

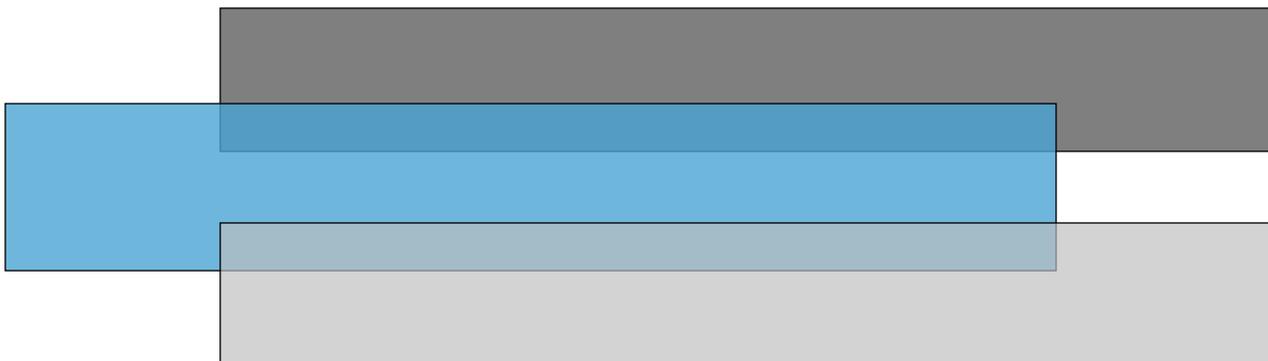
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# THE SOCIAL INSIDE

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## Critical Reflexivity, Autoethnography, and the NICYE Study

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*In [texts by] Epictetus, writing appears regularly associated with “meditation,” with that exercise of thought on itself that reactivates what it knows, calls to mind a principle, a rule, or an example, reflects on them, assimilates them, and in this manner prepares itself to face reality. [...] An element of self-training, writing has, to use an expression that one finds in Plutarch, an ethopoietic function: it is an agent of the transformation of truth into ethos.*

*-Foucault, “Self Writing”, Dits et écrits, 1983*

*Let him who would move the world first move himself.*

*-Socrates*

## **Abstract**

Community-based participatory research (CBPR) is a transformative research methodology that seeks to develop equitable partnerships between academic researchers and community partners in the research process. CBPR has grown in prominence in inequities-focused health research, yet critics have noted that insider-outsider tensions and unequal power relations often become reproduced, despite research partners' best intentions. CBPR researchers suggest that "critical reflexivity" can illuminate the processes by which insider-outsider tensions come to be reproduced. However, critical reflexivity is underexplored in the CBPR literature. In this paper, I use autoethnography to analyze how social identity and positionality come to impact the research process, representation of voice, and production of knowledge within CBPR. Drawing on my own experiences as a researcher in the Naloxone and Inner City Youth study, I demonstrate how autoethnography can be used as a critically reflexive methodology by which CBPR researchers can better understand how insider-outsider power relations come to reproduced. Following my analysis, I discuss implications for CBPR and for using critical reflexivity in research.

## **Introduction**

CBPR has emerged as a popular and inclusive alternative to traditional health research methods. CBPR recognizes that health research often fails to reflect the concerns, knowledges, and values of the communities that are under research. CBPR researchers have sought to develop equitable, collaborative partnerships with community members in order to address structural inequities, guided by community insights, identity, and knowledge. CBPR has been developed by researchers, and prominent scholars have developed core guiding principles and values for researchers doing CBPR. CBPR has a rich academic history and the methodology has been used across disciplines. However, CBPR has recently found widespread use in health research as health researchers have shifted their focus towards social determinants of health. With community transformation at its center, CBPR has been taken up most readily by researchers focused on reducing health inequities. As an inclusive, community-driven research methodology, CBPR seeks to both produce research data and knowledge that will lead to meaningful change for communities experiencing health inequities and to include communities experiencing social inequities in the research process. For public health more broadly, this means that community voice, experience, and values are incorporated in research that is taken up in policy and programming, which in turn will impact communities. For particular groups, this methodology provides a means avoiding paternalistic and coercive policies and programs that lack knowledge or lived experience of health inequities.

However, tensions persist, and CBPR researchers have recently begun to explore how inequities come to be reproduced within CBPR itself. Despite altruistic

intentions for producing transformative change with communities, power, privilege, and marginalization may be reproduced in the research process, disadvantaging community partners and thereby undermining the core principles of CBPR. To remedy this, CBPR theorists suggest that researchers engage in *critically reflexive* practice in order to stay true to the underlying principles and values of CBPR. However, 'critical reflexivity' is an underexplored and contested concept, and there is a significant literature gap when it comes to methods or 'the doing' of critical reflexivity.

In this paper, I employ autoethnography as a critically reflexive method to unpack how power comes to be produced in CBPR. Drawing on the framework of Muhammad et al. (2014), I examine insider-outsider positions shape the CBPR process. Minkler (2004) discusses the tensions and power relations that arise between community 'insiders' (those with lived experience and community knowledge) and academic or research 'outsiders' (researchers from outside of local communities). However, these positions of 'insider' and 'outsider' are fluid and shift throughout research, depending on where the research is conducted, the identities of the researchers involved, and the decisions made during the research process. Kerstetter (2012) notes that very rarely can someone involved in CBPR be a "complete insider" or "complete outsider" in research. Rather, Kerstetter (2012) suggest that researchers occupy a space between 'insider' and 'outsider', where the "space between" is usually characterized as a multidimensional space, where researchers' identities, cultural backgrounds, and relationships to research participants influence how they are positioned within that space" (p. 101). Minkler (2004) describes academic researchers from a particular community as "outsiders-within", citing the relationship between academic people of

color doing CBPR research with communities of color (p. 688). Similarly, Muhammad et al. (2014) describe identity within CBPR as simultaneous and occasionally contradictory, informed by interlocking systems of oppression and power (p. 4). Academics can occupy an 'insider' role within CBPR research, as academic research partners possess technical knowledge and occupy a dominant role within 'professional' or 'academic' research spaces. Similarly, the rewards or benefits within CBPR remain inequitably distributed between researchers and communities, where academic 'insiders' have the most to gain from such projects and community members remain 'outside' the academically-favored system of benefits. Ultimately, research positions of 'insider' and 'outsider' are context dependent and shift throughout research. I will explore these tensions and shifts in the final section of this paper.

Using my own research in the Naloxone and Inner City Youth (NICYE) project, I unpack how research process, representation, and knowledge are impacted by insider-outsider positions. Ultimately, this paper reflects upon two questions: how can autoethnography be used as a critically reflexive method for understanding and interrogating our own CBPR experiences, and what does this reveal about how inequitable power relations come to be produced within CBPR?

This paper consists of four sections:

- (1) CBPR: Overview, Challenges, and Call to Reflexivity
- (2) Autoethnography: Overview and Limitations
- (3) NICYE Autoethnography: Background, Methods, Analysis, Discussion and Implications
- (4) Conclusions

In the first section, I provide a background and overview of CBPR, highlighting its core principles and values, emergent tensions, and recent call for increased reflexivity. In the second section, I introduce autoethnography as my critically reflexive methodology, providing an overview of its approach and limitations. In the third section, I outline my explicit autoethnographic methods and develop my analysis and discussion of my research experience in the NICYE study. I conclude this section with implications for critically reflexive CBPR.

## **(1) CBPR: Overview, Challenges, and Reflexive Call**

### *i. Overview of CBPR*

CBPR has emerged as a popular orientation for researching health and social inequities (de Leeuw, Cameron, & Greenwood, 2012; Flicker, 2008; Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein 2008). Traditional health research has stressed individual risk factors, which has concealed social, environmental, and structural conditions that influence health (Israel et al., 2008). Increased recognition of health inequities that are linked to poverty, race, gender, and other relations of power have led to health researchers focusing on the social, political, and economic systems that influence these inequities (Israel et al., 1998).

Emerging out of Marxist critiques of structural underdevelopment in Latin America, participatory research challenged the position of communities as objects and outsiders in research (Wallerstein & Duran, 2008). Led by theorists like Paulo Freire (2005), researchers were committed to developing critical consciousness and social justice, and communities became active participants in the co-construction of knowledge for the explicit purpose of social liberation (Wallerstein & Duran, 2008). Drawing on social theory; Foucauldian frameworks of power; and Freireian concepts, later theorists positioned CBPR as a transformational research approach. CBPR acknowledges that knowledge is mutually developed in research, and communities are central to this process (Israel et al., 1998). Making the distinction between *working in* and *working with* communities, Feminist, Post-Colonial, and Critical Race theorists further honed CBPR by examining how gender, ethnicity, race, language, and identity impacts the co-construction of knowledge. Maintaining the transformative stance of

Freire's work, these theorists argued that CBPR could not exist separately from its practical application.

With the core foci of community engagement, co-construction of knowledge, and critical orientation, CBPR has been taken up prominently in health inequities research. Minkler, Wallerstein, Israel, Duran, and other prominent scholars have continued to develop CBPR, describing principles, methods, and strategies for doing research. First, CBPR recognizes community as a unit of identity, established through geographic neighborhood or sense of common identity or "shared fate" (Israel et al., 1998). Research is focused on building community strengths, resources, and capacities, and communities are equitable contributors to all research phases, including analysis and dissemination (Israel et al., 1998; Wallerstein & Duran, 2008). Co-learning and capacity building are central to CBPR, and local and academic theories are exchanged throughout the research process. Committed to achieving a balance between research and action to benefit partners, CBPR focuses on issues and health problems of local relevance, structural determinants of health, and ecological perspectives (Israel et al., 1998; Israel, Schulz, Parker, Becker, Allen III, & Guzman, 2008). Lastly, CBPR is a long-term, iterative process, where research partners reflect on process to ensure that research is sustainable (Israel et al., 2008; Wallerstein & Duran, 2008). With no fixed approach for doing CBPR, these principles and values must be considered within local contexts (Israel et al., 1998). With these core principles and values, CBPR seeks to transform the segregated relationship between academics and community members that has characterized traditional health research, where academics appropriated cultural experiences for academic gains. While community members occupy an 'insider'

position characterized by local knowledge with academic researchers 'outside' such experience, CBPR develops research partnerships characterized by co-learning and mutual benefit.

Given its transformative orientation, CBPR has substantially grown as a health inequities research method. Although CBPR's long-term commitments are identified as a barrier, many funders have embraced CBPR (Minkler, Blackwell, Thompson, & Tamir, 2003). CBPR has been the focus of peer-reviewed journals; textbooks and literature have entered into public health curricula; and CBPR is practiced across the globe where diverse communities have used the methodology in combination with novel methods for producing transformative knowledge (Hayashi et al., 2012; Shepard, Vasquez, & Minkler; 2008; Wang, Ki, Tao, & Carovano, 1998). An increased focus on social determinants, empowerment, and community participation across health disciplines has positioned CBPR as a valuable methodological approach.

#### *ii. CBPR – Challenges*

However, as CBPR gains prominence, it runs the risk of becoming an un-interrogated 'catch-all' for inequities research. Despite honorable intentions, tensions remain within CBPR projects. Flicker (2008) identifies that although CBPR benefits communities compared to traditional, positivist research approaches, these projects also contain substantial costs for individuals and communities. The benefits of CBPR may not be equitably distributed, as academic benefits are more sustainable (Flicker, 2008, p. 82). Community members often experience tangible benefits, but their sustainability is questionable (Flicker, 2008, p. 82). Moreover, benefits may be discernable at the individual level, but extrapolating to long-term community benefits is

complex and difficult to evaluate. Lastly, Flicker (2008) warns that the growth of CBPR, along with increased demand for economic accountability, may place the burden of research and practical application on those that experience health inequities. The altruistic intentions of CBPR may mask power relations and inequitable distribution of benefits rather than redress systemic inequalities and distribution of health resources.

De Leeuw et al. (2012) have identified similar concerns for participatory research projects with Indigenous Canadian communities. Although CBPR values equitable relationships between community partners, this may compete with Indigenous rights to self-determination, and participatory projects often require that Indigenous communities adhere to academic forms of conduct—an assimilating process (de Leeuw et al., 2012). Indigenous concerns in research are often silenced, and as CBPR becomes the ‘go-to’ method for Indigenous health research, evaluative demands may be prioritized over developing long-term, meaningful collaborations (de Leeuw et al., 2012). Again, the ‘noble’ intentions of CBPR may mask power relations within research (Flicker, 2008).

Other challenges and tensions within CBPR projects indicate that unequal power relations and insider-outsider tensions may be reproduced in the research process. Within CBPR, Photovoice has been used to represent community health issues and inequities through visual arts. However, given that communities are diverse, the selection of visuals may create fissures and tensions amongst and between communities, silencing some community members and privileging others (Switzer, Guta, Prinse, Curostone, & Strike, 2015). In this respect, insider-outsider tensions are reproduced despite intentions to develop equitable partnerships. Greene (2012) identifies that community participants often feel obligated to ‘give back’ to research

projects, feeling compelled to agree to actions or emotionally-charged tasks. Emotional turmoil is of particular concern when working with participants in research surrounding systems of violence or trauma, as the personal investment in such work often outweighs the temporary benefits of CBPR (Chiu, Mitchell, & Fitch, 2013). More recently, governmentality theorists argued that the increased prominence of CBPR has positioned marginalized communities under constant health surveillance, and that the measurement of 'success' for CBPR projects is often transforming communities into 'healthy' and 'productive' (read: mainstream) populations, rather than building on community strengths, resources, and knowledge (Guta, Strike, Flicker, Murray, Upshur, & Myers, 2014). Recently, Janes (2016) has called into question 'capacity building' in community-based research projects, arguing that academic 'skills' come to be positioned as the 'right' capacities, whereas community, lay, or indigenous capacities come to be understood as 'non-capacities' or impediments to conducting research (p. 78).

Minkler (2005), a leader in CBPR health research, has also identified ongoing issues that reproduce inequitable relationships between researchers and community participants. Communities often remain divided about health issues, and academic researchers often select which health issues are researched rather than building on local knowledge and community-informed decisions. Academics tend to gain the most from CBPR projects, and community participants are often utilized as cheap research labor, gaining knowledge of qualitative research methods that do not benefit communities in the long-term (Minkler, 2005). Ultimately, many of the insider-outsider tensions characteristic of traditional health research are reproduced within CBPR.

### *iii. Calls for Reflexivity*

Although critical of the strain that CBPR projects place on already overburdened communities, Flicker (2008) argues that critical thinking and reflection allow for research partners to interrogate the research process and ensure that research serves community interests (p. 84). Similarly, Muhammad, Wallerstein, Sussman, Avila, Belone, & Duran (2014) note that while gender, racial/ethnic, and socio-economic inequalities and power differentials can be reproduced in CBPR, researchers must reflectively examine power and positionality of researchers to ensure that research remains transformative (p. 3). Muhammad et al. (2014) explicitly identify “self-reflexivity” as a central for understanding the relationship between the self and power relations produced in research.

However, “reflexivity” remains a contested concept. For some, reflexivity is merely a method for reducing bias within qualitative research. For others, reflexivity itself may constitute a research methodology, where the self and one’s subjectivity are both the subject and object of research (Etherington, 2004). Like Feminism in its diverse articulations, Etherington (2004) highlights that it may be more appropriate to discuss “reflexivities” given the contested meanings. D’Cruz et al. (2007) also note that reflection, self-awareness, and reflexivity are often used interchangeably throughout the literature and there is a blurring between these ideas.

Reflexivity emerged out of questions surrounding objectivity and the historical-situatedness of knowledge (Alvesson, Hardy, & Harley, 2008). Theorists embraced the co-construction of knowledge and the subjectivity of researchers, examining the production of knowledge more closely. Reflexivity acknowledges that the self is not

static, and researchers are impacted by the social and political contexts in which they are embedded. The experiences and contexts of the researcher inform the processes and outcomes of research (Etherinton, 2004). In other words, reflexivity is focused on the relationship between the researcher and the research, and how the two come to be co-produced within the research process. Here, the researcher is not simply *in the field* as traditional, positivist ethnography presumes. Rather, the researcher(s) *creates the field* through acts of inquiry (Alvesson et al., 2008). At its most basic, reflexivity refers to the awareness of the researcher of the situation of research (Anderson, 2006).

Reflexivity involves an acknowledgement of a reciprocal relationship between researchers and the research setting, and self-conscious introspection is used to better understand this reciprocity (Anderson, 2006). Consequently, reflexivity points not only to the research project, including relationships to other researchers, but also to the broader organization of social science and inquiry in which research takes place, and the systems of power in which research institutions are embedded (Alvesson et al., 2008). As such, reflexivity has been described as a “destabilizing practice”, problematizing the conditions and consequences of research (Alvesson et al., 2008). Thus, reflexivity is not simply about unpacking the ways in which researcher and research come to be co-produced. Rather, reflexivity is meant to illuminate how power comes to be produced; who is left out or silenced in research; how ‘Truth’ comes to be manufactured; and, most importantly, how to challenge these processes and create change.

This focus on knowledge as a co-constructed process aligns critical reflexivity with the core values of CBPR. This inward-outward gaze has the potential to unpack

how relations of power come to be produced in research. However, the 'how-to' of critical reflexivity is underexplored in CBPR. The call for critical reflexivity is almost an afterthought in health literature more broadly, and few theorists have detailed potential methods for this interrogation. Recently, Darroch and Giles (2014) have identified reflexivity as central to CBPR, but their articulation of reflexivity focuses primarily on *recognizing* systems of power as opposed to *changing* them. Similarly, Flicker, Guta, and Roche (n.d.) identify that while ethical tensions pervade CBPR, operationalizing reflexivity remains perplexing. Banks et al. (2013), in their review of ethics in CBPR, briefly mention critical reflection as necessary for developing and maintaining good researcher ethics, but the putting-into-practice of reflection is unexplored.

In the following section, I turn to autoethnography as a methodology for doing critically reflexive CBPR.

## **(2) Autoethnography: Overview and Limitations**

### *i. Overview*

Autoethnography historically emerged alongside CBPR as social theorists developed an increased focus on the relationship between the researcher and research (Anderson, 2006; Ellis, Adams, & Bochner, 2011; Muhammad et al., 2014). Incorporating post-modern understandings of inquiry, influenced by Kuhn (1996) and others, scholars identified how the knowledge produced in research was explicitly linked to the vocabularies and forms that social scientists employed (Ellis et al., 2011). As epistemological questions surrounding the self, context, and discourse emerged in anthropology, researchers began to turn towards the particular and personal positions within research as a means of developing a greater understanding the relationships between self and culture (Jones, Adams, & Ellis, 2013). In searching for alternative modes of understanding, ethnographers turned to stories as complex texts that situated knowledge in context.

Moreover, with a growing concern of ethical abuses in sociological research, researchers began to reshape the ways in which ethnographers interacted with the cultures and communities involved in research (Jones, Adams, & Ellis, 2013). Redistribution of research benefits, respect for human subjects and autonomy, and informed consent entered into the practices of both quantitative and qualitative research, and researchers began to rethink the enter-and-exit mode of ethnographic study that had dominated earlier sociological inquiry in the 20<sup>th</sup> century (Jones, Adams, & Ellis, 2013, p. 28). These ethical concerns prompted sociological researchers to rethink how knowledge and research came to be represented. Although personal

narratives have long been a part of Western thought and are often seen in anthropologists' field notes, the self is typically absent in the research process and representations (Jones, Adams, and Ellis, 2013). Published, academic research texts consisted of "abstracted" representations, divorced from the cultures, communities, and people that had produced them. The 'objective' and abstract prose used in research publication silenced personal, cultural, and embodied experiences that are experienced by particular racialized, classed, sexual, and gendered identities (Jones, Adams, & Ellis, 2013).

As social justice and identity shifted to the forefront of academic thought in the 1970s, researchers began to examine the impact of identity on the research process. Reflexivity emerged as a growing concern in qualitative research, and researchers began to break down the relationship between researcher 'insider' and community 'Other' or 'outsider', troubling the notion of researcher as the extractor of data from an outside subject. Whereas sociological and ethnographic research had prioritized the intellectual conquest of 'exotic' Others and culture, social justice oriented qualitative researchers began to seek out new reflexive methods that acknowledged the role and identities of researchers to do ethical and equitable research that would be presented in representative modes and narratives that acknowledged the personal and embodied experiences of research subjects (Jones, Adams, & Ellis, 2013).

Variouly referred to as auto-anthropology, auto-biographical ethnography, or self-narrative research, autoethnography examines the personal in relation to the social context in which one is embedded. Prominent scholars Ellis, Adams, and Bochner (2011) summarize autoethnography as "an approach to research and writing that seeks

to describe and systematically analyze (graphy) personal experience (auto) in order to understand cultural experience (ethno)” (p. 273). This “triadic” description has been elaborated on by Chang (2008) in *Autoethnography As Method*, who suggests that autoethnography is “ethnographic in its methodological orientation, cultural in its interpretive orientation, and autobiographical in its content orientation” (p. 48). Like traditional ethnography, autoethnography involves data collection, but the content of this collection is self-focused—whether such content comprises thoughts, recollections, journals, interviews, or other personal “texts”. In autoethnography, this content is used as a lens through which cultural, societal, or structural processes can be examined and understood (Chang, 2008, p. 49). Autoethnographers have used this research method to engage with painful or uncertain experiences; to break silences around subjugated cultural experiences, such as racism or sexualized violence; and to create work that resonates with a diverse readership (Jones, Adams, & Ellis, 2013). Given the historical divide between insider-researchers and outsider-subjects, this latter goal can be understood as a method of knowledge redistribution or democratization.

Like CBPR, autoethnography has emerged as an increasingly popular research methodology supported by a growing body of academic literature. Autoethnography has been employed across disciplines to explore subjects like aging, grief, white institutional spaces, and more (Ellis, 1996; Ellis, Kiesinger, & Tillmann-Healy, 1997; Jones, Adams, & Ellis, 2013; Richardson, 2007; Wyatt; 2008). Autoethnography has been incorporated into university curricula, text books and guides have been published (see Change, 2008; Jones, Adams, & Ellis, 2013), and methodological variations, such as duo-autoethnography (Change, Ngjuri, & Hernandez, 2013) and community

autoethnography (see Toyosaki, Pensoneau-Conway, Wendt, & Leathers, 2009) have emerged. Despite methodological variations, all attempt to interpret the personal in relation to sociocultural processes.

Autoethnography employs elements of autobiography and ethnography as its methods. Autoethnography uses the researcher's personal experience as data, and it uses this data with the intention of expanding the understanding of social phenomena, but this process and its "textual" outcomes can vary greatly (Chang, 2013). This personal experience can be taken from various forms, including memories, personal documents, official records, photos, dialogue, interviews, and on-going self-reflective conversations, memos, or journaling. Chang (2013) suggests that the "place" of autoethnography varies from traditional ethnographic settings, often located in libraries, archives, homes, or wherever autoethnographers are able to engage with their data. Some autoethnographers emphasize the importance of writing over a specific, analytical sociological process, such as Ellis (2004), while others, such as Chang (2008; 2013) take a social scientist approach: developing a research topic, determining methods, collecting data, and developing analysis.

Early and rigorous planning, as in all research, is required for doing autoethnography. As autoethnography uses the self as the research subject, research topics and purposes emerge alongside the researcher's life. Topics may emerge from memorable experiences, through repeated routines, or through memorable dialogue. Literature reviews should be used to scope the topic, and researchers should focus their topic depending on its manageability and in relation to ethical standards (Chang, 2008, p. 64). Autoethnographic data is gathered through systemic self-observation, which can

produce rich field journals; “culture grams”, which display familial, social, cultural, and identity groups; or narrative approaches, such as voice recordings. Chang (2008) and others identify individual or group interviews as another method for gathering personal data. Textual artifacts, such as official documents (e.g. certificates, official letters, employment contracts), newspaper articles, personal letters, travel journals, memoirs, and photographs are also invaluable sources of personal data (Chang, 2008; Chang, 2013; Jones, Adams, Ellis, eds., 2013). Chang (2008) notes that while the self may be the focus of an autoethnographic analysis, the collection of data can be a collaborative activity.

Data management of autoethnography can take the form of other qualitative research methods. Organization, management, and initial analysis should be done during data collection, and texts or documents are labeled, classified, and loosely coded to aid in organization (Chang, 2008). As data collection is reaching its end, researchers can begin to identify recurring topics; look for cultural or social themes; identify exceptional or significant occurrences; and explore spaces of inclusion and omission or silences within the data. As autoethnography relates the personal to the social, analysis should also include comparisons with other data; draw connections with sociocultural, political, geographic, economic, and other contexts; and compare with social science theories that attempt to explain complex social phenomena or processes (Chang, 2008, p. 137; Chang, 2013, p. 116-115).

The final autoethnographic product may take on a variety of forms. Ellis et al. (2011) identify that many autoethnographers draw from ‘evocative’, autobiographical traditions, focused on developing emotionally and intellectually rich narratives that draw

audiences in (277). Here, authors focus on their person experiences, alongside interviews and other personal documents, such as photographs or journals (Ellis et al., 2011, p. 275). First, second, and third person narratives, poetry, visual art, performance, and other forms have also been used to draw links between the personal and political/social systems at hand (Anderson, 2006, p. 377). Others employ analytic-scientific forms, where research reports include narrative description but also include rigorous socio-cultural interpretation (Chang, 2008; 2013). This “analytical-interpretive” style often resembles traditional academic discourse common to the social sciences, where social and cultural analysis comprise the bulk of the work and are supported by autobiographical narration.

#### *ii. Limitations*

Traditional ethnographers have criticized the ‘evocative’ focus of Ellis, Bochner, and others, but proponents of autoethnography also question the evocative approach. Anderson (2006) argues that the prominence of ‘evocative autoethnography’ has obscured other autoethnographic approaches that integrate traditional ethnographic methods and practices. Drawing a distinction between ‘evocative’ and ‘analytic’ ethnography, Anderson (2006) argues that analytic autoethnography makes a commitment to developing a theoretical analysis. Analytic autoethnographers must offer up more than a personal experience or insider’s perspective for the reader. Rather, analytic autoethnographers understand personal moments as data from which rigorous analyses of social processes can be developed. Analytic autoethnographic researchers are committed to developing complex theoretical understandings of researcher-in-relation-to-research and systems of power. Others, like Chang (2008; 2013; 2016),

while supportive of the diversity of 'evocative' and 'analytic' autoethnography, have developed systematic methodological approaches that advise particular methods for data collection, organization, analysis, interpretation, and presentation. Recently, Chang (2016) has reiterated concerns that autoethnography takes the form of "testimony" and lacks sociocultural analysis within health research (p. 447).

Some autoethnographers have called this distinction into question. Vryan (2006) writes, "using the terms evocative or emotional autoethnography to refer to non-analytical autoethnography implies that analytical work does not include evocation and that creative or emotionally rich text is somehow incompatible with analysis" (p. 408-9). While I agree that 'analytic' texts do resonate and evoke strong feelings, the literary ambiguity of so-called 'evocative' autoethnography often obscures sociocultural process. Chang (2016) notes that while many published autoethnographies may "speak to the heart" of readers, autoethnographies that prioritize reader reaction over the analysis of broader contexts are not sustainable (p. 449). Ironically, these 'emotional' and 'personal' narratives often appear as abstracted data—that ethnographic object from which autoethnography emerged in resistance.

In addition, tensions surrounding accountability and transparency have emerged in autoethnography. Personal memory and artifacts are central to autoethnographic inquiry, but Chang (2008) and others argue that memory or interpretation can become distorted over time (Chang, 2013, p. 448). Moreover, Chang (2016) highlights that many autoethnographers, like other qualitative researchers, lack methodological transparency. Often, researchers are vague or fail to describe the research process,

and methods are left undefined. Consequently, readers and other academics may have doubts about the trustworthiness of the research data, methods, and product.

To produce accountable and transparent research, autoethnographers can triangulate data sources, utilizing a variety of techniques to increase the trustworthiness of data. Utilizing a range of data collection methods, rather than memory alone, can contribute to the development of rich data. Similarly, autoethnographers must be transparent in their approach, describing and explaining the research process, including the how data was collected and analysis was conducted (Chang, 2016).

Finally, researchers have called into question the scholarly contribution of autoethnography. First, while autoethnography aims at providing space for diverse author- and readership, the bulk of autoethnographic work has been produced by academics. This increased popularity of autoethnography within academia has produced many narratively-varied autoethnographies that, like other research methods, reflect a privileged position of academia. As Chang (2016) notes, regardless of the disciplinary origin of autoethnographers—be it health sciences or criminology—academics privileged with “write-ability” and “publish-ability” continue to dominate the autoethnographic conversation (p. 446). Chang (2013) and Adams, Jones, & Ellis (2013) highlight the need for autoethnography to more readily grapple with experiences of exclusion (p. 120; p. 675). One strategy for this would be for autoethnographers that do research with marginalized or silenced others to develop not only research capacities but narrative ones as well.

### **(3) Autoethnography of NICYE – Background, Methods, Analysis, Discussion and Implications**

#### *i) NICYE Background*

For the NICYE study, I collaborated with The British Columbia Centre for Disease Control (BCCDC) and Vancouver's Inner City Youth (ICY) team. The BCCDC conducts public health monitoring, assessments, surveillance, population interventions, and program evaluation in order to meet population health needs and develop innovative solutions and population health interventions. ICY is a non-profit that offers primary care, mental health, and housing support services to youth in Vancouver. Originally based at St. Paul's Hospital in Vancouver, ICY is a collaborative, multidisciplinary initiative, and its clients experience mental health and substance use issues, and housing insecurity.

In October 2013, the ICY program implemented the BC CDC's Take Home Naloxone (THN) program: a province wide training program that trains opioid users to identify and respond to overdose using naloxone—an anti-opioid medication—and other supportive interventions, such as rescue breathing. ICY staff submitted a research proposal to Providence Health as part of the Providence Health Practice-based Research Challenge: an initiative intended to fund, train, and enable clinical practitioners to develop research that can support their own practice. The Naloxone and Inner City Youth Experience (NICYE) project was planned as a qualitative evaluation of ICY client participants' experience with the THN program. While the BCCDC had quantitative data and analysis surrounding the THN program, there was a significant

gap in knowledge of clients' experiences of the program, especially amongst young opioid users.

I was recruited as a practicum student to serve as a research assistant for the NICYE project. While ICY and BCCDC staff had applied for funding and completed initial ethics applications for the project, I was tasked with recruiting, interviewing, hiring, and training peer researchers; developing research methods; designing research questions and interview guides; submitting questions and interview schedules for ethics approval; facilitating individual and group interviews; recording and checking transcriptions; developing analysis methods, coding, and detecting emergent themes; and presenting initial results to Providence Health Care.

The initial research proposal included hiring peer researchers to inform the research project, and this peer role was expanded once I joined the project. NICYE began to take the form of a CBPR project, where community insiders—our peer researchers—would guide the project through each of its stages. Applicants were interviewed and peer researchers were hired based on their interest, availability, and commitment to the project. The peer researchers occupied dual roles: first, they received services and support from ICY, and they were employed by ICY, agreeing to meet all ethics and research obligations in the project. Concept and mind mapping were used to develop research topics and questions. I developed a four-session capacity building session that trained ICY and peer co-researchers in qualitative methodology, methods, and skills. Research participants were recruited through outreach to ICY housing sites, and recruitment posters and pamphlets were given to ICY clients by staff. Interviews were held in private spaces at participants' supportive housing (non-ICY

housing) or in private spaces at the ICY office if clients' mobility was limited. We conducted individual and group semi-structured interviews, and data was recorded and transcribed. Prior to my exit from the project, our research team developed initial codes and identified emerging themes. ICY staff, as service providers in a position of power over their clients, did not recruit, interview, or know who participated in our interviews. Any identifying information was removed from our interview transcripts.

Although I exited the project before completing analysis and data dissemination, I developed initial codes and identified emergent themes alongside my co-researchers. I also presented our methods and emergent findings to BCCDC and Providence Health staff.

## *ii) Methods*

### *ii.i) Ethical Considerations*

As Tullis (2013) argues, doing autoethnography or writing about oneself does not eliminate complex ethical issues produced by the involvement of others in research, such as participants, practitioners, or clients. Like traditional ethnography and other social science research approaches, autoethnography faces ethical concerns of anonymity, confidentiality, and privacy. Through the act of data collection and self-writing, others are revealed and implicated in autoethnographic study, such as research team members, friends, colleagues, participants, or in the case of service-related CBPR, clients and practitioners. Consequently, issues of consent pervade autoethnography, and scholars continue to debate what qualifies one as a 'participant'. How large of a role do the non-authors play in the text? Are they identifiable through the rich description in autoethnography? Have these implicated others consented to being a

part of this story-made-public? These are the ethical questions faced by autoethnographers.

Tullis (2013) suggests that autoethnographers de-identify data; provide pseudonyms for implicated others; alter demographic information; and to get informed consent from those implicated in one's research out of respect for 'participant' autonomy. Depending on the research topic, it may be difficult to protect privacy and confidentiality. Autoethnographies that focus on family members, colleagues, or work environments may reveal implicated 'participants' to those that are familiar with the make-up of these groups (Tullis, 2013). Still, literature exploring ethics within autoethnography is limited, and the exact ethical obligations continue to be debated as implicated others often occupy an ambiguous role in autoethnographic texts. Tullis (2013) has developed an ethical guideline for autoethnographers, which prioritizes 'doing no harm' to the others implicated in one's narrative, stressing the heightened responsibility given that the implicated subjects in autoethnography share personal or working relationships with the author (p. 258).

In order to maintain 'participant' privacy, anonymity, and confidentiality, I have removed identifying information, such as names, of NICYE participants and research team members. All research team members have consented to being acknowledged in the NICYE project publically, and all have presented research results from the NICYE project publically. In addition, this autoethnography is intended for presentation to academic supervisors and not publication.

#### *ii.ii) Data Collection*

I have triangulated data sources to avoid the issues surrounding memory, recollection, and trustworthiness described by Chang (2008; 2016) and others. First, I used retrospective self-observation, personal memories, and self-reflection to identify behaviors, thoughts, and reflections of the NICYE research process. These were recorded in jottings, notes, and in journals, taking a free-format narrative form. Conversations with students, friends, and instructors produced additional memories, observations, and reflections that later were written down. However, as memory can “wane and become distorted over time”, I have utilized a variety of sources in order to triangulate my data (Chang, 2016, p. 448). First, I have collected five bi-weekly reports that were produced during the NICYE study. These reports focused on developing a plan for our practicum placements; reflecting on organizational culture and practice; examining inter-sectoral collaboration; and assessing long-term learning goals. As my research role in the NICYE study, was part of a larger practicum experience with the BCCDC, these reports were produced for supervising instructors to document my shifting ideas, attitudes, and values. These reports were formal academic assignments, but they focused on personal journaling and self-reflection. As such, these reports capture my reflective thoughts during the NICYE study, similar to traditional ethnographic field notes or journalings. I have included quotes from these reports in my autoethnography to highlight congruency or contradictions between my in-study experiences and my current autoethnographic reflections.

Second, I have collected personal writings and memos that emerged out of ongoing conversations with my academic supervisors and instructors. Prior to completing my role in the NICYE research process, I had selected CBPR and the

project as the focus or topic of my capstone project. I kept notes and writings that emerged from the planning and methodological conversations with my supervisor, Dr. Marina Morrow. These focused but informal conversations produced additional self-reflections that would then be scrutinized in self-observation.

Lastly, I have collected artifacts from the NICYE study, including a presentation that I developed for capacity building during our research sessions. This presentation focused on qualitative research theory, methods, and analysis, intended to develop qualitative research abilities for the NICYE team. Like the bi-weekly reports, these artifacts preserve the thoughts and perspective that occurred during the NICYE study.

### *ii.iii) Analysis & Interpretation*

Once data had been collected, I reviewed the narrative self-observations, self-reflections, bi-weekly reports, and conversational memos. From this raw data, I then developed notes on exceptional circumstances, repeated topics, recurring themes, and patterns. Codes emerged from analysis of the data and notes, and these codes were used to develop larger categories and themes.

However, as noted by Anderson (2006), Chang (2008), and others, the development of ideas and themes from personal data may produce evocative, confessional tales that fail to develop a theoretical analysis or interpretation. In order to develop a strong analysis, Chang (2013) urges autoethnographers to take an holistic approach to analysis, interpreting themes in relation to the broader context in which the research has taken place (p. 116). I have analyzed and interpreted my data and themes in relation to the broader context of CBPR, including the principles and challenges discussed earlier in the paper.

In addition, Chang (2008) argues that theoretical frameworks can be used to interpret and explain theoretical data. Such theoretical frameworks involve concepts by which data can be understood in relation to broader social phenomena. I have taken up an analytical framework provided by Muhammad et al. (2014) as a means of exploring my CBPR experience in relation to processes of power. Muhammad et al. (2014) suggest examining four dimensions of power to unpack how power and insider-outsider tensions come to be produced in research (p. 5). These four dimensions are:

- (i) Researcher positionalities of intersecting identities
- (ii) Research process
- (iii) The publication of research and representation of voice
- (iv) The production of knowledge

Each of these dimensions both reflects and impacts power relations or insider-outsider tensions in CBPR and institutional research more broadly. Researcher positionality encompasses socially ascribed identities, such as level of education, race, or gender. Researcher positionality will impact the relationships between researchers and community members, where, for example, a white academic working in a predominantly Latino community will have different experiences, motivations, and connections to and with the research process (Muhammad et al., 2014, p. 8). Researcher positionality continues to impact the other dimensions of power, informing how research is conducted, which knowledges or ideas come to be privileged and produced in research, and how research is represented in publication or presentation for the public (Muhammad et al., 2014, p. 5).

I have used this framework to unpack the specific ways that power came to be (re)produced in the NICYE study. In my experience, individuals often ‘socially locate’ in attempt to articulate how identity impacts immediate and structural power relations. This often takes the appearance of “I am a white researcher, so power is reproduced”, which lacks an explicit focus on process. This act of socially locating implies that identity is static and predictive of power relations, whereas identity and power are fluid and dependent on context. As discussed earlier, for example, the specific place of research will impact one’s status as either ‘insider’ or ‘outsider’. In this respect, ‘socially locating’ fails to acknowledge or interrogate the intermediary steps through which identity and actions come to produce—an active process—power relationships. While ‘socially locating’ points to identity and acknowledges that identity impacts power, it ends at this superficial acknowledgement. The framework from Muhammad et al. (2014) breaks down this process and enables researchers to understand the production of power as more than a static occurrence.

#### *ii.iv) Limitations*

I foresee three limitations or objections to my methodology. First, like other autoethnographers, I can imagine critics suggesting that this analysis is too ‘personal’ and lacks a sociocultural analysis. I share this concern with autoethnography. To avoid falling into this solipsistic trap, I have interpreted and contextualized my research experience within the larger body of CBPR literature, particularly those focused on

power and insider-outsider tensions, and with a framework focused on unpacking the production of power.

Second, my methods are plagued by recall bias, as memory is an unreliable data source. Taking my cue from the methods laid out by Chang (2008) and others, I have 'triangulated' data by using memory in addition to self-reflection and external personal data, such as bi-weekly reports and research artifacts. Moreover, I have sought to challenge and criticize my recollections and reflections through dialogue with my supervisor and other mentors.

Lastly, while critics may acknowledge my attempts at transparency, accountability, and trustworthiness, there are those that may question the overall scholarly project of a reflexively-focused project with the self as the data source. Like other autoethnographers, I acknowledge that personal experience can provide insight into particular processes that often remain concealed to external researchers (Chang, 2016; Jones, Adams, & Ellis, 2013). However, the "auto" of autoethnography is misleading. As Tolich (2010) argues, the self is "porous", and others are implicated in autoethnographic texts. In this respect, although I occupy my own positionality, others that occupy one or more intersecting categories of this positionality may experience "resonance" with this autoethnography. Resonance in this case is not merely emotional resonance, like the type associated with so-called 'evocative' autoethnographic forms. Rather, resonance in this case should be thought of as 'ringing true', whereby the analysis and data interpretation reflect other CBPR researchers' experiences (Tracy, 2010).

The resonance of self-focused writing is not a new, autoethnographic concept. From Socrates to Foucault and later, self-inquiry and self-writing as the production of transferable knowledge—something we can *learn from*—have remained integral in developing social and cultural understanding (Gannon, 2006, p. 479). Gannon (2006) writes, “[w]riting the self produces transformation of the self and, potentially, of the world in local and particular contexts” (p. 479). If critical reflexivity is the inward-outward gaze through which social, institutional, and discursive forms of power come to be disassembled and unpacked, then self-writing is to be the form of this liquidation.

### *iii) Analysis*

In analyzing my own experience of the NICYE program, I turn back to the four dimensions of power discussed in Muhammad et al. (2014). Moreover, I build on the concept of ‘insider-outsider’ tensions that have been examined in the CBPR literature.

#### *iii.i) Research Positionality*

Muhammad et al. (2014) argue that positionality impacts methodological, ethical, and epistemic points during research. Describing the relationship between researcher, research setting, and community in CBPR, positionality refers to identity in terms of ‘insider-outsider’ perspectives. Historically, insider and outsider positions have been associated with particular research benefits, such as community insider capacity for access to local knowledge, or challenges, such as community members occupying minimal, outsider roles in the research process (Muhammad et al., 2014, p. 4). As discussed earlier, recent authors have highlighted that insider and outsider status are dynamic positions, where researcher positionality shifts depending on research context and researcher relationships. Consequently, positionality is often multi-dimensional,

shifting, and complex. Positionality, as a relationship between identity and research setting, shifts as tensions in research are navigated (Muhammad et al., 2014, p. 8). For example, a university-educated female Indigenous researcher occupies the role of both community-insider but also academic-outsider, characterized by an historical legacy of physical and intellectual colonial practices (Muhammad et al., 2014, p. 9).

My own experience in the NICYE project reflects this understanding of shifting positionality. I occupied multiple positionalities in the research project in relation to our research team, institution, and community in question. At times, I shifted between 'insider' as an academic student with research decision-making power and 'outsider' in relationship to community members. These multiple positionalities would later come to inform the research process, representation and voice, and the production of knowledge of the NICYE project.

*"I hope to provide some of my 'expert' and 'academic' knowledge and training to the project in order to make sure that the research is rigorous and reflective" (Bi-Weekly Report 3)*

First, I occupied the role of 'academic insider', an identity category conferred by my education status, learning background, and social role. In the NICYE project, my capacity to perform qualitative research, as reflected in the quote above, positioned myself in a coordinating and decision-making role in the research process, where I was able to direct the research planning, process, and communication between multiple stakeholders. In this respect, I occupied a privileged 'insider' position in the research: my 'professional' and 'academic' capacities enabled me to take a certain level of control during the project, positioning myself as an authoritative 'insider' in determining the process of the research.

*“I was tasked with creating a ‘crash capacity course’, so that our peer researchers and other team members could learn more about the methodologies, methods, and skills required in qualitative research projects. In particular, as our peer researchers would be conducting interviews and assisting with focus groups, I prepared various activities to learn about how qualitative interviews are conducted and to practice the skills required” (Bi-Weekly Report 5)*

This position of ‘academic insider’ was also exemplified in my role in developing and training our research team in qualitative research. The quote above demonstrates that my academic, qualitative knowledge positioned me as the knowledgeable insider, replete with capacities to share and knowledge to pass on. In turn, the other members of the research team, including ICY staff and peer researchers, come to be positioned as those without research capacities. In this respect, my academic background and status situated me in a position of control, whereby the knowledge, skills, and research methods employed during the NICYE study would reflect my own academic knowledge through the capacity development process.

*“[P]eer co-researchers will have a significant role in the project, and each of my objectives will consist in working alongside these co-researchers” (Bi-Weekly Report 1)*

My position as ‘academic insider’ is emphasized throughout the NICYE study as I reference the community members working on the research team as ‘peer researchers’ or ‘peer co-researchers’. As these community members continue to be referred to by their ‘peer’ status, my own ‘non-peer’ or ‘true’ research status is confirmed.

However, as Muhammad et al. (2014) note, researchers occupy multiple research positionalities depending on the research setting. As an ‘academic insider’ I also occupied the role of ‘community outsider’ throughout the project.

*“Through my engagement with our peer workers, I have learned a great deal about youth’s experience of the THN program. [...] One of our peer researchers was very open in his experiences, describing the strengths and challenges of the program” (Bi-Weekly Report 4)*

The above quote demonstrates my 'community-outsider' status, referring to how the community members on our research team possessed local knowledges accessible only to community insiders—youth that had experienced the benefits and challenges of the THN program first hand. This 'community outsider' position was further delineated during my interviews with community research participants, where I—the unknowing academic researcher—stood in stark contrast with participants—the knowledgeable research contributors. Similarly, our peer researchers came to be positioned as 'insiders', replete with local knowledge that was extremely important for guiding the research process. This community outsider status was exemplified in my social performance during the research project, also. My 'outsider' status was further demarcated during our 'capacity' building sessions that focused on qualitative research methodology, methods, and interview skills. Here, my reliance on academic language and traditional academic concepts emphasized the institutional boundary between myself and the peer researchers. Throughout the 'capacity' development sessions during the project, the peer researchers urged me to explain concepts in alternative ways that would make sense in relation to them and their experience.

On the other hand, I occupied a different position when considering the broader research and institutional context of the NICYE study. The Harm Reduction team at the BCCDC is very small, and the community-based and qualitative methodological components of the NICYE status positioned myself, and the rest of the research team, as 'institutional outsiders' within the broader research context of the BCCDC. The BCCDC remains one of the foremost public health and scientific organizations in British

Columbia, and the NICYE project, with its social rather than 'scientific' focus, remained at the margins of the larger research organization.

*"At team meetings or during discussions with BCCDC employees or other practicum students, people seem excited but puzzled by the project. Given the heavy clinical environment of the BCCDC and the many quantitative projects that dominate the research there, this is not surprising" (Bi-Weekly Report 4)*

Despite its growing popularity and prominence, CBPR and other community based and qualitative forms of research continue to be disregarded in traditional, clinical research spaces. While the BCCDC provided support and guidance during the project, the low priority of the NICYE study was revealed by its limited funding and dependence on student and unpaid ICY staff labor. BCCDC staff regarded our approach with uncertainty, unfamiliar with our 'unorthodox' research methods.

*"[T]here exists an overwhelming lack of funding to community-based qualitative research projects. Given that the only affordable labor for the project was student practicum labor, this highlights that research monies may still be directed towards more traditional, epidemiological research" (Bi-Weekly Report 5)*

Lastly, I occupied a unique position in the project caught between institutional, ICY staff, and community stakeholders. Muhammad et al. (2014) argue that students often act as knowledge brokers, with less access to decision making but increased ability to navigate between groups than non-student researchers (p. 5). In my 'academic insider' position I had much to gain from the project, such as long-term professional contacts and possible publication or acknowledgement credits, but I also was able to push back for more meaningful community member inclusion during the research, as my employment or professional well-being was not at stake. In this respect I was not an 'institutional insider' or 'community-outsider' in the research project; rather, I was 'working the hyphen', which Muhammad et al. (2014) describe as embracing the contradictions in the research process in order to confront hierarchies of power (p. 5).

*“I worked alongside BCCDC and ICY staff to expand the role of peer researchers beyond a tokenistic role to a genuine engagement experience. We rerouted money in the project budget to pay for additional hours [...] and worked on redesigning the project with the peer researchers in order to meet the needs that they perceived of the population” (Bi-Weekly Report 4)*

The above text demonstrates how I was able to gently push back in my ‘in-between’ position as student outsider. While community involvement had been a priority in the initial research proposal, my concerns for developing rigorous, community-informed research led me to work with ICY and BCCDC staff to further integrate community members in the project. While this placed greater restrictions on the material resources at our disposal, it allowed us to expand the peer role from basic consultancy during question development to collecting and analyzing data.

In the next section, I will explore how these multiple insider/outsider positionalities impacted the NICYE research process.

### *iii.ii) Research Process*

Muhammad et al. (2014) argue that questioning the relationship between positionality and process can deeply challenge motivations behind CBPR, writing “reflexivity has not generally been reported in the CBPR literature, exploring how identity and perceived power within identity status may influence data collection and analysis process” (p. 10). My multiple and shifting positionalities impacted various stages of the NICYE project. My ‘academic-insider’ position impacted the research process in several ways. First, despite intentions to increase the community member role in the research process, the project was largely guided by academic concerns rather than community ones. Throughout the NICYE project, my concerns with ‘validity’ and research rigor; developing qualitative capacities; and insistence on conducting the

group and most of the individual interviews reflect the urgency of preserving academic validity rather than addressing community needs.

*“I was tasked with creating a ‘crash capacity course’, so that our peer researchers and other team members could learn more about the methodologies, methods, and skills required in qualitative research projects. In particular, as our peer researchers would be conducting interviews and assisting with focus groups, I prepared various activities to learn about how qualitative interviews are conducted and to practice the skills required” (Bi-Weekly Report 5)*

For example, during the ‘capacity’ development phase of the project, ‘capacities’ were construed as the ability to ask open-ended questions, interview probing, and how to formally conduct a research interview. The presentation of these capacities was unilateral—I developed visual presentations in order to inform our non-academic research team members. Peers were not invited to share their own capacities: community knowledge or skills that would inform the project or provide insight into developing safe interview spaces. In this respect, qualitative methods and skills came to be privileged as ‘insider’ knowledge, and community knowledge, in turn, was silenced or positioned as ‘outsider’ knowledge, positioned as less valuable to the project. The heavy ‘research skills’ focus mirrors Minkler’s (2005) concerns of CBPR: that community members come to be utilized as qualitative labor rather than knowledge and capacity contributors in research. The emphasis on research skills development reifies the ‘insider’ position of learned academics while positioning community members as ‘unskilled’, and ‘uninformed’ outsiders.

*“I will work hard to ensure that time-measurable objectives are met, but I also must be flexible given the research process. For example, in my first two weeks I have attempted to brainstorm possible ideas and questions to guide the development of research questions given that the collection of data is fast approaching” (Bi-Weekly Report 1)*

Second, my 'academic insider' status impacted our data collection process. Much like the capacity development sessions, methodological and institutional concerns took priority during the development of research questions. Prior to hiring our peer researchers, I began brainstorming questions based off the research proposal and collective interests of the BCCDC and ICY. The BCCDC was concerned with evaluating the qualitative impact of the THN program on youth, and ICY staff were curious as to whether or not the THN program impacted counsellor-client relationships. In the early stages of the project, I had developed a rough question guide draft in order to meet these research priorities. Once our peer researchers joined the research team, we used mind and concept mapping exercises to build on the rough questions I had already developed with institutional concerns in mind.

Consequently, our question guide spoke more to the research interests of the BCCDC and ICY than that of our community members. Israel et al. (2008) emphasize that CBPR projects are intended to focus on issues of local relevance, but institutional concerns, rather than community ones, came to be reflected in our data collection methods.

*"I have taken on a coordinating role, serving as the go-between for stakeholders. I am also responsible for capacity building amongst peer researchers and co-conducting data collection and analysis" (Bi-Weekly Report 3)*

Lastly, out of concern for qualitative validity and worries about our peer researchers' 'skills' and 'capacities', I took on a prominent role the data collection process. In my position as 'academic insider', I possessed the requisite skills for performing 'valid' and 'correct' data collection, such as facilitation skills, active listening, knowledge of interview prompts, and ability to elicit follow-up material from participants based on their

responses. I facilitated all group interviews and the majority of individual interviews in the project. This can be understood as contradicting my intentions to have 'meaningful' peer participation in the NICYE project, as their active role in research was diminished due to concerns surrounding data validity. The research concerns central to my academic and educational background took priority over increased community participation in the research phase.

My position of 'community outsider' impacted the data collection process in multiple and contradictory ways. Like traditional ethnography, the role of 'community outsider' brings a certain amount of objectivity to an interview setting. Moreover, unlike our peer researchers, my lack of community or interpersonal relationships with participants may have produced feeling of safety for some research participants. Given the small community at focus in the project, participants being interviewed by peer researchers could have been concerned about later encounters in community settings, given the sensitive and personal nature of the questions surrounding overdose. In this respect, my 'outsider' status may have encouraged open participation where participants felt able to express themselves freely.

On the other hand, when considering my position as 'community outsider', my academic status and position impacted the data collection process unfavorably. During the final stages of data collection, one of our peer researchers expressed concern that my facilitation of interviews may have compromised the quality and perceived safety of the interview process. They indicated that my 'academic' position—with its visual presentation, style of language, and inquisitive role—would limit how participants responded: producing responses that lacked the nuance of those delivered to a

community 'insider'. In their view, my 'academic insider' position resembled other positions of authority, which, when working with community members with issues surrounding mental health and substance use, are understood as coercive, restricting, and violent. My prominent role in the data collection process produced a setting characterized by an unequal relation of power, which, in turn, may have produced unreliable responses from participants.

This relationship between data collection and my 'community outsider' status was further complicated by the fact that ICY—a mental health, substance use, and primary health service provider—was directly involved in the project. Here, it is necessary to keep in mind that mental health services in Vancouver often require clients to follow particular treatment regimens, such as abstaining from drug use, in order to continue to receive services. Moreover, these services often employ coercive tactics for clients that stray from such regimens, such as involuntary psychiatric admissions, tenant eviction due to perceived substance use, or required detox in order to begin receiving mental health services. Given this strong, governing role of mental health services and ICY in the lives of community members, some research participants may have perceived research participation as a possible compromise for receiving services. For research participants, this may have provoked responses that were acceptable for 'outsiders' to hear—responses that would not compromise service delivery from those directly involved in the project. While I was not responsible for service delivery, and although participants were kept anonymous from ICY staff, my perceived status of authority, working relationship with ICY, and ICY involvement in the NICYE project may have produced something akin to social acceptance bias in qualitative research. This issue is

reflected in the literature, as Marshall et al. (2012) have expressed concern that community members may feel obligated or coerced into participation in order to maintain approval from service providers during CBPR projects.

In keeping with Chang's (2016) call for increased transparency and accountability in analysis, I must identify that at no point did research participants express discomfort during interviews. These understandings of my 'community outsider' position exist in tension, and I cannot be certain about the impact of these positions on the quality of responses during our data collection phase. However, the concerns of our peer researcher point to perceived authority limiting the contributions of participants. I will explore this tension more fully in the next section discussing representation and voice.

However, my position between the clinical ICY 'insiders' and community member 'outsiders' enabled me to navigate these tensions during research. While working at the ICY clinical offices with our peer researchers, I came into conflict with non-research ICY staff that were concerned about peer researchers—current clients—occupying clinical space. Despite both being employed by ICY either in a clinical or research capacity, 'staff' were positioned as acceptable 'insiders', able to occupy clinical spaces due to training privileges. Our peer researchers, on the other hand, were positioned as 'outsiders', unfit to occupy clinical spaces due to proximity of client information. Despite the employment status of both people, perceived identity produced insider/outsider tensions at ICY.

As neither staff member nor client, I occupied a unique position of power. I was temporary guest and in a position to resist this 'insider-outsider' tension. Within this middle position of power, I was able to challenge this demarcation of space without

negative repercussions, such as risking my employment. I engaged my ICY research team members and discussed how these concerns positioned our peer researchers as 'outsiders', despite our intentions in the project to co-collaborate throughout the project. In other words, I explained that some staff were undermining the collaborative intentions of our project. Afterwards, ICY staff discussed the complexities of peer roles amongst their team and worked towards developing a more inclusive workspace.

In the next section, I will discuss how the positionalities of myself, the research team, and community members impacted the research process and shaped the representation and voice in the NICYE project.

### *iii.iii) Representation and Voice*

Muhammad et al. (2014) describe the "representation" dimension of power in relation to publication and the silencing of community voices, as often it is academics that have expectations to produce journal articles and possess the requisite writing 'abilities' to ensure that research results are published. As such, community members are excluded from publication, again reproducing the 'insider' status of academics, who remain credited with the production of knowledge. Castleden, Morgan, and Neiman (2010) mirror these concerns, identifying that indigenous and other communities in CBPR go uncredited due to the privileging of single authors in academic publications. Although communities may be acknowledged in publications, academic or institutional researchers receive credit of authorships: the 'true' producers of the knowledge at hand.

While publication can be considered one arena of representation (or lack thereof) of community voice, another approach is exploring community representation and voice through each successive stage of the research process. In other words, how did

community come to be represented or not represented throughout the research process? In this next section, I examine how community voices were included or silenced in the NICYE project.

*“Lastly, I will compile data, conduct analysis, and disseminate this information in a format that is still to be determined. Likely, the way the results are disseminated will depend on the input from focus groups, interviews, and peer co-researchers” (Bi-Weekly Report 1)*

CBPR explicitly acknowledges that knowledge is co-constructed and that co-learning and building on local knowledge and capacities is essential for doing critical research (Israel et al., 1998; Wallerstein & Duran, 2008). As discussed earlier, our ‘capacity’ development sessions focused exclusively on qualitative methods and skills. Moreover, this academic, qualitative thread continued into our development of research questions and throughout our data collection process. In this respect, community knowledge, concerns, and capacities were excluded from the question development and data collection processes.

The academic, methods-focus of our ‘capacity’ development sessions produced a unilateral rather than co-learning experience. Community knowledge or capacity was not incorporated into our capacity development amongst our research team. This is significant for two reasons. First, these capacity development sessions were the foundational stage of the research process, solidifying the tone and direction of the research. In this case, ‘capacity’ throughout the project was understood as institutional, academic, and research capacity rather than community capacity. In this respect, community knowledge and voice came to be silenced in these sessions, whereas academic knowledge and voice were repositioned as ‘insider’ capacities. This type of ‘capacity-focused’ is discussed by Travers, Pyne, Bauer, Munro, Giambrone,

Hammond, and Scanlon (2013), who write, “issues of power imbalance become particularly challenging during research stages that are necessarily driven by academic expertise. [...] As CBPR continues to advance in popularity and impact, it is important for teams to ensure that the development and implementation of ‘technical’ stages of a research project are meaningful for all team members” (p. 413). Similarly, the positioning of academic ‘skills’ as capacities and the subsequent silencing of community voices echoes the concerns of Janes (2016), who argues that such academic centering positions community voices as incapable and lacking knowledge. Consequently, such position can be understood as retrenchment of the unequal power relation between ‘capable’ academic ‘insiders and ‘incapable’ or ‘unskilled’ community outsiders.

Second, as these sessions developed a template for data collection, interviews were later characterized by an institutional and qualitative research tone rather than an exchange of knowledge between community members. In other words, rather than letting community voice guide the interviews, peers were encouraged to take up the academic ‘insider’ position in order to adhere to the methodological ‘rules’ laid out in these sessions. This second point is concerning when we consider the NICYE study as a site for the production of knowledge that will later inform substance use programming, which I will discuss in the following section.

My positionality of ‘community outsider’ during our interviews and focus groups silenced community representation and voice through my dominant role in the data collection process. Earlier, I emphasized that our peer researchers indicated that my ‘outsider’ status produced an unequal power relationship during interviews, and that this contributed to a something akin to social desirability bias—where participants provided

responses that were acceptable for 'outsiders'. I mentioned how this was further complicated by the service involvement of ICY in the research process, as participants may have perceived the interviews as relating to service provision. In other words, the heavy 'outsider' and perceived service provider presence in the data collection phase may have made participants uncomfortable during the research process. Our peer researchers were explicit in telling me that they believed my 'outsider' presence would have affected the responses that participants were willing to share. Here, again, it is important to keep in mind the restrictive and coercive role that mental health services play in the lives of their clients. The close association of ICY may have impacted both recruitment process and data collection. Moreover, as our peer researchers were also clients, the close involvement of ICY, despite assurances otherwise, may have impacted their assertion of opinions, ideas, and knowledge on the research team.

Within the research process, this perceived risk of services becoming compromised is a difficult one to mitigate. Even if participants voiced responses that were perceived to be 'acceptable' to service providers, such as withholding information about drug use, it would be difficult to assess whether or not this was the case. Put simply, the presence of service providers is an umbrella over the entire project, where client-interviewees may not feel safe enough to answer questions relating to safety and informed consent. The fact that the research team considered the weight and extent of ICY staff roles in the research process indicates that ICY involvement would impact the research quality. Again, this concern was reiterated by one of our peer researchers, who believed that my 'academic' presentation aligned me more with ICY staff as an 'institutional outsider' than with community members. In a context where service

providers operate through coercion and control, the heavy 'institutional outsider' presence produced an unequal relationship of power, where clients may have produced 'good' responses in order to avoid perceived negative repercussions of participation. Put simply, in an institutional context where doing the 'right' or 'wrong' thing carries incredible risks for clients, open participation in the NICYE project and thus contribution of community voice may have been too risky.

However, tensions between mental health service providers and community research participants are largely unexplored in the literature. Guta, Flicker, and Roche (2013) discuss the contradictory expectations of peers and community members in CBPR, where community members are both expected to speak authentically about their experiences but also enact particular, 'functional' behaviors (p. 445). Still, this gap in knowledge requires that CBPR researchers and service providers, especially within contexts historically characterized by coercion, control, and violence, further examine the relationship between service provider involvement, power relations, safety, and ability to openly participate as a community member.

In the next section I describe community representation and voice in relation to the NICYE study as a site for production of knowledge.

#### *iii.iv) Production of Knowledge*

The NICYE study was proposed as a qualitative, participatory evaluation of ICY clients' experience of the THN program. However, research positionality, and my academic background, greatly impact the process through which knowledge is produced in research. As discussed above, the strong academic focus during the 'capacity' development sessions; question development; and data collection stages of

the project were prioritized over community knowledge, capacities, and concerns. This tension between academic and community concerns is emphasized by Travers et al. (2013), who suggest that this 'push-pull' in CBPR speaks more to the fact that academic researchers stand to gain the most from research, even if genuine community involvement is a major goal of research.

*“By far, the most fulfilling aspect of my practicum placement thus far has been engaging with peers. [...] It has inspired me in the research” (Bi-Weekly Report 2)*

The persistent marginalization of community voices in the research process in favor of 'academic quality', 'rigor', and meeting institutional standards demonstrates how my positionality, expressed through research decision-making, came to further isolate community members we had sought to meaningfully integrate into the research. By using the four dimensions of power, we are able to unpack and map how insider-outsider tensions come to be reproduced throughout the research process. The relationship between positionality, process, representation, and knowledge should not be understood as casually successive. Rather, positionality is pervasive, and impacts decision-making throughout the research process, where each successive decision can make space for or push aside community perspectives. As such, we can understand some aspects of the NICYE study to undermine one of the core principles of CBPR: that knowledge is co-constructed and must build on community capacities, ideas, and concerns (Isreal et al., 2013).

In the case of the NICYE study, this persistent silencing of community perspectives throughout the knowledge creation process is particularly concerning given the fact that the knowledge obtained will be operationalized into BCCDC and ICY

programming. Despite the fact that our research team stood apart as ‘institutional outsiders’ in a quantitative, clinical research environment, the knowledge derived from the NICYE study will be used to develop provincial programming for people with substance use issues. As ICY staff reflect on the project and address the limitations in THN training identified by youth, the shape of mental health, substance use, and housing services will develop from the knowledge obtained. For ICY clients, the data derived from the NICYE study will have very real, practical implications, despite the fact that community voice may have been silenced by service provider involvement. As such, it is possible that the operationalization of such data will lack the community input that CBPR methodologies center in the co-production of knowledge. In other words, the prioritization of academic concerns and the involvement of service providers may have produced knowledge characterized by academic and institutional voice rather than community ones. In turn, programs and services developed with NICYE results in mind may come to represent academic and institutional interests—voices that have historically occupied the dominant role in mental health and substance use service delivery.

#### *iv) Discussion and Implications*

As de Leeuw et al., (2012), Flicker (2008), Minkler (2008), and others have argued, unequal relations of power are often reproduced in the research process, despite the altruistic intentions of CBPR researchers to create equitable research partnerships. In the NICYE study, my research positionality and those of our team members and research participants impacted the research process. Moreover, the broader institutional contexts in which the research took place, shaped the way that the

research was carried out. My analysis has revealed the specific ways that my positionality impacted the research process, community representation, and the knowledge produced in the research project. This analysis yields several implications for CBPR researchers and autoethnographers.

My academic background and concerns for research 'quality' produce an environment where methodological concerns came to be centered in relation to community voice. Travers et al. (2013) have identified similar issues, suggesting that technical concerns during research—such as data collection methods, question development, etc.—lead to a flux in community participation. These technical stages, they argue, enable certain voices while silencing others (Travers et al., 2013, p. 416). Equitable community participation is a complex process, but the silencing of community voices during technical stages will impact later research stages and contributes to a general research setting where 'skilled' academics are positioned as authority. Community voices, skills, and knowledge are marginalized, in turn—shut out of the research process. Travers et al. (2013) conclude that the transformative potential of CBPR is undermined when researchers fail to explicitly address positions of power. The underlying values of researchers, such as the equivocation of 'qualitative rigor' with 'research quality', condition this missing dialogue.

CBPR researchers must integrate meaningful, open dialogue about power and its underlying values and assumptions if they are to move past altruistic intentions. In other words, power and values must be an explicit focus of CBPR research teams if genuine participation is to be made possible. This cannot be mere lip service, and researchers should integrate reflexivity into their research plans. This may be an uncomfortable

process for all partners involved, as academics and community members must own up to their privilege, power, and values, and must recognize that these will affect the quality of the work.

In particular, researchers must remain particularly sensitive to power and privilege when working with service providers. Service providers and health agencies are an invaluable research for researchers hoping to engage populations, such as youth with mental health issues, that remain socially marginalized. However, the relationships between service providers and their clients may be tenuous, as in the case of mental health services where staff-client relationships are occasionally perceived to be coercive. In my experience at the NICYE study, both staff and peer researchers focused on the impact that staff involvement could have on the research process and participants. This was demonstrated in ICY staff removing themselves from steps in the research process for explicit ethical reasons, and when one of our peer researchers stressed that some interviews may have been affected by power imbalances.

I am hesitant to make a hard-and-fast recommendation surrounding service provider involvement in research, but I urge CBPR researchers to acknowledge the broader contexts in which the relationships between service providers and community members take place. In mental health services in particular, where provision of services often hinges on community members behaving a certain way or following a particular treatment regimen, researchers must be particularly cautious. In these contexts, the real or perceived risk of services becoming compromised can impact whether community team members are willing to vocalize their concerns in meetings, and to what extent community members are willing to participate in the research project.

Travers et al. (2013), Flicker, (2008), and Minkler (2008) all highlight that academics typically have the most to gain from CBPR, but few if any authors have discussed who has the most to lose. Health research and services have historically been used to pathologize, control, silence, and regulate communities that experience social inequities, and researchers must consider the ways in which involving such services may impact their research process and community participation. Service provider involvement in CBPR will not always be a hindrance for developing equitable research, but researchers must be open to interrogating the impact this may have.

CBPR researchers can use the autoethnographic approach employed in this paper to unpack the ways that power and privilege impact research and the processes by which power relations and insider-outsider tensions come to be reproduced. This approach enables researchers to explore their own positions and power, while relating decision-making with broader, social and cultural practices. In the case of my experience in the NICYE study, this involved examining my decision making surrounding research methodology in relation to broader 'academic' research practices. When used alongside the framework developed in Muhammad et al. (2014), autoethnography provides researchers with a clear strategy for examining their research in a critically reflexive manner. Other CBPR researchers can use the methodology employed in this paper as a template for engaging in critically reflexive research.

Researchers should keep in mind that critical reflexivity is never a complete or finished process. Rather, researchers and colleagues that have fostered critically reflexive research environments should continue to do so, and, as research changes as new participants enter projects and new foci emerge, must question the relationship

between new, shifting positionalities and structural power relations. Assuming that the critically reflexive work is and can be complete during a project produces a critical reflexivity akin to the ‘social locating’ that I discussed earlier—where individuals point to power but fail to properly unpack it. Muhammad et al. (2014) provide a unique approach for developing critical reflexivity in teams, where research team members regularly “check in” with informal group interviews across a range of projects. Although the NICYE study was a small project that was largely marginalized within a broader public health institution given its community and qualitative focus, the work environment and knowledge that we were working with vulnerable populations pushed us into group check-ins and conversations surrounding power and research roles. Consequently, researchers must recognize that this process produces uncomfortable situations that acknowledge vulnerability. In the context of a project that employs autoethnography as a critically reflexive method, researchers must be prepared to ‘take themselves to task’ either alone or with others, and may require research team or external supports in this activity. I’m not suggesting that autoethnography is dangerous, but, particularly for researchers unfamiliar with recognizing their own power and the privilege it enables, critically reflexive self-examination can produce realizations that may be challenging to acknowledge and work through.

As an increased recognition of power and privilege amongst CBPR teams is required to avoid replicating unequal power relations, research teams can use autoethnography in a collaborative manner as one way of teasing out how positionality mirrors systemic power, social privilege, and cultural values. While critical reflexivity has remained scattered throughout the CBPR literature, very few authors have attempted to

operationalize this process, which is unsurprising given the divergent meanings and interpretations of critical reflexivity. This paper demonstrates one possible strategy for engaging in critical reflexivity, but I also encourage CBPR researchers to explore alternative, critically reflexive approaches.

This analysis also demonstrates how autoethnographers can further develop the sociocultural interpretation of personal experiences. Chang (2016) has recently suggested that autoethnographers continue to overproduce personal stories that lack an explicit social analysis. In my own analysis, I have used the four-dimension framework from Muhammad et al. (2014) to unpack the relationship between myself and cultural research processes. Moreover, I have embedded my analysis within the broader CBPR literature to draw parallels and comparisons between my own CBPR experience and the experiences of others. In doing so, I have produced a theoretical analysis that may resonate with other CBPR researchers and not simply an abstract, personal story.

Autoethnographers should continue to integrate frameworks of power in order to develop the type of explicit, theoretical analysis discussed by Anderson (2006) in analytic autoethnography. Many current autoethnographic variations, such as collaborative autoethnography, focus more on who is involved in the autoethnography than on how researchers approach self-study. Like CBPR, autoethnography could benefit from embracing Feminist, Poststructural, Post-Colonial, and other theoretical frameworks. If the purpose of autoethnography is to draw explicit attention to the relationship between the self and social processes, incorporating social theories that draw explicit attention to the relationship between structural processes and power will

ensure that autoethnographers are contributing to cultural understanding and not self-indulgent examination.

#### **(4) Conclusion**

In conclusion, autoethnography can be used as a method for being a critically reflexive researcher. CBPR scholars have voiced a 'reflexive call', identifying that researchers must interrogate the ways that the small moment and decisions in research may undermine the core principles and values of CBPR. Despite altruistic and transformative intentions of CBPR researchers, academics and other non-community researchers, as in my experience with the NICYE study, continue to dominate the research process, despite persistent attempts at developing equitable research partnerships with community members. This is often manifest in small, nuanced moments in the research process, where power, privilege, and values are left unexplored. Our identities and concerns greatly affect our research, and often the stakes of the research take priority over the form of the research. This matters in all research, but it is most salient in CBPR, where researchers are attempting to produce transformative research that can be put into practice to reduce health and social inequities.

Autoethnography is simply one methodology for being critically reflexive, albeit a developed one with explicit methods and strategies. As reflection, critical reflection, and critical reflexivity continue to be discussed in different ways across disciplines, this particular methodology enables researchers, students, and academics to interrogate both ourselves and the social processes around us. Power has remained a central concern for CBPR and other health inequity researchers, and it pervades the literature and ethics applications in our work. Yet, it is rarely an ongoing conversational topic throughout research—it is recognized but unexplored. In order to develop more

equitable research partnerships, researchers must not only acknowledge *that* power impacts research but examine power *how* this happens. When it comes to research aimed at transforming and ameliorating public health research, critically reflexive approaches will prevent researchers for retrenching the structural inequities, marginalization, and silencing of community voices and knowledge.

## References

- Adams, T., Jones, S.H., & Ellis, C. (2013). Conclusion: Storying our future. In S.H. Jones, T.E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (p. 669-677). Walnut Creek, CA: Left Coast Press, INC.
- Anderson, L. (2006). Analytic autoethnography. *Journal of Contemporary Ethnography*, 35(4), 373-395. doi:10.1177/0891241605280449
- Alvesson, M., Hardy, C., & Harley, B. (2008). Reflecting on reflexivity: Reflexive textual practices in organization and management theory. *Journal of Management Studies*, 45(3), 480-501.
- Banks, S., Armstrong, A., Carter, K., Graham, H., Hayward, P., Henry, A., Holland, T., Holmes, C., Lee, A., McNulty, A., Moore, N., Nayling, N., Stokoe, A., & Strachan, A. (2013). Everyday ethics in community-based participatory research. *Contemporary Social Science*, 8(3), 263-277. doi:10.1080/21582041.2013.769618
- Castleden, H., Sloan Morgan, M., & Neimanis, A. (2010). Researchers' perspectives on collective/community co-authorship in community-based participatory Indigenous research. *Journal of Empirical Research on Human Research Ethics: An International Journal*, 5(4), 23-32. doi:10.1525/jer.2010.5.4.23
- Chang, H. (2008). *Autoethnography as method*. Walnut Creek, CA: Left Coast Press, INC.
- Chang, H. (2013). Individual and collaborative autoethnography as method: A social scientist's perspective. In S.H. Jones, T.E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (p. 107-122). Walnut Creek, CA: Left Coast Press, INC.

- Chang, H. (2016). Autoethnography in health research: Growing pains? *Qualitative Health Research, 26*(4), p. 443-451. doi:10.1177/1049732315627432
- Chang, H., Ngunjiri, F., & Herndandez, K.C. (2012). *Collaborative autoethnography*. Walnut Creek, CA: Left Coast Press, INC.
- Chiu, C.G., Mitchell, T.L., & Fitch, M.I. (2013). From patient to participant: Enhancing the validity and ethics of cancer research through participatory research. *Journal of Cancer Education, 28*(2), 237-246. Doi:10.1007/s13187-013-0464-2
- D'Cruz, H., Gillingham, P., & Melendez, S. (2007). Reflexivity, its meanings and relevance for social work: A critical review of the literature. *British Journal of Social Work, 37*, 73-90. doi:10.1093/bjsw/bcl001
- Darroch, F., & Giles, A. (2014). Decolonizing health research: Community-based participatory research and Postcolonial Feminist theory. *Canadian Journal of Action Research, 15*(3), 22-36.
- De Leeuw, S., Cameron, E.S., & Greenwood, M.L. (2012). Participatory and community-based research, Indigenous geographies, and the spaces of friendship: A critical engagement. *The Canadian Geographer, 56*(2), 180-194.
- Ellis, C., Adams, T.E., & Bochner, A.P. (2011). Autoethnography: An overview. *Historical Social Research, 36*(4), p. 273-290. Retrieved from <http://www.jstor.org/stable/23032294>
- Etherington, K. (2004). *Becoming a reflexive researcher: Using ourselves in research*. London, UK: Jessica Kingsley Publishers.
- Flicker, S. (2008). Who benefits from community-based participatory research? A case

study of the positive youth project. *Health Education and Behavior*, 35(1), 70-86.

doi:10.1177/1090198105285927

Flicker, S., Guta, A., & Roche, B. (n.d.). *Ethical reflexivity in CBPR: Unpacking the implications of engaging community members as co-researchers*. [PowerPoint slides]. Retrieved from:

[http://www.ccqhr.utoronto.ca/sites/default/files/QUIG\\_Ethical\\_Reflexivity\\_in\\_CBR\\_-\\_160109.ppt](http://www.ccqhr.utoronto.ca/sites/default/files/QUIG_Ethical_Reflexivity_in_CBR_-_160109.ppt)

Freire, P. (2005). *Pedagogy of the oppressed: 30<sup>th</sup> anniversary edition*. New York, NY: Continuum.

Gannon, S. (2006). The (im)possibilities of writing the self-writing: French poststructural theory and autoethnography. *Cultural Studies <-> Critical Methodologies*, 6(4), p. 475-495. doi:10.11yy/1532708605285734

Greene, S. (2012). Peer research assistantships and the ethics of reciprocity in community-based research. *Journal of Empirical Research on Human Research Ethics: An International Journal*, 8(2), 141-152. doi:10.1525/jer.2013.8.2.141

Guta, A., Flicker, S., & Roche, B. (2013). Governing through community allegiance: A Qualitative examination of peer research in community-based participatory research. *Critical Public Health*, 23(4), p. 432-451.

Doi:10.1080/09581596.2012.761675

Guta, A., Strike, C., Flicker, S., Murray, S.J., Upshur, R., & Myers, T. (2014). Governing through community-based research: Lessons from the Canadian HIV research sector. *Social Science and Medicine*, 123, 250-261.

<http://dx.doi.org/10.1016/j.socscimed.2014.07.028>

Hayashi, K., Fairbairn, N., Suwannawong, P., Kaplan, K., Wood, E., & Kerr, T. (2012).

Collective empowerment while creating knowledge: A description of a community-based participatory research project with drug users in Bangkok, Thailand. *Substance Use and Misuse*, *47*, 502-510.

doi:10.3109/10826084.2012.644110

Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-

based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, *19*(1), 173-202.

doi:10.1146/annurev.publhealth.19.1.173

Israel, B.A., Schulz, A.J., Parker, E.A., Becker, A., Allen III, A.J., & Guzman, J.R.

(2008). Critical issues in developing and following CBPR principles. In M. Minkler and N. Wallerstein (Eds.), *Community-based participatory research for health: From processes to outcomes* (47-66). San Francisco, CA: John Wiley & Sons.

Janes, J. (2016). Democratic encounters? Epistemic privilege, power, and community-based participatory action research. *Action Research*, *14*(1), p. 72-87.

doi:10.1177/1476750315579129

Jones, S.H., Adams, T., & Ellis, C. (2013). Introduction: Coming to know

autoethnography as more than a method. In S.H. Jones, T.E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (p. 17-47). Walnut Creek, CA: Left Coast Press, INC.

Kerstetter, K. (2012). Insider, outsider, or somewhere in between: The impact of

researchers' identities on the community-based research process. *Journal of Rural Social Sciences*, *27*(2), p. 99-117. Retrieved from

<http://www.ag.auburn.edu/auxiliary/srsa/pages/Articles/JRSS%202012%2027/2/JRSS%202012%2027%202%2099-117.pdf>

- Liu, H., & Pechenkina, E. (2016). Staying quiet or rocking the boat? An autoethnography of organizational visual white supremacy. *Equality, Diversity, and Inclusion: An International Journal*, 35(3), p. 186-204. doi:10.1108/EDI-08-2014-0067
- Marshall, Z., Nixon, S., Vo, T., Wilson, C., Flicker, S., McClelland, A., & Proudfoot, D. (2012). Navigating risks and professional roles: Research with lesbian, gay, bisexual, trans, and queer young people with intellectual disabilities. *Journal of Empirical Research on Human Research Ethics: An International Journal*, 7(4), 20-33. doi:10.1525/jer.2012.7.4.20
- Mayan, M.J., & Daum, C.H. (2016). Worth the risk? Muddled relationships in community-based participatory research. *Qualitative Health Research*, 26(1), p. 69-76. doi:10.1177/1049732315618660
- Minkler, M. (2004). Ethical challenges for the “outside” researcher in Community-Based Participatory Research. *Health Education & Behavior*, 31(6), p. 684-697. doi:10.1177/1090198104269566
- Minkler, M. (2008). Community-based research partnerships: Challenges and opportunities. *Journal of Urban Health: Bulletin of the New York Academic of Medicine*, 82(2), ii3-ii12. doi:10.1093/jurban/jti034
- Minkler, M., Blackwell, A.G., Thompson, M., & Tamir, H. (2003). Community-based participatory research: Implications for public health funding. *American Journal of Public Health*, 93(8), 1210-1213.
- Minkler, M., & Wallerstein, N. (2008). Introduction to community-based participatory

research: New issues and emphasis. In M. Minkler and N. Wallerstein (Eds.), *Community-based participatory research for health: From processes to outcomes* (5-23). San Francisco, CA: John Wiley & Sons.

Muhammad, M., Wallerstein, M., Sussman, A.L., Avila, M., Belone, L., & Duran, B. (2014). Reflections on researcher identity and power: The impact of positionality on Community Based Participatory Research (CBPR) processes and outcomes. *Critical Sociology*, 41(7-8), 1-20. doi:10.1177/0896920513516025

Richards, R. (2008). Writing the othered self: Autoethnography and the problem of objectification in writing about illness and disability. *Qualitative Health Research*, 18(12), p. 1717-1728. doi:10.1177/104973230325866

Shepard, P., Vasquez, V.B., & Minkler, M. (2008). Using CBPR to promote environmental justice policy: A case study from Harlem, New York. In M. Minkler and N. Wallerstein (Eds.), *Community-based participatory research for health: From processes to outcomes* (323-334). San Francisco, CA: John Wiley & Sons.

Switzer, S., Guta, A., de Prinse, K., Carusone, S.C., & Strike, C. (2015). Visualizing harm reduction: Methodological and ethical considerations. *Social Science and Medicine*, 133, 77-84. <http://dx.doi.org/10.1016/j.socscimed.2015.03.040>

Tolish, M. (2010). A critique of current practice: Ten foundational guidelines for autoethnographers. *Qualitative Health Research*, 20(12), p. 1599-1610. doi:10.1177/1049732310376076

Toyosaki, S., Pensoneau-Conway, S.L., Wendt, N.A., & Leathers, K. (2009).

Community autoethnography: Compiling the personal and resituating whiteness. *Cultural Studies ↔ Critical Methodologies*, 9(1), 56-83.

doi:10.1177/1532708608321498

Tracy, S. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), p. 837-851. doi:10.1177/1077800410383121

Travers, R., Pyne, J., Bauer, G., Munro, L., Giambone, B., Hammond, R., & Scanlon, K. (2013). ‘Community control’ in CBPR: Challenges experienced and questions raised from the Trans PULSE project. *Action Research*, 11(4), p. 403-422.

doi:10.1177/1476750313507093

Tullis, J.A. (2013). Self and others: Ethics in autoethnographic research. In S.H. Jones, T.E. Adams, & C. Ellis (Eds.), *Handbook of autoethnography* (p. 244-261).

Walnut Creek, CA: Left Coast Press, INC.

Vyran, K.D. (2006). Expanding analytic autoethnography and enhancing its potential. *Journal of Contemporary Ethnography*, 35(4), 405-409.

doi:10.1177/891241606286977

Wallerstein, M., & Duran, B. (2008). The theoretical, historical, and practice roots of CBPR. In M. Minkler and N. Wallerstein (Eds.), *Community-based participatory research for health: From processes to outcomes* (25-46). San Francisco, CA: John Wiley & Sons.

Wang, C.C., Yi, W.K., Tao, Z.W., & Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health Promotion International*, 13(1), 75-86.

Wolf, D. (1996). Situating feminist dilemmas in fieldwork. In: Wolf, D.L. (ed.) *Feminist*

*Dilemmas in Fieldwork*. Boulder, CO: Westview Press, 1-25. In Muhammad, M., Wallerstein, M., Sussman, A.L., Avila, M., Belone, L., & Duran, B. (2014).

Reflections on researcher identity and power: The impact of positionality on Community Based Participatory Research (CBPR) processes and outcomes.

*Critical Sociology*, 41(7-8), 1-20. doi:10.1177/089692051351602

Wyatt, J. (2008). No longer loss: Autoethnographic stammering. *Qualitative*

*Inquiry*, 14(6), p. 955-967.