

## Interviews Worth the Tears? Exploring Dilemmas of Research with Young Carers in Zimbabwe

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**ABSTRACT** *This paper reflects on the complex methodological and ethical issues encountered in an exploratory research study on young carers in Zimbabwe. Several interviews were distressing for the young people interviewed and for the social worker conducting the interviews. The dilemmas raised by interview distress and subsequent withdrawal of co-operation are explored in reflections on the methodology and ethics of researching young people who care.*

### Introduction

Young people and children world-wide have always shared responsibilities of caring for others, including disabled, elderly or ill parents, siblings or other family, household or community members. Such young people are a vulnerable, largely invisible, hard to reach group who, in the developed world at least, have relatively recently been 'discovered' and labelled as young carers (Aldridge and Becker, 1993, 1995). Responding to the predominantly Northern geographical focus on young carers (Segal and Simkins, 1993; Geballe *et al.*, 1995; Becker *et al.*, 1998), the research reflected on here initiates research on young carers in the South.

Ethics pertain to all geographers. In what has been identified as a 'moral turn' (Smith, 1997, 1999), ethics in geography have recently received attention (e.g. Mitchell and Draper, 1982; Smith, 1998; Proctor and Smith, 1999). There are especially challenging ethical issues in development geography (Corbridge, 1998) and in the critical and growing mass of work on children and geography (Holloway and Valentine, 2000).

It is hoped that this paper, and the overall collection here, will encourage and help us to conduct better and more ethical research with, for and on young people. This paper intends to show how ethical dilemmas for geographers (and others) researching young people in especially stressful situations are characterised by similarities and differences in different times and places. It is also intended that this paper should contribute to debate on the influence of emotions on academic research—a matter largely absent from accounts of the research process, not least in geography (Widdowfield, 2000).

### The Research

This research involved structured interviews with young carers in Zimbabwe. Following recent shifts in geography and the social sciences (James *et al.*, 1998; Valentine, 1999), children themselves, rather than their parents/guardians, were approached as the best informants on their own work and circumstances. The interview schedule was based on

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recommendations by the International Labour Organisation for investigating working children (Fyfe, 1993).

Nine young carers in urban, low-income, high-density housing areas of Harare and Chitungwiza were interviewed in their household of residence in 1997 (Robson, 2000a, b). All but one were girls, and all were aged between 15 and 17 years of age. Consent was sought from an adult next of kin co-resident in the household (parent, aunt or older sibling). In all cases a parent, aunt or older sibling remained present during the interviews. Interviews with the young carers varied in duration from 1 to 3 hours.

Situating the research in Zimbabwe achieved a specific aim of accessing the voices of children from the South, hence expressing partiality for children. This raised immediate challenges in the lack of shared positionality between myself and the young carers in terms of age, racial, ethnic, cultural and linguistic identities. I am a white, British and English-speaking adult, while the young carers are black, Zimbabwean and (mostly) Shona-speaking children. In an effort to minimise racial, ethnic, linguistic and cultural divisions between researcher and researched, interviews were conducted in the young carers' preferred language (mostly Shona, but mixed with English and Ndebele) by an experienced Zimbabwean woman researcher with professional training as a social worker, who is also a mother. However, it is recognised that this strategy did not resolve the inherently hierarchical power relations between adult researcher and child subject (Matthews *et al.*, 1998; Valentine, 1999).

### **Interviewing with Tears**

The main concern discussed here is that the interviews were distressing (even traumatic) experiences for the majority of interviewees and the interviewer. Three of the young people had been recently bereaved by the death of the care recipient—in each case their mother. Verbalising that loss during the interviews and recalling the intense, exhausting experience of caring up to death was extremely upsetting. Almost half of the interviews were not completed because the young person was in tears and unwilling or unable to continue the conversation. In some cases ongoing interviews were brought to a close by direct intervention of the adult relative present. In the case of 15-year-old Priscilla,<sup>1</sup> who was involved in caring for her mother until her death, the interviewer reflected that the interview came too soon, only 1 month after bereavement, and 'talking to her was like adding salt to a raw wound'. In other cases, where the young people remained composed and interviews were completed, the strain remained very evident. For example, in the case of Thomas (17 years), who had already lost his mother and had been caring full-time for his father over the past 8 months, the interviewer commented that 'the young man was very stressed and is scared of losing his father'.

These experiences echo those of adult carers elsewhere. Brown and Stetz (1999, p. 188) report, for adult carers in the USA, that 'Telling others about their concerns also had a cost. It took energy to tell the story over and over again.' For the young carers in Zimbabwe, telling their story was at considerable emotional cost to them, to their family members present and also to the interviewer.

### **The Question of Research Ethics**

The literature on professional ethics in research with children by geographers (Matthews *et al.*, 1998; Valentine, 1999; Matthews and Tucker, 2000) and others (e.g. Alderson, 1995; British Psychological Society, 1997; Greig and Taylor, 1999; Unicef, 1999) suggests that two main ethical principles should be followed:

- children have rights that should not be violated in research;
- professionals should act as moral and human beings, treating subjects fairly as they themselves would like to be treated.

From these principles derive expectations (albeit not wholly uncontested) that good ethical research with children should, in summary:

- avoid unnecessary physical or mental suffering;
- be interesting and enriching for both researcher and young participants;
- obtain written, informed, voluntary and ongoing consent to research participation from children (where able) and parents/guardians;
- inform children and parents/guardians of the research purposes, what participation will involve and the use of the research results, and that they have the right to withdraw from the research at any time without penalty;
- give children the opportunity to opt into the research without parental or peer pressure;
- respect the privacy, confidentiality and rights to anonymity of children in the research;
- only involve children where the research questions are necessary, of substance, original and can only be satisfactorily answered by children's direct involvement.

Responding as a professional (and fellow human being) to the distress experienced by the young carers interviewed, I wish to reflect here on whether our research was entirely ethical. The interviewer felt it went against her professional principles as a social worker to subject the young people to interviews which were traumatic and stressful. She described this as 'unfair' and 'uncalled for', even 'cruel'. Her judgement would appear to indicate that the research contravened the principles of avoiding mental suffering, treating the subjects fairly in a manner we would wish to be treated and avoiding unwarranted invasion of privacy. At first appearance it would seem that our research was unethical by being intrusive, causing distress, embarrassment and possibly harm. But further interrogation is needed before attempting any conclusions.

First, we can take unwillingness to complete interviews when distress occurred as a withdrawal of consent. We should be encouraged (not surprised) by this demonstration of agency by the research participants although, overall, children were subordinate in the research encounter and are likely to have complied with the research in response to the wishes of the adult authority figures of researcher and parent/adult relative. It would appear that part of the distress arose from the conflict between 'obeying' and the young people's own feelings. While some might make (albeit problematic universalist) assertions that subordinate, unquestioning behaviour of minors in relation to adults is characteristic of Shona/Zimbabwean culture (e.g. Gelfand, 1979), the power balance is clearly not all one-way. By withdrawing participation, the young carers can be seen to have challenged and resisted the researcher's methods in response to the discomfort and distress they provoked. Perhaps this demonstrates that young Zimbabweans are more assertive than is often imagined.

Secondly, we could suggest that tears are a form of 'voice' that should be listened to. Children exhibit emotions like distress more easily than adults and do not have such strong socio-cultural taboos against crying. Given the adult presence during the interviews, perhaps the young carers felt expected to show distress. Being confronted with a tearful interviewee is distressing for the interviewer (and any other adult present) and hence this is partly why we try to avoid it.

Thirdly, we should ask whether the experience did actual harm to the young carers. Children can find it supportive to talk to an adult outside the family, such as a researcher who listens respectfully (Valentine, 1999). Reports from young carers' project workers

in the UK suggest that, although many young carers find assessments distressing, they often later report the experience of verbalising their responsibilities and feelings as helpful to their personal growth and in coming to terms with their experiences (Pauline Wood, personal communication 9 April 1999). Thus, while perhaps distressing at the time, talking to a researcher about being a young carer may ultimately be therapeutic. In relation to the young carers interviewed in Zimbabwe, we cannot say anything about the longer-term impacts of the interviews as there has not (yet) been any follow-up.

Furthermore, it is perhaps inevitable that almost all research imposes some costs on the researched. In this case we can suggest that any distress caused through the research process may be justifiable in order to:

- listen directly to the voices of young carers in the South;
- bring about eventual benefits to other young carers in the South in the future;
- challenge conceptions of children as non-working dependants incapable of responsibility, work and rational decision making.

### **Researching without Tears?**

While it may be argued that the research undertaken was ultimately in the best interests of young carers in Zimbabwe, the onus always remains on the researcher to take professional responsibility for ensuring their research is conducted in the most ethical manner possible. As in this case, this is something mostly learnt from (bad) experience.<sup>2</sup> On reflection there are ways that interview distress could (and should) be minimised, including:

- pre-interview visits to establish rapport with the young person and other family members, to provide written and verbal information on the aims and purposes of the research and the interview procedure and to encourage and answer questions about the project;
- explicitly seeking (verbally and in writing) the child's consent to participate and to be interviewed/tape-recorded (both in advance of and immediately prior to the interview), clarifying their right to decline, to change their mind and to terminate the interview/tape-recording at any point without penalty and without having to say why;
- ensuring that the young person understands what questions will be asked in the interview and that all transcripts will be anonymised;
- giving the child control of the tape recorder, so they can switch off recording if they feel uncomfortable;
- playing back the interview recording to the young person and giving them the chance to edit out any sections they wish;
- being prepared to revisit on another day if the child feels unable to complete the interview in one session.

There are also ways we could possibly ameliorate interview distress that may have arisen by:

- offering information to bereaved young carers and their families on accessing free bereavement counselling from a local non-governmental organisation;
- arranging follow-up to express appreciation and feedback to children and their parents/relatives, in addition to the scholarly write-ups disseminated to academic, government and non-governmental organisations.

The research in Zimbabwe was intended as a small exploratory study and hence was

severely time-limited. Possibly this factor contributed to the ethical challenges. It is intended that the emotionally upsetting experience of the interviews will not lead to paralysis and abandonment of the research—one possible, but essentially negative, response (e.g. England, 1994). Rather, it is intended that lessons learnt will be implemented in further research. Similarly, by conducting future research over a longer time period it is hoped to avoid any tendency towards treating children as objects of research in ‘a “raid”, whereby the investigator moves in, plunders the results, swiftly moves out and in this process, children are denigrated to little more than tokens’ (Matthews *et al.*, 1998, p. 316). This is especially important in the context of Northern researchers who (in line with an ethic of care) have particular professional responsibilities to distant others in the global South and elsewhere (Corbridge, 1998; Smith, 1994, 1998).

As well as bearing in mind the suggestions made above to ensure that interviews are less traumatic for all involved, other less distressing, less intimidating, less adultist methods of data collection can also be considered. These include offering young carers materials and encouragement to produce written or audio diaries, essays, oral histories of caring or recall of events associated with their experiences of caring. In addition, gathering data by participant observation through befriending young carers and their families, and asking schoolchildren to complete anonymous questionnaires, worksheets or story writing about their experiences of caring, may prove less distressing. Time lines, drawing/painting and poster making may also prove effective and less emotionally traumatic methods of consulting with young carers in the South. All these methods change the position of the ‘speaking subjects’ and alter the dynamics of authority relations in the research encounter.

### **Broader Ethical Questions**

This research raises three broad questions of professional ethics: first, whether it is right to use people for research from which they may gain nothing; secondly, whether ends justify the means in terms of distress caused in the process of research vs. eventual beneficial outcomes; and thirdly, how we differentiate between acceptable and unacceptable degrees of distress in research.

From a pessimistic viewpoint it is possible, even likely, that the research reported here will not eventually help young carers. Even if the research succeeds in raising awareness of young carers, those in need are too many and the resources available to help too small. For young carers in Zimbabwe it may well be argued that, realistically, the probability of most young carers ever getting practical, or financial, support is minimal. With escalating human immunodeficiency virus (HIV) infection rates, increasing numbers of acquired immune deficiency syndrome (AIDS) orphans and Zimbabwe’s recent economic collapse, there are simply too many young carers and the government resources are hopelessly inadequate. Even non-governmental organisation, church and other support schemes such as AIDS, home care and orphan visiting programmes are only ever likely to reach a fraction of those in need.

To put it bluntly, we offered nothing to the young carers interviewed. Even if we return and attempt to follow them up in future research, it will probably be too late to assist them in caring. Most of them will no longer be carers, given the short life expectancy of their care recipients, who were frail elderly grandparents and parents with cancer or unspecified illnesses (probably HIV/AIDS). From a more optimistic viewpoint it can be suggested that this research could make a difference. It can be argued that

young carers are a group whose collective needs justify costs to individual members in efforts to raise awareness of those needs.

Meanwhile, the research is being disseminated in academic fora,<sup>3</sup> and published in international academic journals (Robson, 2000a) and in Zimbabwe (Robson, 2000b). Publication copies are being distributed to key informants in Zimbabwe (in AIDS service organisations, the health services and other non-governmental organisations), as well as to academic colleagues at the University of Zimbabwe.<sup>4</sup> It remains to be seen whether this dissemination will impact on policies/programmes to create support for young carers. Although government documents recognise the existence of young carers, especially girls (National AIDS Coordination Programme and Ministry of Health and Child Welfare, 1997), reluctance to acknowledge that young carers might exist in Zimbabwe was encountered when interviewing some government health officials.

## Conclusions

Interview-provoked distress raises the thorny ethical question of whether adding a further negative impact to young people's experience of caring in the process of research is justifiable. Is interview distress a price worth paying to gain information about young carers so that policy makers identify young carers as needy young people facing especially difficult circumstances in Zimbabwe? In other words, is it worth the tears if research succeeds in making young carers visible and putting them on the agenda? If so (which I believe to be the case), then perhaps our research was not so unethical after all, merely methodologically unsophisticated, which can be corrected in future research. Despite the distress caused, it would seem that abandoning the research entirely would be an unnecessarily drastic course of action. Rather, children need allies (Matthews *et al.*, 1998) and vulnerable, invisible, poor, minority children like young carers in the global South desperately need allies with long-term commitment in both academic and political worlds. For this reason, more research is intended to ensure that young carers in sub-Saharan Africa are not merely another excluded minority treated to purely momentary attention by the bandwagon of (some) contemporary social science research.

The methodological and ethical issues encountered interviewing young carers in Zimbabwe are not unique to that setting. Some of the issues facing academic researchers interviewing young carers about their experiences of caring are not dissimilar to those facing social workers and young carers' project officers carrying out assessments of young carers, whether in the global North, or the South. For such professionals there is the expectation of direct benefit to young carers from (their possibly distressing) intervention. Similarly, the ethical dilemmas involved in research with/for young carers share commonalities with the challenges of research with/for other distressed, vulnerable or traumatised young people (e.g. survivors of sexual abuse, war, displacement, bereavement or family break-up). I conclude, in agreement with Matthews *et al.* (1998), that working with children in research is more challenging than working with adults and that the chances of facing a distressed participant are higher with children. We have even greater responsibilities, and hence need strategies, to deal with distress. I hope that the reflections offered here will suggest and inspire some new ways of avoiding tears in research with emotionally fragile and vulnerable young people.

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## Notes

1. Pseudonyms are used to disguise young carers' identities.
2. It is worth noting that, in the case recounted here, no methodological scrutiny was demanded from any institutional ethics committee.
3. Including specialised meetings, conferences of the Association of American Geographers and the Royal Geographical Society (with The Institute of British Geographers) and seminars at UK and other European universities.
4. A small effort to counter the prevalently one-way flow of information as people of the First World write about people of the Third World (Madge, 1993).

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## Power, Positionality and Practicality: Carrying out Fieldwork with Children

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**ABSTRACT** *In this paper we provide a reflexive account of fieldwork in out of school clubs in a range of localities across England and Wales. By reflecting upon our personal experiences of researching with children aged between 5 and 12 years, we examine the impact of the positionality of the researcher on the research encounter, and highlight the ways in which relationships between adult researchers and child subjects are gendered. Finally, we identify a number of issues for researchers to consider when working with children in the field.*

### Introduction: Positionality and Reflexivity in the Research Process

Feminist geographers have highlighted the situated nature of geographical knowledge (McDowell, 1992). Commentators such as Katz (1994) (see also Laurie *et al.*, 1999) have illustrated that the goal of producing objective, value-free knowledge is both unobtainable and undesirable. Geographical knowledge is always partial, socially situated and produced within a political context (Kobayashi, 1994; Rose, 1997). Moreover, researchers are not objective onlookers observing from afar, since we are subject to the wider socio-spatial processes that constitute the field (Katz, 1994; Rose, 1997). Thus, both researchers and researched are positioned simultaneously by a number of 'fields of power', including gender, age, class, ethnicity, 'race', sexuality and so on, combining with our researcher status, so that the 'facets of the self ... are articulated as "positions" in a multidimensional geography of power relations' (Rose, 1997, p. 308). Moreover,

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