



Ethical research for all: Protection from harm, informed consent and the right to withdraw for qualitative researchers

Zoë Boden-Stuart^{a,*} , Rose Thompson^b

^a The Open University, United Kingdom

^b The University of the Arts London, United Kingdom

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ABSTRACT

Contributing to arguments about the impact of research on researchers, we reconsider three key ethical concepts – protection from harm, informed consent, and the right to withdraw. We ask how can protection from harm be equally applied to all? How might researchers be given the opportunity to think seriously about what they are consenting to? What might ethical endings look like for researchers who wish to withdraw from their research? In asking these questions, we interrogate what it means to be ‘professional’ in qualitative research, and support calls for a ‘cultures of care’ approach and dynamic, process-oriented ethical procedures.

For some time, scholars across disciplines have been arguing that the highly standardised ethical procedures inherited from medical sciences are a poor fit for qualitative research (Miller and Boulton, 2007; Kasstan and Pearson, 2024). In this commentary, we will revisit three key tenets of research ethics, protection from harm, informed consent, and the right to withdraw, in order to imagine how they could be extended to everyone involved in research. We will situate our ideas in an interdisciplinary literature informed by feminism, and draw on our own experiences as qualitative psychologists. We both undertake ‘emotionally-demanding’ research (Smillie and Riddell, 2023) on themes including suicidality, psychosis and self-harm. We do this research with and alongside people who are typically understood by ethics committees to be ‘vulnerable’, i.e. people with lived experience of distress and mental health service-use. The rights of these participants are well established and enshrined in ethical principles, which justly require researchers to pay due attention to the impact of research on participants. However, these principles arise out of social and material contexts that are messy, and contingent on phenomena such as intimacy and care. Brannelly and Barnes (2022) argue that research about human experiences requires an ethics of care approach, which recognises and values our interdependence and our situatedness in wider contexts. Researchers are affected as much as we affect others, but through our careers it has become clear that these impacts are not equally felt across

the research community, with some researchers being in positions better suited to weathering such impacts than others. We ask how can protection from harm be equally applied to all? How might researchers be given the opportunity to think seriously about what they are consenting to? What might ethical endings look like for researchers who wish to withdraw from their research?

For nearly 20 years there have been calls to better support researchers with emotionally-demanding research (e.g. Dickson-Swift et al., 2007; Lee and Lee, 2012) and recently there has been an upsurge of interest in developing practical and strategic mechanisms to do this (e.g. Skinner et al., 2023, 2025). This is being translated into some support for researchers' wellbeing, such as funded clinical/independent supervision, or counselling sessions. However, we do not believe this is widespread, and we have not witnessed radical changes in university ethical procedures to help embed these mechanisms into standard practice. Our aim in this commentary is therefore to support this work, by ‘stretching’ these three taken-for-granted ethical edicts.

1. Protection from harm

Protection from harm in procedural ethics tends to focus on mitigating the chance of physical harm and exploitation. Harm is most frequently understood as coming from the research/er towards the

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* Corresponding author.

E-mail address: zoe.boden-stuart@open.ac.uk (Z. Boden-Stuart).

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participant, and we do not wish to deny the importance of protecting participants. However here we want to explore how that focus routinely overshadows the protection of researchers (Huang, 2016; Rice and McAllum, 2025; Smillie and Riddell, 2023) despite ethical paperwork typically requiring consideration of potential harms to both researchers and participants. Frequently risks are classified as low unless the *participants* fall into preconceived categories of ‘vulnerable’ and little attention is given to the emotional suitability of *researchers* for undertaking particular projects (Mallon and Elliott, 2022; Schneider, 2020). However, encountering deeply emotional experiences is an “occupational hazard” for qualitative researchers (Lewis, 2013) and there are two groups of qualitative researchers who are at risk. The first choose their topics and, through lived experience or identification with participants, are personally or politically invested in their topics (Mallon and Elliott, 2022). The second group are researchers with precarious contracts, limited research experience and early career status, which acts to constrain their power and agency (Bloor et al., 2010; Jackson, 2021). Both groups routinely use openness and empathy to develop research relationships and to indicate reflexive engagement, which necessitates emotional vulnerability (Smillie and Riddell, 2023; Love and McDonnell, 2025).

Whilst researchers hold power through their role and are often socially privileged, they can also be from minoritised or oppressed groups researching people from majority or oppressive groups, which complicates power relations (e.g. Traianou and Hammersley, 2024). Thinking intersectionally is, of course, helpful here, as is recognising that both researchers and participants can hold multiple identities and foreground specific aspects of themselves according to the role they are adopting in any particular encounter. For example, I (Zoë) do not position myself as a lived experience researcher, but I have lived experiences that are highly relevant to my research. There is also increasing porosity between the roles of researcher and researched, supported by diverse calls for greater recognition of different voices, and the increasing utilisation of principles like epistemic justice (Fricker, 2007). Co-produced, co-designed and participatory research methodologies have been enthusiastically taken up – or co-opted – by diverse fields (Jordan, 2003; Lenette, 2022) highlighting the complexity of the roles and relationships inherent in researcher/researched identities. For example, a peer researcher (someone who skilfully undertakes research duties, but is explicitly employed for their insider, expert-by-experience status) has to negotiate their dual identities in the workplace, maintaining traditional levels of productivity and complying with ‘professional’ codes of behaviour, whilst also sharing insights derived from deeply affecting aspects of themselves (Faulkner and Thompson, 2023). When peer researchers find it difficult to navigate this complexity, they can find themselves under heightened strain with inadequate support. The (welcome) destabilisation of binary categories of researcher/researched brings additional challenges but these are not well addressed in procedural ethics.

Thinking about harm as *relational*, rather than as unidirectional, is also helpful. Harm can be situated and enacted between researchers and participants (Lewis, 2013). This creates possibilities for thinking differently about responsibility and for an ethics of reciprocity (Pascoe Leahy, 2022): ethical research can be a shared endeavour. Co-analysis, for example, using various participatory and peer approaches, may mitigate against harm through mutual support and ongoing dialogue. But this is highly complex work, and the ethical requirements of this type of research often seems to concern or confound ethics committees keen for simplicity.

2. Informed consent

Informed consent is based on the principles of dignity, worth and self-determination for all and has become increasingly standardised and regulatory in style; an approach that minimises the human relationship between researcher and participant and the roles of responsibility and

reflexivity (Miller and Boulton, 2007). The widespread use of consent forms epitomises its transactional nature: rather than being an ongoing conversation contributing to a person-to-person relationship, it is typically seen as a one-off event, stripped from its socio-cultural context. This “empty ethics” (Corrigan, 2003, p768) provides little clarity as to what exactly participants are consenting to, nor how researcher and participant expectations could vary (Traianou and Hammersley, 2021). As a comparison, ‘contracting’ in counselling is generally understood as a mutual and dynamic process that happens through dialogue, and over the whole course of the therapy (e.g. Sills, 2006). Re-integrated within the intersubjective landscape, informed consent can be a partnership agreement, where interactions are shaped by affective and social investments on both sides.

This relational ethics approach to consent is often adopted in participatory research with groups seen as ‘vulnerable’, lacking capacity, or marginalised, such as children and young people, or people with learning disabilities (e.g. Van Goidsenhoven and De Schauwer, 2022), but we think all qualitative research would benefit from researchers thinking more creatively about consent and its meaning for the research relationship. Specifically, we have noticed how little concern is given to the *researchers’* consent (an exception being Skinner et al., 2025). At first glance, this might sound odd: the researcher knows what they are planning and you may assume engages willingly. However, once the differences between the highly predictable quantitative paradigms and the unpredictability of iterative, qualitative and co-produced research are considered, consent processes for researchers may seem less strange. As discussed above, many researchers conducting fieldwork are novice, with little to no control over the research design, some are from marginalised or stigmatised groups and/or may have lived experience of the topic (stated or unstated), and they may be at risk of harm, so suddenly, the question becomes why are we not thinking about informed consent for researchers? Consent is a primary mechanism for minimising harm and exploitation, so should be extended everyone through a process-oriented and relational framework (Osuji, 2018). Making gaining informed consent from more junior researchers part of supervisors’ standard research responsibilities (Skinner et al., 2025) goes a long way towards thinking about how this process can be operationalised in everyday research practice. However, even senior researchers deserve the protection of informed consent, and they are subject to different, but still powerful, pressures to undertake research projects that may not suit them.

3. Right to withdraw

Participants’ right to withdraw ‘at any time’ is a key aspect of all research with human participants (e.g. McConnell, 2010). However, from our reading, the right of the *researcher* to withdraw from research has rarely been discussed. Withdrawal rests on the principle of autonomy and so should also be supported in the researcher (Traianou and Hammersley, 2021). Yet there is no common discourse, to our knowledge, around what an ethical exit should look like if the researcher needed to step back. The possibility of ending (or pausing or re-directing) research ethically is not routinely considered within procedural ethics or training. Notable exceptions include Schneider (2020), who argues for the researcher’s right to withdraw. Both she and Huang (2016) explore how even in the extreme context of sexual violence during fieldwork, they found they were unsupported when they sought to end or redirect their research. Skinner et al. (2025) argue that, with their consent, researchers could be removed from specific tasks that are causing them distress, and this seems important, but we want to think beyond this to what happens if someone wants to abandon their research altogether.

The context in which the right to withdraw operates is not neutral, and economic, employment, and career development pressures on researchers shape how *participants’* right to withdraw is facilitated in the field (e.g. researchers coercing participants to continue research in order

to meet pressures of sampling requirements). We believe sometimes the same pressures serve to coerce researchers into continuing research, even when it causes *them* harm. The right to withdraw is a formal mechanism which helps to empower participants to act in their best interests. For researchers, the stereotype of the professional, unflappable researcher (white, male, perfectly rational), which is still valorised by the academy (Schneider, 2020), acts as an invisible mechanism to *dis-empower* researchers from ethically withdrawing from, or redirecting, research when they need to. This, alongside considerable institutional pressures for outputs-at-any-cost, increases pressure on researchers to keep going. For example, methods training rarely covers a 'good way' to end an instance of data collection early should the *researcher* become distressed, concerned or feel unsafe. There is an expectation that researchers will professionally 'hold' a relationship with a research participant except in the most dire of circumstances, almost irrespective of how they feel. Inevitably some researchers simply drop out of their research, doctorates, or careers in unplanned ways, with ethical repercussions for researchers, participants, communities and institutions. It seems most likely that these people, are also the researchers with the least resources generally (for example, through their marginalisation), but of course, these stories are primarily absent from the academic literature. Clearly both these options – coerced into continuing harmful research or an unplanned ending – are a cause for ethical concern.

There has been some thinking about the impact of *participant* withdrawal on participants (Gordon and Prohaska, 2006), and considerable work on the relational complexities of planned 'exits from the field' within anthropological work (e.g. Smith and Delamont, 2023), but qualitative psychologists could also benefit from conversations about endings. Ethical committees might consider *how* researchers can ethically withdraw from (end or transfer) research that is not right for them, as well as helping researchers navigate other unplanned endings (e.g. due to redundancy, funding cuts, death, illness, pregnancy etc.). What happens in the aftermath of researcher withdrawal is also important to consider. This would be highly beneficial for early career researchers, but also for supervisors who may also be underprepared when faced with unexpected outcomes in supervisees' research (Schneider, 2020).

4. Reflections and conclusions

Research ethics committees preside over a set of processes and guidelines that are vital for thinking through the ethical implications of proposed research. However, many of these structures do not incorporate the necessary flexibility or creativity to support qualitative researchers routinely engaging in unpredictable and emotionally demanding fields. There is often a gulf between 'ethics' - as relational and situated in the realities of research practice - and 'Ethics', as an institutional discourse of ethical research that can have an entirely different function and moral grounding (Turner and Webb, 2014). Researchers quickly learn how to soothe the anxieties of ethics panels when completing procedural forms (Guillemin and Gillam, 2004), however, we want to support the possibility that messy realities could also be the basis for ethical procedures and training (Hammett et al., 2022).

To create relational spaces that genuinely support equity in research, it is not enough to 'empower' participants, researchers have to be willing to give up the instruments and mechanisms of power, both real and illusory. Acknowledging researcher vulnerability demands that we collectively stop hiding behind our invisible white coats, and step into something murkier and more uncertain. As the experience of peer researchers demonstrates, no one can be asked to do this, formally or informally, without adequate support. Currently, individual researchers are often left to lobby for support on a case-by-case basis; in a 'culture of care' responsibility for researchers' wellbeing and safety is collective and interdependence is acknowledged and nurtured as an asset (King, 2023). Affectivity is a central component in ethical qualitative research where the research relationship is central (e.g. Boden et al., 2016); recognising this, rather than dismissing it as 'bias' or unprofessionalism, means that

feelings can be discussed openly within ethical procedures, and that we can train our early career researchers to recognise and value their affective and relational contribution to the research process. The institutions that benefit from our, and our participants' labour, also need to take up this responsibility, but not by becoming so risk-averse that researchers are stopped from making creative and challenging choices in their research. Universities need to invest in researchers as human beings, with feelings, histories, and lives beyond their research, thereby creating the conditions in which researchers can be supported in their ethical work throughout their projects.

Delivering research 'at any cost' is not sustainable, and neither does it support attempts to increase the diversity of research and researchers in the academy. Qualitative research is increasingly recognised as fundamental to many areas of psychology, but the particularities of our epistemologies and methodologies are not well incorporated into standard ethical procedures. Complexity is a core feature of qualitative research (Brannelly and Barnes, 2022): it cannot be avoided when it comes to ethical protocols and procedures. Careful, slow and flexible research (Briggs, 2024) is in opposition to many pressures in contemporary academia, but it is relationships, not procedures, that provide the most important mechanism through which ethical research takes place, and relationships take time and need attention (Guillemin and Heggen, 2009).

Changing university cultures may seem impossible for individual academics (Phipps and McDonnell, 2022), but changing ethical procedures and teaching may be possible. Silencing vulnerabilities stops researchers from learning from one another (Schneider, 2020), so providing fora for open discussion of the relational and affective context of our research, requesting budgets for wellbeing support (Skinner et al., 2025), lobbying for and making changes to standardised ethics forms and procedures ... these are achievable in our departments. At a more strategic level, British universities have existing legal obligations (e.g. Health and Safety at Work etc. Act, 1974 and Management of Health and Safety at Work Regulations, 1999) to their staff to risk assess work on both physical and mental health grounds, and to provide additional support where required (see Skinner et al., 2025) and these obligations could be leveraged to support researcher wellbeing. While the experience of many researchers of such procedures is often one of ticking boxes, universities can embrace a more holistic approach to these exercises that is supportive of *all* their staff. While reimagining these processes may involve additional investment, it is likely to lead to long term savings in the form of reductions in staff sick leave and the costs incurred through recruiting new staff to replace researchers who 'crash out'. Their may be additional benefits for universities which are evaluated against measures such as the Research Excellence Framework in the UK. This exercise, which, for 2029 looks likely to require universities to demonstrate a supportive research environment. is already having positive effects on research culture (Derrick et al., 2025). Skinner and colleagues (2025) suggest an institutional approach with bronze, silver and gold phases, that as well as having direct impacts for researchers, potentially also allow universities to gain credit for, and be seen as, leaders in this field. Mechanisms like these have the power to support a diverse range of researchers to establish flourishing and healthy research careers, and they bring benefits to the field in the addition of new voices and perspectives.

Committing to ethical processes that are dynamic and mutual requires qualitative researchers to let go of any illusion that paperwork can protect them, however, learning from one another's experience, and empowering researchers (and participants) to take care of themselves and each other might. Developing researchers' ethical mindfulness (Guillemin & Kreggen, 2009) and creating ethical procedures that are flexible and follow research over time (Schneider, 2020) might also. Reimagining what 'professional' means for qualitative researchers might too. We are not suggesting that care for researchers be at the cost of care for participants. On the contrary, foregrounding care means research is more ethical for everyone.

CRedit authorship contribution statement

Zoë Boden-Stuart: Writing – review & editing, Writing – original draft, Conceptualization. **Rose Thompson:** Writing – review & editing, Writing – original draft, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

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