Conducting research after the trauma of the COVID19 pandemic:
Towards the development of guidance for qualitative researchers

Introduction

This developmental paper aims to start to develop some guidance for qualitative management researchers to help them prepare for conducting research in the post-COVID19 experience world. It does so by commencing the development of a literature review about researching trauma, primarily from other disciplines, to help build knowledge and understanding amongst the academic management community about the particular challenges when researching trauma using qualitative methods. Trauma involves a marked change that goes beyond what humans can cope with (see Van der Kolk, 1998), and can provoke extreme emotional responses. These include fear, shame, guilt, anger and sadness in its victims, with the possibility of longer-term psychopathological problems materialising (Amstadter and Vernon, 2008). Trauma entails its victims experiencing a wound of some type (Eyerman, 2001, p. 2). Research suggests that traumas may leave lasting effects on the participants, who will experience ongoing emotional responses (Amstadter and Vernon, 2008), and research may contribute to the "retraumatization" of its victims (Campbell, Goodman-Williams and Javorka (2019).

Trauma is a topic that has been researched primarily in other disciplines, particularly psychology and psychotherapy (Amstadter and Vernon, 2008; Brave Heart, Chase, Elkins and Altschul, 2011; Newman, Risch and Kassam-Adams, 2006) and there are specialist journals – such as *Trauma* and the *Journal of Trauma and Treatment* – that are dedicated to researching trauma. Thus, other disciplines have developed methods for – and identified issues arising when – researching trauma. While questionnaire surveys have been used to research trauma in other disciplines like psychology (e.g., Amstadter and Vernon, 2008), interviews are also commonplace (Seedat, Piennar, Williams and Stein, 2004). Qualitative research methods may be most suitable for researching trauma as they generally entail interactions between the researcher and research participants and will permit expression of empathetic qualities that encourage people to share details of traumatic experiences. They enable direct engagement with the research participants (Connolly and Reilly, 2007). However, there is evidence that qualitative researchers of trauma experience vicarious trauma (Connolly and Reilly, 2007; Dominey-Howes, 2015), which raise additional questions.

Hitherto, trauma has received limited coverage in the management disciplines, although methods for researching related concepts such as crises or extreme events have been discussed (e.g., Buchanan and Denyer, 2013). Thus, most of our understanding about research methods in the management disciplines has been developed in normal situations and circumstances. Participants in management research are unlikely to be exempt from the experience of trauma. The COVID19 pandemic has been a reminder of our own mortality and it has touched many people and countries that have previously been largely exempt from traumatic experiences. It is, thus, important for qualitative management researchers to be prepared if they encounter traumatised participants post-pandemic.   This developmental paper proceeds by considering the implications of the COVID19 pandemic for the qualitative researcher, the social constructed and collective nature of trauma that may affect different fieldwork sites, the potential emotional impact of research affected by the COVID19 crisis on the researcher and ethical considerations in the post-pandemic environment, before we offer a short conclusion on what we hope to obtain from participation in the conference.

Implications of pandemics such as COVID19 for the qualitative researcher

COVID19 has brought an increasing number of people into contact with traumatic experiences. In addition to deaths, many people have struggled with conditions that they had not experienced previously. These include not being able to attend a funeral to share the mourning process, inability to visit ageing relatives or those in care homes and social isolation. At the same

time, the COVID19 experience has highlighted many challenges that management researchers may wish to learn from. For examples: strategic issues such as how best to operate in new conditions where governments are advising their populations to avoid any unnecessary social contacts, or whether production resources may be re-purposed to manufacture new products such as face masks and other personal protection equipment; logistical challenges at different stages of the pandemic including establishment of specialist wards and hospitals, mass mobilisation of vaccination projects and rescheduling of other treatments deferred during the pandemic; human resource issues around support for workers in the healthcare sector who have endured considerable stress (Benfante, Di Tella, Romeo and Castelli, 2020) and had to confront death on a frequent basis or the realisation for others of work-life balance in lockdown conditions when all activities are taking place in a single venue; and bankruptcy for many with loss of livelihoods.

Regardless of whether management researchers focus directly on the pandemic, it is likely that in the post-pandemic world, they may encounter people who have experienced trauma. To some extent, many qualitative researchers have already developed the capability to react to distress during interviews with compassion and expression of empathy (Campbell et al, 2019, p. 4776). In the aftermath of the pandemic, however, it is important that they are able to respond in other areas of trauma research by being prepared to learn about the negative consequences of trauma and be well equipped with the resources to respond accordingly, with the purpose of helping the participant's recovery (see Campbell et al., 2019, p. 4776).

The social construction of trauma, collective memory and the COVID19 pandemic

Just as the concept of disasters that precipitate many traumas is a social construction, so are the general concept of trauma, its manifestation in particular acts and the recognition of specific responses (Dominey-Howes, 2015). For example, teenage British soldiers were executed for cowardice in the First World War, which was later defined as shell shock and then as post-traumatic stress disorder (PTSD) before such punishments were banned (Taylor-Whiffen, 2011). While traumas may be individual, they may also be collective, affecting a group (Brave Heart et al., 2011). Traumatic experiences may be contemporary or historic. Historic trauma has been defined as "cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from group trauma" (Brave Heart et al., 2011, p. 283). Such group trauma has often been perpetrated against First Nation/Indigenous people or ethnic migrants (Brave Heart et al., 2011). Hitherto research indicates that collective trauma perpetuated on a section of a population may lead to members of that population having a greater propensity for post-traumatic stress disorder, depression and suicide (Brave Heart et al., 2011). Eyerman (2001, p. 2) also highlights how collective trauma may contribute to a "dramatic loss of identity and meaning, a tear in the social fabric" of that collective undermining their cohesion.

Clearly, recognition of trauma as a social construction and the potential for that social construction to be embedded in the collective memory suggest guidance for the conduct of management research in the aftermath of COVID19. There are likely to be some fieldwork sites, such as in the healthcare sector or where a charismatic and important member has been lost to the pandemic, where the negative impact may be much greater than elsewhere. Not only is the extent to which COVID19 likely to have affected different organizations and research sites likely to be different, but the ways in which research participants at different sites constructed the nature of trauma is also likely to be different. It is important for qualitative researchers to be sensitive to the wide variety of possibilities at different sites. Where questions are going to require asking about the impact of the pandemic, it is probably sensible to indicate this both at the time of obtaining initial consent for an interview and again directly before the questions are asked, to ensure that research participants are comfortable with such questions.

The emotional experience of researching trauma

As intimated above, trauma has been thought to prompt responses of fear, shame, guilt, anger and sadness in its victims with the possibility of longer-term psychopathological problems materialising (Amstadter and Vernon, 2008). Many epistemological positions that inform qualitative research require the researcher to understand the meanings of experiences of research participants. In the research of trauma, this may precipitate the researcher's vicarious experience of trauma (Connolly and Reilly, 2007). Indeed, Connolly who conducted research into the murders reported in Connolly and Reilly (2007) gives voice on how she internalized the trauma that was part of her research participants' consciousness and experienced compassion fatigue. Dominey-Howes (2015) has reported on how the consequences of vicarious trauma may include increased anxiety and stress with related disruption of sleep patterns, appetite loss and an inability to concentrate or cope.

There are clearly consequences for management scholars whose research may bring them into contact with research participants traumatised by the experience of the COVID19 pandemic. These include being sensitive to the issue that self-care is important (Connolly and Reilly, 2007) and to be sensitive to one's own history and the potential for the experience of others to provide triggers for the researcher to relive their own previous traumatic experiences (Dominey-Howes, 2015). Connolly and Reilly (2007) advocate teaming of researchers who may be involved in research that brings them into contact with victims of trauma, with an outsider who is not directly involved in that research, to help keep the researcher grounded.

Ethical challenges and regulation of research where sensitivity to trauma is necessary
General reviews of ethical codes such as that provided by Bell and Bryman (2007) do not make reference to the specific challenges of researching trauma. There are, however, additional issues to consider when the research may bring the researcher into contact with those who have experienced trauma. Seedat et al. (2004) suggest that victims of trauma are in a state of heightened vulnerability. Clearly, there is a potential danger that management researchers may run the risk of being accused of trespassing on others' misfortune, generating reminders and the reliving of painful events, for their own benefit. Observational evidence suggests that trauma victims benefit from sharing their experience with someone who will not judge or condemn them and find it cathartic and therapeutic (Seedat et al., 2004). This suggests satisfaction of the idea of reciprocation that appears in a number of the ethical codes reviewed by Bell and Bryman (2007). However, such assumptions about reciprocation do not address the issue of managing an interview to ensure that reciprocation is both realised and balanced. Connolly and Reilly (2007) report on Connolly's quandary between probing in semi-structured interviews to accomplish the research objectives, while being sensitive to the possibility of refreshing memories in ways that could cause the research participant further upset. If management researchers' enquiries are not related directly to trauma, but are instead tangential to COVID19, it is probably sensible for them not to probe deeply when research participants take them close to personal issues and experiences related to the pandemic. This does not preclude management researchers from any responsibility if their enquiry prompts their research participants in the direction of personal traumas. Researchers should always exercise an ethic of care towards those who are helping them and in the post-pandemic environment, it is sensible for management researchers to be well-versed in the organizations to which the victims of such trauma may be referred when embarking on their research.

The issue of ethical challenges does raise the question of management researchers' need to address the ethical processes of their institution for research that may bring them into contact with participants who have been potentially traumatised by the COVID19 pandemic. Obviously, institutions may be concerned about the safety of their own employees and are unlikely to allow them to conduct face-to-face research until national governments deem that it is safe to do so. When considering institutions' involvement in other issues in the post-pandemic environment, it is notable that Dominey-Howes (2015) whose research has focused on trauma, reports on the failure of universities' ethical review processes to question the potential negative emotional impacts of researching disasters and trauma. In the absence of such institutional interest, management

researchers will have to look to others' advice. Here, opinions are not wholly consistent. Seedat et al. (2004) call for an assessment so that the study design maximises the benefit of knowledge from conducting the research while minimising the risk when working with victims of trauma. This may be adequate when the study is focused solely on managing in the new environment. However, if the research is likely to lead directly into areas of traumatic experiences in the course of the pandemic, it is much more sensible to adopt what Campbell et al. (2019, p. 4765) describe as a "trauma-informed perspective", and ensure that the design of the research supports any participant who has been victim of trauma to make appropriate choices, exercise control and feel empowered.

Conclusion

This developmental paper has started the process of preparing guidelines for qualitative researchers in the aftermath of the COVID19 pandemic. It has done so by reviewing articles about trauma from other disciplines. COVID19 is not the only source of trauma that may be experienced by research participants in management studies. Research participants may be the victims of individual traumas associated with technology such as cyberstalking or internet fraud and financial loss that people may be exposed to and which may overlap with issues of interest to management scholars. Thus, while the COVID19 pandemic may have heightened our senses to the potential for management scholars to encounter traumatised participants, that is by no means the only times when they may be so exposed and this developmental paper's consideration of this important area is vindicated.

By the time of the conference, we anticipate that we will have added to this review and reflected further on the issues raised in this paper. We will be seeking the conference's assistance in (i) articulating what episodes in the area of management are most likely to lead to experiences of trauma; (ii) considering how researching trauma in the business and management field is different to research of non-traumatic issues; (iii) suggestions of literature for further development of this review; (iv) discussion of any experiences that colleagues wish to share of research involving trauma or personal traumatic experiences that may be passed on to researchers who investigate traumatic incidents; and (v) ideas about what could constitute good guidelines for qualitative researchers who might encounter traumatized participants in the course of their research, particularly when unexpected.

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