



The Qualitative Report

Volume 20 | Number 1

Article 7

1-19-2015

Experience of Being an Insider and an Outsider during a Qualitative Study with Men Who Have Experienced Significant Weight Loss

Darren D. Moore

Mercer University, darren.moore@alliant.edu

Follow this and additional works at: <http://nsuworks.nova.edu/tqr>

 Part of the [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](#), and the [Social Statistics Commons](#)

Recommended APA Citation

Moore, D. D. (2015). Experience of Being an Insider and an Outsider during a Qualitative Study with Men Who Have Experienced Significant Weight Loss. *The Qualitative Report*, 20(1), 87-106. Retrieved from <http://nsuworks.nova.edu/tqr/vol20/iss1/7>

This Article is brought to you for free and open access by the The Qualitative Report at NSUWorks. It has been accepted for inclusion in The Qualitative Report by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.



Qualitative Research Graduate Certificate
Indulge in Culture
Exclusively Online • 18 Credits
LEARN MORE

NSU
NOVA SOUTHEASTERN
UNIVERSITY

NOVA SOUTHEASTERN

Experience of Being an Insider and an Outsider during a Qualitative Study with Men Who Have Experienced Significant Weight Loss

Abstract

The major question being answered in the study is, “What is the experience of being an insider/outsider in a study regarding men and significant weight loss?” The purpose of the paper is to explore the experience of being both an insider and an outsider, and specifically to discuss how researcher status and self-disclosure emerged and impacted the research process. The methodology used in the research study is narrative inquiry, specifically self-narrative. In the study, membership role status was found to be difficult to define, inherently complex, and arbitrary at times. Additional research on the topic of membership role status is needed and the level of importance should be further explored for the specific population.

Keywords

Qualitative Research, Membership Role Status

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 4.0 License](http://creativecommons.org/licenses/by-nc-sa/4.0/).

Experience of Being an Insider and an Outsider during a Qualitative Study with Men Who Have Experienced Significant Weight Loss

Darren D. Moore
 Mercer University, Macon, Georgia, USA

The major question being answered in the study is, “What is the experience of being an insider/outsider in a study regarding men and significant weight loss?” The purpose of the paper is to explore the experience of being both an insider and an outsider, and specifically to discuss how researcher status and self-disclosure emerged and impacted the research process. The methodology used in the research study is narrative inquiry, specifically self-narrative. In the study, membership role status was found to be difficult to define, inherently complex, and arbitrary at times. Additional research on the topic of membership role status is needed and the level of importance should be further explored for the specific population. Keywords: Qualitative Research, Membership Role Status

The topic of membership status has been discussed widely within the literature as it relates to qualitative research inquiry (May, 2014; Ochieng, 2010). A significant amount of the discussion regarding membership role has been focused on the insider/outsider status dichotomy, with less discussion specifically regarding what has been referred to as “the space between.” The Space Between is a concept rooted in the perspective that holding membership status in a group does not denote sameness and not holding membership status in a group, does not denote complete difference (Dwyer & Bucker, 2009). In addition, the space between is a perspective that supports the notion that individuals operate a location where they can be both a part of and separate from a group (Dwyer & Bucker, 2009). Likewise, while there have been general discussions regarding membership status and possible implications for research (Collet, 2008), there has been a lack of discussion regarding the topic specifically as it relates to men who have experienced significant weight loss. Most importantly, the literature regarding insider verses outsider status is lacking as it specifically relates to discussions regarding gender and masculinity, as well as other contextual factors. The purpose of the paper is to explore the experience of being both an insider and an outsider, and specifically to discuss how researcher status and self-disclosure emerged and impacted the research process.

Through reflecting and critically analyzing experiences while completing a research project regarding male bariatric surgery patients, I attempt to further the discussion of membership status and the complexities inherent when engaging in qualitative research. The discussion regarding gender and membership status has significance as it may impact how researchers develop and conceptualize future research regarding obese male populations. With the obesity epidemic being at an all-time high, according to some scholars, (i.e., Wang & Beydoun, 2007) researchers must be cognizant of the ways in which they address methodology in efforts to obtain the most critical and necessary information from research participants. Having a more clear understanding about the importance, lack thereof, or the very notion of membership status in general, may provide information that could be utilized to address future research, development of specialized medical interventions, and ultimately inform health care policy.

Literature Review

There have been a number of researchers who have examined the topic of membership role status (insider and outsider status) within qualitative research (Asselin, 2003; Merriam, Johnson-Bailey, Lee, Kee, Ntseane, & Muhamad 2001; Ritchie, Zwi, Blignault, Bunde-Birouste, & Silove, 2009). Most of the researchers have focused on debating the legitimacy of insider status and outsider status, as it relates to research methodology. In addition, traditionally the topic of insider status and outsider status has been discussed as two distinct and dichotomous variables. However, more recently there have been some researchers who have challenged the notion of one being solely an insider or an outsider as it relates to qualitative research. In addition, the topic of self-disclosure and gender has emerged as part of the discussion of membership role status as it relates to qualitative research (Brannick & Coghlan, 2007; Breen, 2007; Ergun, & Erdemir, 2010).

Insider and outsider membership role statuses have been discussed within scholarly literature dating back to early ethnographic research (Anderson, 1976). It has often been assumed that someone that is a part of a group would fundamentally have a deeper and clearer understanding in regards to the intricacies of a cultural group. For example, Foster (2009) conducted a research study regarding cancer as an insider and discussed the fact that she was able to connect to her participants in a way that was unique. In her research she found that it was possible for an insider to contribute to scholarly discourse through qualitative research regarding groups that they may be affiliated with. While Foster (2009) did discuss arguments against insider status, she concluded that research conducted by insiders is valid, legitimate, and rigorous. Qualitative researchers acknowledge the fluidity and multilayered complexity of human experience. Likewise, since the qualitative approach seeks to understand the meaning of lived experiences often from the inside out, this issues becomes more critical.

Few, Stephens, and Rouse-Arnett (2003) wrote an article about African American women's experiences of being a researcher with participants (informants) who also were African American women. These individuals found that it was important for researchers to engage in reflexive work and to share commonalities with their participants to facilitate the joining process and establish trust. Likewise, Few et al. (2003) suggested that "Black women researchers who reveal little information about themselves run the risks of being mistrusted by Black women informants" (p. 5). Self-disclosure has been viewed as important as it relates to membership role status. While some membership role statuses may be more easily viewed, such as cases involving contextual information (i.e., race and gender, presumably), other status roles may be more difficult to determine without having additional information. For example, while a participant may visibly be able to determine if a person is an insider based on race, they may not be able to determine if a researcher is an insider based on some type of shared experience such as weight loss or other phenomena. Therefore, some scholars have advocated for "reciprocity" and self-disclosure within qualitative research as a way to set participants at ease (Finlay, 2002; Jourard, 1969; Oakley, 2001). In addition, within the African American community, according to (Inness, 2009) there has been a concept referred to as the "Insider doctrine." The insider doctrine is a belief a philosophical perspective, which supports the notion of scholars conducting research groups that they share membership status with (Morton, 1972; Simmons, 2007).

While some researchers have argued that being an insider assists the researcher with gaining information that may prove to be difficult without sharing the same role status, others have suggested that insiders should not conduct research regarding their own groups. For example, some researchers (Chavez, 2008; Innes, 2009; Kusow, 2003) have reported that a researcher who shares the same group status may actually find it more difficult to be objective during the research process. Innes (2009) further stated, "The critics of insider research have

asserted that insiders' closeness to their research community clouds their views and leads to biased research findings" (p. 440). Likewise, historically ethnographic researchers have been trained to view themselves as outsiders, who enter into an unknown or uncharted territory (Grahame & Grahame, 2009). Ethnographic researchers have often had to deal with figuring out ways to enter to a system that was foreign to them. Some ethnographic researchers have found that there can be a significant level of difficulty involved when conducting research as an outsider (Horowitz, 1983). Chawla-Duggan (2007) conducted a study and discussed how being an outsider made it difficult for her to gain access to a cultural group as she was considered a foreigner from participants, therefore making it difficult for her to gain "buy in" and trust. Getting a group of people to trust a researcher can be daunting, especially if the researched have not bought into the researcher agenda or have been harmed by the group that the researcher belongs to in the past (Collet, 2008). Collet also discussed how participants might be more inclined to allow researchers who share a similar status to gain access to a populations if participants believe that the research will benefit the researched or is rooted in more of a community based participatory format than the traditional "top-down" approach that is often the case in academia.

Likewise, some researchers have discussed the notion that a person may have "insider knowledge" while at the same time not be viewed as an "insider" (Ochieng, 2010; Rhodes, 1994; Weeks & Moore, 1981). For example, Ochieng (2010) conducted an ethnographic study with women of African descent where she reported, "Most of the participants treated me as someone with insider knowledge, although it was evident that they did not consider me to be "one of them" in every respect" (p. 1730). Ochieng (2010) further explained that while there were some set of criteria that she shared with her participants (being a women of African descent) there were other contextual factors that made her dissimilar from her participants such as socio-economic status (being viewed as a professional as opposed to a member of a lower class system). Similarly, May (2014) suggested that while a researcher may primarily possess an outsider status, there may be times where that said outsider shares "insider moments" (p. 117) with participants.

Additionally, O'Connor (2004) conducted an ethnographic study where she was viewed as an insider as she shared the same cultural background; while at the same time was considered somewhat of an outsider due to having a different religious affiliation. O'Connor also discussed how some participants may assume that the researcher is an insider based on some criteria that may in-fact not be true. Likewise, O'Connor further reported on the ethical dilemmas inherent in allowing participants to continuously believe something that is not accurate, in order to be perceived as an insider. Shahbazim (2004) wrote a reflective piece where he challenged some of the notions of insider status being viewed as more preferred when compared to research conducted by an outsider. Shahbazim, talked about how he as an Iranian had significant difficulties conducting research with Iranian populations. He specifically discussed the fact that while he shared the same ethnic identity, his education separated him from participants. He also mentioned leaving Iran for a while and noted the need for him to "re-enter" his community or origin. In addition, McDermid, Peters, Jackson, and Daly, (2014) conducted a study and discussed the complexities of being an outsider specifically as it relates to the perception of or possession of power.

One of the aspects related to insider status and the notion of power in qualitative research is the topic of gender. There have been a number of researchers that have examined the importance, or lack of importance, of shared gender among researchers and participants as well as among doctors and patients (Arendell, 1997; Striley, Margavio, & Cottler, 2006; Williams & Heikes, 1993). Some researchers have suggested that the gender of the researcher does affect the outcome of research (Warren & Rasmussen, 1977). For example, Herod (1993) reported that female researchers may have difficulty with gaining access to male participants

and may struggle with men not taking them serious during the research process. Likewise, Brown (2001) wrote an article titled, "What Makes Men Talk about Health" and suggested that men are more difficult for female researchers to recruit. Brown specifically suggested that female patients are more open with female participants due to a shared understanding on how to approach one another when compared to male participants. However, other researchers have argued against the perspective that opposite genders have more difficulty gaining research participants. For example, Horn (2010) conducted a research study where she interviewed male police officers. Horn reported that at times her opposite gender was an advantage in terms of getting participants to trust her and share information. Likewise, Riessman (1987) conducted a study and reported that gender congruence does not necessarily allow researchers the ability to obtain more access to participants or information when compared to gender incongruence between researcher and participant. While the topic of gender has been discussed as it relates to insider and outsider status in research, there has been a lack of discussion by researchers that have particularly explored gender within the context of topics that may be perceived as being of a more sensitive nature such as male body image, weight loss, sexuality, sexual orientation, among others. Likewise, there is also a lack of discussion regarding the topic of membership role status specifically regarding research involving the topics obesity, weight loss, and eating disorders. Therefore, additional research is warranted.

Information about Previous Study

The author completed a study titled, "Life after Bariatric Surgery: Men's Perspectives of Self-concept, Intimate Relationships, and Social Support." The objective of the dissertation was to explore the experiences and perspectives of men who have had bariatric (weight loss) surgery, with a focus on their experiences of transitioning through the weight loss process. The researcher asked questions regarding how participants were impacted by weight loss, and how it influenced their everyday life, including their relationships with friends, family, and significant others. The researcher utilized phenomenology as the research method and conducted 60-90 minute semi-structured, in-depth interviews with 20 men. Eligibility criteria for the study included the following: men were required to have had bariatric surgery in the previous five years, were over the age of 25, were at least six months post-surgery at the time of the study, had been in at least one intimate or committed relationship after surgery, and resided in the United States. The demographics most relevant to this study include the following: (1) average age of participant (44), (2) average salary of participant (\$43,225), and (3) average weight loss of participant at time of study (122.5 pounds). Additional contextual information relevant to the study was race/ethnicity. In the study sixteen participants self-identified as Caucasian, two identified as Hispanic, and two identified as being biracial (Mexican and Caucasian; Caucasian and Native American). For the study, significant weight loss, was defined as weight loss of at least sixty five pounds or more.

Research Methodology

Among qualitative research, there is a theoretical assumption regarding the nature of reality. Reality and knowledge are socially constructed and rooted in the interaction between individual and society. Denzin and Lincoln (2000), suggested that "qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry" (p. 10). Likewise, Dahl and Boss (2005) have suggested that, "As researchers, we are not separate from the phenomena we study" (p. 65). Therefore qualitative researchers lend themselves to being self-critical, self-reflexive, and self-aware of their perspective, biases, and positionality. In particular, qualitative

researchers view themselves as the research instrument. In qualitative research, a given phenomenon is viewed through the lens of the researcher. Furthermore, this lens has been thought of as being shaped by one's experiences or what some may refer to as epistemology.

The method that was utilized in the study was narrative inquiry, specifically self-narrative. Narrative inquiry is a qualitative research method whereby researchers utilize their own stories, experiences, field notes, journals, autobiographic work, to extrapolate meaning of a specific event. According to Bell (2002), "Narrative inquiry rests on the epistemological assumption that we as human beings make sense of random experience by the imposition of story structures" (p. 207). Narrative inquiry is rooted in the assumption that humans share their meaningful experiences through the telling of stories. According to Clandinin, Pushor, and Orr (2007) "To use narrative inquiry methodology, is to adopt a particular narrative view of experience of a particular phenomenon under study" (p. 22). Likewise, Narrative inquiry involves story-telling and knowledge production. According to Bleakley (2005) in narrative inquiry "Data can be generated through video or audio transcripts; field notes of naturalistic forms of communication; differing forms of interview such as stimulated recall; and examples of writing including artifacts such as case notes" (p. 537). Furthermore, Polkinghorne (1988) stated the following:

Narrative is the fundamental scheme for linking individual human actions and events into interrelated aspects of an understandable composite...a meaning of structure that organizes events and human actions into a whole; thereby attributing significance to individual actions and events according to their effect on the whole. (p. 13)

Likewise, Narrative inquirers engage in transparent reflection and questioning of their own position, values, and beliefs (Trahar, 2009). Within narrative inquiry, it is important for researchers to acknowledge their pre-conceived beliefs about a particular experience. Exploring researcher stance and engaging in reflexive work provides a way for the researcher to demonstrate their commitment to rigorous research, (Richardson & St. Pierre, 2005). Researcher stance and reflexivity is also viewed as a mechanism by which one may demonstrate credibility and dependability (McCabe & Holmes, 2009). Specifically, through reflexive work through story-telling, researchers are able to make known the varying experiences and perspectives that shape their reality. Acknowledging one's positionality also provides opportunities for the researcher to question how they view the experience being studied. Furthermore, engaging in self-reflexive work can lead to greater objectivity (Henwood, 2008). According to Creswell and Miller, (2000), "[reflexivity] is the process whereby researchers report on personal beliefs, values, and biases that may shape their inquiry" (p. 127).

Other rationale regarding the use of reflexivity is related to credibility and dependability. As other scholars have noted, self-disclosure in qualitative researcher is important and an integral part of the research process (Finlay, 2002). Likewise, self-disclosure through the use of reflexivity, researcher stance, and bracketing, among others; increases credibility and dependability (Abell et al., 2006). During the research process the author engaged in reflexive work which he interpreted as enhancing the research process. During the study, the author felt that through his reflexive work, he was able to acknowledge his perspectives regarding his story, his experience, and his understanding of being an insider and outsider while engaging in interaction with male participants. The use of reflexivity also provided the author with the ability to observe how his positionality could impact how he made sense of his experience interacting with research participants, his reactions, perceptions, attitudes, and feelings. Prior to starting the research study, the author wrote about his

experiences and perspectives as it relates to significant weight loss. Likewise, through the research process I focused on not only the content of what was discussed within interviews with participants, but also focused on the process. I also made sure to note his own personal experiences while interviewing research participants. During each interview, I made notes in the margins regarding questions, thoughts, reflections, and feelings in the moment. Likewise, after each interview, I wrote a narrative reflection that describe in great detail what happened in the interview, what was found in the interview, what I experienced during the research, and any additional thoughts about the topic of significant weight loss in men. I also reviewed each transcript of the interview, listened to the recording of the interview, and reflected on how the researcher felt during the interview process. In addition, during the interview process and post-interview writing, I paid close attention to self-discovery, with a focus on exploring what I learned, what I experienced, how I make sense of my experience, how I constructed meaning, and how that informs my research. I also reflected on how I felt I was treated in terms of being a part of “the group” (having an affinity with the researched) or being ostracized from the group (being viewed as an outsider).

Researcher’s Significant Weight loss

As a 28-year-old African American, I had a number of experiences related to obesity. The first time that I remember dealing with weight issues was when I was about nine years old. As a matter of fact, I found out that I was fat when a friend’s mother made a comment about my body. We were having a picnic at a beach and getting ready to go swimming, when my peer’s mother made a comment about my stomach. While I am sure she did not mean to offend me, it really hurt my feelings. It is at this time that I developed what I consider to be a negative relationship with my body. I felt bad about my body, but I continued to eat; and I ate excessively. In addition, and unfortunately, I was not raised in a family that placed a huge emphasis on health, fitness, and nutrition. Likewise, I was not provided with any education regarding calories, fats, sugars, or carbohydrates. Food was used in my family as a way to celebrate life. We ate food all the time, during the holidays, birthdays, whenever I received an award at school; food was a big part of my life. Food was my life. During the seventh grade, I remember having to swim during gym class, which was humiliating. I was teased by my peers, which made the situation worse. Needless to say, I hated my body during middle school and high school. Interestingly enough, while I did not like my body and weight, it was not seen as a problem in my family. There are a number of overweight individuals in my family. Likewise, having a large body size was not viewed as unhealthy or a representation of lack of beauty. In many cases, larger African American men and women in my family were considered as equally desirable as smaller framed men and women.

While I have struggled with weight during my early years, my significant weight gain started after high school. During my first year of college, I gained a significant amount of weight. I gained more than the “freshmen 15” that many students talk about. There were a lot of things going on in my personal life and I think I used food as a way to cope. I probably gained close to 100 pounds and went from a 38-inch waist to a 44-inch waist. By the end of my senior year of college, I was 6’2 and 345 pounds. Based on my height and weight criteria, my Body mass index was 45.51, which placed me in the “morbidly obese” category. During my senior year of college, I was diagnosed with Obstructive Sleep Apnea. I considered having bariatric surgery and actually went through most of the steps required to obtain bariatric surgery. I met with a dietician, had a psychological evaluation, and met with a surgeon. However, my medical insurance at the time would not cover the full amount of the procedure. During this time, the gastric bypass surgical procedure was estimated at \$25,000 and my

medical insurance would only cover \$10,000. At the time, I did not have access to the remaining \$15,000 dollars.

During graduate school, I made several attempts to lose weight that were unsuccessful. I also considered taking out a school loan to pay for bariatric surgery. At this time, many surgeons were offering discounted rates for individuals who had to self-pay due to lack of adequate medical insurance. I went for a consultation at a weight loss center out of state and found a medical doctor that charged \$12,500 dollars for laparoscopic banding. After visiting the weight loss program, I decided not to follow through with the program, because I did not feel comfortable having surgery in a state in which I did not reside. During this time, I became a member of some online weight loss support groups. I also met some individuals who actually flew to Mexico to have weight loss surgery due to it being at a substantially discounted price. At this time, I found out that “medical tourism” was very popular and that many people have gone to Mexico and other countries to have weight loss surgery for less than 10,000 dollars (Cohen, 2010; Hopkins, Labonté, Runnels, & Packer, 2010; Johnston, Crooks, Snyder, & Kingsbury, 2010; Snyder, Dharamsi, & Crooks, 2011). However, I was not willing to risk my life or safety in order to have weight loss surgery by non-American board approved physicians. While completing my masters’ program I met my fiancé. During our relationship we have had several long discussions about weight, body image, health, and weight loss. While in my doctoral program, I gained about 30 pounds and reached my highest weight of 375 pounds. Although my weight was never an issue for my fiancé, it was still something that I struggled with personally that I believed impacted my relationship.

After relocating to start a clinical internship and while working on conceptualizing the research study, I decided that it was time for me to lose weight and to get healthy. Between September 2010 and July 2011, I lost a total of 185 pounds strictly through diet, exercise, and adherence to my newly found personal philosophy on life which I have self-titled “Less is Moore” (Polling, 2011a, 2011b). As of July 2011, (when I started recruiting for the study) I currently weighed 190 pounds and had dropped nine pants/seven shirt sizes. Through this process, I made several changes which included changing what I consume, how much I consume, and my level of exercise, among others.

Decision to Self-Disclose

During the conceptualization phase of the study I had to weigh the possible pros and cons to disclosing personal experiences regarding weight loss. As the researcher, I made the decision to disclose this experiences with potential research participants. The decision to disclose was based on an assumption that individuals might feel more comfortable participating in a study conducted by someone who himself has lost a significant amount of weight. I did not necessarily perceive himself as either an insider or an outsider at the time of conceptualization. However, I saw himself as someone who perhaps shared some affinity with potential participants due to his experience of weight loss, though he had not undergone surgical intervention to lose weight.

The decision to self-disclose was not made alone. At the time, my chair expressed the importance of researcher’s being transparent based on research that she has done (Few, Stephens, & Rouse-Arnett, 2003), while balancing my level of comfort. My chair and I discussed sharing that I lost a significant amount of weight, but only to the extent that it might assist with helping to obtain an often hidden and difficult population. According to Hensrud and Klein (2006) females constitute 85% of bariatric patients. With men consisting of only 15% of patients that undergo weight loss surgery, we decided that we were going to need to be creative in our recruitment strategies. Therefore we decided to share my story with potential

participants as well as to gatekeepers to certain communities. In addition, from a personal moral and ethical perspective, it was also important that I was honest with participants.

During the research process if participants inquired about my experience of significant weight loss, I provided them with answers to their questions. During the research, I tried to answer questions clearly and concisely, in efforts to avoid great detail and avoid, (1) becoming the focus of our interaction, and (2) negatively impacting or influencing the overall direction of the study. For example, a couple of times during the study, I was asked direct questions about my weight loss story, and I told a couple of participants that I would share my experience after the interview. For most participants, this appeared to be okay, and they continued to answer each question that was posed openly and honestly. However, I do think there were a couple of participants who were extremely curious, specifically because I lost a significant amount of weight similar to many of the participants (in some cases more) without surgical intervention. During each time, I had to balance providing answers to each participant, maintaining my own personal ethics, while all at the same time trying to be consistent across every interview for reliability purposes. In addition to the discussion between my dissertation chair and I, a larger conversation took place among my entire committee. Two of the committee members were avid supporters of self-disclosure and have written reflective scholarly pieces or auto-ethnographies, where they have shared their personal experiences, beliefs, perspectives, and stories regarding a specific phenomenon (Allen, 2000; Waymer, 2008). Likewise, another committee member was supportive of self-disclosure as he has often engaged in creative writing and “alternative ways of knowing” in addition to traditional scientific inquiry (Allen & Piercy, 2005).

For the study, I developed a flyer which was disseminated in efforts to recruit participants. In addition to basic information regarding the study, I included a picture of myself (from mid chest to head). The picture was taken about four months before recruitment started and the author weighed approximately 275 pounds (a recent 100 pound weight loss). The recruitment flyer also had a link to both a YouTube channel and a Facebook page. The YouTube Channel consisted of a video advertisement for the study. By viewing the video, potential participants had an opportunity to see the researcher’s body size. In addition to the video, the author provided a link for participants to learn more about the researcher. The link consisted of a newspaper article that featured the researcher and specifically discussed his education, research interests, and his own weight loss story. This newspaper article also showed before and after pictures of the researcher. The Facebook page had the YouTube video linked to it, as well as a link to the newspaper article, in addition to standard recruitment information.

As the researcher, I recruited participants using both online and offline mechanisms. I identified a number of websites that specifically focused on providing social support regarding weight loss and bariatric surgery. Likewise, the recruitment flyer was posted at a number of weight loss centers in Georgia and other states. Part of the recruitment process also included the researcher disclosing to gate keepers, (content managers of popular weight loss support websites). Part of my self-disclosure involved sharing some of my own story, specifically in efforts to explain why the research topic was important to me personally and professionally. Some of the content managers publicly endorsed my research study, which I believe made participants feel more comfortable with participating in research. If participants did not trust myself, they placed their trust in the content manager, and were at least open minded enough to hear more information about the study.

Another reason I decided to engage in self-disclosure is based on some of my experience working in the field of marriage and family therapy. While I do not agree that in order to be an effective therapist, one has to have experienced a specific phenomenon, I am aware that some clients support this notion. I have worked significantly in the substance abuse field at a variety of agencies and residential facilities and the first question that many clients

have asked upon meeting me, has always been, “Are you in recovery?” For whatever reason (valid or invalid) there are some individuals who believe that a person needs to have experienced addiction, in order to fully understand complexities involved in addiction, recovery, and relapse prevention (Culbreth, 2000) Therefore, I also thought this same perspective might be useful as I thought about recruitment efforts for research.

Once participants were recruited, either an in-person interview or SKYPE (video conferencing program) interview was scheduled, depending on location and preference of the participant. Both in-person and online interviewing formats allowed participants to see the researcher’s body size. At the time of the interviews, the researcher had lost an additional 85 pounds. The additional weight loss was visible to the research participants, as many commented on the differences between the picture and video used for recruitment and what they saw during the actual interview.

Experiences of Being an Insider

Being a male and having some experiences with weight loss made me an insider in the research study. Reviewing the eligibility criteria of the study, I was over the age of 25, had experienced significant weight loss, was in a committed relationship, and lived in the United States. I became an insider once participants accepted me as one of their own, even if I did not necessarily have all of the same experiences that they had during their weight loss process. One topic worth exploring is related to the process by which one’s status is determined. Who has the power (or perhaps, the privilege) to determine one’s membership role status? Does the researcher dictate or denote that he/she is an insider/outsider or is membership role status determined by the research participant? How exactly is membership role status determined? During the study, I believe that membership role status was co-created and negotiated by myself and the participants. Part of the co-creation process involved sharing information, answering questions, and assessing one’s legitimacy.

A number of participants asked questions about the researcher’s experiences regarding significant weight loss. It became clear that some participants read that the researcher had lost a substantial amount of weight, but some were not aware of the mechanism that was utilized to lose weight. There were a couple of participants who assumed that the researcher had undergone weight loss surgery. When I explained the fact that I in fact did not have a surgical intervention to induce weight loss, participants asked several questions around the steps that I took to lose weight. Participants specifically asked questions regarding how much weight I lost and asked about the amount of time it took for me to lose weight. During the interview process, some participants commented on the article that they read about the researcher that was published in a local newspaper. Some informants acknowledged differences in weight status based on comparing the picture of the researcher on the recruitment flyer with seeing the researcher in person or via videoconference. There were also some participants that asked questions about the specific diet that I used to lose weight. Through the dialogue between participant and interviewer, it was clear that participants were interested in learning about the researcher. It appeared to be important for the participants to know some information about my background, interests, credentials, and experiences. What was not clear was specifically why participants desired such information. From the investigator’s perspective, participants desired to have detailed information in efforts to establish a basis by which they could determine membership status. Membership status, and specifically if the researcher was an insider or an outsider, appeared to be important.

While it is definitely possible for participants to trust researchers with outsider status, the perception of insider status appeared to be favored with this specific population. Participants were not specifically asked if their perception of researcher’s status influenced

their level of trust within the researcher process. However, during the interview a somewhat related discussion occurred, which shed some light on how participants may feel as it relates to the importance of “shared” status. For example, one of the questions that participants were asked was regarding if they had ever considered seeing a mental health professional to assist with adjusting to life after weight loss. One participant in particular mentioned that he had not inquired about seeing a mental health professional due to their being a shortage of practitioners that he felt he could trust. When the interviewer asked for clarification regarding trust, the participant stated the following, “In order for me to trust a therapist, I must feel that he can identify with me...someone who, himself, has had bariatric surgery” (Nobley, Age 42). While the discussion was focused around working with a mental health professional, it provided some insight into how the participants may view the importance of insider status. From interacting with participants, the researcher gathered that some individuals may prefer a therapist that has undergone weight loss surgery (i.e., “an insider) or someone they perceive to have a similar experience. Likewise, one may make the assumption that a male who has experienced significant weight loss, may prefer participating in research conducted by an individual who has in fact experienced that same phenomenon.

When asked questions about my background, I simply shared who I was and my experiences of being an overweight male. I made an effort not to tell my entire story, but wanted to respect the participants by providing them with the answers to their questions. During the interview, I shared some of my experiences, participants shared some of their experiences, and we connected on some type of “common ground.” The common ground that served for the foundation of our researcher/participant relationship was based on the fact that we both were male and we both had some knowledge and experience regarding significant weight loss. During the weight loss process, it was clear that I was an insider as participants appeared to be comfortable with me and engaged during the interview process. However, the participants could have been engaged simply due to them being interested in the study and perhaps because I was interested and genuinely engaged in the research process. While membership status of the researcher was not discussed explicitly, it was implied through a number of conversations with research participants. During the research process participants interacted in ways that made the researcher feel as if he was a trusted member of their group. The researcher felt as if he was in some small way viewed as an insider. Many of the participants assumed that the researcher understood their experiences based on their interaction and forms of communication. There were a number of times when a participant would verbalize and state, “You know how it is” and “I know you understand what I mean.” It was evident that some of the participants felt that there was some level of kinship between the researcher and participant. Participants appeared to be comfortable with the researcher as evidenced by their willingness to ask questions and by their willingness to disclose in-depth personal information. During the interview process participants were asked questions about their sexual interaction and couple relationships. Participants appeared to be very open to discussing private information, suggesting that they felt they could trust the researcher.

Insider status is important when working with male research participants who have experienced significant weight loss. As has been found in other studies, insider status can assist with making participants feel more comfortable during the research process (Nelson, 1996). It is not only important, but critical to disclose with participants one’s experiences regarding the phenomenon. Likewise, disclosing one’s insider status may also demonstrate that the researcher is genuine and able to put themselves in a vulnerable position with the participant. By virtue of disclosing and becoming vulnerable, the researcher levels the playing field with the participant, which assists with equalizing the power differential inherent in researcher/participant interaction. Vulnerability has also been shown to be beneficial among male medical patients who present for treatment regarding other medical issues (Malterud,

Fredriksen, & Gjered, 2009). Within the study, the author was vulnerable with participants by disclosing his experiences of significant weight loss. The exchange in information provided an opportunity for participants to connect with the researcher and assisted with lowering participants' anxiety during the research process. Research participants who have minority status or who have been marginalized in the research (i.e., men regarding weight loss,) may have felt more comfortable with a researcher who has knowledge of their specific culture and experience.

Experiences of Being an Outsider

While I have had some experiences related to obesity and weight loss, I have not undergone bariatric surgery. In my opinion, bariatric surgery is a unique phenomenon that one can never truly understand unless they have experienced it themselves. One can make assertions or conduct a study to gain knowledge about bariatric surgery, but there is a difference between understanding and "experiencing," a given phenomenon. I did not experience weight loss surgery. I do not know what it is like to have a medical professional cut on my body, in efforts to induce weight loss. In addition, I do not know what it is like to feel post-operative pain from weight loss surgery. However, I do know what it is like to be an obese male. Likewise, I also know what it is like to lose a significant amount of weight. I also know what it is like to have friends, family, and peers react to weight loss. I have experienced the phenomenon of significant weight loss; I just utilized a different path to get there. Therefore, in some ways I could be perceived as an "Insider," but to others I may, in fact be viewed as an "Outsider."

Distinctions on How One Loses Weight

During the interview process, I noticed that for some participants, there was a distinction made regarding the mechanism that one utilizes to induce weight loss. This distinction was made clear by some research participants who specifically commented about the researcher. For example, one participant, (Bob, Age 42) stated the following:

You lost twice as much as me and it didn't cost you \$14,000. You're a bigger man than me. I'm telling you. I did this because...I had to. I had to admit to myself...that I couldn't do it alone. I did not have the will power...I totally respect you. You know how hard it is....You have will power, wow that's amazing.

The above quote illustrates a distinction made not only regarding the strategies that one undertakes in efforts to lose weight, but also regarding the meaning that is attached to how one loses weight. One particularly poignant theme found in the study was the belief that real masculinity was inextricably tied to one's ability to control oneself, specifically, one's weight. To lose weight by artificial means, such as weight loss surgery, was to embody weakness. One participant reported that having weight loss surgery meant that "you [were] powerless and less of a man." Dominant notions around the idea of masculinity had a huge influence on how men understood weight loss and how men experienced the surgical process (Sabinsky, Toft, Raben, & Holm 2007). Men's identity seemed directly connected to how they understood their own masculinity. Masculinity in some ways regulates the actions, behaviors, and thoughts of men. In western society, a "real man" is masculine, has a hard body, and does not ask for help (Galli & Reel, 2009). Men who participated in the study discussed how having surgery to induce weight loss meant that they were "weak."

During the interview men engaged in what Leon Festinger (1954) refers to as Social Comparison. For example, Tiefer (2004) stated, “Social comparison is the process by which people evaluate their own satisfactions and adequacy not in terms of some unique internal standard but by looking to see what others get and do,” (p. 12). Not only did participants make the distinction between the researcher who lost a significant amount of weight without surgical intervention, and themselves, they also made reference to what it means to lose weight without surgical intervention. Participants viewed themselves as “weak” whereas they viewed the researcher as strong, creating an “Us versus them” dichotomy. The researcher thus became an outsider.

Internalization

I became an outsider, because I felt as if there was an area regarding the phenomenon of significant weight loss that I did not understand and could not relate to. I do not think the participants mentioned my weight loss process as a way to separate themselves from me or to throw me into the “outsider” group. However, I internalized what they were saying about my own weight loss and felt like an outsider. I was still treated as an insider, but I felt disconnected from my research participants. I felt as if became someone who was not familiar with the “struggle” of weight loss or at least the same struggle that my participants experienced. I still felt as if I knew what it is like to ask a medical professional for assistance with weight loss, but I did not understand what it truly meant for someone to have weight loss surgery. Likewise, although it was not explicitly stated, when thinking about masculinity, I felt as if I was viewed as someone that possessed power, perhaps privilege, and strength, due to the way in which I lost weight, thus separating/distinguishing me from the participants and making me an outsider.

After experiencing what I felt like was “outsider” status, I started to question if I should have disclosed any information about my experiences. As mentioned prior, I initially viewed self-disclosure as important and as an integral part of the qualitative researcher. However, my initial thought process was that I would be perceived perhaps not exactly as an insider but someone who had some experience with the overall phenomenon of significant weight loss. Once I realized that participants distinguished between how a person loses weight, I questioned if I should have provided information regarding my weight loss story. Prior to the study, as a qualitative researcher, I would automatically encourage and expect self-disclosure during the research process. However, I now realize that there are pros and cons to self-disclosure. Some of the pros regarding self-disclosure (the use of reflexivity, researcher stance, and bracketing, discussion with participants, recruitment, among others) is that it increases credibility and dependability (Abell et al., 2006). However, when considering self-disclosure specifically as it relates to men who experience significant weight loss, one must consider additional factors.

Race

One type of status that was not discussed or highlighted as a point of distinction was race. The researcher is an African American male, while the participants were predominately Caucasian. Arguably, the researcher could be viewed as an outsider, based on race, but it was not something that emerged as significant in determining membership role status during the research. The topic of race was not the focus of the research, therefore it is possible that the distinction was acknowledged by both the participants and I, but it was not something that was discussed. The researcher did not feel as if he was treated as an outsider based on race as a contextual factor. However, this was one study and future studies would need to be conducted in order to determine the extent that race/ethnicity may have on perceptions of membership role status.

Discussion of Inherent Complexities in Self-Disclosure

“If a researcher perceives themselves as an insider, should they disclose this information during the research process?” As discussed above, one of the issues important to consider regarding research with men who have experienced significant weight loss is related to that of self-disclosure. While the author has previously recommended the full disclosure regarding one’s experiences regarding weight loss, there are inherent complexities in doing so. The topic of self-disclosure of one’s insider status is more complex when considering dominant notions of masculinity. When thinking about the topic of insider status, it is not only important, but critical that one considers contextual information regarding gender as it relates to the construction of manhood and masculinity.

Masculinity

While it is true that some men may be receptive to having a male researcher that shares the same status due to feeling comfortable and feeling as if they could trust the researcher, others may fear interacting with men as they construct their social identity. Some men may not be receptive to having a male researcher that shares the same status due to possible social comparison, competition, and perceived weakness/inferiority based on the meanings ascribed to specific strategies used to lose weight.

As evidenced in the research study, a number of participants distinguished between how they lost weight and how the researcher lost weight. Not only was an observation made about the way in which participants/ the researcher lost weight, information was disclosed which shed light on the way in which men view various weight loss strategies. To lose weight through weight loss surgery was to surrender one’s manhood and to admit defeat. To lose weight through non-surgical measures was viewed as being a strong male. Therefore, participants could perceive themselves as weak not only due to the way in which they lost weight, but even more so when compared to men that lost weight through non-surgical intervention. The perceived weakness could potentially serve as a barrier between the researcher and the participant as male surgery patients consider their sense of self and masculinity. For example, Pittman (1993) suggested, “Men go through life struggling with what they believe to be the demands of their masculinity” (p. 4). He asserts, “They try to be what they think a man should be, and they make a tolerable approximation of masculinity” (p. 4). Likewise, Pittman (1993) further asserts the following:

As a guy develops and practices his masculinity, he is accompanied and critiqued by an invisible male chorus of all the other guys, who hiss or cheer as he attempts to approximate the masculine idea, who push him to sacrifice more of his humanity for the sake of his masculinity, and who ridicule him when he fold back. (p. xiv)

Social Comparison

When considering Festinger’s (1954) Social Comparison Theory, it may not be appropriate to disclose one’s status specifically if it might potentially create an environment that makes participants afraid to be vulnerable. Men who have lost weight via surgical intervention may fear being judged by men who have not had surgical intervention. The fear of being judged may make men less open to disclose their true feelings and experiences. Likewise, men may appear to be guarded and less willing to communicate or share their

thoughts if they feel they will be judged negatively by male researchers. In addition, there have been a number of researchers who had discussed the complexities inherent in conducting focus groups with men due to issues related to masculinity and social comparison (Kidd & Parshall, 2000). Kitzinger (1994) suggests that participants in a group may censor themselves in attempt to identify with the larger group and due to their desire to not deviate from social norms. Other researchers have discussed the fact that conformity, social desirability, the Hawthorne Effect, and intersubjective bias is an issue in focus groups and other research requiring self-report, which may also affect the outcome of a study (Morgan, 1996).

Specifically when conducting research with men who have undergone bariatric surgery, it may not be useful to disclose that one has also lost a significant amount of weight, if weight loss did not occur through the same method. In addition to participants in the study discussing the way in which the researcher lost weight, they also commented on how much weight was lost. Potentially, disclosing how much weight one has lost could also serve as an area where comparison could occur. The investigator must be careful to consider such context as masculinity as it relates to research with men who have experience weight loss. It in fact, may not be useful to disclose one's weight loss status as it could be detrimental to the research process and results of the study.

Researchers must evaluate the possible pros and cons to discussing one's status with participants. They must critically think through how their disclosure will ultimately impact the research process. One could also make the argument that ethically, the researcher must consider if their disclosure could harm participants in terms of making participants feel depressed or negative about themselves. Researcher status, and specifically if one should disclose or not, is an issue that will continue to be discussed in the literature. There are no clear cut answers or "best practices." When considering weight loss among men, the researcher must consider if his weight loss status will be perceived as beneficial or destructive to his participants. This is something that he may not know. In fact, one also must keep in mind that even if a researcher perceives themselves as an insider, they could very well be perceived as an outsider by participants.

At the Edge: Further Reflections on Being Both an Insider and Outsider

As the author navigated through the research process from conceptualizing the study to implementation, the researcher found himself perplexed by the very notion of insider/outsider status. As the study unfolded, the proverbial question that emerged was, "Can a person really be an insider?" As one considers the literature regarding insider status; there appears to be more discussion and emphasis on the benefits and/or draw backs of being an insider verses outsider (Merriam et al., 2001). However, the dominant perspective is that as researchers we are *either* "insiders" or "outsiders." I felt as if I was both, an insider and an outsider or what I refer to as operating "at the edge." Operating "At the edge," or what some have described as "the space between" (Dwyer & Buckle, 2009) pushes scholars to think beyond the either/or dichotomy as it relates to membership status. I operated at the edge as I was somewhat an insider while simultaneously being an outsider, if that is possible. The position that I held was that of someone who was perceived as having some knowledge of the given phenomenon, while at the same time not having the same experiences of the participants. I was accepted, and viewed as part of the weight loss community, though I was placed on the margins. During the social exchange between the researcher and participants, a foundation was created and built upon through establishing a "common ground." This common ground was that of a perceived mutual understanding regarding weight loss and maleness. I know about weight loss, as I have experienced it. However, I do not know about bariatric surgery in terms of experiencing having an operation. I am similar but not the same. This makes me wonder, is any ever really the same?

Can someone really be an insider or outsider? We all have areas in our lives that distinguish us from one another. Yet, we are able to find bridges that connect us to another regardless of our differences. To further problematize the either/or dichotomy, at a higher level of abstraction it may be plausible to question the very nature of membership role status. *Can one really be an insider?* If I actually had weight loss surgery, would that have made me “more” or an insider? In theory, participants can have a similar experience which could create a shared status. However, there is always variation in every group. Likewise, individuals can experience the same medical procedure, but may construct meaning around it in a different way. If we turn to a discussion of philosophy, epistemology, ontology, or naïve solipsism (Keeney, 1983), we may find it even more difficult to come to a consensus regarding if it is possible for one to really be an insider. What one knows, or can know, has been discussed (and argued about) in scholarly literature for centuries (Newsome, 1961). As we think about popular debates such as modernism versus postmodernism, qualitative inquiry versus quantitative inquiry, religion versus science, among others; it appears that it all goes back to a couple of fundamental questions, (1) “What is the nature of reality; (2) “What is real”; (3) “What can one know”; and (4) “How does one know, what they know?” As it relates to the question of “Can a person really be an insider?” it may be, once again, that we are not insiders or outsiders, but that we are simply a part of the system; a part of the world that we live in. We may share some experiences, while not sharing all experiences. There are always opportunities and ways that we can distinguish ourselves. Within medical intervention, there are various types of weight loss surgery. Most of the participants in the study had the gastric bypass, with the exception of a couple of participants. One could argue that the experience of having the gastric bypass is similar, but different than having laparoscopic banding or another weight loss procedure. Having weight loss surgery in it, of itself connected all participants, while each had their own individual experience. Experiencing significant weight loss connected the researcher with all of the participants, though my experience and their experience was somewhat different. Who has the ability to say that one is or is not an insider? Where does one draw the line in the sand? Perhaps, it is at some arbitrary place that some might call, “at the edge.”

While the researcher experienced both being an insider and an outsider, as it relates to the experience of significant weight loss, he does not advocate for the disclosure or lack of disclosure in the research process. What the researcher does advocate for is the importance of potential researchers, first brainstorming about their research question and the population being studied in a critical way, to assert the level of possible risk that may be involved with self-disclosure. The researcher does not regret the fact that he disclosed, as he does believe that it assisted with building rapport with participants. In short, the researcher supports the notion of engage in self-disclosure, but weigh the risks and potential pitfalls before engaging, and then proceed with caution. It is important that it be stated, that the researcher’s recommendation is based solely on one study conducted and additional research is warranted in order to make a larger claim regarding best practices.

Implications for Research

The topic of insider/outsider status is very important as researchers consider ways to enhance the research process for participants. While there have been some researchers who have discussed researcher status (Few, Stephens, & Rouse-Arnett, 2003), additional research is needed to further explore ways in which insider/outsider status and self-disclosure impact research with men. Specifically regarding men and weight loss, a possible study that could be implemented could be focused on asking men about their perceptions of insider/outsider status. The study was written from the researcher’s perspective. However, it could be beneficial to specifically ask men who have experienced significant weight loss how they think about insider

status. A possible study could include a qualitative interview where men are directly asked if they believe insider status is important as it relates to research. In addition, questions regarding how men conceptualize and construct meaning around insider status could be solicited in efforts to shed additional light on how men define membership role status. Another possible study could include comparing the results of an investigation consisting of men who have experienced significant weight loss that are interviewed by “insiders” with men who have experienced significant weight loss that are interviewed by “outsiders.” Additionally, another research study that could be implemented could compare the results of a study with the treatment population conducted by male researchers and female researchers. Likewise, additional research could be implemented to further discuss the topics of the space between or operating “at the edge.” Future scholarship could be conducted to discuss insider/outsider status specifically as a research topic, but also as a philosophical perspective as one considers epistemology, knowledge, and reality.

Implications for Teaching

When considering teaching research methodology to undergraduate and graduate students, it is important for professors to critically explore the topic of insider status as it relates to qualitative research. Professors should make an effort to not only discuss the topic of insider status in research, but should also consider the complexities involved in planning a research study. College instructors should make sure that they provide in-depth discussions regarding the potential benefits and pitfalls of using insider status within the research process. Each research study and treatment population is different, and it will behoove professors to make sure that students do not overly simplify the topic of membership role status. At the surface, one may confer that insider status is always best when conducting research. However, as evident in the study, having insider status may not be helpful, and in some situations may be counterproductive. Professors also need to encourage students to think about other questions such as, “what is insider status,” and “who determines one’s membership status?” Further, instructors should push students to think about how such questions may impact research with men who experience significant weight loss and other treatment populations in general.

Possible Implications for Clinical Work and Research

As I think back on my academic career as a graduate student in the Masters’ program in Marriage and Family Therapy and the Doctoral program in Marriage and Family Therapy, I do not recall ever discussing the topic of insider or outsider status outside of the dissertation research process. However, when thinking about this topic, I am reminded of a similar (but slightly different) topic that was discussed in my graduate training, which was the topic of cybernetics (Keeney, 1983). During my clinical training I learned that as systems thinkers, Marriage and Family Therapists view ourselves as part of our client’s system. Therefore, our experiences shape how we interact with clients. Self-disclosure has been a topic that has been discussed within the field of marriage and family therapy and mental health in general, and much debate continues to ensue. (Hanson, 2005; Jeffrey & Austin, 2007; Roberts, 2005). The research findings of the current study may inform how therapist consider their level of self-disclosure in clinical practice with general clients and with men and with individuals who have come to address issues related to obesity and weight loss. Likewise, findings may also inform how Marriage and Family Therapy researchers approach clinical research and methodology.

References

- Abell, J., Locke, A., Condor, S., Gibson, S., & Stevenson, C. (2006). Trying similarity, doing difference: The role of interviewer self-disclosure in interview talk with young people. *Qualitative Research, 6*(2), 221-244.
- Allen, K. R. (2000). A conscious and inclusive family studies. *Journal of Marriage and Family, 62*(1), 4-17.
- Allen, K. R., & Piercy, F. P. (2005). Feminist autoethnography. *Research Methods in Family Therapy, 2*, 155-169.
- Anderson, E. (1976). *A place on the corner*. Chicago, IL: University of Chicago Press.
- Arendell, T. (1997). Reflections on the researcher-researched relationship: A woman interviewing men. *Qualitative Sociology, 20*(3), 341-368.
- Asselin, M. E. (2003). Insider research: Issues to consider when doing qualitative research in your own setting. *Journal for Nurses in Professional Development, 19*(2), 99-103.
- Bleakley, A. (2005). Stories as data, data as stories: Making sense of narrative inquiry in clinical education. *Medical Education 39*, 534-540. doi:10.1111/j.1365-2929.2005.02126.x
- Brannick, T., & Coghlan, D. (2007). In defense of being “native”: The case for insider academic research. *Organizational Research Methods, 10*(1), 59-74.
- Breen, L. J. (2007). The researcher ‘in the middle’: Negotiating the insider/outsider dichotomy. *The Australian Community Psychologist, 19*(1), 163-174.
- Brown, S. (2001). What makes men talk about health? *Journal of Gender Studies, 10*(2), 187-195. doi:10.1080/0958923012005330 0.
- Chavez, C. (2008). Conceptualizing from the inside: Advantages, complications, and demands on insider positionality. *The Qualitative Report, 13*(3), 474-494. Retrieved from <http://www.nova.edu/ssss/QR/QR13-3/chavez.pdf>
- Chawla-Duggan, R. (2007). Breaking out, breaking through: Accessing knowledge in a non-western overseas educational setting-methodological issues for an outsider. *Compare, 37*(2), 185-200.
- Clandinin, D. J., Pushor, D., & Orr, A. M. (2007). Navigating sites for narrative inquiry. *Journal of Teacher Education, 58*(1), 28-35. doi:10.1177/0022487106296218
- Cohen, I. (2010). Protecting patients with passports: Medical tourism and the patient protective argument. *Iowa Law Review, 95*(5), 1467-1567.
- Collet, B. A. (2008). Confronting the insider-outsider polemic in conducting research with diasporic communities: Towards a community-based approach. *Refuge, 21*(1), 77-83.
- Creswell, J. W., & Miller, D. N. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*, 124-130.
- Culbreth, J. R. (2000). Substance abuse counselors with and without a personal history of chemical dependency: A review of the literature. *Alcoholism Treatment Quarterly, 18*(2), 67-82. doi:10.1300/J020v18n02_05
- Dahl, C. M., & Boss, P. (2005). The use of phenomenology for family therapy research: The search for meaning. In D. H. Sprenkle & F. P. Piercy (Eds.), *Research methods in family therapy* (2nd ed., pp. 63-84). New York, NY: Guilford.
- Denzin, N. K., & Lincoln, Y. S. (2000). *Introduction: The discipline and practice of qualitative research*. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 1-28). Thousand Oaks, CA: Sage.
- Dwyer, S. W., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methodology, 8*(1), 54-63.
- Ergun, A., & Erdemir, A. (2010). Negotiating insider and outsider identities in the field: “Insider” in a foreign land; “outsider” in one’s own land. *Field Methods, 22*(1), 16-38.

- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7, 117-140.
- Few, A. L., Stephens, D. P., & Rouse-Arnett, M. (2003). Sister-to-sister talk: Transcending boundaries and challenges in qualitative research with Black women. *Family Relations*, 52(3), 205-215.
- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12(4), 531-545.
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209-230.
- Foster, J. (2009). Insider research with family members who have a member living with rare cancer. *International Journal of Qualitative Methods*, 8(4), 16-26.
- Galli, N., & Reel, J. J. (2009). Adonis or Hephaestus? Exploring body image in male athletes. *Psychology of Men & Masculinity*, 10(2), 95-108. doi:10.1037/a0014005
- Grahame, P. R., & Grahame, K. M. (2009). Points of departure: Insiders, outsiders, and social relations in Caribbean field research. *Human Studies*, 32, 291-312. doi:10.1007/s10746-009-9121-5
- Hanson, J. (2005). Should your lips be zipped? How therapist self-disclosure and non-disclosure affects clients. *Counselling and Psychotherapy Research*, 5(2), 96-104.
- Hensrud, D. D., & Klein, S. (2006, October). Extreme obesity: A new medical crisis in the United States. *Mayo Clinic Proceedings*, 81(10), 5-10.
- Henwood, K. (2008). Qualitative research, reflexivity and living with risk: Valuing and practicing epistemic reflexivity and centering marginality. *Qualitative Research in Psychology*, 5, 45-55. doi:10.1080/14780880701863575.
- Herod, A. (1993). Gender issues in the use of interviewing as a research method. *The Professional Geography*, 45(3), 305-317.
- Hopkins, L., Labonté, R., Runnels, V., & Packer, C. (2010). Medical tourism today: What is the state of existing knowledge? *Journal of Public Health Policy*, 31(2), 185-198. doi:10.1057/jphp.2010.10
- Horn, R. (2010). Not 'one of the oys': Women researching the police. *Journal of Gender Studies*, 6(3), 297-308. doi:10.1080/09589236.1997.9960690
- Horowitz, R. (1983). *Honor and the American dream: Culture and identity in a Chicano community*. New Brunswick, NJ: Rutgers University Press.
- Innes, R. A. (2009). "Wait a second. Who are you anyways?" The insider/outsider debate and American Indian studies. *American Indian Quarterly*, 33(4), 440-461.
- Jeffrey, A., & Austin, T. (2007). Perspectives and practices of clinician self-disclosure to clients: A pilot comparison study of two disciplines. *The American Journal of Family Therapy*, 35(2), 95-108.
- Johnston, R., Crooks, V. A., Snyder, J., & Kingsbury, P. (2010). What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health*, 9(24), 1-13. doi:10.1186/1475-9276-9-24
- Jourard, S. M. (1969). *The effects of experimenters' self-disclosure on subjects' behavior*. *Current topics in community and clinical psychology*. New York, NY: Academic.
- Keeney, B. (1983). *Aesthetics of change*. New York, NY: Guilford Press.
- Kidd, P. S., & Parshall, M. B., (2000). Getting the focus and the group: Enhancing analytical rigor in focus group research, *Qualitative Health Research*, 10(2), 293-308.
- Kitzinger, K. (1994). The methodology of focus groups: The importance of interaction between research participants. *Sociology of Health and Illness*, 16(1), 103-121.
- Kusow, A. M. (2003). Beyond indigenous authenticity: Reflections on the insider/outsider debate in immigration research. *Symbolic Interaction*, 26(4), 591-599.

- Malterud, K., Fredriksen, L., & Gjerde, M. H. (2009). When doctors experience their vulnerability as beneficial for the patients: A focus-group study from general practice. *Scandinavian Journal of Primary Health Care*, 27, 85-90. doi:10.1080/02813430802661811.
- May, R. A. B. (2014). When the methodological shoe is on the other foot: African American interviewer and White interviewees. *Qualitative Sociology*, 37, 117-136. doi:10.1007/s11133-013-9265-5
- McCabe, J. L., & Holmes, D. (2009). Reflexivity, critical qualitative research and emancipation: A Foucauldian perspective. *Journal of Advanced Nursing*, 65(7), 1518-1526. doi:10.1111/j.1365-2648.2009.04978.x.
- McDermid, F., Peters, K., Jackson, D., & Daly, J. (2014) Conducting qualitative research in the context of pre-existing peer and collegial relationships. *Nurse Researcher*, 21(5), 28-33.
- Merriam, S. B., Johnson-Bailey, J., Lee, M. Y., Kee, Y., Ntseane, G., & Muhamad, M. (2001). Power and positionality: Negotiating insider/outsider status within and across cultures. *International Journal of Lifelong Education*, 20(5), 405-416.
- Morgan, D. L. (1996). Focus groups. *Annual Review of Sociology*, 22, 129-152.
- Nelson, L. (1996). "Hands in the chit'lins": Notes on native anthropological research among African American women. In G. Etter-Lewis & M. Foster (Eds.), *Unrelated kin: Race and gender in women's personal narratives* (pp. 183-199). New York, NY: Routledge.
- Newsome, G. L. (1961). *Philosophical perspectives*. Athens, University of Georgia, Center for Continuing Education.
- Oakley, A. (2001). Interviewing women: A contradiction in terms. In N. K. Denzin & Y. S. Lincoln (Eds.), *The American tradition in qualitative research* (Vol. iii, pp. 11-33). Thousand Oaks, CA: Sage Publications.
- Ochieng, B. M. N. (2010). "You know what I mean: The ethical and methodological dilemmas and challenges for Black researchers interviewing Black families. *Qualitative Health Research*, 20(12), 1725-1735. doi: 10.1177/1049732310381085
- O'Conner, P. (2004). The conditionality of status: Experience-based reflections on the insider/outsider issue. *Australian Geographer*, 35(2), 169-176.
- Pittman, F. (1993). *Man enough: Fathers, sons, and the search for masculinity*. New York, NY: Berkeley Publishing Group.
- Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. Albany, NY: State University of New York Press.
- Polling, D. (2011a, April 11). Less is 'Moore': How Darren Moore lost 146 pounds since September. *Valdosta Daily Times*. Retrieved from <http://valdostadailytimes.com/features/x461201621/Less-is-Moore>
- Polling, D. (2011b, June 28). Less is still Moore: Man reaches his weight loss goal. *Valdosta Daily Times*, pp. 7-A.
- Rhodes, P. J. (1994). Race-of-interviewer effects: A brief comment. *Sociology*, 28(2), 547-558.
- Richardson, L., & St. Pierre, E. A. (2005). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 959-978). Thousand Oaks, CA: Sage.
- Riessman, C. K. (1987). When gender is not enough: Women interviewing women. *Gender and Society*, 1(2) 172-207. doi:10.1177/089124328700100200
- Ritchie, J., Zwi, A. B., Blignault, I., Bunde-Birouste, A., & Silove, D. (2009). Insider-outsider positions in health-development research: Reflections for practice. *Development in Practice*, 19(1), 106-112.
- Roberts, J. (2005). Transparency and self-disclosure in family therapy: Dangers and possibilities. *Family Process*, 44(1), 45-63.

- Sabinsky, M. S., Toft, U., Raben, A., & Holm, L. (2007). Overweight men's motivations and perceived barriers towards weight loss. *European Journal of Clinical Nutrition*, 61, 526-531.
- Shahbazim, M. (2004). Insider/outsider: An indigenous anthropologist bridges a gap. *Iranian Studies*, 37(4), 593-602.
- Simmons, M. (2007). Insider ethnography: Tinker, tailor, researcher or spy? *Nurse Researcher*, 14(4), 7-17.
- Snyder, J., Dharamsi, S., & Crooks, V. A. (2011). Fly-by medical care: Conceptualizing the global and local social responsibilities of medical tourists and physician voluntourists. *Globalization & Health*, 7(1), 6-19. doi:10.1186/1744-8603-7-6
- Striley, C. W., Margavio, C., & Cottler, L. B. (2006). Gender and race matching preferences for HIV post-test counseling in an African-American sample. *Aids Care*, 18(1), 49-53.
- Tiefer, L. (2004). *Sex is not a natural act and other essays*. Boulder, CO: Westview Press.
- Trahar, S. (2009). Beyond the story itself: Narrative inquiry and autoethnography in intercultural research in higher education. *Forum: Qualitative Social Research*, 10(1), Art. 30. Retrieved from <http://nbn-resolving.de/urn:nbn:de:0114-fqs0901308>
- Wang, Y., & Beydoun, M. A. (2007). The obesity epidemic in the United States—gender, age, socioeconomic, racial/ethnic, and geographic characteristics: A systematic review and meta-regression analysis. *Epidemiologic Reviews*, 29, 6-28.
- Warren, C. B., & Rasmussen, P. L. (1977). Sex and gender in field research. *Urban Life*, 6(3), 49-69
- Waymer, D. (2008). A man: An autoethnographic analysis of Black male identity negotiation. *Qualitative Inquiry*, 14(6), 968-989.
- Weeks, M. F., & Moore, R. P. (1981). Ethnicity-of-interviewer effects on ethnic respondents. *Public Opinion Quarterly*, 45(2), 245-249.
- Williams, C. L., & Heikes, E. J. (1993). The importance of researchers gender in the in-depth interview: Evidence of two case studies of male nurses. *Gender and Society*, 7(2), 280-291.

Author Note

Dr. Darren D. Moore is an Assistant Professor of Psychiatry and Behavioral Sciences at Mercer University School of Medicine. He teaches in the Masters' program in Marriage and Family Therapy. His areas of research interest include: Obesity, weight loss, eating disorders, and addictions. Correspondence regarding this article can be addressed directly to Dr. Darren D. Moore, 655 First Street, Rm 311, Macon, Georgia, 31201. Email: moore_dd@mercer.edu.

Copyright 2015: Darren D. Moore and Nova Southeastern University.

Article Citation

Moore, D. D. (2015). Experience of being an insider and an outsider during a qualitative study with men who have experienced significant weight loss. *The Qualitative Report*, 20(1), 87-106. Retrieved from <http://www.nova.edu/ssss/QR/QR20/1/moore5.pdf>
