PART ONE

THEORY AND METHOD IN QUALITATIVE RESEARCH

1

Beginning Research

This is a text on qualitative methodology. However, any methodology only makes sense if we understand what the research process is all about. We will, therefore, begin this chapter by exploring the nature of social research.

In doing so, we will consider the following two issues:

1 How to generate a research problem.
2 The variety of qualitative methods.

At the outset, it helps to clarify our terms. In this chapter, we shall be discussing theories, hypotheses, methods and methodologies. In Table 1.1, I set out how each term will be used.

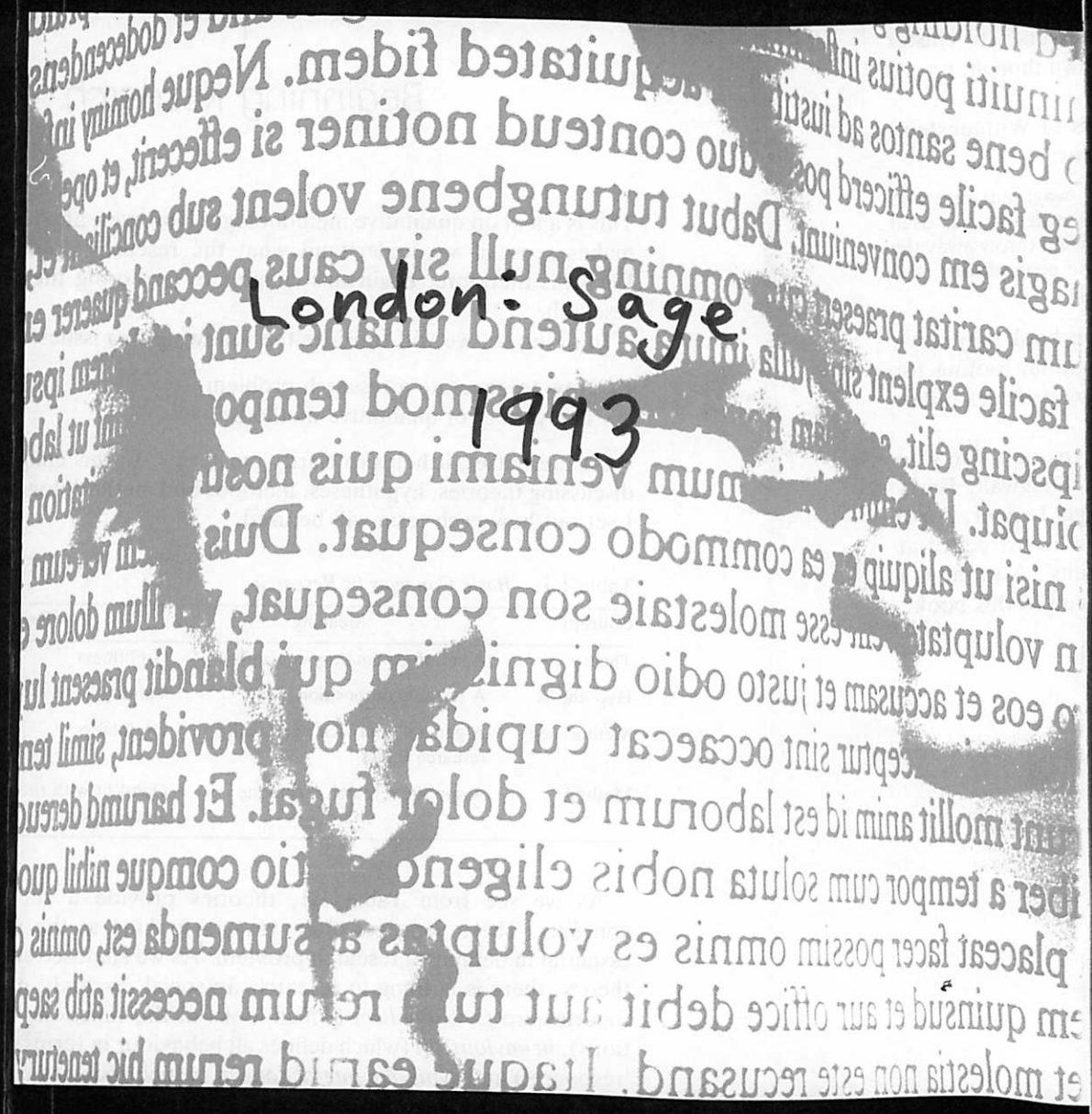
Table 1.1: *Basic Concepts in Research*

Concept	Meaning	Relevance
Theory	A set of explanatory concepts	Usefulness
Hypothesis	A testable proposition	Validity
Methodology	A general approach to studying research topics	Usefulness
Method	A specific research technique	Good fit with theory, hypothesis and methodology

As we see from Table 1.1, theories provide a set of explanatory concepts. These concepts offer ways of looking at the world which are essential in defining a research problem. As we shall see shortly, without a theory, there is nothing to research. In social research, examples of such theories are *functionalism* (which looks at the functions of social institutions), *behaviourism* (which defines all behaviour in terms of 'stimulus' and 'response') and *symbolic interactionism* (which focusses on how we attach symbolic meanings to interpersonal relations).

Interpreting Qualitative Data

Methods for Analysing Talk, Text and Interaction



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So theories provide the impetus for research. As living entities, they are also developed and modified by good research. However, as used here, theories are never disproved but only found more or less useful.

This last feature distinguishes theories from hypotheses. Unlike theories, hypotheses are tested in research. Examples of hypotheses, considered later in this book, are:

- that how we receive advice is linked to how advice is given
- that responses to an illegal drug depend upon what one learns from others
- that voting in union elections is related to non-work links between union members.

As we shall see, a feature of many qualitative research studies is that there is no specific hypothesis at the outset but that hypotheses are produced (or induced) during the early stages of research. In any event, unlike theories, hypotheses can, and should, be tested. Therefore, we assess a hypothesis by its validity or truth.

A methodology is a general approach to studying a research topic. It establishes how one will go about studying any phenomenon. In social research, examples of methodologies are *positivism* (which seeks to discover laws using quantitative methods) and, of course, *qualitative methodology* (which is often concerned with inducing hypotheses from field research). Like theories, methodologies cannot be true or false, only more or less useful.

Finally, methods are specific research techniques. These include quantitative techniques, like statistical correlations, as well as techniques like observation, interviewing and audio-recording. Once again, in themselves, techniques are not true or false. They are more or less useful, depending on their fit with the theories and methodologies being used, the hypothesis being tested and/or the research topic that is selected. So, for instance, positivists will favour quantitative methods and interactionists often prefer to gather their data by observation. But, depending upon the hypothesis being tested, positivists may sometimes use qualitative methods – for instance in the exploratory stage of research. Equally, interactionists may sometimes use simple quantitative methods, particularly when they want to find an overall pattern in their data.

Having set out some basic concepts, we can now turn to the first issue to be discussed in this chapter.

Using Theory to Generate a Research Problem

After long experience in supervising research, at both undergraduate and graduate levels, I find that beginning researchers tend to make two basic errors. First, they fail to distinguish sufficiently between research problems and problems that are discussed in the world around us. The latter kind of

problems, which I shall call 'social problems', are at the heart of political debates and fill the more serious newspapers. However, although social problems, like unemployment, homelessness and racism, are important, by themselves they cannot provide a researchable topic.

The second error to which I have referred is sometimes related to the first. It arises where apprentice researchers take on an impossibly large research problem. For instance, it is important to find the causes of a social problem like homelessness, but such a problem is beyond the scope of a single researcher with limited time and resources. Moreover, by defining the problem so widely, one is usually unable to say anything in great depth about it.

As I tell my students, your aim should be to say 'a lot about a little (problem)'. This means avoiding the temptation to say 'a little about a lot'. Indeed, the latter path can be something of a 'cop-out'. Precisely because the topic is so wide-ranging, one can flit from one aspect to another without being forced to refine and test each piece of analysis.

In this part of the chapter, I shall focus on the first of these errors – the tendency to choose social problems as research topics. However, in recommending solutions to this error, I shall imply how one can narrow down a research topic.

What Is a Problem?

One has only to open a newspaper or to watch the television news to be confronted by a host of social problems. As I write, the British news media are full of references to a 'wave' of crimes committed by children – from the theft of cars to the murder of old people and other children. There are also several stories about how doctors infected by HIV have continued to work and, by implication, have endangered their patients.

The stories have this in common: both assume some sort of moral decline in which families or schools fail to discipline children and in which physicians fail to take seriously their professional responsibilities. In turn, the way each story is told implies a solution: tightening up 'discipline' in order to combat the 'moral decline'.

However, before we can consider such a 'cure', we need to consider carefully the 'diagnosis'. Has juvenile crime increased or is the apparent increase a reflection of what counts as a 'good' story? Alternatively, might the increase be an artifact of what crimes get reported?

Again, how many health care professionals have actually infected their patients with HIV? I know of only one (disputed) case – a Florida dentist. Conversely, there is considerable evidence of patients infecting the medical staff who treat them. Moreover, why focus on HIV when other conditions like hepatitis B are far more infectious? Could it be that we hear so much about HIV because it is associated with 'stigmatised' groups?

However, apparent 'social' problems are not the only problems that may clamour for the attention of the researcher. Administrators and managers

point to 'problems' in their organisations and may turn to social scientists for solutions.

It is tempting to allow such people to define a research problem – particularly as there is usually a fat research grant attached to it! However, we must first look at the terms which are being used to define the problem. For instance, many managers will define problems in their organisation as problems of 'communication'. The role of the researcher is then to work out how people can communicate 'better'.

Unfortunately, talking about 'communication problems' raises many difficulties. For instance, it may deflect attention from the communication 'skills' inevitably used in interaction. It may also tend to assume that the solution to any problem is more careful listening, while ignoring power relations present inside and outside patterns of communication. Such relations may also make the characterisation of 'organisational efficiency' very problematic. Thus 'administrative' problems give no more secure basis for social research than do 'social' problems.

Of course, this is not to deny that there are any real problems in society. However, even if we agree about what these problems are, it is not clear that they provide a researchable topic, particularly for the apprentice researcher.

Take the case of the problems of people infected with HIV. Some of these problems are, quite rightly, brought to the attention of the public by the organised activities of groups of people who carry the infection. What social researchers can contribute are the particular theoretical and methodological skills of their discipline. So economists can research how limited health care resources can be used most effectively in coping with the epidemic in the West and in the Third World. Among sociologists, survey researchers can investigate patterns of sexual behaviour in order to try to promote effective health education, while qualitative methods may be used to study what is involved in the 'negotiation' of safer sex or in counselling people about HIV and AIDS.

The Trap of Absolutism

At last, by showing what social research *can* do, we seem to be hitting a positive note. However, there is one further trap which lies in our path when we are trying to define a research problem. What I call the 'absolutist' trap arises in the temptation to accept uncritically the conventional wisdoms of our day. Let me list the four such 'wisdoms' I will be considering:

- 'scientism'
- 'progress'
- 'tourism'
- 'romanticism'.

The first two issues mainly relate to quantitative social scientists; the last two are more of a problem for qualitative researchers.

Scientism: This involves uncritically accepting that 'science' is both highly distinct from, and superior to, 'common sense'. For instance, the quantitative researcher might study the relationship between the 'efficiency' of an organisation and its management 'structure'. The aim might be to get a more reliable and valid picture than we might get from 'common sense'.

However, what is 'efficient' and what is the management 'structure' cannot be separated from what the participants in the organisation do themselves. So, 'efficiency' and 'structure' are not stable realities but are defined and redefined in different organisational contexts (e.g. internal meetings, labour–management negotiations, press releases, etc.). Moreover, the researchers themselves will, inevitably, use their common-sense knowledge of how organisations operate in order to define and measure these 'variables' (see Cicourel: 1968, Silverman: 1975a).

This is *not* to say that there is no difference between 'science' and 'common sense'. Of course, social science needs to study how 'common sense' works in a way which 'common sense' would not and could not follow for itself. In doing so, however, it will inevitably draw upon common-sense knowledge. Scientism's mistake is to position itself entirely apart from, and superior to, 'common sense'.

Progress: In the nineteenth century, scientists believed they could detect a path leading towards 'progress' in history (e.g. Darwin on 'the origin of species', Marx on the inevitability of the demise of 'regressive' economic systems). This belief was maintained, with some modifications after the experiences of the two world wars, well into the twentieth century.

However, an uncritical belief in 'progress' is an unacceptable basis for scientific research. For instance, it is dangerous to assume that we can identify social progress when doctors listen more to their patients (Silverman: 1987, Ch. 8), when prison inmates are offered parole or when all of us feel freer to discuss our sexuality (Foucault: 1977, 1979). In each case, if we assume 'progress', then we may fail to identify the 'double-binds' of any method of communication and/or new forms of power.

Both 'scientism' and a commitment to 'progress' have had most impact on quantitative researchers. I now turn to two traps that have had a more direct influence on qualitative research.

Tourism: I have in mind the 'up-market' tourist who travels the world in search of encounters with alien cultures. Disdaining package tours and even the label of 'tourist', such a person has an insatiable thirst for the 'new' and 'different'.

The problem is that there are worrying parallels between the qualitative researcher and this kind of tourist. Such researchers often begin without a hypothesis and, like the tourist, gaze rapaciously at social scenes for signs of activities that appear to be new and different.

The danger in all this is that 'touristic' researchers may so focus on cultural and 'sub-cultural' (or group) differences that they fail to recognise

similarities between the culture to which they belong and the cultures which they study. As Moerman (1974) noted in his study of a tribe in Thailand, once you switch away from asking 'leading' questions (which assume cultural differences) to observation of what people actually are doing, then you may find certain *common* features between social patterns in the West and East (see Chapter 9, pp. 196–197).

Romanticism: Just as the nineteenth century was the age of 'progress', so it was the time in which people expected that literature, art and music would express the inner world of the artist and engage the emotions of the audience. This movement was called 'romanticism'.

As I later argue, there is a hint of this romanticism in some contemporary qualitative research (Chapter 9, pp. 197–210). This particularly applies where the researcher sets out to record faithfully the 'experiences' of some, usually disadvantaged, group (e.g. battered women, gay men, the unemployed, etc.).

As I later suggest, the romantic approach is appealing but dangerous. It may neglect how 'experience' is shaped by cultural forms of representation. For instance, what we think is most personal to us ('guilt', 'responsibility') may be simply a culturally given way of understanding the world (see my discussion of the mother of a young diabetic person in Chapter 6, pp. 121–122). So it is problematic to justify research in terms of its 'authentic' representation of 'experience' when what is 'authentic' is culturally defined.

This argument has implications for analysing interview data which I touch upon below. For the moment, I will conclude this section on generating a research problem by examining how different kinds of sensitivity can provide a solution to the twin traps of 'absolutism' and sliding into societal versions of 'social problems'.

Sensitivity and Researchable Problems

The various perspectives of social science provide a sensitivity to many issues neglected by those who define 'social' or administrative 'problems'. At the same time, it is possible to define and study any given research topic without falling into the 'absolutist' trap.

Let me distinguish four types of sensitivity:

- historical
- cultural
- political
- contextual.

I will explain and discuss each of these in turn.

Historical sensitivity: I have already implied how we can use this kind of sensitivity by looking critically at assumptions of 'progress' in society. This

means that, wherever possible, we should examine the relevant historical evidence when we are setting up a topic to research. For instance, in the 1950s and 1960s it was assumed that the 'nuclear family' (parents and children) had replaced the 'extended family' (many generations living together in the same household) of pre-industrial societies. Researchers simply seemed to have forgotten that lower life-expectancy may have made the 'extended family' pattern relatively rare in the past.

Again, historical sensitivity helps us to understand how we are governed. For instance, until the eighteenth century, the majority of the population were treated as a threatening 'mob' to be controlled, where necessary, by the use of force. Today, we are seen as individuals with 'needs' and 'rights' which must be understood and protected by society (see Foucault: 1977). But, although oppressive force may be used only rarely, we may be controlled in more subtle ways. Think of the knowledge about each of us contained in computerised data-banks and the pervasive video-cameras which record movements in many city streets. Historical sensitivity thus offers us multiple research topics which evade the 'absolutist' trap.

Cultural sensitivity: This form of sensitivity is a healthy antidote to the 'romantic' impulse. The latter impulse directs our attention to the unique experiences of individuals. Cultural sensitivity reveals how such experiences are shaped by given forms of representation.

For instance, in a study to which I shall return in greater detail (Chapter 4, pp. 73–75), Propp (1968) shows how all narratives may have a common structure deriving from the fairy story. Equally, Baruch (1982) reveals how mothers of handicapped children tell stories which appeal to their 'responsibility' in the face of adversity (Chapter 5, pp. 108–114). In both cases, we are provided with a way of turning our studies of texts or interviews into highly researchable topics.

Political sensitivity: Allowing the current media 'scares' to determine our research topics is just as fallible as designing research in accordance with administrative or managerial interests. In neither case do we use political sensitivity to detect the vested interests behind this way of formulating a problem. The media, after all, need to attract an audience. Administrators need to be seen to be working efficiently.

So political sensitivity seeks to grasp the politics behind defining topics in particular ways. In turn, it helps in suggesting that we research how 'social problems' arise. For instance, Barbara Nelson (1984) looked at how 'child abuse' became defined as a recognisable problem in the late 1960s. She shows how the findings of a doctor about 'the battered baby syndrome' were adopted by the conservative Nixon administration through linking social problems to parental 'maladjustment' rather than to the failures of social programmes.

Political sensitivity does not mean that social scientists argue that there are no 'real' problems in society. Instead, it suggests that social science can

make an important contribution to society by querying how 'official' definitions of problems arise. To be truthful, however, we should also recognise how social scientists often need to accept tacitly such definitions in order to attract research grants.

Contextual sensitivity: This is the least self-explanatory and most contentious category in the present list. By 'contextual' sensitivity, I mean two things: (a) the recognition that apparently uniform institutions like 'the family', 'a tribe' or 'science' take on a variety of meanings in different contexts; (b) the understanding that participants in social life actively produce a context for what they do and that social researchers should not simply import their own assumptions about what context is relevant in any situation.

Point (a) above is reflected most obviously in Gubrium's (1992) work on the family and Gilbert and Mulkay's (1983) study of scientists (see Chapter 3, pp. 56–58, and Chapter 9, pp. 200–202). In both cases, fruitful research topics are suggested in regard to how apparently unitary institutions assume a variable meaning according to the participants' practical purposes (e.g. social workers or lawyers discussing 'family life'; scientists discussing science in published papers or in casual conversation).

Point (b) implies that we must carefully inspect what people do and say to see how, if at all, participants organise their activities in terms of particular categories or institutions (see Schegloff: 1991). Once again, it is highly suggestive in generating possible research topics. For instance, it suggests that we reformulate questions about the *impact* of context on behaviour into questions about how participants actively produce contexts for what they are doing together.

Both points are contentious because so much social science, like common sense, takes for granted the existence of stable institutions ('the family') and identities (gender, ethnicity etc.). This is most clearly seen in quantitative studies which correlate identity-based variables (e.g. the relationship between gender and occupation). However, it is also present in qualitative studies that demand that we interpret their observations in terms of assumed social contexts.

One final point in this section. The four kinds of sensitivity we have been considering offer different, sometimes contradictory, ways of generating research topics. I am not suggesting that all should be used at the beginning of any research study. However, if we are not sensitive to *any* of these issues, then we run the danger of lapsing into a 'social-problem'-based way of defining our research topics.

The Variety of Qualitative Methods

There are four major methods used by qualitative researchers:

Observation
Analysing texts and documents

Interviews
Recording and transcribing.

These methods are often combined. For instance, many case-studies combine observation with interviewing. Moreover, each method can be used in either qualitative or quantitative research studies. As Table 1.2 shows, the overall nature of the research methodology shapes how each method is used.

Table 1.2: *Different Uses for Four Methods*

	Methodology	
Method	Quantitative research	Qualitative research
Observation	Preliminary work, e.g. prior to framing questionnaire	Fundamental to understanding another culture
Textual analysis	Content analysis, i.e. counting in terms of researchers' categories	Understanding participants' categories
Interviews	'Survey research': mainly fixed-choice questions to random samples	'Open-ended' questions to small samples
Transcripts	Used infrequently to check the accuracy of interview records	Used to understand how participants organise their talk

Table 1.2 underlines the point made in Table 1.1: methods are techniques which take on a specific meaning according to the methodology in which they are used.

So, in quantitative research, observation is not generally seen as a very important method of data collection. This is because it is difficult to conduct observational studies on large samples. Quantitative researchers also argue that observation is not a very 'reliable' data-collection method because different observers may record different observations. If used at all, observation is held to be only appropriate at a preliminary or 'exploratory' stage of research.

Conversely, observational studies have been fundamental to much qualitative research. Beginning with the pioneering case-studies of non-Western societies by early anthropologists (Malinowski: 1922, Radcliffe-Brown: 1948) and continuing with the work by sociologists in Chicago prior to the Second World War (Thomas and Znaniecki: 1927), the observational method has often been the chosen method to understand another culture.

These contrasts are also apparent in the treatment of texts and documents. Quantitative researchers try to analyse written material in a way which will produce reliable evidence about a large sample. Their favoured method is 'content analysis' in which the researchers establish a

set of categories and then count the number of instances that fall into each category. The crucial requirement is that the categories are sufficiently precise to enable different coders to arrive at the same results when the same body of material (e.g. newspaper headlines) are examined (see Berelson: 1952).

In qualitative research, small numbers of texts and documents may be analysed for a very different purpose. The aim is to understand the participants' categories and to see how these are used in concrete activities like telling stories (Propp: 1968, Sacks: 1974), assembling files (Cicourel: 1968, Gubrium and Buckholdt: 1982) or describing 'family life' (Gubrium: 1992). The reliability of the analysis is less frequently addressed. Instead, qualitative researchers make claims about their ability to reveal the local practices through which given 'end-products' (stories, files, descriptions) are assembled.

Interviews are commonly used in both methodologies. Quantitative researchers administer interviews or questionnaires to random samples of the population; this is referred to as 'survey research'. 'Fixed-choice' questions (e.g. 'yes' or 'no') are usually preferred because the answers they produce lend themselves to simple tabulation, unlike 'open-ended' questions which produce answers which need to be subsequently coded. A central methodological issue for quantitative researchers is the reliability of the interview schedule and the representativeness of the sample.

For instance, after surveys of voting intention did not coincide with the result of the British General Election of 1992, survey researchers looked again at their methodology. Assuming that some respondents in the past may have lied to interviewers about their voting intentions, some companies now provide a ballot box into which respondents put mock ballot slips – thereby eliminating the need to reveal one's preferences to the interviewer. Attention is also being given to assembling a more representative sample to interview, bearing in mind the expense of a completely random sample of the whole British population.

'Authenticity' rather than reliability is often the issue in qualitative research. The aim is usually to gather an 'authentic' understanding of people's experiences and it is believed that 'open-ended' questions are the most effective route towards this end. So, for instance, in gathering life histories or in interviewing parents of handicapped children (Baruch: 1982), people may simply be asked: 'tell me your story'. Qualitative interview studies are often conducted with small samples and the interviewer–interviewee relationship may be defined in political rather than scientific terms (e.g Finch: 1984).

Finally, transcripts of audio-recordings are rarely used in quantitative research, probably because of the assumption that they are difficult to quantify. Conversely, as we shall see (Chapter 6), audio-recordings are an increasingly important part of qualitative research. Transcripts of such recordings, based on standardised conventions, provide an excellent record of 'naturally occurring' interaction. Compared to fieldnotes of

observational data, recordings and transcripts can offer a highly reliable record to which researchers can return as they develop new hypotheses.

This rather abstract presentation can now be made more concrete by examining a number of qualitative studies using each method. I will take the example of research on social aspects of AIDS because it is a highly discussed, contemporary topic and an area in which I have worked. For each study presented, I will show how different theoretical and methodological imperatives shaped the choice and use of the method concerned.

Observation

In 1987, I began sitting in at a weekly clinic held at the Genito-Urinary Department of an English inner-city hospital (Silverman: 1989c). The clinic's purpose was to monitor the progress of HIV-positive patients who were taking the drug AZT (Retrovir). AZT then seemed able to slow down the rate at which the virus reproduces itself.

Like any observational study, the aim was to gather first-hand information about social processes in a 'naturally occurring' context. No attempt was made to interview the individuals concerned because the focus was upon what they actually did in the clinic rather than upon what they thought about what they did. The researcher was present in the consulting-room at a side-angle to both doctors and patient.

Patients' consent for the researcher's presence was obtained by the senior doctor. Given the presumed sensitivity of the occasion, tape-recording was not attempted. Instead, detailed handwritten notes were kept, using a separate sheet for each consultation.

The sample was small (fifteen male patients seen in thirty-seven consultations over seven clinic sessions) and no claims were made about its representativeness. Because observational methods were rare in this area, the study was essentially exploratory. However, as we shall see, an attempt was made to link the findings to other social research about doctor–patient relations.

As Sontag (1979) has noted, illness is often taken as a moral or psychological metaphor. The major finding of the study was the moral baggage attached to being HIV-positive. For instance, many patients used a buzzer to remind them to take their medication during the night. As one commented (P = Patient):

> P: It's a dead giveaway. Everybody knows what you've got.

However, despite the social climate in which HIV infection is viewed, there was considerable variation in how people presented themselves to the medical team. Four styles of 'self-presentation' (Goffman: 1959) were identified. Each style is briefly noted below:

'Cool': Here even worrying medical statements were treated with an air of politeness and acceptance rather than concern or apparent anxiety. For example, one patient generally answered all questions in monosyllables.

His only sustained intervention was when he asked about the name of a doctor he would be seeing at another hospital for his skin infection. He made no comment when a doctor observed that AZT was keeping him alive.

'Anxiety': At the other extreme, some patients treated even apparent greetings as an oppotunity to display 'anxiety'. For instance:

Dr: How are you?
P: Heh. Pretty weak. Something I can't put my finger on. Not right. Don't know.

'Objective': As has been noted in other studies (see Baruch: 1982, discussed in Chapter 5, pp. 108–114), health professionals commonly present themselves to doctors as bundles of objective symptoms. One such professional, who was a patient in this clinic, behaved in exactly this way. For instance:

P: I was wondering whether Acyclovir in connection with the AZT might cause neutropenia . . . (describing his herpes symptoms). It was interesting. So you'd suggest it four times a day. Because normally they recommend five times a day.

'Theatrical': One way of responding to questions about one's physical condition was to downplay them in order to make observations about social situations, acknowledging the listening audience. For instance:

Dr: How are you feeling physically?
P: Fine. The other thing was . . . (account of doctor who didn't wave to him in the street). He's just a bloody quack like you. No offence.
[to researcher and medical student]
I'm a bad case by the way so don't take no notice of me.

Three important points need to be made about this discussion. First, there was no simple correspondence between each patient and a particular 'style' of self-presentation. Rather, each way of presenting oneself was available to each patient within any one consultation, where it might have a particular social function. So the focus was on social processes rather than on psychological states. Second, I have only been to able to offer brief extracts to support my argument. As we shall see in Chapter 7, such use of evidence has led to doubts about the validity or accuracy of qualitative research.

My third point is that these findings reflect only part of the study. We also discovered how the ethos of 'positive thinking' was central to many patients' accounts and how doctors systematically concentrated on the 'bodies' rather than the 'minds' of their patients – we get a sense of this in the extract immediately above where the patient resists an attempt by the doctor to get him to talk more about his physical condition. This led on to some practical questions about the division of labour between doctors and counsellors.

Textual Analysis

Kitzinger and Miller (1992) have looked at the relation between media reporting of AIDS and the audience's understanding. Their analysis of British television news bulletins provides a good example of how textual analysis may be used in qualitative research on social aspects of AIDS. It also shows how qualitative researchers try to avoid questions deriving from 'social problem' perspectives, while recognising that phenomena are always socially defined. Kitzinger and Miller's concern with the social definition of phenomena is shown by the inverted commas they place around concepts like 'AIDS', 'Africa' and what is 'really' the case. As the authors explain:

> This chapter focusses on audiences and the role of the media in changing, reinforcing or contributing to ideas about AIDS, Africa and race. It does not argue that HIV either does or not originate in Africa . . . Here we are not directly addressing questions about where the virus 'really' came from or the actual distribution of infection. Instead we are focussing on how different *answers* to these questions are produced, framed and sustained, what these tell us about the construction of 'AIDS' and 'Africa' and what socio-political consequences they carry with them. (Kitzinger and Miller: 1992, 28, my emphasis)

Over three years of television news reports were examined. In one such report, statistics on HIV infection were given for the whole of Africa and a map of Africa was shown with the word 'AIDS' fixed across the continent. The map was also stamped with the words '3 Million Sufferers'.

In the three-year period, the only country to be distinguished as different from the rest of Africa was South Africa. Indeed, on one occasion, South Africa was described as 'holding the line' against an HIV invasion from black Africa. By contrast, images of black Africans with AIDS were used in all the news reports studied. Moreover, the spread of the epidemic was related to 'traditional sexual values' or, more generally, to 'African culture'.

To see how these media images impacted upon their audience, many discussion groups were established among people with particular occupations (e.g. nurses, police, teachers), perceived 'high involvement' in the issue (e.g. gay men, prisoners) and 'low involvement' (e.g. retired people, students).

Although members of all groups were sceptical about media coverage of news issues, they nonetheless accepted the general assumption that AIDS came from Africa and is prevalent there. White people usually began from the assumption that Africa is a hotbed of sexually transmitted diseases. This was based on the belief that sexual intercourse typically begins at an early age and that sexual diseases are spread through polygamy.

However, not all individuals shared these beliefs. Kitzinger and Miller refer to several factors which led people to doubt the media treatment. Among these were the following: personal contact with alternative information from trusted individuals or organisations, personal experience of

being 'scapegoated', personal experience of conditions in Africa and being black yourself.

The authors conclude:

> Our research shows both the power of the media and the pervasiveness of stock white cultural images of black Africa; it is easy to believe that Africa is a reservoir of HIV infection because 'it fits'. Journalists draw on these cultural assumptions when they produce reports on AIDS and Africa. But, in so doing, they are helping to reproduce and legitimise them. (*ibid*, 49)

Kitzinger and Miller's study has a much bigger data-base than my study of one medical clinic. However, it shares two features in common. First, in both studies, the researchers began without a hypothesis. Instead, as in much qualitative research, they sought to induce and then test hypotheses during their data-analyses. Second, both studies were theoretically driven by the assumption that social phenomena derive their meaning from how they are defined by participants. Both these features are found in the remaining two studies we shall consider.

Interviews

Weatherburn *et al* (1992) note that many studies assert that there is an association between alcohol and drug 'misuse' and 'risky' sexual behaviour. Conversely, Weatherburn *et al* suggest the following: 'the link is asserted but not proven; that the evidence is at best contradictory and that this assertion is informed by a puritanical moral agenda' (119).

In their own research, we find two assumptions which are absent from these earlier, generally quantitative, research studies:

1 No assumption is made about a strong interrelation between alcohol use and engagement in unsafe sex.
2 Psychological traits (like defects of character or weakness of resolve under the influence of alcohol) are held to be an inadequate explanation of enduring unsafe sexual practices (*ibid*, 122–123).

Weatherburn *et al*'s research is part of Project SIGMA which is a British longitudinal study of a non-clinic-based cohort of over one thousand gay men. Like other qualitative researchers, they distrusted explanations of behaviour which reduced social life to a response to particular 'stimuli' or 'variables'. Consequently, they favoured 'open-ended' questions to try to understand the meanings attached to alcohol use by their sample. For instance:

> The first question asked respondents: 'Would you say alcohol plays a significant role in your sex life?' Those respondents who said 'yes' were probed in detail about its exact nature. Respondents were also asked whether alcohol had *ever* influenced them to engage in unsafe sexual behaviours. (*ibid*, 123)

Typically, in an open-ended interview study, respondents were encouraged

to offer their own definitions of particular activities, 'unsafe sex' for example.

The findings of the study reflect the complexity of the attempt to explain the 'causes' of social behaviour. The effects of alcohol were found to depend upon 'the context of the sexual encounter and the other party involved in the sexual negotiation' (129). Only in a minority of reports was alcohol treated as the 'cause' of unsafe behaviour. In the majority of cases, although people might report themselves as 'fairly drunk', they described their sexual activities as the outcome of conscious deliberation.

However, the authors raise a crucial issue about the meaning we should attach to such descriptions, given that people may recall those features that depict their behaviour as socially desirable: 'it is recognized that asking people retrospective questions about alcohol use may well be problematic, both because of social desirability phenomena and because alcohol itself impairs recall' (123).

As we shall see in Chapter 5, this observation goes to the heart of an unresolved debate about the status of interview accounts, namely are such accounts:

- true or false representations of such features as attitudes and behaviour?
- simply 'accounts', whose main interest lies in how they are constructed rather than their accuracy?

This interview study highlights the advantages of qualitative research in offering an apparently 'deeper' picture than the variable-based correlations of quantitative studies. However, it also implies why it can be difficult to get funding or acceptance for qualitative research. However questionable are the assumptions behind some quantitative research, it tends to deliver apparently reliable and valid correlations between 'variables' that appear to be self-evident. Moreover, these correlations usually lead in clear-cut policy directions.

However, some qualitative research can combine sensitivity to participants' definitions with correlations carrying direct policy implications. We shall see this in our final research study.

Transcripts

Silverman *et al*'s (1992) study was based on audio-tapes of HIV/AIDS counselling from ten different medical centres in Britain, the U.S.A. and Trinidad. The focus was on advice (both how advice was given and how it was received). The interest in advice derived from three sources:

1 The research was part-funded by the English Health Education Authority: this meant that analysis of advice sequences would be appropriate to its interest in health promotion.
2 Early work on the project had identified two basic 'communication

formats' through which such counselling was conducted; the analysis of 'information delivery' and interview formats provided a crucial resource for the analysis of how advice-giving worked (see Peräkylä and Silverman: 1991a).

3 A recent study by Heritage and Sefi (1992) of health visitors and mothers had provided important findings about the relationship between different forms of advice-giving and their uptake by the client.

As I show in Chapter 7 (p. 167), we were able to tabulate the relationship between the form in which advice was given and how it was received in fifty advice sequences. Broadly speaking, personalised advice, offered after clients had been asked to specify their concerns, was associated with a 'marked acknowledgment' (e.g. a comment on the advice or a further question from the client). Conversely, counsellors who gave generalised advice, without first getting their clients to specify a particular problem, generally received only 'unmarked acknowledgments' (e.g. 'mm', 'right', 'yes').

However, the availability of detailed transcripts meant that we could go beyond this predictable finding. In particular, we sought to address the functions of counsellors' behaviour – particularly given the fact that, if asked, many of them would have recognised that generalised advice-giving is likely to be ineffective. We hoped, thereby, to make a constructive input into policy debates by examining the *functions* of communication sequences in a particular institutional context.

Let us look at a relevant data extract. The transcription symbols are provided in Chapter 6, p. 118:

Extract 1.1
(C = Counsellor; P = Patient)

C: .hhhh Now when someo:ne er is tested (.) and they
ha:ve a *n*egative test result .hh it's obviously
idealuh:m that (.) *th*ey then look after themselves to
prevent [any further risk of=
P: [Mm hm
C: =in*fe*ction. .hhhh I mean obviously this is only
possible up to a *p*oint because if .hhh you get into
a sort of serious relationship with someone that's
long *ter*:m .hh you can't obviously continue to use
condoms fore*v*er. .hh Uh:m and a point has to come
where you make a sort of decision (.4) uh:m if you
are settling down about families and things that you
know (.6) you'd- not to continue safer *s*ex.
[.hhhh Uh:m but obviously: (1.0) you=
P: [Mm:
C: =nee:d to be (.) uh:m (.) take precautions uhm (0.3)
and *k*eep to the safer practices .hhh if: obviously
you want to prevent infection in the future.
P: [Mm hm
C: [.hhhh The problem at the moment is we've got it
here in {names City} in particular (.) right across

22 the boar:d you know from all walks of life.
23 P: Mm hm
24 C: Uh::m from you know (.) the sort of established high
25 r- risk groups (.) now we're getting heterosexual
26 (.) [transmission as well. .hh Uhm=
27 P: [Mm hm
28 C: =so obviously everyone really needs to careful. .hhh
29 Now whe- when someone gets a *p*ositive test result
30 er: then obviously they're going to ke- think very
31 carefully about things. .hhhh *B*eing HIV positive
32 doesn't necessarily mean that that person is going
33 to develop ai:ds (.) later on.
34 (.)
35 P: Mm hm

We can make three observations about this extract. First, C delivers advice without having elicited from P a perceived problem. Reasons of space do not allow us to include what immediately precedes this extract but it involves another topic (the meaning of a positive test result) and no attempt is made to question P about his possible response to this topic, i.e. how he might change his behaviour after a negative test result. Moreover, within this extract, C introduces fresh topics (what to do in a 'serious' relationship in lines 6–13; the spread of HIV in the city in lines 20–22) without attempting to elicit P's own perspectives.

Second, predictably, P only produces variations on 'mm hmm' in response to C's advice. While these may indicate that P is listening, they do not show P uptake and might be taken as a sign of passive resistance to the advice (see Heritage and Sefi: 1992).

Third, C does not personalise her advice. Instead of using a personal pronoun or the patient's name, she refers to 'someone' and 'they' (lines 1–4) and 'everyone' (line 28).

Advice sequences like these are very common at three out of the five counselling centres we have examined. So we have to ask ourselves why counsellors should use a format which is likely to generate so little patient uptake. Since our preference was not to criticise professionals but to understand the logic of their work, we need to look at the *functions* as well as the dysfunctions of this way of proceeding.

A part of the answer seems to lie in the content of the advice given. Note how in Extract 1.1 the counsellor is giving advice about what she tells patients *after* a particular test result. But the patient here does not yet have his result – indeed he has not yet even consented to the test. This leaves it open to the patient to treat what he is being told not as advice but as information delivery (about the advice C would give if P turned out to be seropositive or seronegative). Moreover, throughout C avoids personalising her advice. Rather than saying what she advises P to do, she uses the non-specific term 'someone'.

All the available research suggest that behaviour change rarely occurs on the basis of information alone. Why, therefore, would counsellors want to package their advice in a way which makes patient uptake less likely?

A part of the answer to this question lies in the *dysfunctions* of recipient-designed advice. Throughout our corpus of interviews, counsellors exit quickly from *personalised* advice when patients offer only minimal responses like 'mm mm's. It seems that, if someone is giving you personalised advice, if you don't show more uptake than 'mm mm', this will be problematic to the advice-giver. Conversely, if you are merely giving somebody general information, then occasional 'mm mm's are all that is required for the speaker to continue in this format. Moreover, truncated, non-personalised advice sequences are also usually far shorter – an important consideration for hard-pressed counsellors.

Another function of offering advice in this way is that it neatly handles many of the issues of delicacy that can arise in discussing sexual behaviour. First, the counsellor can be heard as making reference to what she tells 'anyone' so that this particular patient need not feel singled out for attention about his private life. Second, because there is no step-by-step method of questioning, patients are not required to expand on their sexual practices with the kinds of hesitations we have found elsewhere in our research (Silverman and Peräkylä: 1990). Third, setting up advice sequences that can be heard as information delivery shields the counsellor from some of the interactional difficulties of appearing to tell strangers what they should be doing in the most intimate aspects of their behaviour. Finally, predictably, information-oriented counselling produces very little conflict. So in Extract 1.1, there is no *active* resistance from P. Indeed, topic follows topic with a remarkable degree of smoothness and at great speed.

So the character of HIV counselling as a focussed conversation on mostly delicate topics explains why truncated advice sequences (like that seen in Extract 1.1) predominate in our transcripts.

Clearly, such sequences are functional for *both* local and institutional contexts. This underlines the need to locate 'communication problems' in a broader structural context. Our research had much to say about how counsellors can organise their talk in order to maximise patient uptake. However, without organisational change, the impact of such communication techniques alone might be minimal or even harmful. For instance, encouraging patient uptake will usually involve longer counselling sessions. Experienced counsellors will tell you that, if they take so long with one client that the waiting period for others increases, some clients will simply walk out – and hence may continue their risky behaviour without learning their HIV-status.

Undoubtedly, then, there are gains for the counsellor in setting up advice-packages which are truncated and non-personalised. Obviously, however, there are concomitant losses of proceeding this way. As we have shown, such advice packages produce far less patient uptake and, therefore, their function in creating an environment in which people might re-examine their own sexual behaviour is distinctly problematic.

Two possible solutions suggest themselves from the data analysed by this

study. First, avoiding necessarily 'delicate' and unstable advice sequences but encouraging patients to draw their own conclusions from a particular line of questioning. Second, since both this method and step-by-step advice-giving take considerable time, finding ways of making more time available for more effective counselling. I take up these matters in greater detail in Chapter 8.

Having set out four different qualitative methods, I want to make two general observations. First, as I have emphasised, no research method stands on its own. So far, I have sought to show the link between methods and methodologies in social research. However, there is a broader, societal context in which methods are located and deployed. As a crude example, texts depended upon the invention of the printing press or, in the case of television or audio-recordings, upon modern communication technologies.

Moreover, such activities as observation and interviewing are not unique to social researchers. For instance, as Foucault (1977) has noted, the observation of the prisoner has been at the heart of modern prison reform, while the method of questioning used in the interview reproduces many of the features of the Catholic confessional or the psycho-analytic consultation. Its pervasiveness is reflected by the centrality of the interview study in so much contemporary social research. In the two collections of papers from which the research studies above have been selected, for example, fourteen out of nineteen empirical studies are based on interview data. One possible reason for this may not derive from methodological considerations. Think, for instance, of how much interviews are a central (and popular) feature of mass media products, from 'talk shows' to 'celebrity' interviews. Perhaps, we all live in what might be called an 'interview society' in which interviews seem central to making sense of our lives.

All this means that we need to resist treating research methods as mere *techniques*. This is reflected in the attention paid in this book to the *analysis* of data rather than to methods of data-*collection*.

Conclusion

By focussing on the topics of HIV and AIDS, I have tried to show how four different research methods can be used in qualitative research. Despite the different kinds of data which they generate, they lead to a distinctive form of analysis which is centrally concerned with avoiding a 'social problem' perspective by asking how participants attach meaning to their activities and 'problems'.

Part Two of this book sets out each research method in greater detail and Part Three returns to issues of validity and relevance which are touched upon in this chapter. However, before we deal with these detailed issues, it will be helpful, in the light of the studies discussed here, to review what other writers have said about the distinctive properties of qualitative research. This is the topic of Chapter 2.