

## **Collaborative Intersectionality: Negotiating Identity, Liminal Spaces, and Ethnographic Research**

Brielle Plump & Patricia Geist-Martin

In the early of stages of their fieldwork, most collaborative researchers face the task of defining their roles with each other and with their participants. While their roles may be defined partially by context and previous relationships, negotiating identity for researchers that work in dyads or teams is complicated by their liminal positioning in the field and with each other. *Interpersonal liminality*, in this case, is experienced by co-researchers who are new—to working with each other, to the field site, to their participants, and to the evolving focus of the investigation. During this liminal state, Victor Turner (1969) suggests that we are passengers who separate from our previously more fixed state and enter into a cultural realm where the standards and classifications for how things are accomplished are ambiguous. In the process, co-researchers often find that they experience disorientation as their interactions in the new context may translate to awkwardness, confusion, and even embarrassment. When the identities they have developed outside of the research context (personally and professionally) or in other research contexts are diminished or irrelevant in this new context, co-researchers have to renegotiate their independent and collective roles. They might communicatively foreground identities that suspend, and even reverse hierarchies in

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**Brielle Plump** is a graduate student at San Diego State University. She received her B.A. from the University of California, Davis. Her research interests are in health communication and critical-cultural studies. **Patricia Geist Martin** is a Professor in the School of Communication at San Diego State University where she teaches organizational communication, health communication, ethnographic research methods, and gendering organizational communication. Her research interests focus on narrative and negotiating identity, voice, ideology, & control in organizations, particularly in health and illness. She has published three books, *Communicating Health: Personal, Political, and Cultural Complexities* (2004) (with Eileen Berlin Ray and Barbara Sharf), *Courage of Conviction: Women's Words, Women's Wisdom* (1997) (with Linda A. M. Perry), and *Negotiating the Crisis: DRGs and the Transformation of Hospitals* (1992) (with Monica Hardesty). She has published over 60 articles and book chapters covering a wide range of topics related to gender, health, and negotiating identities.

moments when they can move the research along, provide for a more clearly defined research agenda, and allow for the blending of professional and personal identities.

In this essay, we explore interpersonal liminality in terms of collaborative intersectionality—the intertwining, negotiating, and challenging of multiple identities—within ethnographic research contexts. We reflexively engage our experience of the beginning stages of a collaborative research project, focusing specifically on the fluid and changing nature of the intersectionality of our identities in the liminal spaces we inhabit. Intersectionality is multiplicative rather than additive (Crenshaw; Wing) and the interlocking facets of our identities may come into play in different ways for different reasons as we adapt to liminality (DeFrancisco and Palczewski).

Our purpose in this essay is to consider the consequences of negotiating our interpersonal liminality as we structure the conditions for future collaborations. We begin by briefly describing the theoretical underpinnings of our project. Then we move into a description of the research site and research methods. Next, we offer two sets of field notes (Brie's and Patricia's) written from one of our visits to the home of a medical doctor who is overseeing and facilitating the research. Finally, we close the paper with the lessons we have learned about what is critical in negotiating collaborative intersectionalities in ethnographic research.

### **Structuration of Identity, Liminality, and Intersectionality**

Our research is located in a health care context we have read about and studied in other research projects, but is new in its focus on teamwork among health care providers working in a center for integrative medicine. Entering this unfamiliar context with no medical training, limited understanding of integrative medicine, and undeveloped roles as collaborators and co-researchers, we question previously established assumptions about health care, our expertise, and the roles we each will play in the research. Communication is central to how intersecting identities emerge; they are relationally constructed and become visible or invisible as we move through different communities (Sheilds). Further, intersecting identities are not static or independent, rather we move fluidly between and within identities in our research context (Sheilds). As we develop and shift in and out of identities, assumed hierarchies are questioned, reversed, or minimized and our relationships evolve in unexpected ways (Turner). Again and again, we find ourselves on the threshold of liminality—forming, reversing, and suspending our collaborative, intersecting identities, and in the process learning a great deal about ourselves and each other. Victor Turner (1964) tells us that in liminality, our status is both socially and structurally ambiguous, but that as well we are in “a realm of pure possibility whence novel configurations of ideas and relations may arise” (97). Self-reflexivity, as an essential practice in ethnographic research, assists us in considering what these configurations may be, which as Sarah Tracy describes, is “an honest and authentic awareness of one’s own identity . . . [encouraging] writers to be frank about their strengths and shortcomings” (233-234).

For example, our research participants and ethical guidelines ask us to account for our legitimacy, expertise, ethics, and our intention to do no harm. The requests for these accounts interrogate what has been previously established and often unquestioned about our identities in the context of the academy—as professors and graduate students in our classrooms, departments, and universities. While our academic credentials offer entrance into the context under investigation, the liminal spaces of our field research identities are varied, messy, and change over time in ways that certain components of our intersectionality are foregrounded and others are backgrounded (Shields).

While it is no surprise that ethnographic collaboration demands negotiation of liminality and intersectionality, *how* this occurs communicatively offers new understandings of practices that deepen senses of ourselves and what we can bring to future collaborations with each other and our participants. The critical elements of collaboration shine through as power is shared and negotiated by co-researchers of different professional and personal backgrounds. As a result, what is critical to negotiating these identities cannot be prescribed or predetermined; it is discovered in context, through our interactions and field notes. In fact, the feeling of being betwixt and between our multiple identities is a critical component of being successful in the work we do in our ethnographic research (Eastland). According to Sarah Tracy,

a mindful stance of *ignorance* is absolutely crucial for becoming an *expert* qualitative researcher. Fieldworkers must be comfortable letting go of preconceived notions or assumptions about a culture, people, or activity. They must leave their ego, credentials and jargon-laden academic talk at the door. (75)

In other words, it is essential to acknowledge, celebrate, and reflect upon the ways that we “let go of,” “leave” behind, and negotiate new identities in this “mindful stance of ignorance.” However, “a mindful state of ignorance” can be uncomfortable and even threatening to our identities when we have invested years in becoming knowledgeable and expert as academics, teachers, and ethnographers. In focusing on how we accomplish identity negotiation as co-researchers in the liminal spaces of a new field site, we offer insight into the threats to our identities, the dialectic tensions we faced living in and through these threats, and the lessons we learned in reflecting upon and adapting to hierarchies of collaboration.

What is *critical* about this intersectionality is a double entendre for us as collaborative researchers. First, we consider what is *critical* or essential in negotiating and establishing authentic, expert, and workable ethnographic identities, collaboratively and individually in the context of conducting fieldwork. As well, we are guided by a post-modern *critical theory* perspective, focusing on the process of negotiating power relations in the context of research and our intersecting identities. Anthony Giddens’ *structuration theory*, in particular, directs our attention to our changing relationship as we engage in our fieldwork at the Center and through these activities “reproduce the conditions that make these activities possible” (2). For example, as we purposively build a close relationship with our key informant, one that has become useful in moving our research forward, our activities become structured (and in some cases limited)

by the conditions she has suggested, including gaining her approval for aspects of our field research, updating her on our progress, and seeking her input as we move forward. As we enter into the liminal spaces of collaboration we negotiate a dialectic of control that moves between dependence and autonomy with each other, as well as with our participants. Over time, negotiated positionings about where, when, and how to conduct our research transform liminality to knowledge about our relationship with each other and the context; we come to expect certain forms of collaboration in our developing research relationships. But as Giddens points out, liminality remains constant even as we move through familiar terrain:

Human agents always know what they are doing on the level of discursive consciousness under some description. However, what they do may be quite unfamiliar under other descriptions, and they may know little of the ramified consequences of the activities in which they engage. (26)

The reflections offered in this article unearth some of these consequences and how they structured our discursive consciousness of the research. The next section describes the research context for this study and our methods for investigating the conditions and consequences of negotiating our interpersonal liminality.

### **Research Site and Methods**

Our investigation is located at what we are calling the “Integrative Medical Center” (IMC). Ripe for negotiating identities, this is a new and unfamiliar context of research for both of us; we have only recently received IRB approval from both the university and the center. The past 15 months of research has included eight interviews, which were all transcribed and attached to written field notes from these interviewing moments. Additionally, we have written field notes of five participant-observation events including two public lectures and three IMC-sponsored classes.

IMC was established in 1999 as a stand-alone facility that is part of a larger health care system that includes four acute-care hospitals on five campuses, a network of clinics, and over 2,600 affiliated physicians. IMC houses approximately 20 providers, 6 of whom are medical doctors (MDs), 14 of whom are nurses, integrative medicine providers (e.g., acupuncture, nutrition, biofeedback, guided imagery, healing touch, and hypnosis), or instructors of IMC classes (e.g., yoga, meditation, vegetarian cooking, Qigong, and Tai Chi). IMC offers services to more than 2,500 patients monthly, referred to the center by physicians in the larger health care system. The care provided by IMC is based on a “whole person” approach to health and wellness and is guided by the philosophy that “healing starts from within.”

The larger research project explores the biographies of IMC providers and their communication and collaboration to accomplish the provision of integrative medicine. Brie was invited to join the research team in January 2012 and worked throughout the spring with Patricia and Julia, a graduating MA student who went on for her Ph.D. Beginning fall 2012, Brie and Patricia met bi-weekly to finalize IRB approval, conduct interviews and observations, and write manuscripts. These early stages of the

research involved narrowing the focus and learning how to collaborate with one another.

The field notes in the next sections represent the perspective of both co-researchers/authors on one field visit, a few months into their work as collaborators. We selected this set of field notes to analyze because they represent: (a) the fluidity and flux of our newly forming collaboration, (b) the amplification of a turning point moment in our collaboration with our key informant, and (c) our intersectionalities as three women of different ethnicities, professions, and ages—a Cambodian American mid-level MD, a multi-racial (African American, Filipino-American, and Caucasian) graduate student, and a Caucasian, tenured professor. We identified two scenes in these field notes that capture moments of intersecting identities and interpersonal liminality. We each wrote reflections about what we learned in the scenes about collaboration within and between our intersectionality. We then discussed what we discovered as critical in negotiating our collaborative intersectionality in the liminal spaces we travel in our research together.

### **Embracing the Liminality of our Intersectionality**

We have brushed up against new understandings of ourselves, our participant, and the forms that our collaboration takes; we learned that collaboration is fluid, ever-changing, and difficult to prescribe from one setting to the next. In the following field note excerpts we reflect on our fifth interview with our key informant, Dr. Ong. The first interview with Dr. Ong occurred at IMC, after which she agreed to be our point of contact as we sought permission to conduct the research. A second interview at Starbucks elaborated on these steps. Our third intense and informative interview with Dr. Ong occurred at her home, when she contacted both Brie and I by text message, asking us to meet again. A fourth interview was conducted by Brie at Starbucks when Patricia was out of town, which allowed Brie and Dr. Ong to discover an unexpected, personal connection.

The fifth interview with Dr. Ong was a turning point moment for us; it clarified our direction and put our research project into motion. Dr. Ong had contacted us suggesting this meeting as a follow up to our presentation at the Center the previous week, where we outlined the goals of our research and sought permission to move forward in our research. We came to Dr. Ong's home a bit on edge, concerned that there might be some roadblocks that needed to be addressed. At the same time, we were hopeful that our collaborations with Dr. Ong would lead to some resolution and movement forward.

As the juxtapositioning of the scenes from our field notes in the next section reveals, we discovered challenges and opportunities for our developing relationship and the research project. Below we each present three scenes from our field notes in regular font and then use italics for our current reflections on the sense we are making of our intersectionality in these scenes.

### Brie's Field Notes and Reflections

**Scene One: Improvisational Waiting.** Dr. Ong greets us, her arms full of toys and clothes that she has been cleaning up around the house. We walk over to the dining table where we have held a meeting once before, several months ago. As she empties her hands, she gives us each a hug, and offers to prepare us tea.

“Yes, tea would be great. Thank you!” says Patricia. I nod and smile in agreement.

We sit down and Dr. Ong dives right into discussion. Thank goodness, because we were nervous. I struggle to find a pen, and try to get some notes in while attempting to share glances with her and Patricia. Immediately we learn that Dr. Ong has spoken with all six members of the IMC team of MDs and they all agreed to participate in our research! They are the people we most want to speak with because it is their collaboration with each other in the practice of integrative medicine that forms the basis of our research. After our research proposal presentation at the Center's staff meeting the previous week, Director Dr. Gavino confirmed each provider's willingness to be interviewed; however, some of them still want clarification on our objectives and methods.

With the confirmation of research secured and out of the way, Patricia and I finally relax and lean back in our chairs. Before reiterating our gratitude and next steps, we disclose our embarrassment about the many logistical mishaps at the meeting. We share our confusion about who exactly was at that meeting—it flew by so quickly. We ask why all the physicians were not present, and whether or not that attendance rate, about eight people, was typical. “Who exactly is expected to attend? Who directs those meetings? Has the management structure of the Center shifted?” We ask.

“Yes,” she answers.

“That is not reflected online, is it?” Dr. Ong shrugs, and admits that the changes are slow.

“We have some bottlenecks, and the left hand is not always talking to the right.” Dr. Ong recaps what she understands about our research ideas, but pauses to say she needs some clarification on our next steps. Patricia explains our objectives more succinctly and describes the organic nature of ethnographic research. We take out a calendar of workshops and classes scheduled at the Center and ask which classes she suggests we attend. We go over a list of physicians and nursing staff we hope to include in our first set of interviews. Finally, we explain our intention to identify points of strength, unmet needs, and more efficient operational tactics for the Center. Dr. Ong listens with more enthusiasm than ever before.

*Prior to this meeting in Dr. Ong's home, this research project was in a state of limbo. Patricia and I had been pursuing the Center's research official approval for over six months, even though we had the university's approval long ago. With the center's permission we conducted some informational interviews and attended several workshops and classes and collected some valuable information. Patricia and I were in a state of ambiguity, unsure of what next steps to take, and whether our calls and emails to doctors would get returned, and eager to gain their trust. Without the Center staff's com-*

*mitment to the project, it was impossible to fully relax into our research roles. Still, we maintained enthusiasm for our project because we are both proponents of integrative medicine, holistic conceptualizations of health, and general shifts within the health care system.*

*This meeting not only marked a turning point for our project, it also freed Patricia and me from the fear that any day someone could halt our data collection. We were able to exhale knowing that the project was truly underway. In getting that stamp of approval—from the group of medical doctors and key administrators—Patricia and I could now speak about the ways in which this research could benefit the center.*

**Scene Two: Negotiating Intimacy, Trust, and Hierarchies.** “So, Brie,” Dr. Ong switches gears. “I spoke with the physician I mentioned last time; the one who shares a mutual patient with me. It was so great! He called me to ask about a different patient and was seeking out my advice.”

“That is great!” I say. “That’s a big step. Did you discuss your previous differences in point of view? How did he receive your perspective this time?” I glance over at Patricia, who was not at our last meeting. I had already filled her in on the story of Dr. Ong’s dilemma in treating a patient whose primary doctor had a different approach in treatment, but wasn’t sure if she was making the connection. She is looking at Dr. Ong, so I assume she was following along. I was surprised Dr. Ong brought this up again. Clearly, she needs to share this story, I can feel it; and I want to hear it, but I can’t help but wonder what Patricia is picking up on. Do I stop and clarify for her?

Dr. Ong continues, “It was a big step. I guess we will just see how it plays out. However, there is no clear process here; in my opinion this is the time when patients can step in with his or her own declaration of which route of treatment they wish to take.” I am nodding and agreeing, with short phrases of shared frustration for the complicated communication issues at hand.

“Overall, I guess this is a good thing,” she concludes.

I reassure her, “Yes! I think it is. That’s the thing about opening up communication. Sometimes just being heard is all people need. I think this whole thing happened for a reason; at least now you can each speak your minds and agree to disagree.” I am not sure if Patricia is catching everything, and I feel awkward, as if Dr. Ong and I are talking in code. I don’t want this interaction to threaten the collaborative relationship Patricia and I have been building, but I also do not want to threaten our collaboration with Dr. Ong.

“Yes. I agree. I just wanted you to know that he ended up coming to me for advice, it was so unexpected.”

I thought our interview was going to end there; instead Dr. Ong asked, “So, how is everything with your father?” I was not completely surprised she asked given the personal stories she and I shared in our last conversation. But I wasn’t expecting her to bring it up in this interview.

As I answer, Patricia begins to clean up the tea. Is she uncomfortable hearing about a conversation she missed, or is she just aware that it’s time to go? I don’t want

Patricia to feel left out, and I need to go too! But Dr. Ong became so personal with me the last time, how I can now abandon the question about my father?

I look directly at Dr. Ong and say, “Things are slow moving. But I am going home for Thanksgiving. I need face time with him. We don’t have a phone relationship. We just need face time.” Again, I look for Patricia. I think she is trying to give Dr. Ong and me space; but I want her to feel included.

“Mine, too. Fathers can be tough. Ask him to tell you stories; he won’t ask you to tell any, but after listening to him you can then find ways to share your own.”

“Yes, that is great advice! Thank you. He loves to talk about himself.” We share sincere glances of optimism and seem to be ok with leaving the responses vague. I wouldn’t mind talking more about my dad with her, especially now that my defenses are down in this research context, but it is past the time to leave.

Just as we are putting on our shoes, Dr. Ong and Patricia enjoy their own personal moment. I realize that while they have never spent alone time together, I have spent time alone with each of them separately. I am shocked that Dr. Ong didn’t know about Patricia’s family life. I know a lot about her daughter Makenna and her husband J.C. Actually, I know a lot about both of these women, but what do they really know about me? I am a graduate student who feels like they have more to share because of their professional experience with the context we are studying. Still, I feel close to both of these women with all of the time we have spent together, and in our shared passion for health and focusing on the whole person.

We hug goodbye, put on our shoes, and thank her for the tea and the time.

*Dr. Ong’s disclosures that day were unexpected. In our one-on-one meeting, Dr. Ong, through tears, told me of some difficult moments when she and older family members have disagreed about family traditions. I wanted to return that trust, and be sensitive to what she shared by disclosing my own reflections on how tough communication can be with a person who you love, but who does not share your viewpoint. I spoke about my relationship with my father and how he and I are very close and loving, despite our stubborn personalities and differing opinions. I felt so grateful for her candor and trust. I could not decide how much of that was her natural way, or if her disclosure was rooted in the gratitude she expressed for our interest in the Center’s functions and wellbeing. However, in this moment, my sense of loyalty shifted from Dr. Ong to Patricia. While I wanted to disclose as much to Dr. Ong as she did to me, I chose to hold back information. I didn’t want Patricia to feel left out and I worried that she might wonder why she and I had never discussed this topic. At this moment, I feel connected to the strength of the feminist web of our collaboration, not the hierarchy that might typically be present among the three of us.*

*During our research with the Center and Dr. Ong, Patricia and I shift roles without warning, improvising our way through interactions. We can’t always expect to have the same relationship with all members of our research team. As Dr. Ong revisited a private conversation she and I had about a situation that exemplifies exactly the type of communication Patricia and I are investigating (constructing and negotiating the conditions of collaboration), I felt I had abandoned Patricia and was somehow more of an insider.*



*Patricia's natural way as an advisor and mentor is to approach our relationship openly and as equals. I can exercise my autonomy and independence with her because she always displays appreciation and respect for my contributions. The way we discuss and decide how we view and participate in our research project together is like no other relationship I have ever had, and certainly not what I expected to have as a graduate student with a professor. As an undergraduate, I barely spoke to professors outside of the classroom. We have an intellectual, professional, and personal bond that empowers me.*

*The connection I have built with Dr. Ong is just as unexpected as the one I have built with Patricia, and the connection brings me that much closer to her and this research project. We are both women of color and found a way to speak about being raised in a family with strong cultural values linked to our race and ethnicity, without ever giving concrete examples or "airing the dirty laundry."*

*Upon reflection, I realize that we are creating a number of collaborations, intersecting relationships, and identities each step of the way—Patricia and me, Dr. Ong and me, Patricia and Dr. Ong, and all three of us together. These collaborations and intersecting relationships required balance and I felt stuck between "multiple dimensions and modalities of social relations" (McCall 1771); between my positionality as a (1) researcher, (2) collaborator, (3) student, (4) person of color, (5) friend, and (6) daughter. Each of these identities was activated and threatened, and there was nothing I could do to bridge the gaps. The bonds I had developed with both Dr. Ong and Patricia were separate and related; both liberated me, motivated tension within me, and affected me both personally and professionally.*

### Patricia's Field Notes and Reflections

**Scene One: Surprise and Fate.** When Dr. Ong came to the table with three cups, she asked if we wanted tea. We both said yes, and chose from the four different types of tea that she placed in the middle of the table. She began to debrief the meeting last Wednesday where the physicians discussed their response to our presentation and their willingness to participate in our research. She told us that,

"They all see it as an opportunity to improve; the physicians said it is intriguing to study communication with other departments at the Center; there was a defensive response to the Center logo on a few of the slides; and that they do not want IMC identified for fear of publishing the in-fighting."

Dr. Ong told us that Dr. Gavino asked each provider, one by one, if they were on board with the project. They were. Then at the Wednesday meeting he announced that everyone was in agreement.

*I knew from our glance to each other that Brie and I were both surprised and delighted about the response to our presentation. Our researcher identities were vulnerable, we expected the worst, so we dialogued in the car on our way to the interview about the best ways to address the concerns that might have been raised after we left our presentation the week before. Brie's slight smile and glance revealed to me that she was experiencing the same relief I was feeling. Where we had imagined threats to our expert identities as communicators and researchers (because our presentation had a few technological glitches and we were rushed for time), instead we learned that the response to the presentation was, for*

*the most part, positive. Equally surprising was learning that the providers had concerns about the potential for our research to expose in-fighting at the Center. The spoken threat<sup>1</sup> to the identity of the IMC became an opportunity for us to incorporate ways of protecting the participants at our research site. Even more, Dr. Ong was discovering how she could guide us in protecting the people in this site, displaying her ethical identity to do no harm. We were solidifying our neophyte identities; just as we are neophytes to this site, Dr. Ong is a neophyte in being a key informant and facilitator of our research. The intersectionality of our identities at that moment foregrounded our collaboration and became for us as neophytes “an intense comradeship and egalitarianism” (Turner 95). That Dr. Ong took the time to invite us to her home solidified not only her commitment to the project, but to us and what we were developing in our research relationship. We hesitated to meet at her home, wondering if it was wise to enter the personal folds of Dr. Ong’s life and possibly expose facets of our personal or lay identities. We decided go with our intuition and this was a fortunate turn of events in our research. As we were leaving her house, Dr. Ong told us that she believed in a very spiritual sense that we were sent to her to do this research.*

**Scene Two: Improvising Suspended Hierarchies.** After I summarized the importance of moving forward, Brie and I exchanged the “It’s time to go” look. Dr. Ong shifted her focus to Brie and began an update on what they talked about the last time Brie was there without me. Dr. Ong stated that she had an update on the physician with whom she had disagreed with about the best treatment for a patient. Dr. Ong spoke slowly, purposefully, even somberly. I witnessed the intersectionality of Dr. Ong’s identities—her identities as doctor/key informant/facilitator were foregrounded by the facets of her identity that were new and unknown to me—the young woman/daughter troubled and conflicted by men who had asserted power in oppressive ways. As fluidly as a somber tone had settled into the flow of her speech, her voice shifted higher to pride when she told us that since the incident, the doctor emailed her for advice about another patient. And since that time still another patient from that department was referred to IMC, which surprised all of the physicians at there who were familiar with the resistance to integrative medicine.

Then with direct eye contact and a nod of her head, Dr. Ong shifted her focus to Brie and asked how it was going with her father. I busied myself with picking up tea cups and taking them to the kitchen. Brie spoke about the situation moving slowly. Dr. Ong said it’s all about stories. “You need to tell stories with your dad. Send your mom to shop, get her hair or nails done, and tell stories with your dad—that is the best way.” Then in a gesture of egalitarian support, Brie suggested that she could look into getting some books or materials from Kaplan, where she worked, which might be useful in Dr. Ong’s preparation for the board exam she would be taking in a few weeks. Dr. Ong said “please do” and seemed to appreciate the gesture.

We put on our shoes at the door, each hugging Dr. Ong on our way out, as we have always done since our first meeting.

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<sup>1</sup> Goffman describes threats to *face* or social image as interactions that can threaten relationships, leading to negative emotions that can shift the relationship from cooperation to competition (White, Tynan, Galinsky and Thompson).

*At the end of our interview that day, I couldn't stop thinking about what might have happened when Brie and Dr. Ong met without me. Something had leveled any remaining hierarchy that may have existed between Dr. Ong and Brie; it was something comfortable and supportive that led them both to disclose tearfully about their relationships with their fathers. This is all I know about their talk. I am not sure this intimacy would have occurred with me there. I am not sure this would have occurred with other graduate students I have worked with in the past. Unlike no other person with whom I have collaborated, Brie makes immediate connections with each person she meets. She deepens her relationships with others, reaching out, asking questions in ways that I have never been as comfortable doing. I find myself wanting to be like her, to become more comfortable with the small talk that brings participants closer. I realize that for most of my life I have wished for an identity like Brie's; I try but often fail to follow Brie's gregarious lead. Still, she is teaching me. The hierarchy is suspended. In those moments Brie mentors me. I feel guided by Brie. She is one step ahead, every step of the way, keeping me on task, offering an insight that works to our advantage, simultaneously forging relationships in the field and beyond.*

*And it continues, the camaraderie between Brie and Dr. Ong. From that day forward, Dr. Ong contacts Brie most weeks to keep us informed, help us move forward in our research, or merely to check in, usually by e-mail, but sometimes with a phone call. Immediately after our interview with the Director of IMC, Dr. Ong text messaged Brie, asking us to stop by her office and let her know how it went. Dr. Ong knew this was a very important interview for our research and she had been instrumental in helping us get this interview set up. Her text message represented to me a true investment in our research, in us.*



Juxtapositioning these scenes from our collective field experiences opened up new understandings of the liminal spaces we both entered with each other and our participant. Brie entered the liminal space of a professional relationship becoming personal. Patricia entered the liminal space of witnessing a personal moment between Brie and Dr. Ong and feeling separate from the collaborative teamwork that she and Brie had constructed together, separate from Dr. Ong. But at the same time, Patricia felt closer to Brie through Brie's relationship with Dr. Ong. Together, these experiences seem to move them from liminality to *communitas* (Turner), for us an interpersonal form of *communitas*—a fleeting moment in and out of time (Turner) when Brie, Patricia, and Dr. Ong experience community, equality, and disintegration of any hierarchy. *Communitas*, or community in this sense, “has positive values associated with it; good fellowship, spontaneity, warm contact” (Douglas 104).

In the above scenes, Brie and Patricia, as well as Dr. Ong, move through liminality, into a moment where hierarchies are suspended and each feels supported by others in ways that are unexpected. The differences in academic background, age, ethnicity, and research titles blend and interpersonal *communitas* is created not only in that moment, but in each future meeting with Dr. Ong. We are invited into her home for two more meetings, each time learning something new about her, particularly her

children—their interests, activities, and efforts to facilitate their attention to homework when she is not there to monitor them. Equally, she asks about us—asking Brie if she has made progress with her father; asking Patricia what it’s like to have your only child off in college. She remains in name, Dr. Ong, but in our presence with one another she has become someone we care about and enjoy spending time with. Brie and Patricia now find that there is ease in asking Dr. Ong anything about the goings on at the center and her advice for how best to proceed in the research. Together we have constructed communal spaces where each person contributes a unique perspective and facilitates our ability to construct or foreground new, merging identities including performing our roles as witness, confidant, compassionate friend, and guide.

Our field notes and reflections offer critical insight into ethnographic research in that they reveal the organic development of the processes involved in negotiating our intersecting identities as collaborative researchers. Although the development of this process seems unscripted, it displays a commitment to the collaborative construction of micro-practices (Giddens 1984) of invention, organization, and partnering in ways that guide our future actions despite the liminality we face. We also discover that the typical hierarchy of mentor-protégé can be suspended in ways that the protégé teaches and guides the mentor. Patricia and Dr. Ong have taught Brie the multiple ways researchers can connect with their sites and participants by encouraging a freedom to ask questions, consider new ways to engage in observations, and incorporate the self into research findings. Patricia and Dr. Ong have communicated with Brie in ways that the playing field is level and she joins them equally in the scholarly venture. As a result, we have all discovered new forms of collaboration that evolve and open up new and unexpected opportunities for the research.

Additionally, through our collaborative research, we understand that negotiating multiple and intersecting identities requires the initiation of new research practices, letting go of control in ways that may feel ambiguous, awkward, or imbalanced (Tracy 2013), and being open to the evolution of research roles, relationships, and hierarchies. We find ourselves communicatively resisting hierarchies and foregrounding identities that suspend, even reverse those hierarchies in ways that move the research along, provide for a more clearly defined research agenda, and allow us to blend a range of our professional and personal identities. Furthermore, our suspension of hierarchy gives our relationships a feeling of permanence and significance as we spend more and more time together eating meals, chatting about our personal lives, and shopping together.

Through reflection, we discover the most critical attribute of this study: making sense of and embracing the moments that enable us to tune into a rhythm of collaboration. We have found that we have drawn closer to Dr. Ong, not only through her identity as a physician struggling with the politics of integrating medicine, but also the ways this identity intersects with other identities such as daughter, first-generation Cambodian American, mother, wife, and mentor to us and our research. As we reflect on the selected scenes in our field notes, we see how critical interpersonal liminality is in the process of getting to know ourselves and others in deep and complex ways in

ethnographic research. Often liminality reduces individuals to positions of marginality and inferiority; yet when we are stripped of distinctions and hierarchies that might differentiate us, we become more aware of ourselves, each other, and what we might build through *communitas* (Turner 1974). Interpersonal liminality, and the *communitas* it can create, allows us to create, challenge, and refigure the power that typically wedges itself in between researchers and participants. Reflecting on these communicative moments has *become critical* to our ability to advance our field research while recognizing the critical perspectives we individually offer *and* the communities we have collectively built.

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