend to lean on assumptions of familiarity to negotiate the researcher–participant relationship. Bhopal (2001), Al-Makhamreh and Lewando-Hundt (2008), Hecksher (2007), Kanuha (2000), LaSala (2003), Weiner-Levy (2009), and Yassour-Borochowitz (2004) conducted investigations in which the researcher engaged participants as an insider. LaSala (2003) suggested that research with oppressed minorities favors the investigator with an insider identity due to the need to overcome mistrust that can occur when a perceived outsider is exploring minority culture. A researcher’s positionality does not, however, secure a full understanding of the world in which participants live and experience (Ganga & Scott, 2006; Weiner-Levy, 2009); distinct caution and respect for cultural variation as an insider is essential.

Furthermore, Schank and Skovholt (1997) expounded on the complexity of research within rural or small environments of which the researcher is a part. Boundary dilemmas in this context are most prevalent and problematic in regards to principles guiding standards of ethical behavior. Researchers living within the community for which they conduct research may discover the inability to separate professional from personal life (Endacott et al., 2006; Pugh, 2007). Experiences are certain to be laced with increased contact by participants (e.g., shop at the same grocery store, children attend the same school, etc.), revealing the potential inability to uphold anonymity, impartiality, and boundary expectations (Pugh, 2007; Schank & Skovholt, 1997). Insider research situates the researcher in the same environment as the participant, making it virtually impossible to free oneself from the activities of the professional role during times of leisure. A distinction has been made in regards to research in rural communities, exposing the limitation of ethical codes of conduct in relation to dilemmas surrounding dual or multiple relationships. It stands to reason that those researchers who are more like their research participants would have relative ease in establishing rapport with their participants; furthermore, an extension of this rapport could be the development of alignment or alliances. Contact between researcher and participants in nonresearch settings may be inevitable in particularly small communities or social networks. It is entirely possible that extended networks connect both the researcher and participants across complex social lines (this was the case for the present study, in which the transgender researcher knew many of the same people as her transgender participants). Considering that mutual benefit occurs for an entire community of transgender women, for example, when transgender research takes place, the researcher is invariably situated in the role of advocating for the community of which she is a member. Given the American Counseling Association stance on participating in dual or multiple relationships that are beneficial, nonsexual, and not exploitative, insider research and concomitant community advocacy in these small communities and communities-within-communities seems appropriate and necessary. Researchers and those with whom they triangulate their findings must attend to the impact not only on the participants, but also on the results and interpretations of a study, given these influences.

While it is clear that distinctions exist for mental health professionals who conduct qualitative studies that separate their research activities from those of their therapeutic practices, making these distinctions in research practice requires both flexibility and accountability. Challenges are compounded with research conducted in a community of which both the researcher and participants belong. As best practices for insider research are still evolving and require careful consideration of a number of ethical priorities and contingencies, we present Stacey's navigation of these challenges as an example of a successful form of this research. Stacey's position as a researcher and an academic who is a White, post-operative transsexual woman, presented a number of unique contextual and cultural elements that required attention to the impacts of power and privilege throughout a series of content-rich exchanges.

The Study

In the case of the research under discussion, a transgender woman who is licensed as a professional counselor drew from feminism, critical-race theory, and queer theory as her paradigms for conducting a qualitative case study to examine resiliency for three transsexual women of Mexican origin who worked as entertainers. Emphasis was placed on the intersection of race and ethnicity with gender, sexuality, and work as an entertainer. Whereas clear cultural differences between the researcher and her participants existed (the researcher is Caucasian and works in academe), all of the women shared the experience of being transgender. In addition, the researcher's previous work as a drag queen early in her male-to-female transition had brought her into contact with many of the

participants' acquaintances, which she learned over the course of the study. The depth of the one-year study (multiple extended interviews with each participant, observations of her performances as an entertainer, identifying with her the artifacts that told a story of her resiliency) created a research alliance with each participant that blurred the personal with professional spheres, but that through a rigorous review process ultimately reached the aim of explaining resiliency in its complexity for women who faced multiple forms of oppression. In addition, it had the unexpected mutual consequence of inspiring follow-up action-steps for both participants and the researcher.

The Decision to Pursue the Study

Researchers are often most inspired to explore the topics that have touched our own lives (LaSala, 2003). Stacey was a practicing mental health counselor who had worked with transgender women for several years, and had developed a grounded theory of transgender relationships with mental health professionals for her dissertation (citation removed for blind review). Her decision to pursue the case study came from her professional observation, supported by evidence that transgender women of color are often under-served in mental healthcare (Kenagy, 2005; Ramirez-Valles, Garcia, Campbell, Diaz, & Heckathorn, 2008). In addition, her own lived experience 20 years prior as first a drag queen and later a transsexual woman in the gay bar scene had informed her that a population of transgender women existed whose subjectivities were largely unexplored. Specifically, she identified that some drag queens come to identify as transsexual women and begin hormone treatments and body augmentations, yet continue to work in drag entertainment as a primary or even sole source of income. Observing that many of these women in the region of Texas where she lived were Mexican or Mexican-American, and that the juxtaposition as a racial-ethnic minority transgender woman in a socially conservative state of the U.S. required a source of strength, she sought to develop her resiliency study of transsexual women of Mexican origin who work in entertainment.

One of the most creative aspects of conceptualizing qualitative research is to begin putting words together to describe a community who are so completely without voice that we lack easy means for describing them. In Stacey's decision to pursue this study, she was challenged in describing a community whom she knew existed, but that she could not easily and accurately describe. For example, the literature that Stacey reviewed for her study, as well as the larger body of literature about transsexual women that notably included *the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychological Association, 2013)* seemed to exclude a large number of transgender women.

It was Stacey's observation that this research gap was due to the fact that research with transgender populations that was clinical in nature tended to be conducted in hospitals and other health facilities (Benjamin, 1999; Carroll, Gilroy, & Ryan, 2002; Cauldwell, 1947/2002; Patton, 2009), while that which was sociological in nature was often focused on accessible communities who accessed support groups and other clearly designated transgender resources (Reicherzer, 2006; Singh, Hayes, & Watson, 2011). Stacey was aware of whole populations of transgender women who had begun their male-to-female transitions in gay bar settings and procured work as drag entertainers. In addition to a place where they worked, the gay bar then played a crucial role in their personal life, becoming the location of social support and gender affirmation. As such, few of these transgender women tended to be visible in support groups (or at least represented in the studies that sampled support groups), possibly owing to the fact that late night drag shows precluded a great deal of other activity, as well as that drag shows in many cities seemed to pre-date the emergence of visible transgender support group efforts. Further, entertainer communities of transgender women were very often working poor

and thus were very unlikely to access medical care for even basic needs, and certainly not financially inaccessible surgical procedures. As such, the community of transgender entertainers was almost virtually invisible in research, save the odd reference to a “titty queen” who was encountered in a drag ethnography (Taylor & Rupp, 2004, p. 115), but was completely known to Stacee because she was at one time a transsexual entertainer who came out in the gay bar.

Stacee wanted to explore her topic in depth, and because she was looking at multiple identities (transsexual, Mexican or Mexican-American, entertainers), she wanted to focus her attention on details for a very small number of participants. Specifically, she wanted to create a context in which a storyline would develop, in which she and the researchers could participate in a journey that was one based in the feminist concept of presenting *knowledges* (Olesen, 2005, p.238) from the margins that had previously been eclipsed by dominant gender rhetoric. In doing so, the research would seek to draw from critical race theory’s *critical engagement* (Kincheloe & McLarin, 2005, p.365) of the dominant culture’s accepting of a status quo of who these women were and the context they would occupy, and queer theory’s dismantling of fixed gender categories (Plummer, 2005). It would not be enough to have participants simply provide answers to a series of research questions; but rather, Stacee’s desire was to engage the stories of participant lives in their depth and complexity for the purpose of providing a radically different perspective of resiliency for a particularly marginalized community of transgender women.

Negotiating Boundaries With Participants

The case study design, with its multiple interviews and observations, locates a researcher in close proximity to participants on multiple occasions. As stated earlier, Stacee’s own ethical code (the American Counseling Association) provided little guidance for this particular form of research. Like many of the codes discussed previously, much of the language of dual relationships is replicated from what is provided in discussions of therapy practice. Nonetheless, the therapy setting provides an extraordinarily different context than that of research. Whereas it is common in therapy practice to work with clients on a weekly basis, sometimes for periods of several years, the relationship is situated so that a client is paying for the services that she or he attends in the therapist’s office. The therapist and client may have unplanned exchanges, as these tend to occur in small communities or communities-within-communities, but these tend to be managed in a very structured and well-defined manner so that confidentiality in the therapeutic process is never breached.

Interviews became the locations where a great deal of emotionally-intense sharing took place for participants, who often revealed things that would be common in therapy practice. This was not all-together unexpected for Stacee in setting up the study, given that the topic of resiliency required participants to self-reflect on how it had developed and been leveraged in multiple life situations. Stacee often faced the difficult decision of how to respond in a manner that invited a participant’s description further of particularly challenging circumstances (suicide attempts, abuse) while avoiding the tendency to intervene as a clinician. Thus, interviews at times felt for Stacee to be very similar to therapy, but with the significant distinction in that they were in fact part of research. As such, Stacee noted key differences: (1) In therapy, the client’s presenting problem guides the therapeutic direction, whereas in research, the researcher’s questions guide the process; (2) follow-up interviews in research are structured around the researcher’s agenda for that day, versus the goals a client sets forth; (3) the research process ends once sufficient data has been gathered to answer the research questions and all member-checking has been completed; whereas in therapy, the process

ends when the client reaches her or his goals. As such, the entire nature of the relationship is significantly different.

In this case study, the researcher and participants were working together in multiple settings that included participants' homes and the bars where they worked. One participant, "Valerie" (alias), lived in a rural community, and meeting at her home meant that the interviews could be scheduled during a wide range of periods. In spite of Stacey's request that the interviews be held in locations that would be private, Valerie's husband was frequently home during the interview and he knew why Stacey was there. Whereas the interviews took place in another room, Valerie's home was small, and she would at times yell across the house to her husband to answer a question about a part of a story she was telling in connection to an interview question. Valerie very clearly wanted Stacey to feel at home, and frequently stated, "my home is your home, girl." Valerie even asked Stacey personal questions about Stacey's life and, upon finding out that Stacey was single, tried to arrange a date for her (Stacey explained to Valerie that this was thoughtful, but would not be in the best interest of the work they were doing together). Valerie accepted this.

In spite of this particular set of challenges in negotiating what very clearly emerged as a mutually-impactful and empowering bond, Stacey weighed the decision of interviewing Valerie away from her home. Because they lived more than 50 miles away from each other and Valerie's small town provided no easy and private place to meet, Stacey determined that it was infinitely preferable to interview Valerie at her home, a natural setting that would help provide context for her story, than ask her to incur a time and cost prohibitive 50 mile drive in the middle of the afternoon (as an entertainer, Valerie generally worked late into the night). The presence of the husband in the home during interviews, and Stacey's desire to be a gracious hostess, were seen as minimally impact to the quality of information she shared about her life.

An ongoing challenge with all of the participants was the fact of doing research in bars. Part of drag performance includes tipping the performers. As a transgender woman at a drag bar, it would have been culturally inappropriate, a sign of snubbing among transgendered women, had Stacey been present at the bar but not tipped the performers. As such, she made the decision that she would tip most or all of the performers, including her participants, for the purpose of appearing inconspicuous. While contributing to the naturalness of the setting, it presented an odd dilemma in which Stacey as a researcher was required to be inconspicuous through the unorthodox research process of tipping her participants.

Yet another challenge of the bar research was the fact that the social climate and relaxed atmosphere of a bar positioned the researcher and participants very differently. On one night, participant "Diana" was hosting a show and extolled the crowd to "give it up for my friend [Stacey], who's doing a study of my life!" The crowd cheered, and Stacey waved. In another incident in which Stacey had gone to another city to see participant "Amanda's" performance, the participant was sitting at a table with her drag mentor and other friends when Stacey arrived, and called her over. The drag mentor expressed how excited she was about the study Stacey was doing with Amanda, and proceeded to talk with Stacey and Amanda about Amanda's drag life and male-to-female transition. In managing the situation, Stacey allowed the conversation but did not provide additive information about Amanda to her drag mother. As with other bar situations, the participant's choice to reveal the research relationship was well within her rights, and the casual atmosphere of the bar created an important context of identity expression.

Discussion

Benefits to Participants

Over the life of the study, each of the participants described how participation in the research impacted her. What became apparent is that each participant's experience of talking about resiliency in the face of adversity, and how she leveraged resiliency in order to thrive, became itself a source of movement for her. This is demonstrated by statements such as this, by Amanda:

...just thinking how, you know, how happy I've been since meeting you and talking to somebody about going through the change and stuff because I never really had anybody...to talk to about that stuff and then...talking down memory lane...I think it's given me that and also the opportunity to grow. You know...to grow as an individual...and spiritually also and just, you know, as a person.

Valerie, who worked as a comedienne in the straight comedy circuit, had passed as a natal female and was not out about being a transgender women prior to the study. During the study, however, she made a decision to start coming out during her shows as part of her act, selectively, as when closed a show with this line: "Not bad for a transgender grandmother, huh?" When we talked about her decision to do this, she shared with Stacey that being in a study with a transgender researcher inspired her:

because you have that academic accolade behind you; because I look at you and say "Damn! I might not have gotten that PhD, but this bitch did. Whoa! Look at her. She's up there!" and it makes me...it makes me so happy. It makes me very honored to call you a friend and to...to...to just know that...that you...you beat the odds. That, yes, it can be done.

After the study, Valerie sought to organize more efforts to bring straight comediennes and lesbian, gay, bisexual, and transgender entertainers into more of the same shows.

Importantly, Stacey also spent a great deal of time examining how the study impacted her. Over the life of the study, she relied on her research colleagues to help explore her reactions to occurrences in the interviews and observations, and to the obvious developments that occurred as a sense of community was formed with her and the participants. She shared the participants' desire to remain in contact at the conclusion of the study, and chose to stay in communication with them.

A second, unforeseen consequence for participants, particularly Amanda and Diana, who had never been in therapy, was that the experience of sharing their lives with an empathic witness held a therapeutic benefit for them. Both expressed being unaccustomed to people showing interest in their histories and what they had overcome; Diana identified that "it was so therapeutic...it was like a counseling session to get stuff off my chest." Whereas Stacey did not provide any formal interventions, as she would in her counseling practice, the nature of being interviewed by a researcher with a counseling background created benefits for these participants.

Benefits to the Researcher

Social justice research that is undertaken to advance the welfare of a particular population segment is an extremely rewarding proposition in a number of areas. Professionally, it is extremely rewarding to conduct research that helps explain a community's needs to people who can address it. Providing the study results at professional conferences and in journals to mental health professionals and sex researchers and generating discussions about how the material can make a practical difference in service to the transgender community is a chief reason we engage in this type of work.

On a personal level, it was gratifying to have the opportunity to see and experience first-hand what these women have been able to do with their lives with extremely few privileges or resources made available to them, initially. Witnessing what it takes to create a drag illusion at a bar until 3-4:00am and followed by a day job that begins just a few hours later is particularly inspiring. What is more, participants themselves were warm and personable, and it was emotionally very gratifying to work with people who so freely shared their lives and stories in research. Stacey found herself enjoying the time, which at some moments during the research, felt like conversations between friends.

Stacey knew none of the participants prior to the study. Over the course of working together, it became clear, though, that connections existed. In seeking to establish Stacey's credibility as a trustworthy researcher, one participant, in particular, asked questions of Stacey about people she knew in the transgender community. Stacey's naming of friends and acquaintances from many years helped establish a link for the participant, but also revealed that they knew many of the same people, including Stacey's roommate from more than 20 years before the study. These discussions were often segues into reflections about friends who were lost, and particularly for participant Valerie, were the location of discussions of how the study empowered these lost transgender women's legacy.

Benefits to Research

As mentioned in the previous section, research that provides a clear deliverable: in this case, better-informed mental health services for the transsexual community. In addition to the derivation of any mental health products or services that have come from this case study, the actual study itself provided what we believe is a benefit to research.

One important component that research with the oppressed provides is the opportunity to use and operate within the community's languaging systems, processes for conceptualizing identity, and other ways of being. As research with transgender communities is an iterative process that slowly builds, asks better questions, and ultimately seeks to explore hidden but needed information about the community, it provides important next steps for future researchers. When considering that even as recently as 1987, a study entitled *The Sissy Boy Syndrome* (Green) was published without apparent professional disapprobation of its demeaning title, we recognize that newer studies that are social justice-oriented in nature clearly begin to change how we look at and think about the community. We also accomplish an important task of building trustworthiness, albeit slowly, given our history of pathologizing and oppressive language.

Of note also, the research team became acutely aware of how little information and specific direction existed in the American Counseling Association's (2005) code of ethics to guide research ethics. We found this to be a particular challenge in that, as issues came up, our professional body really gave us very little of real value. Lacking a clearly visible body of professional ethics to navigate the real-

world complexities of managing research in bars with small communities for example, supported our initiative to use our research practice as an effort to guide better ethical decision-making and clarity in qualitative research. One valuable outcome has been feedback that we were able to provide American Counseling Association in its latest iteration of Code of Ethics to help guide qualitative researchers who find themselves in ambiguous research situations for which there is little professional direction.

Stacee's qualitative case study presented unique dilemmas. Her professional code of ethics, as well as similar codes that guide other professions, provided limited guidance of navigating in-depth qualitative research that occurred within this small cultural community. As such, Stacee relied heavily on her research colleagues with whom she reviewed results, as well as her own professional judgment, in making ethical decisions for navigating her relationships with participants.

Another important lesson learned that we believe is important to share with other researchers is that issues which seem significant when reviewing the literature are not always especially distinguishing features in participants' lives. The women in this study seemed to have difficulty identifying aspects of identity that were recognizably Mexican or Mexican-American to them. When asked about engagement with Mexican culture, they did not really have a great deal of information they could identify. What occurred to Stacee later was that she was asking about cultural engagement under the assumption that these transsexual women entered a different realm from that of the gay bar where notable interactions with other Mexican or Mexican-American people occurred. Whereas each of the participants was very engaged with her family who were Mexican, the amount of time spent working or recreationally in the gay scene did not seem to leave room for a separate life in which they experienced a notable Mexican experience. Thus, any aspect of identity that was uniquely Mexican for them was also a component of their work as entertainers (performing to Spanish songs, branding a particular form of Mexican comedy), and was subsumed within their more recognizable identities as entertainers and transgender women.

How Gender and Power Played Out in the Study

The relatively limited access that any transgender people have to the power of voice in the spheres that can radically influence their lives (medical, sociological, public policy) means that virtually any transgender author's identification of transgender subjectivity is treated as the entire spoken word of the subaltern. Because the ability of transgender women of color to name their experiences and identities in a manner that can be heard is significantly diminished, it is important to consider how we represent voices from communities of which we are partially but not wholly a part. As such, we were particularly conscientious in how this study with a White academic researcher and working class Mexican and Mexican-American women would develop. We were pleased that once we began the work with participants, the experience was particularly positive.

Early in the researcher-participant alliance, it became evident that a *sisterhood*, as participant Diana referred to it, was occurring in all three relationships. Specifically, the researcher and participants were acutely aware that they were making a shared decision to pool their resources: Stacee's as the researcher with a professional voice in both academe and the mental health professions, and each participant's as a resilient survivor in a gender-conforming and heteronormative culture. As such, the research journey took on the quality of a shared social justice effort that was aimed to help others, with participants sharing comments like Diana's: "I don't want to anybody to go to through what I went through." In general, participants were very open in sharing

their experiences, and did so with a clear commitment that doing so would be used to inform mental health professional practice. The power of voice, then, was both a new and important experience in their lives.

The sisterhood experience reflected important issues of power and gender. Stacee, as an academic, had the privilege of choosing how and when to use her identity as transgender, which in this case was for the purpose of accessing research participants and joining with them in their storying of resiliency. Of note, unlike her participants who were reliant on retaining identities that specifically located portions of their lives in the gay bar, Stacee had the power to choose when and how she entered the gay bar for research. After the study, Stacee had the option of moving away from a scene on which participants were very reliant.

In addition, neither Stacee nor her colleagues lost voice once the study was completed. For them, the study was but one of many ways in which academic and class privilege lent themselves to the researchers' power and voice. For example, in the months that followed the study, Stacee participated in conferences and focus groups during which the new Diagnostic and Statistical Manual-V (American Psychiatric Association, 2013) gender dysphoria diagnosis was being developed. Stacee and the other researchers participated in significant discussions that derived from their clinical and research backgrounds. Whereas the diagnosis held sociological impact to both Stacee and the participants (if not diagnostic impact, due to the fact that participants did not seek out medical or mental health services that would require this diagnosis; Stacee had years before been diagnosed and treated according to a previous iteration of the diagnosis), Stacee held significantly more power in its development.

Recommendations for Research Practice

Researchers who come from marginalized cultural backgrounds are often invested in conducting studies to explore their own communities (LaSala, 2003). Experience as an insider lends a level of accessibility, as well as creates unique challenges. Stacee's research presented an opportunity to elucidate factors of resilience for transgender entertainers of Latino heritage. Her status as a transsexual woman granted her a unique opportunity for moving into this research; however, it also established the need for her to consistently evaluate any bias or blind spots that might be present (Dwyer & Buckle, 2009).

As social and behavioral research is iterative, we understand the need to advance our and related fields' current best practices for conducting insider-outsider research. To this end, we offer the following recommendations:

- Examine reasoning for conducting the study and be sure that it comes from a genuine desire for inquiry, rather than unfinished business or other mental health needs. Purely by our observation of counselor training and readiness, and comparing this to our experiences with the present study and other qualitative research we have conducted with the transgender community, we recognize that researchers create the potential for harm if engaging in an area of inquiry that reflects their own personal impairment. This comes with the intensity of qualitative inquiry into vulnerable topics with marginalized populations, particularly when these topics touch or specifically seek to address issues of interpersonal violence, trauma, and other areas of a participant's life. When participants are conducting studies in areas that are part of their own trauma history (for example, interpersonal violence), they may attempt

to use their relative power in the research relationship to persuade participants into particular courses of action. The challenge is always that researchers who conduct studies in the sociopolitical and/or cultural margins often have significantly more personal resources than the people they are studying. It is one thing to uncover issues and needs that a participant may have and offer community resources to assist. It is another matter entirely to approach a study with the intention of rescuing or educating participants about how to improve their own lives, based on the researcher's beliefs and experiences with this. We believe that issues of personal impairment should be explored by the researcher prior to engaging in a study that is an area of extreme vulnerability or sensitivity.

- For researchers who are also clinicians, we strongly recommend consulting relevant ethical codes for guiding work that is done with vulnerable populations to avoid behaving clinically in data gathering situations.
- Develop a research team of colleagues and/or mentors who will not only help review the data collection and analysis activities, but will also serve to support the researcher in addressing transference and counter transference issues that may occur as a result of the shared community experience between the researcher and participants (Alexander & Charles, 2009; Reamer, 2003). Whereas the value of standpoint research (Olesen, 2005) is clear and we recommend that researchers from marginalized communities will elucidate experiences that are missing from discourse, we also recognize that passion for a topic can at times lead researchers down paths of seeing what they want to see in their communities. What is more, being in a position of power relative to that of research participants, insider-researchers may very easily assert their own ideas and opinions into the data collection process (guiding participants toward supporting the researcher's assertions). A particular challenge to this is that, as persons with the degree of power and privilege that academic voice and status as a researcher lend, researchers may unduly influence their participants' views on topics when they appear as experts on the topic of study. In our study, we found that even with Stacey's skill in researching from a position of participant-empowerment, it was of extraordinary value to have colleagues who peer-reviewed the content of her data and the method by which she had gathered it to verify the scientific merit and fidelity of what she is collecting. We recommend the ADDRESSING format to assess these elements (Hays, 2008) that we described earlier.
- Do not overestimate that sharing a common cultural characteristic with participants (race and ethnicity, gender or sexual identity, religion, etc.) will mitigate other differences that may also be occurring (class, educational access, intellectual ability). An early mistake that Stacey made in the study was to assume that transgender women would be very interested in having their voices and heard and shared by someone whom they would perceive to be one of their own. The realities, though, were that finding participants was extremely difficult because even with her background, Stacey was still perceived by many as an outsider in that she was not someone they knew within the bar scene. It did not initially occur to Stacey that her class distinctions and work as an academic would be such differentiators that many transgender women would not be interested. In truth, many of the women Stacey approached seemed to be protective of their private lives, perhaps being wary of exploitation. Stacey's community connection came through a bartender. Once the prospective participant talked to Stacey, it was easy to build a brand of trust with which to access others.

- Expect to respond flexibly if conducting observations in natural settings in which the researcher is simply seen as a member of the community. One of the most surprising things for Stacee, who had many years before frequented drag bars as a performer and a patron, was how people responded to her in the present study. Stacee's change in social status and sociocultural power that came with her academic and career advancement had significantly changed multiple aspects of her life. In the drag bars, however, she was seen as one of the many transwomen in the bar who were there alone. This required her to use boundary setting skills with extremely drunk and forward men who frequent such bars with the expectation that transgender women are sexually available and promiscuous. The juxtaposition of her role in conducting observational research with the reality that it was taking place in a bar setting relocated her power and class status to that of a particularly exploitable group of women. A particularly sobering note of this was Stacee's observation that even inasmuch as equality efforts and advocacy in many fronts had made it possible for her to experience such important life aspects as academic voice and a sustainable profession, the easy exploitation of transgender women was still in existence.

Summary

Very little in the professional literature exists to guide qualitative researchers in studies within their own communities, given that contexts vary within any number of cultural settings. The passion one has for advancing the causes of others who share common culture or context should not be discounted out-of-hand, despite the potentiality for bias or blind spots. In order to ensure competent, sound social and behavioral inquiry, researchers may review multiple sources to identify best practices for conducting their proposed designs, including the ethical codes of their own professions. Ultimately, studies conducted within marginalized communities should consider a number of interpersonal variables that are likely to arise, in order to assure that the researcher has a reasonable expectation of how a study will look in practice. It is our hope that this article will help provide a resource for qualitative researchers who are conducting similar studies, and that these will in turn lead to a greater body of evidence that defines both cultural competence and researcher self-awareness in qualitative design.

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