


Holding Firm: Power, Push-Back, and Opportunities in Navigating the Liminal Space of Critical Qualitative Health Research

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Abstract

Critical qualitative health researchers typically occupy and navigate liminal academic spaces and statuses, with one foot planted in the arts and social sciences and the other in biomedical science. We are at once marginalized and empowered, and this liminality presents both challenges and opportunities. In this article, we draw on our experiences of being (often the lone) critical qualitative health scholars on thesis advisory committees and dissertation examinations, as well as our experiences of publishing and securing funding, to illuminate how power and knowledge relations create conditions that shape the nature of our roles. We share strategies we have developed for standing our theoretical and methodological ground. We discuss how we use the power of our liminality to hold firm, push back, and push forward, to ensure that critical qualitative research is not further relegated to the margins and its quality and integrity sustained.

Keywords

methodology, epistemology, sociology, critical methods, qualitative, critical reflexivity, Canada

Introduction

This article was born of frustration, a sense of vulnerability, and our conviction that critical qualitative research matters. We comprise a committee tasked, through the Center for Critical Qualitative Health Research (CQ) at the University of Toronto, to adjudicate the Joan Eakin Award for Methodological Excellence in a Qualitative Doctoral Dissertation. Each year, not only do we read and discuss a range of qualitative theses, we find ourselves spending a considerable amount of time sharing stories of our own experiences in having to defend critical qualitative research to colleagues, reviewers, and editors. We have spent hours talking about our experiences as writers, as well as our challenges of being the lone qualitative researcher on grant review and thesis committees. In particular, we discuss the complexities that we often face in these situations, as we try to explain, for the umpteenth time, that yes, a critical qualitative lens provides legitimate data; no, we do not want to add some statistics just to make our work more “scientific” or “usable”; and really, despite what the (mostly quantitative) thesis committee members think, that qualitative thesis with absolutely no evidence of self-reflexivity,

rigor, and/or methodological and theoretical integrity—is not “award worthy”!

Each year, as we begin the adjudication process, we arrive with stories of feeling marginalized and leave feeling reaffirmed by our common knowledge that critical qualitative research provides a strong foundation for theoretically and methodologically sound work with practical, educational, and policy implications. We have talked about how others are likely having similar experiences. We presented a version of these reflections at two meetings this past year (Hart, Parsons, Poole, & Facey, 2016; Poole, Parsons, Facey, & Hart, 2015) and realized—as people wanted to talk long after the formal presentations were over—that this is a conversation just waiting to happen. With this article, we hope to extend a discussion that

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inspires us to think, talk, and write about qualitative research differently. Specifically, we want to talk about how critical qualitative researchers can hold firm, push back, and move forward.

In keeping with our conversational aim, we have been deliberately polyphonic (Frank, 2012) in structuring the article. We begin with our common voice, but move on to a set of personal reflections by each of the contributing authors. While we recognize that differences across voices might seem unconventional to some readers, we felt that including our individual voices was useful for highlighting the nuances of our own experiences and reactions. As this article is intended as an invitation to a broader conversation, we also hope that this strategy will create space for readers to consider their own positionalities, experiences, and emotions in the context of critical qualitative work. To make reading the article easier, we signal the writer at the beginning of each section.

We start with a brief *collective* reflection on liminality and how we might view this concept as something that is imbued with opportunity. Here, we consider liminal spaces and statuses in which critical qualitative health research often finds itself and the implications for those occupying them. We then focus on a number of different areas, beginning with a group discussion of common challenges encountered within the publication arena and continuing with individual reflections on grant submissions, promotion review, and thesis committees. In each section, we outline the tensions that we face as critical qualitative scholars and consider strategies for how we can leverage the power of our liminality to help us to hold firm and not be pushed to quantify our qualitative selves.

In this article, we define “critical qualitative research and scholarship” as qualitative work that explicitly “ask(s) questions that go beyond prevailing assumptions and understandings, and acknowledge(s) the role of power and social position in health-related phenomena. The notion includes self-critique, a critical posture vis-à-vis qualitative inquiry itself” (Centre for Critical Qualitative Health Research, 2017). In reflecting on our personal experiences, we also unpack critical qualitative research’s liminal positioning within the field of health research more broadly, with its privileging of quantitative approaches to knowledge production. Although we claim critical qualitative research as our primary methodology, we are not suggesting that qualitative approaches are the only way to generate knowledge; the world is much too complex for such claims. Neither do we suggest that methodology should drive research questions; rather we believe that research should be epistemologically driven, whereby problems and questions should drive methodology. But for the purposes of this article, we focus on our experiences of applying a critical qualitative lens to research questions/problems best-suited to qualitative approaches.

We see ourselves as phenomenologically grounded, interested in generating in-depth understanding of people’s experiences/perceptions. We draw on our own experiences to comment on the broader social issue of qualitative research as evidence.

Reflections on Navigating Liminal Spaces

This concept of liminality dates back to the early days of anthropology (Turner, 1976; van Gennep, 1960) and refers to an in-between state, where individuals are not easily categorized. It also connotes a “threshold” between two states (Little, Jordens, Paul, Montgomery, & Philipson, 1998). Liminal statuses are often seen as transitional between one prior status and another, as in puberty rites of passage (rituals) in so-called “nonindustrial societies,” whereby individuals move socially from one category to another, for example, “child” to “adult” (van Gennep, 1960) or “unmarried” to “married.” In other contexts, transitions could be from “refugee” to “citizen” or from “married” to “divorced.” During the liminal phase of such transitions (e.g., “landed immigrant” or “separated” in the examples above), the individual’s status is considered ambiguous—they are no longer classified as they were but have not yet fully assumed their new status. However, in certain contexts, there can be individuals who continue to occupy liminal statuses long term. These individuals do not “pass through” (Little et al., 1998, p. 1490) but may remain in a sustained/enduring “betwixt-and-between” position (Little et al., 1998; Turner, 1976). Examples include individuals identified as “in remission” for a disease (but can be classified as neither “ill” nor “well”; Frank, 1995; Little et al., 1998) or in ethnographic research, where the participant-observer enjoys both insider and outsider status (Conquergood, 1992). While being a liminal subject can present existential challenges (including feelings of anxiety, ambiguity, and disruption) in some circumstances, in others this can be a position of power and opportunity (Fulton & Anderson, 1992).

Liminality may be considered as both a process and a position. By this we mean that liminality is a status, but it is also an evolving, dynamic, reflexive process (Little et al., 1998). It constitutes movement/transition/action, but it also has implications for the position of social actors and how they are perceived—by themselves and others (e.g., child/youth/adult; refugee/landed immigrant/citizen; woman/transitioning/man). There are points in time during which a person may be straddling two or more boundaries. Mary Douglas (1978) recognized the “potency of disorder” inherent in such transitions/boundary crossings (Douglas, 1978, p. 74), and Fulton and Anderson (1992), in their reinterpretation of liminal statuses of persons classified as “between genders” in some

North American First Nations cultures, argued that these positions could be ones of power and prestige, freeing certain individuals from social constraint—presenting opportunities for shaking off binary categorization (Fulton & Anderson, 1992). “Betwixt-and-between” need not be framed in negative terms. Some transitional statuses may be seen as “disruptive,” troubling the prior order and challenging the status quo. Taken-for-granted assumptions and everyday experiences are challenged and revisited with a fresh perspective. Liminal spaces are thus infused with a sense of power that is noncoercive and diffuse but a source of social discipline nonetheless (Foucault, 1986).

Over our years of working together as a dissertation awards committee, it has become apparent to us that we all are navigating liminal spaces (or occupying liminal statuses) in our various departments, whether nursing, social work, rehabilitation science, pharmacy, or public health in university settings, and/or in clinical research institutes. As qualitative health researchers, we navigate a further liminal space—we all hold multiple identities, statuses, and roles—in that we are at once critical social scientists *as well as* health researchers. How then might we, as critical qualitative researchers, use our own experiences of liminality as a place from which to hold firm in a professional world that values volume over depth, and speed over rigor? We see it as an opportunity to leverage our powers of reflection, reflexivity, and insight to rein-vigorate health research.

Holding Firm and Pushing Back in the Publication Arena (Group Reflection)

As we began writing this article, we realized that there is a continuum of situations in which holding firm and pushing back become increasingly and personally more challenging, where the potential for being pulled out of our liminal spaces becomes harder to resist. The “safest” end of the continuum is when we are asked to review a poorly conceptualized qualitative journal article; where, for example, what we are reading is an attempt to add some interviews to “bump up” a quantitative study, or a description of “themes” without any theoretical grounding or evidence of reflexivity. We all acknowledged that in this instance, we are challenged to respond in a way that is collegial and supportive, while maintaining our academic and personal integrity.

As we unpacked our common struggles, we recognized that being a journal reviewer provides the opportunity to use the power of a liminal space to practice holding firm and pushing forward. As a reviewer, the personal risks are low, because our expertise has been acknowledged and it is not our work that is in question. We have time and room

to think about what we write and can provide feedback from the privacy of our homes or offices. Being a reviewer offers the opportunity to develop and hone strategies for when the risks are higher, for example, when it is necessary to hold firm in a face-to-face situation. We realized that we all use similar strategies when reviewing submissions. Specifically, we focus on a study’s theoretical and methodological integrity, commenting on the consistent integration of the research question, method, and analytical strategies, identifying language that is more quantitative than qualitative, and suggesting ways in which the writing could be more explicitly grounded in the assumptions of critical qualitative work. We also agreed that we use reviews as an impetus to think about how well our own research, teaching, and writing mirror the principles of critical qualitative work. In doing so, we both ensure that we “walk our qualitative talk” and hopefully begin to push an author or editor’s thinking forward.

As a group, we have often talked about how the stakes begin to go up when we are the authors, and a review of our well-theorized critical qualitative work is erroneously framed through quantitative reasoning. For example, reviewers often ask for the inclusion of “how many” times something was said, state that the article is weak as the results are not “generalizable,” or suggest that some Likert-type scales would have provided more valid results. Faced with these comments, we realize that we tend to react either by turning ourselves inside out trying to do what the reviewers want (and in the process, losing much of what we wanted to say), or become defensive, dismissive, and/or demoralized. In these situations, we find ourselves at risk of being pulled out of our critical, qualitative liminal spaces into a quantitative world. At the same time, we also recognize the inherent power of these situations and have been able to identify a number of strategies for holding firm, pushing back, and hopefully pushing forward in these situations.

The first thing is to reaffirm the value of critical qualitative research in generating knowledge about health. This may involve talking with other critical qualitative colleagues to vent a bit and talk about why we do what we do. This can help to reinforce our conviction that qualitative research is not a lesser cousin, but a different relative, who does different things, asks different questions, and has different goals. We can remind ourselves that as long as we have done rigorous, reflexive, and theoretically and methodologically grounded work, we need (and in fact should) not question or be defensive about our methodology; indeed, we do not need to doubt the fundamental value of qualitative research in general, or critical qualitative health research more specifically. This type of affirmation can (and does) allow us to respond from a place of strength and to push back by challenging the (incorrect) notion that quantitative methods are the *sine qua non* of

knowledge generation. Here, language, the cornerstone of qualitative research, is key. Instead of using language that implicitly diminishes the value of our work by rebutting qualitative strategies through analogies to quantitative concepts, we must deliberately frame our response to reviews qualitatively from the start. Specifically, we can respond with language that unapologetically highlights the philosophical underpinnings of qualitative methodologies, show how we linked theory and methods, and illustrate how reflexivity informed our research; in short, using the language of our response, to not only hold firm but to push back at the idea that positivist, quantitative methods are the only ways of producing knowledge in the field of health.

A second strategy, that we and others are beginning to consider, is pushing forward and expanding the type of journals to which we submit. We have often talked about how research grounded in a critical qualitative health perspective should be shared with a broader audience, so it behooves us to send our work further afield than the “usual suspects” journals. At the same time, we recognize that we need to develop a thick skin, as venturing into new terrain does not presume a warm welcome. Recently, the *British Medical Journal* sent a rejection notice to the authors of a qualitative submission, explaining that the journal has to make hard decisions on just how interesting an article will be to their general clinical readers, how much it adds, and of how much practical value it will be (Greenhalgh et al., 2016). Despite the reality that there are journals that discount qualitative submissions in this way, we suggest that those of us doing this type of work begin to regularly submit to journals that do not generally publish qualitative studies. Indeed, this can become a form of push back and, more important, a push forward as well. If enough critical qualitative researchers do it, this work becomes more difficult to dismiss.

Holding Firm in/as Precarious Work (Marcia)

As a critical social scientist and a precariously employed health researcher, my liminality is defined by my independent but dependent status; it is the invisible structure that both enables and constrains my lived experience. As a qualitative methodologist in the health sciences, I feel intensely protective of my methodological home, like a soldier standing guard against its potential dilution and diminishment, particularly given its precipitous expansion and still ostensibly tenuous position as rigorous science. My challenge is twofold—to manage my liminal status in ways that allow me to minimize this precarity, while finding or creating the space to practice and produce good qualitative work. Although in some cases the publication arena is one of the safer places from which

we can hold firm and push back, there are inherent risks in writing or providing feedback when you are precariously employed and the work is partly yours. You risk being seen as overly picky or troublesome. Methodological practices and the language used to describe them are areas where I am obliged to hold firm and push back.

Writing up applied critical qualitative health research findings is challenging because journal editors and readers want “practical” answers to problems, which often means there is no perceived need for theory and often no space, given the word count in some journals, for elaborated methods sections. Shorthand techniques are adopted whereby methods sections describe studies as grounded theory and validation techniques, such as member checks, are described to denote, connote, and buttress scientific rigor. Often the research questions, goals, data collection, and analysis do not suggest or reflect a grounded theory approach. Rather than exemplifying the deployment of the art and craft skills of qualitative research necessary for good qualitative inquiry, these rhetorical strategies function to create what Sandelowski (1993) and others have described as the “illusion of technique.” They represent threats to ethical practices such as transparency and methodological coherence, and they are instances to hold firm, push back, and push forward.

These occasions are both teaching and learning moments; they are opportunities to demonstrate methodological integrity and to improve my explanatory skills. The term “methodological coherence” is my shorthand for pushing back against methodological messiness. It is code for “no, this is wrong, unacceptable, transgresses ethical research practice, won’t do, does not meet quality of qualitative research standards.” I explain the ways the article does not reflect a grounded theory approach, I describe what grounded theory actually is, the kinds of questions that would indicate the need for a grounded theory study, and what such a study would actually look like. I explain how overpresented methods sections ultimately create credibility problems because the depth and breadth of the description of analytic techniques are not reflected in the usually thin presentation of findings I explain the importance of “showing” as opposed to “telling” (Sandelowski, 1994), I suggest a simplified methods section, and I illustrate what it might look like by offering for consideration a revised one.

Language used to describe analytic procedures is another area where it is necessary to hold firm and push back. Language use often reveals the contradictions in the postpositivist orientation and the inductive and interpretive stance that writers sometimes claim. Third-person references (“the researcher”) generally signify the objective stance of the analyst, and phrases such as “themes emerged” suggest that they arose spontaneously organized from the data as opposed to the “incubation” and

active “meaning-making” (Hunter, Lusardi, Zucker, Jacelon, & Chandler, 2002) that is the researcher’s analytic work. Recognizing these kinds of contradictions in language use are moments for insights and teaching. These occurrences are illustrative of the differences between doing and being qualitative research(ers). They show how unfamiliarity with the philosophical foundations of qualitative inquiry plays out in practice. In these situations, I move forward by explaining that not only is methodological coherence a key thread in the fabric that is qualitative research but that its practice is a way of showing (as opposed to telling) rigor. I explain how using “I” is one way of acknowledging or showing (as opposed to telling) the researcher’s creative presence in the research process. I say that this speaks to reflexivity and transparency, which are foundational to ethical practice. I point out that using *a priori* frameworks in analysis contradicts the claim that “themes emerged” from the data. Fundamentally, my aim is to link the notion of methodological coherence to research ethics, to conceptualize it as ethical practice.

Holding Firm in the Academy: Making the Invisible, Visible (Corinne)

While my position as a tenured faculty member in a university School of Nursing provides me with a certain degree of power, privilege, and job security, it does not keep me from occupying a liminal status as a critical qualitative academic. Indeed, it situates me in a tension of “betwixt and between,” where I am both expert and invisible.

This tension is apparent in a number of situations. The first relates to my work with students and thesis committees. I am occasionally asked to consult when a student is struggling with methodology, or has written a thesis that the committee knows has theoretical and/or methodological weaknesses but, lacking qualitative research expertise, is unsure how to address. I have also been asked to assist a student identify a theoretical or methodological framework after the thesis has been conceived and for the most part written. In these instances, while I have no formal role on the committee, I am expected to diagnose the problem and provide advice on how to proceed.

When this happens, I generally try to provide feedback that illustrates the methodological gaps. I ask questions, push both the student and supervisor to think about the theoretical underpinning of the work, and illuminate areas of weakness or tension. I suggest ways of increasing methodological integrity and gently but clearly articulate the weaknesses of the work. But good critical qualitative work cannot be done in reverse and thus my interventions are inherently “too little too late.” With no official role or assurance that my advice will be taken, I

can only suggest and educate, with the hope that my comments will inform the student’s next project. In the immediate term however, while my comments may spark new insights and understanding, they do not fundamentally change the direction of the existing work. Publicly, my expertise remains invisible.

The reality that I publish less than most of my quantitative colleagues contributes to my invisibility as well. Methodologically strong critical qualitative research takes time and much of the intellectual work that goes into a project occurs under the surface. I also hold less funding than many of my colleagues; as my areas of interest are all more conceptual/theoretical than applied, I am less likely to be part of a large, well-funded research team, or obtain significant funding on my own. Thus, while I am “intellectually productive,” in that I spend significant time in scholarly work, much of the measurable (to use a quantitative term!) evidence of my work is less apparent. In addition, students who do strong critical qualitative work may take longer to complete their theses. This has implications for the speed in which these students defend and thus the number of students I can put into the “completed” box on my annual report. Knowing that I will demand critical work may also scare students off, or limit the colleagues who ask me to sit on their students’ committees, as it has consequences for their own outputs as well. Indeed, I often wonder whether the time-intensive nature of this type of work discourages both colleagues and students from fully engaging in critical qualitative health research. While my tenured status provides me with job security, I worry about my more junior colleagues who are in the early tenure and/or promotion process. If tenure and promotion are based on output rather than process, and numbers rather than intellectual complexity and elegance, there are career implications for academics doing this type of work.

Rather than throw in the towel, I have begun to consider how I can use my liminal status to push against the quantitative tide and help make room for more critical qualitative health research. In particular, I can use the tension between expert and invisible to my advantage; as an “expert” with no formal role in a student’s work, I have a certain freedom to say what I believe needs to be said. I can also let others into my liminal space by deliberately working to increase my visibility and voice as a critical qualitative academic. For example, this includes highlighting my scholarly (not only “research-based”) endeavors at conferences, colloquia, and other formal and informal settings. In describing my work, I try to make the associated intellectual processes visible by using the language of methodology rather than method, and highlighting how both theory and reflexivity inform all aspects of my work. My bio, posted on my department website, positions me as a critical qualitative health researcher and someone interested in issues related

to qualitative methodology. And as a member of several curriculum committees, I consistently advocate for a more critical approach to teaching qualitative research in undergraduate and graduate courses, and mentor the students that I supervise. But these are limited strategies, because unless critical qualitative health research is valued, I am generally only preaching to the converted. There needs to be a greater sea change, where critical qualitative work is valued and counted. To this end, I believe that those of us with security and seniority should use our positions on tenure and promotion committees to start shifting expectations about what constitutes productivity. In doing so, we can support and advocate for our pretenure colleagues who do, or would like to do, critical qualitative work and begin to create the critical mass to not only hold firm and push back but push forward.

Holding Firm in the Funding Arena Beyond the Academy (Janet)

I am a critical qualitative social scientist and health services researcher who dwells in a hospital-based research institute. As a research scientist, as a physiotherapist who practiced for 18 years in acute-care teaching hospitals, as a critical qualitative researcher who is passionate about applying narrative and visual methods to a range of health issues, I find myself frequently in a betwixt-and-between role, neither fish nor fowl, a square peg in a round hole. Compounding this is the fact that I am also appointed at the university with the status of “assistant professor” and have a roster of graduate students; yet my day-to-day work is outside the academy walls, situated within a teaching hospital, and much of my research can be characterized as “applied.” Like my coauthors, I live my identity politics on multiple fronts. My own acquaintance with the concept of liminality began years ago during my undergraduate training in anthropology, and I have had the opportunity to revisit it at various points throughout my academic career. Intersections and border-crossing frequently draw my attention, whether it be considering the lines between health and illness, ability/(dis)ability, insider/outsider, art/science, or wealth/poverty. For example, postdoctoral work on the role of neighborhoods in health (Parsons et al., 2010) taught me that border zones between low- and high-income neighborhoods can present opportunities, where persons with diverse experiences can interact, collaborate, and come to know one another. They are not without tension and sometimes even discord, but they are also places of possibility and transformation.

I am grateful to people like Corinne, Marcia, Jennifer, and my colleagues at CQ who occupy tenured positions, because they give me hope and encourage me to push forward, and embrace my own liminal status as a badge

of honor, rather than something hidden and subversive. Instead, I can wear my “push back” persona proudly. Scientists who identify as *critical* qualitative researchers in “applied” settings remain a relative rarity. Exemplars of critical scholarship at the university act as beacons for those of us working in such settings, and we look to them for validation and support. Self-identifying as “critical” is significant, as other researchers may claim the title “qualitative,” but do not always bring a critical, theoretically driven approach to their work. We see this as an important distinction, but again, one where we may be perceived (and perceive ourselves) as occupying a liminal status. While we share *some* common experiences with our tenured university colleagues, research scientists face their own challenges and hold more precarious positions than do tenured professors. Funding for our research programs takes on even greater significance, as it comes solely from ongoing grants and awards; it is a critical consideration to securing either an ongoing appointment or promotion. For this reason, I have chosen to focus on the topic of funding for critical qualitative health research and its implications for “holding firm.”

In Canada, most hospital research institutes are required to raise funds through grants and contracts to support their staff and graduate students. Maintaining funding for my own research program and helping others to maintain theirs are central to my responsibilities as a scientist. My liminal status informs my approach to funding. While I am no longer practicing clinically, my prior hands-on experience of caring for patients and their families and interacting with multidisciplinary teams at the bedside informs much of my work as a health services researcher. I also have research training in epidemiology and quantitative research methods. However, my training as a critical qualitative researcher is integral to my research interests, and I would argue that these biomedical and social scientific stances are not mutually exclusive but instead can coexist within me. Because of the topics that interest me—health equity, improving health and social services for persons experiencing various forms of disadvantage and marginalization, why patients or health care providers behave in the ways they do, and the intersection (and frequent disconnects) between policy and practice—for these reasons, I often have to submit grants to major health-focused peer-reviewed funding agencies, such as the Canadian Institutes of Health Research (CIHR). However, I am also interested in power, gender, epistemology, narrative, representation, and arts-based research practice. My interests in health services research usually mean having to “sell” funding proposals to reviewers who are often unfamiliar with qualitative research practice, or, if they are, are unfamiliar with *critical* or *interpretivist* approaches to qualitative research. And yet, when pitching this kind of proposal to funders, we are never quite sure

whether a “real” (experienced) qualitative peer may review our work—so just to be sure, I make sure to articulate my theoretical lens, demonstrate how I will ensure analytic rigor, attend to the emergent and iterative nature of qualitative practice, all the while trying to draw a linear argument for an idea that may be better suited to concentric and nonlinear thinking. The potential messiness of qualitative research needs to be hidden, the outcome of the study a foregone conclusion, if biomedical funders are going to approve it. Sometimes a hypothesis section is required outright! What is a critical qualitative researcher to do?

This is where the stakes for holding firm are particularly high. My own and others’ livelihoods are on the line. So what are some of my strategies for “holding firm” in the funding arena? Because most health research grants are reviewed by nonqualitative researchers, one thing I do is to adopt an approach to grant writing of “convincing the unconvinced,” all the while remaining true to my methodological roots. It is not easy to write such an application, being all things to all people. Particularly when I submit applications that are arts-informed, I feel as if I am navigating a no man’s land. While arts-based applications have met with some (albeit limited) success at the biomedical funding table, securing funding previously is no guarantee of future funding in the current competitive climate. I am fortunate that my own department heads are supportive and recognize the value in these approaches to health services research. However, they also advise me to be “strategic” and to supplement these applications with those that will be perceived as “low-risk” and “easily understandable” by biomedical funders.

Another strategy is perseverance. My colleagues and mentors working in both paradigmatic traditions exhort me to persist and keep hammering away and refining my team’s submissions, with the idea that each subsequent iteration will be stronger and more likely to meet with success. Still another strategy I use is to embrace my liminal status and build it into the peer-review process. At my institution, the submission of grant applications for agency funding necessitates the use of peer review at the institutional level, prior to finalizing the application. To maximize my chances for success, I usually build into this institutional internal peer-review process, a strategy of including one quantitative health services researcher and one critical qualitative researcher as reviewers. In this way, I try to speak to both kinds of assessors. This does not always work, unfortunately. I still receive grant reviews that ask me why, in a narrative study about complex identity configuration following illness or incarceration, I have not elected to run a randomized controlled trial instead of a qualitative narrative and arts-based investigation. This even after clearly articulating the role of theory in this form of qualitative inquiry. Or I may be

asked why I have not added some quantitative outcome measure that will make my work more “credible.” In these instances, I weigh the pros and cons of playing the game and usually go back to articulating and refining my argumentation about why a critical qualitative stance is *the best way* of answering my research question.

Sometimes we need to be idealistic and at others pragmatic. Again, these are not mutually exclusive stances, but I choose to see them as opportunities to demonstrate the power of what critical qualitative inquiry has to offer the health sciences. And I am always grateful to have my CQ colleagues to come back to when the (liminal) going gets tough.

Holding Firm at the Defense (Jennifer)

I want to transport us into that most charged of interpersonal experiences—the graduate defense—and I am not talking about what it is like as the student. Many of us have and will be the chair of such a defense, a committee member, or co/supervisor, all insider/outsider positions with weighty tasks of performance. I want to speak to one instance that seems to be more charged, more ripe for epistemological microaggressions, and that is the role of the thesis examiner (or as is the case here in Canada, the internal or external examiner of a qualitative thesis). I generally find much reward in this role and gladly rise to the challenge. I have learned a great deal and been honored to help students lift, tweak, and complete their work. However, as a critical qualitative examiner, I have noted a certain risk in sharing analyses that stem from deeply theoretical and methodological places. Sometimes, the student and committee have never entertained these queries before. Sometimes, my queries are met with shock or silence, but it is my claim that this role in this context, with all its tensions and liminality, holds particular possibilities for pushing back and holding firm to all that we hold critically and qualitatively dear.

The defense scenario may begin calmly enough. Prior to the event, there will have been some discussion about who would be “good” or “helpful” or “available” as an examiner. It may be that you are indeed the right person for this role, have influenced the research in some way or that another has fallen through, and the committee is seeking a particular way of expediting the defense. It may be that the committee is cohesive and passing the student is a foregone conclusion. You may even know and respect some or all of the committee members, confident that they will have steered the thesis to critical qualitative places already. It may also be that the student sends out his or her dissertation, and to your dismay, it is a disaster. It may be too many things to too many people, include too many theories, too many methods, and too many different kinds of data. It may appear that no one had

supported the student to think theoretically, to follow through methodologically, and to create knowledge reflexively. It may be entirely at odds with its claims. And yet, you must do your report.

At the defense, the committee may be glowing and the student well supported. The examiner may be expected to follow suit, to be a good team player, and help the process along easily. But it is not possible. The only possibility is to hold firm and to carefully, critically, and kindly engage in the theoretical and methodological work that is before you. The details of what I have said in such a scenario are relatively inconsequential. The response is not, for I have noticed that even if directed at the student, who has clearly worked hard and cared long, the difficult reactions to my “examination” often come from the committee members. Their reactions can be full of dismissal and derision that even I, a tenured academic administrator with ridiculous amounts of unearned privilege around how I speak and look, have been unprepared for. Under the guise of timeliness of completion or disciplinary protectiveness, my critical qualitative knowledge has been questioned and the heart of critical qualitative research summarily and publicly devalued.

Some may say this is the cut and thrust of academic work, and that it has always been this way. Some may say that the point is to make the process so hard that few risk critique at all. I want to resist that entirely, and reframe what can transpire in these defenses for the critical qualitative examiner. I want to center the experience so we can better know it, but also so we can re-language/reframe/re-theorize it in ways that prevents it from happening to others.

To that end, some may claim this kind of defense scenario may be a deft internalist critique between colleagues. By internalist I am referring to that analysis which is shared between fellow critical qualitative researchers with shared knowledge of both the theory and methodology on the table. It might also be exactly the kind of externalist critique we have come to expect and which my colleagues and I have already noted, one dressed up in terror of the so-called “bias” or the nongeneralizability of qualitative research. Some may point to the white liberal pressure that can play out around these tables, or a kind of gendered assumption that women committee members must agree with each other. Some may see these moments as a perfect example of Foucauldian discourse—with all its deeply material affects and battles for knowledge territories (Poole, 2011). Others may focus on this as a type of Bourdieusian competition for capital of the kind that secures careers and reputations in the managerialist academy. All of these may well apply, but I also think and want to name these kinds of derisions as epistemological microaggressions, hits so common that we come to expect them every day,

and hits that have become normalized in health and academic spaces.

Make no mistake that these hits are a type of violence. Their aim may be symbolic violence and erasure but they also present as lateral violence or the kind of pain meted not on those who cause the pain in the first place but on those close at hand. It comes down on us through managerialism or neoliberalism, and then we do it to each other in the defense. Again, I am not talking about the student (although they will often feel this violence too). I have noted that the critical qualitative examiner ends up doing much of the defending, for knowledge, for epistemological freedom, for safety. And whatever we want to call it—critique, discursive contest, capital gains and losses, aggressions or violence—these acts are also workplace injuries. Because that is where they happen, that is what they feel like, and to our beds and sick leaves they can send us. I note here that the work we do when we hold firm to critical qualitative research is high risk. For all the times it brings me joy, it may also put me in the line of fire. Indeed, I cannot keep doing it without courage, community of the kind I have found with this group and a commitment to kindness.

Courage is being scared of the violence but holding firm anyway, knowing that it may or may not come and knowing I will survive it. I also know it is bigger and deeper than me, connected to a larger set of discourses that are making contested subjects of us in our performances. I know I will move through it with more energy for next time and with a deeper curiosity about these discursive moments.

Community is where I grow that courage and with those who are on my “team,” as the narrative therapists say (Poole, Gardner, Flower, & Cooper, 2009). My fearless former doctoral supervisor is always close at heart as are my fellow CQ members. I keep the notes, the positive feedback, the supportive reviews and emails so I have a store of good when the sea turns bad.

Yet kindness is the hardest thing of all. So when I critique, it is with kindness. When I review, it is with kindness. When I think about the derision I experience as a critical qualitative examiner, it is with an attempt at kindness for those that direct it at me. Because I am not all good or right and “they,” whomever they are, are not all “bad” or “wrong.” They may even be right or under the same kinds of pressure to hold firm because of their position, their research history, or some interpersonal dynamic of which I am unaware. Instead of being dismissive or defensive in the face of derision or dismissal, I will turn charming, curious, and even playful, making clear my points in a different way while holding firm and fierce. Indeed, I do not see the point of personal attack and epistemological annihilation even in defense(s). I go into my role as examiner fully believing that there is room enough for all our theoretical and methodological approaches.

So, on these defense days, I say what I need to with all the kindness I can, to the student, to their committee, and to all those present in the audience. I have a moral and methodological responsibility to build the thesis and its creators. I seek not to destroy, as Adrienne Chambon (1999) noted, but always to improve. I also need to be kind to myself. I may take a walk after one of these defenses and sit by a fountain knowing it will calm my racing heart. I may make a mental note to think it all through and share with my CQ colleagues and another note to keep doing the work I love. I have come far enough to know that all such performances are just that, even mine.

The Way Forward

The liminal space we occupy as critical qualitative health researchers allows us to push back, hold firm, and move forward. What was reaffirmed as we wrote this article is that our liminal position informs each of us, in different ways, to use the power of the space to push gently when a loud voice would be counterproductive, and be bold, when the situation is warranted. The power of a liminal space is to encourage us to be confident and know where we stand, and to wear it comfortably.

We recognize that power, gender, race/ethnicity, and class all play a role in what gains academic legitimacy, what is privileged as “evidence,” who gets to speak, and who is silenced (and/or sidelined). These factors also play a role in what research questions get asked and, by extension, the methodologies that are supported. Corinne spoke about invisibility and connected this to health disciplines such as nursing, which are dominated by cis-gendered women. It is not an accident that Corinne, Jennifer, and Janet all come from traditionally cis-gendered and female-dominated clinical disciplines (nursing, social work, and physiotherapy, respectively). A considerable number of critical qualitative researchers come out of these traditions, as well as the social sciences, and many graduate training programs appear to attract a substantial number of cis-gendered women students, at least in our experience. Although some may argue that we live in postgendered times, it remains that there are fewer female research scientists (Mascarenhas et al., 2017; and still fewer *critical qualitative* scientists). It is possible that the invisibility we have mentioned is mediated further still by intersectionalities of our social identity. Notwithstanding the role that gender plays and the challenges it creates, hearing each other’s stories has reinforced for us the power that we do have.

Holding firm can occur on multiple fronts. In our individual situations—whether in defenses, publishing, precarity, or funding—we have held firm to the principles of theoretical and methodological integrity. Holding firm

entails standing our ground, pushing back against mediocrity—sometimes in a very gentle way, at others more overtly; the art is to know when to do which. It also involves acknowledging and even embracing the emotions that often bubble up when we feel unheard, dismissed, or invisible, and harnessing this as a source of strength.

Pushing back entails more overt approaches, in that we do not apologize for being who we are, and we do not try to rationalize our research on quantitative grounds. Pushing back means we continue to make explicit the assumptions underlying critical qualitative research. Our liminality offers us a kind of invisibility that can be a strength in that it allows us to educate/instruct from a place of quiet integrity and charming resistance. Sometimes it is most effective to speak softly or charmingly but carry a big (methodological) stick.

In terms of *pushing forward*, we can think of critical qualitative research as “disruptive methodology/ies,” akin to so-called “disruptive technologies.” Both can be considered forward thinking, boundary transgressing, tending to disturb the status quo. Rather than being apologists or Luddites, we should embrace our disruptive tendencies and turn them into game changers. Critical qualitative scholarship has so much to offer health research: it can challenge our usual ways of thinking, problematize assumptions that underlie practice and policy making, illuminate hidden features of phenomena, and reveal solutions to complex or “wicked” problems. Herein lies the power of critical qualitative research. By holding firm, we are not just advocating for “quality” but strategically invigorating health research for the future.

In closing, we have offered some reflections concerning our collective and individual attempts to hold firm in a variety of settings, where critical qualitative research is at risk of dilution, dismissal, or damage. We hope that readers will recognize themselves in the accounts offered here. Doing critical qualitative research necessitates holding firm in the pages of scholarly journals like this one—in what we write and what we review, in our demands for and demonstrations of quality in research practice (our own and others’), in our search for funding for the work that we love, and in our attempts to pass the torch to future generations of researchers. We also hope that this fosters a community of critical qualitative research practice, where fellow researchers will find welcome, affirmation, and kindness (tempered by collegial critique). We hope it inspires courage to hold firm in your own arenas, to offer one another recognition, and to embrace the opportunities afforded by liminal positioning.

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