

VARIETIES OF QUALITATIVE RESEARCH: A PRAGMATIC APPROACH TO SELECTING METHODS

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Preparing to conduct a qualitative research study for the first time can be a bewildering experience. Diners seating themselves at a table in the Qualitative Research Restaurant are handed a lengthy menu of potential methodological approaches. The ingredients of each are described in the elaborate prose typical of restaurant menus, but lacking is the friendly waiter, fellow diner, or restaurant guide who will help the diner go behind the often-optimistic descriptions on the menu to understand how satisfying each dish ultimately will be.

This chapter attempts to fill such a role. It is an informed guide, advising qualitative researchers on how to make sense of the multiplicity of approaches with which they will be faced and how to choose the one that best fits the needs of their project. It facilitates the process of choosing a particular qualitative approach by highlighting the similarities and differences among a number of popular ones, and articulating what each is trying to do and what each is most and least suited for achieving. The treatment here will necessarily be somewhat superficial: Subsequent chapters in this volume describe a number of specific approaches in much greater depth.

The chapter first considers some background issues, such as why researchers would want to adopt a qualitative approach in the first place. The second section examines a number of prominent approaches to qualitative research, attempting to group them according to a rudimentary taxonomy. The third section looks at how each of the approaches might be used to answer a hypothetical research question, using a running example. The

final section addresses some frequently asked questions that arise during the conduct of qualitative studies.

BACKGROUND ISSUES

Why Use Qualitative Methods?

Historically in psychology, qualitative research arrived relatively late. Anthropologists and sociologists had employed qualitative approaches since the inceptions of their disciplines in the 19th and 20th centuries. Psychology, however, pretty much defined itself as an exclusively quantitative enterprise. Graduate schools, at least in the English-speaking world, taught statistics and research design but not qualitative methods, and mainstream journals consisted solely of quantitative papers.

This situation began to change in the 1980s and 1990s. In the United States, Gergen's (1985) *American Psychologist* paper on social constructionism was an early call for psychologists to reevaluate their methodological approach. In the United Kingdom, Potter and Wetherell's (1987) text on discourse analysis was influential, as was Henwood and Pidgeon's (1992) paper on the grounded theory approach. In 1996, the British Psychological Society published a handbook of qualitative methods (Richardson, 1996); the equivalent landmark within U.S. psychology was the American Psychological Association's publication of the Camic, Rhodes, and Yardley (2003) handbook. In 1994, we published the first edition of our clinical psychology research methods text (Barker, Pistrang, & Elliott, 1994),

which attempted to present a balanced treatment of both quantitative and qualitative methods within a pluralistic framework. At the time, this felt like a novel enterprise. By the time the second edition appeared (Barker, Pistrang, & Elliott, 2002), the picture had changed markedly, and qualitative methods seemed to be much more widely accepted.

So, why use qualitative methods? In a nutshell, the major strengths of qualitative approaches are that they (a) give in-depth, textured data, often called “thick description” (Geertz, 1973, p. 6), and are thus more able to look at nuances and contradictions; (b) are particularly useful for investigating personal meanings; (c) are valuable for inductively generating theory and are therefore often used in underresearched, undertheorized areas in which exploratory work is needed; (d) give research participants freedom to describe their own experiences in their own language and therefore may redress the power imbalance in the researcher–participant relationship; and (e) can give voice to disadvantaged or excluded subpopulations. On the other hand, the strengths of quantitative approaches are (a) greater precision of measurement, tied in with explicit theories of psychological measurement and statistics; (b) the ability to make comparisons, both between participants and across studies; and (c) the ability to test causal hypotheses using experimental designs.

To take a trivial hypothetical example, suppose that we are investigating mood states. The quantitative approach might be to administer a standardized questionnaire, such as the Profile of Mood States (POMS; McNair, Lorr, & Droppleman, 1971). This would give a profile of scores for each participant, for example, 20 on depression, 15 on anger, and so forth. It would enable comparison of mood across groups of participants, the investigation of correlations between mood and other variables, or the tracking of mood fluctuations over time.

A qualitative approach, on the other hand, would involve asking the participant, “How are you feeling right now?” Her response might include a large amount of text, including something like the following:

Well, not so bad, except that I’m a bit worried about how my daughter is

getting on, and my lower back is really stiff this morning, and I’m feeling grouchy because I had a bad night’s sleep last night. However, I’m really looking forward to retiring and doing lots of activities in my spare time.

The contrast is clear. The quantitative approach gives a numerical summary, which will enable comparisons to be made with other respondents or with the norms for the instrument. On the other hand, the qualitative approach gives the texture of the person’s responses—one feels a much greater acquaintance with the participant hearing her words rather than just knowing her POMS scores; in other words, the data are richer. However, this immediately raises the question of what to do with such a mass of qualitative data. How can the researcher make sense of this unstructured stream of consciousness? What analytic tools are available, and how does one decide which ones to use? It is with such questions that this chapter is concerned.

Other, more personal factors may enter into this choice between qualitative and quantitative approaches. Many people have a preference for working either with numbers or with words, as some people are more drawn to either the sciences or the humanities. It is important to take such preferences into account because it is pointless working within a paradigm one has little aptitude for or sympathy with. However, a word of caution is appropriate: Qualitative approaches are far from an easy option. Although they may seem appealing to researchers who lack statistical ability, they involve hours of painstaking work, reading and rereading transcripts, and arriving at a viable coding system. Practical factors may also be relevant. Qualitative studies tend to have a small sample size and thus may be more appropriate for researchers working on their own or researching a hard-to-recruit population.

Pluralism and Pragmatism

Two main principles underlie our treatment of the material in this chapter: pluralism and pragmatism. *Pluralism*, or more fully *methodological pluralism*, holds that the various approaches to research,

qualitative and quantitative, each have their respective strengths and weaknesses—that there is no one best overall method. The pluralist stance in research methodology is allied to the pluralist stance more generally, such as political pluralism, or the valuing of cultural diversity. Elsewhere, we discuss the implications of this stance at greater length, in the context of both clinical (Barker et al., 2002) and community psychology (Barker & Pistrang, 2005).

Allied to the pluralist position is a *pragmatic* perspective. This looks at each method in terms of what questions each can help the researcher answer—a “whatever works” position. In contrast to some authors, who see a fundamental dichotomy between qualitative and quantitative approaches, our pluralist, pragmatic position regards it as entirely unproblematic for a researcher to use multiple methods. It is possible to carry out, say, a discourse analysis and a randomized controlled trial with the same participants, as Madill and Barkham (1997) have done in a large comparative psychological therapy outcome study. Each genre of research (discourse analysis or randomized controlled trial) answers its own specific set of research questions.

Some Philosophical Background

Because we consider pragmatic issues to take precedence over philosophical ones, we will not burden the reader overly much with discussion of epistemological issues. *Epistemology* refers to the theory of knowledge and examines the philosophical basis underlying various approaches to knowledge generation (Bryman, 2004). Epistemological analysis is a valuable enterprise in which research methodologists can engage to clarify the implications of adopting particular methods. However, newcomers to qualitative research are frequently overwhelmed by the amount of philosophical discourse, often expounded in jargon-heavy prose, that it is apparently necessary to assimilate. In our view, novice qualitative researchers, who are this chapter’s primary intended audience, can usually subsist on relatively small portions of this discourse. We attempt to outline two essential philosophical concepts that are encountered in the qualitative research literature. These can be expressed in terms of two dichotomies.

The most frequently encountered dichotomy is that between positivism and naturalistic enquiry. *Positivism* is a complex philosophical position, expounded by the 19th-century French philosopher Auguste Comte, which partially underlies quantitative approaches to research. In brief, it holds that the social sciences should model themselves after the physical sciences (which provided the knowledge base underlying the enormous technological development of the 19th century). The key tenets of positivism are that (a) science should restrict its attention only to observable facts, (b) the methods of the physical sciences (quantitative measurement, hypothesis testing, etc.) should be applied in the social sciences, and (c) science is objective and value free.

Followed rigorously, the positivist tenets put severe restrictions on what can be studied (e.g., self-reports of cognitions and emotions are disallowed), and few contemporary psychologists would sign up to the positivist program. Historically, its purest representation in psychology was the 1920s Watsonian behaviorism and Skinner’s methodological behaviorism. However, the *hypothetico-deductive* method, which proposes that research progresses by formulating and testing explicit hypotheses, is a legacy of positivism and is central to the received model of psychological research in the English-speaking world. Although positivism in its original form has few advocates, it has become something of a “straw man” for qualitative researchers to define what their approach is not.

The antithesis of the positivist position is called the *naturalistic enquiry* position, which is often regarded as the conceptual basis of qualitative methods (Lincoln & Guba, 1985). It sees the ultimate aim of research as exploring and understanding the phenomenon in question rather than testing theoretically derived hypotheses or predictions, and it is concerned more with inner experience than with observable behavior and with words rather than numbers.

A related dichotomy to that between positivism and naturalistic enquiry is that between realism and constructionism. *Realism* proposes that there is a real world out there and that the task of researchers is to describe it as accurately as possible. *Constructionism*, on the other hand, argues that there is no objective reality independent of human thought, and that

participants (and, indeed, researchers) make their own constructions that cannot be independently verified because there is no reality against which to verify them. Quantitative research is placed in the realist camp and qualitative in the constructionist camp. In practice, however, as Willig (2008) argued, the position is more subtle, in that there is a continuum from realist positions through to radical constructionist positions. It is possible for qualitative research to be conducted either from a realist or a constructionist perspective. For example, if the research topic is attitudes to climate change, a researcher taking a realist stance would seek to ascertain information about beliefs and views that could potentially be verified against other sources of information, whereas researchers taking a constructionist stance might focus on how people put together and convey their arguments. Quantitative research, although usually more realist, can also be conducted from a constructionist perspective. For example, the personal construct theory approach uses sophisticated statistical methods to examine participants' idiosyncratic ways of making sense of their world (Winter, 1992).

The remainder of this chapter gives an overview of a number of commonly used methods and attempts to help readers understand when it might be best to adopt each particular one. Although pragmatic issues are to the fore, epistemological and other considerations are also taken into account.

SOME PROMINENT APPROACHES TO QUALITATIVE RESEARCH

This section sets out the essential background to a number of popular qualitative research approaches. As noted, qualitative research is not a unitary entity. There are many different variants, and qualitative researchers may disagree among themselves on fundamental issues. Our aim is to provide thumbnail sketches of each of the approaches covered, pointing the reader toward additional sources of information for each one. In addition to specific references on each particular approach, several useful volumes look in detail at different qualitative approaches (e.g., Camic et al., 2003; Denzin & Lincoln, 2005; Smith, 2008; Willig, 2008; Willig & Stainton-Rogers, 2008), as do the subsequent chapters in this volume.

Brand-Name Versus Generic Approaches

From even a brief perusal of the literature, it becomes apparent that a large number of brand-name approaches to qualitative research exist, alongside more generic approaches advocated in a number of influential texts (e.g., Creswell, 1998; Miles & Huberman, 1994; Silverman, 2000; Taylor & Bogdan, 1998). The position resembles that in the psychotherapy and counseling field, where there are many specific therapeutic orientations, but there is also a body of work on more integrative or eclectic approaches, in addition to research highlighting the common factors that underlie superficially disparate approaches (Messer & Wampold, 2002).

Some powerful forces propel the field toward having brand-name approaches. In the case of both qualitative research and psychological therapy, there is considerable advantage in terms of academic recognition for the proponents of an approach to attach a label to it in order to highlight its unique features. More important, psychology is a field that has been built on careful attention to the replicability and precision of its procedures, and a specific approach with clearly defined steps increases the transparency of the methods. Thus, in our experience, journal editors and reviewers seem more comfortable if authors say that they are following a specific brand-name method because this ensures that an explicit series of methodological steps has been followed. This then feeds the tendency for researchers to label their approach to satisfy reviewers.

Our own position is that there is much more similarity than difference among many of the approaches to qualitative research. Ultimately, what should be important is that the research is done in a systematic way that meets its aims, rather than the particular label that is attached to it. Researchers must make a choice, however, so we will attempt to draw out commonalities among approaches as well as outline the unique features of each one to clarify the basis on which the choice is made.

Data Collection Methods

Data for qualitative research can come from several sources. Probably the most common is the individual semistructured interview in which the interviewer

follows a flexible interview guide (often called an *interview schedule* or *protocol*). Interviews are usually audio recorded because the analysis focuses on the speech rather than visual channel. They may be held in a group setting, known as a *focus group* (Kitzinger, 1995). Interviews are normally transcribed before analysis.

Another possibility for data collection is qualitative observation. In the most common form, participant observation, the researcher is present, usually for long periods of time, in the setting under study and takes copious field notes, which then provide the raw material for later analysis. Another form of observation is to directly record naturally occurring conversations, such as medical consultations or calls to a telephone helpline. These conversations are then transcribed verbatim before analysis. A final possibility is to use naturally occurring written texts, such as blogs or newspaper articles.

Families of Approaches

As a heuristic aid, we have grouped various approaches to qualitative research together into families sharing important common features. Like most such taxonomies, this is a rough grouping, and some of the placements may be contentious. An earlier version of this taxonomy (Pistrang & Barker, 2010), which focused on psychological therapy research, differed slightly because of its more specialized content.

The four families of qualitative research approaches that we consider are as follows:

1. *Thematic analysis approaches*, which share the aim of identifying and describing the central ideas (usually referred to as *themes* or *categories*) occurring in the data.
2. *Narrative approaches*, which pay particular attention to the unfolding of events or experiences over time.
3. *Language-based approaches*, which pay close attention to the underlying social rules governing language and how language functions to achieve certain ends for the speaker or writer.
4. *Ethnographic approaches*, which are characterized by extensive data collection in the field, usually including participant observation.

The following sections examine each of these families in turn, outlining their characteristic features and describing a selection of representative approaches.

Thematic Analysis Approaches

Thematic analysis approaches attempt to identify themes or ideas in the material under study. This material can come from any of the data sources discussed thus far, but it is most usual to work with interview data. The researcher normally analyzes the material inductively, that is, the themes are derived from the data, rather than established beforehand. For example, if the research question concerns adolescents' experience of membership in gangs, there may be themes of "looking out for each other," "defending our territory," and so on. Themes may be organized in a hierarchical structure, with higher order themes and subthemes. In a sense, thematic analysis is a qualitative analog of the statistical approaches of factor analysis or cluster analysis, both of which aim to describe a complex data set in terms of a number of dimensions or groupings. In addition to the brand-name versions, some authors (notably Boyatzis, 1998; Braun & Clarke, 2006; see Chapter 4 of this volume) have articulated a generic version of thematic analysis.

Specific thematic analysis methods vary in terms of how structured they are and also in the degree of inference or interpretation they encourage. These two factors tend to go together. The first approaches to be considered, content analysis and framework analysis, are more structured and make fewer inferences during the analysis; the last one, interpretative phenomenological analysis, is less structured and more inferential. Grounded theory lies somewhere in the middle of the spectrum.

Content analysis. Content analysis straddles the quantitative–qualitative boundary. In that it analyzes qualitative data, it can be considered to be a qualitative method; however, in that its output is quantitative, that is, frequency counts for each content category, it is more akin to a quantitative approach. It is included here both because it illustrates some important boundary issues and because it shares several common features with the other

members of the thematic analysis family (Joffe & Yardley, 2003).

The essence of content analysis is to specify a clearly defined set of content categories. These may either be a priori, that is, developed and defined at the start of the study, before the data collection, or they may be post hoc, that is, by induction from the data. In either case, the researchers develop a coding manual to enable the data to be reliably coded. Raters then record instances of occurrences of each content category in the data (Krippendorff, 2004).

Framework analysis. Framework analysis, developed by Ritchie and Spencer (1994), is another highly structured method of qualitative thematic analysis. It began in the context of social policy research as an applied approach that would generate useful data for policy makers: Ritchie and Spencer give the example of studying people's understanding of the term *disability*. Framework analysis subsequently has become popular in medical research, following Pope, Ziebland, and Mays's (2000) frequently cited *British Medical Journal* paper on qualitative data analysis, in which it has a prominent place.

Framework analysis is in many ways similar to content analysis, although its output is usually purely qualitative. The researcher develops a structured index (i.e., the coding framework) for the data. This framework is usually derived directly from the research questions and from the questions in the interview protocol. In the analysis phase, the researchers systematically record the occurrence of each of the categories in the entire data set. Charts are then used to show the pattern of occurrence of each theme for each participant, thus clearly documenting the interim steps in the analysis. However, a final phase of the analysis may involve more interpretation (e.g., where the researchers develop a typology or generate an explanatory account of the phenomenon; Ritchie, Spencer, & O'Connor, 2003).

Grounded theory. Grounded theory was developed by two sociologists, Barney Glaser and Anselm Strauss (Glaser & Strauss, 1967), as a reaction to what they saw as the predominantly quantitative bias of the discipline of sociology at that time. Historically, grounded theory was one of the first systematic approaches to qualitative research. Sadly, as Willig

(2008) has related, the two original proponents subsequently disagreed about how grounded theory should be conducted, and the approach is no longer a unitary entity. One influential strand is the social constructionist version of grounded theory, as described by Charmaz (1990; see Chapter 3 of this volume).

Strauss and Corbin (1998) presented a systematic method for conducting a grounded theory analysis, explaining the large number of technical terms associated with this approach. The method is similar to that in generic thematic analysis, although as the name suggests, the ultimate goal is to generate theory that is grounded in the data, that is, there is a clear link between the theory and the observations upon which it rests. Some grounded theory researchers attempt a higher level synthesis to produce one superordinate theme to articulate the principal, underlying theoretical idea.

Interpretative phenomenological analysis.

Phenomenological approaches aim to study participants' inner experiences: in other words, how they perceive and make sense of the world. Phenomenological methods have a long history within psychology, being associated with Giorgi and his colleagues at Duquesne University (e.g., Giorgi, 1985) and with client-centered and existential movements in clinical and counseling psychology (Laing, 1959; Shlein, 1963).

One user-friendly version of phenomenology is labeled *interpretative phenomenological analysis* (IPA; Smith, Flowers, & Larkin, 2009). It was developed in the United Kingdom within a health psychology context, but it has subsequently been applied in several other areas of psychology (see Chapter 5 of this volume). It is the most psychological of the methods covered in this chapter in that it is explicitly concerned with inner experiences. It also aims to be more interpretative in that it tries to go beyond participants' words to understand their deeper meanings.

An attraction of IPA for beginning qualitative researchers is that its analytic procedures are clearly laid out. In practice, the steps of the analysis are broadly similar to those in the other thematic analysis methods. Because it also has a more idiographic focus, seeking to understand individuals in depth, it

often employs smaller sample sizes than is usual in other thematic analysis approaches (Smith et al., 2009).

Narrative Approaches

Narrative approaches share the feature of focusing on the unfolding of events or experiences over time (Murray, 2003). One criticism of thematic analysis studies is that their results can sometimes seem decontextualized because quotations from different participants are assembled together without a sense of how each quotation fits into a participant's entire account. Narrative approaches, on the other hand, bring chronology to the forefront. They may concern an encapsulated narrative about a particular aspect of experience, such as a child's account of her first day at school, or they may be much broader, such as an individual's account of her whole life history.

Narrative analysis. Narrative analysis arises out of narrative psychology, which gives prominence to how we make sense of things by the stories we tell. There is a persuasive argument that the act of telling stories is a central way for human beings to understand themselves and their world (Murray, 2003; Sarbin, 1986; see Chapter 6 of this volume).

The term *narrative analysis* covers a range of approaches, the common thread being that the narrative, rather than the person, is the object of study. The focus may be on the narrative's literary aspects, such as its plot structure, its predominant themes, its internal coherence, or its social context (Avdi & Georgaca, 2007; Murray, 2003). As an example of a thematically oriented narrative approach, Humphreys (2000) examined the nature of stories that members of Alcoholics Anonymous told within their group meetings. He classified these stories into five fundamental types and examined the characteristics and function of each type within the self-help group context.

Life history research. Life history research (Taylor & Bogdan, 1998) takes one or more individuals and attempts to construct a coherent narrative of salient aspects of their life experiences. This is often assembled via multiple in-depth interviews, but supplementary material, such as diaries, photographs, and

recordings, may also be drawn upon. The goal of the investigation is usually to present one or more individual life experiences as exemplars of a broader phenomenon.

One example is Bogdan and Taylor's (1976) classic study of "Ed Murphy," a young man with intellectual disability (at that time referred to as "mental retardation"). He gave a vivid and moving account of his experience of being labeled as "retarded" and of being cared for in various state institutions. Although clearly one should be cautious about generalizing from a single individual's experiences, this narrative has great power in demonstrating the presence of articulate awareness in an often-devalued group of people and in highlighting the undesirable aspects of the way people with intellectual disabilities have been treated.

Language-Based Approaches

The distinguishing feature of the language-based family of qualitative approaches is that they closely examine language, not as an indication of what the speaker or writer might be thinking or feeling, but rather to understand what underlying social rules govern its production or what the language seems to have been used to accomplish. For instance, in a study of parent-teacher interactions, a mother's statement that "I'm very anxious about my son's reading difficulties" would not be regarded as an indication of her psychological state. Instead, it might be analyzed in terms of the picture of herself that is being constructed within that particular social context (e.g., a responsible parent), or what she is responding to in the conversation (e.g., the teacher's attempt to minimize the problem), or the response her statement elicits (e.g., reassurance).

Language-based approaches may also be described as discourse-based or discursive approaches, or as discursive psychology (Hepburn & Wiggins, 2007; Potter, 2003). Because the terms *discourse* and *discursive* tend to be tied to particular research paradigms, we prefer to use the term *language-based* to indicate a broader scope. However, our intention is not to suggest a focus on solely spoken language (these approaches can be used to study both talk and text) or on psycholinguistic features such as grammar or syntax.

Conversation analysis. Conversation analysis originated in sociology, within the branch called *microsociology*, which looks at how social rules are played out in tiny instances of interpersonal interactions (in contrast to *macrosociology*, which examines larger scale entities such as the family or social class). For instance, a seminal conversation analysis study concerned how two people in a conversation manage turn-taking, that is, how they manage to coordinate when one speaker stops talking for another to start (Sacks, Schegloff, & Jefferson, 1974). As with many aspects of interpersonal behavior, this apparently simple phenomenon becomes much more complicated on closer examination. More recently, conversation analysis has been extensively used to study doctor–patient interactions (Heritage & Maynard, 2006); for example, Stivers (2002) examined the subtle interactions between pediatricians and parents of sick children in decisions about prescribing antibiotic medication.

Conversation analysis has close affiliations with *ethnomethodology* (Garfinkel, 1967), which studies the methods that people use to achieve and reproduce an agreed-on social order. Both approaches were developed at the University of California, Los Angeles (UCLA) in the 1970s (incidentally at a time when the present authors had the great fortune to be graduate students in psychology there). Ethnomethodology has remained largely restricted to sociology, whereas conversation analysis has recently been adopted by psychologists within a variety of contexts to understand the implicit rules by which speakers are operating (see Chapter 7 of this volume).

Conversation analysis also has affinities with *psychotherapy process research* (e.g., Elliott, 2010), a set of approaches (both qualitative and quantitative) used to study what happens during psychotherapeutic interactions (in contrast to *outcome research*, which studies whether psychotherapy clients benefit from such interactions). For example, *response mode analysis* (Goodman & Dooley, 1976; Stiles, 1992) examines the antecedents and consequences of various kinds of therapist helping responses (e.g., questions or interpretations). Pistrang and Barker's (2005) research has used process analytic methods to study helping interactions in couples and other lay contexts.

Discourse analysis. The term *discourse analysis* covers a range of approaches (Potter, 2003; see Chapter 8 of this volume). These share an interest in examining how speakers or writers present themselves (not necessarily consciously or intentionally) via the language used: in discourse jargon, the *subject positions* that the speaker is adopting. For example, in a previous paragraph, we mentioned that we both attended graduate school at UCLA. A discourse analyst would ask what subject position is indicated by this statement. Does the statement legitimize our implicit claim to possess expertise about conversation analysis or ethnomethodology?

Another key concept is *discourse repertoires*, the idea that speakers draw on social and cultural resources that then shape how things are talked about. For instance, public announcements in London Underground railway stations currently refer to members of the public making a journey as “customers”; discourse analysts would examine the meanings and implications of employing this term, with its commercial connotations, as opposed to the more traditional alternative of “passengers.”

Ethnography

Approaches in this final family all come under the single heading of *ethnography*, which is yet another label that subsumes a variety of methods. Their common feature is that the researcher “goes into the field” to understand the social organization of a given group or culture (Emerson, 2001) and usually develops a profound, sustained, and detailed engagement with the participants. The focus of the study can range from large (e.g., an entire cultural system), to medium (e.g., a single organization, such as a hospital or school), to small (e.g., a few individuals in a youth gang).

The classic studies are in cultural anthropology or urban sociology, where researchers live for months or years in the communities that they are studying. The main research tool is participant observation, recorded via the researcher's field notes. However, the researcher will also supplement this observation with extended conversations with key informants in the setting, either informally, or using more structured interviews.

More recent versions of ethnography are conducted on a smaller scale, in local settings. For instance applied ethnography (Savage, 2000) and focused ethnography (see Chapter 10 of this volume) emphasize using ethnographic methods to address practical problems, such as how health care interventions can be made acceptable to patients from a variety of cultural backgrounds.

CHOOSING AMONG THE VARIOUS QUALITATIVE APPROACHES

As we have discussed, our pragmatic, pluralist position implies that the main determinant of the research method should be the research question. Just as in the overall choice between qualitative and quantitative methods, however, other factors also play a role. Each individual researcher will have their own cognitive style and personal leanings and will inevitably find some methods or approaches more congenial than others. Furthermore, there may also be external constraints, such as the available resources for the project. For students and researchers new to qualitative research, availability of supervision is another important external factor.

Having decided to use a qualitative approach generally, the researcher needs to select a particular qualitative method. This choice can be made in two steps: first to choose the overall family of methods (thematic analysis, language-focused, narrative, or ethnographic) and then to choose the particular method from within the selected family. The first step is usually easier because there are clear differences between the families; the second is harder because, by definition, the family resemblance within each of the groupings tends to be greater.

Running Example

To illustrate how these choices might play out in practice, we will employ a running example, adapted from a current research project of our own (Pistrang, Jay, Gessler, & Barker, 2011). The general topic area is that of *peer support*, in other words, how people obtain psychological help or support from someone who has experienced a similar problem. There is an existing qualitative and quantitative literature on the benefits of peer support, for both

the recipients and the supporters, in a variety of health and clinical psychology contexts (e.g., Davidson et al., 1999; Schwartz & Sendor, 1999). For simplicity's sake, we will look at one common application, in the cancer field, focusing on one-to-one peer support, rather than group approaches.

Choosing a Thematic Analysis Approach

Within our running example, research questions concerning participants' thoughts or feelings about giving and receiving peer support would lend themselves to a thematic analysis approach. Data could be collected using semistructured interviews, for example, asking participants about their expectations for support and their views of the important processes and outcomes.

Suppose that the researcher is interested in understanding the impact of peer support on the recipient. The research question could be, "What are the benefits and drawbacks of having a peer supporter, from the cancer patient's point of view?" *Generic thematic analysis approaches* could then be used to code the respondents' accounts, for example, in terms of the types of benefits described (e.g., "improved mood," "feeling less alone," or "being less dependent on health care professionals"). For a more structured approach, *framework analysis* could be used. This yields detailed charts or tables, allowing mapping of when each theme occurs for each respondent. If the researcher were particularly concerned with how frequently each of the different types of outcome occurred across the sample of respondents, then *content analysis* would be appropriate.

A *grounded theory* approach could also be used. In this approach, the emphasis would be to develop a set of theoretical concepts or overarching ideas that bring some coherence to the data. For example, underlying all of the themes might be a sense that peer support helps patients to become more empowered within the health care system, both by knowing more and by becoming more confident to articulate their preferences. Using the grounded theory approach, the researcher would then identify a central or core category of peer support as facilitating empowerment and illustrate how this might occur.

Alternatively, if the research question were more concerned with individuals' experiences of receiving peer support, then a *phenomenological approach*, such as *interpretative phenomenological analysis*, could be used. This approach would take a more in-depth look at respondents' thoughts and feelings about, and the meanings they attach to, receiving peer support. Although it has similarities to other thematic approaches, a phenomenological approach would place greater emphasis on understanding the respondent's personal world. For example, one theme that might be identified is participants' sense of being profoundly understood by their peer supporter and the impact of this on their identity in terms of feeling "normal" and connected to others.

Choosing a Narrative Approach

Narrative and life history approaches would focus on chronological accounts of the phenomenon. In our running example, a *narrative approach* would focus on the storied aspects of participants' accounts, for example, how she was feeling throughout the whole course of her illness, at what point she was introduced to the peer supporter, what happened next, how they bonded, or failed to bond, and so forth. The analysis could examine how each party made sense of their experiences via the stories that they constructed and whether such stories clustered together in any meaningful way. For example, narratives could concern their coping with the illness, such as "triumph over adversity" or "feeling totally overwhelmed," or they could concern their relationship with their peer supporter, such as "becoming like sisters."

Life history approaches might look at the detailed history of a single patient's encounter with the health care system over time and study how the peer support program affected their trajectory through that system.

Choosing a Language-Focused Approach

Language-focused approaches are concerned with exactly what goes on in interpersonal interactions. In our running example, these approaches would be used to their best advantage in analyzing recordings of the interactions between the patient and the peer supporter. They would then give a detailed picture

of peer support in practice. In contrast to thematic analysis approaches, the focus is not on participants' thought or feelings, but rather on their verbal behavior in the interaction: what, when, and how things are said.

Conversation analysis or *process analysis* approaches might examine some particular aspects of speech. For example, one common verbal response in peer support is the *me-too disclosure*, in which the supporter responds to what the patient has said by saying something like, "Yes, I've been through that, too." The analysis could look at what happens after such disclosures: In what ways do they seem to facilitate or inhibit the subsequent conversation? Are there particular subtypes of disclosure with their own particular consequences? A further possibility might be to use a procedure called tape-assisted recall (Elliott & Shapiro, 1988), which combines the use of recordings with participants' moment-by-moment commentaries on replayed recordings. Using this approach, the researchers could obtain the patient's reactions to specific me-too disclosures made by the peer supporter.

Discourse analysis might examine the linguistic repertoires drawn on by both the peer supporter and the patient, for example, whether the discussion was couched in terms of the military metaphors so often employed in this area—"battling cancer," "fighting spirit," and so on—and what the consequences of such language seem to be. It could further examine which subject positions the peer supporter seemed to be adopting. For example, she could potentially position herself as a "fellow sufferer," a "survivor," or as a "quasi-professional counselor." Discourse analysis could also be used to analyze the interviews between the patient (or the peer supporter) and the researcher, with a similar aim, to examine discourse repertoires and subject positions.

Choosing an Ethnographic Approach

Ethnographic approaches take a broader look at the phenomenon. In contrast to the previous approaches, which were used to address more individual-focused research questions, ethnography focuses on the wider social or cultural system and has a distinctive emphasis on the importance of the

environmental context in its analysis. Thus, in terms of our running example, if a focused ethnography were used, the researcher might ask, “What is the role of the peer support program within the medical system in the hospital?” “How is it viewed by the doctors, nurses and other health professionals?” and “Does it, for example, reinforce or destabilize existing working practices or beliefs?”

Summary

We hope this discussion of our running example has given readers a sense of the kinds of thought processes that researchers need to go through when selecting the best qualitative approach for a particular research topic. The central message is that there are many ways to approach a given research area, and the choice of a particular approach to be taken is largely determined by the particular question to be addressed. We say, “largely determined” rather than “completely determined” because there are always other personal and contextual issues to be taken into account, as we have discussed. However, the first question that researchers always need to ask is, “What am I trying to learn, and which method(s) will help me best learn it?” Once that question is answered, the researcher can then evaluate the methods in terms of other criteria.

SOME FREQUENTLY ASKED QUESTIONS ABOUT QUALITATIVE RESEARCH

This last section addresses three frequently asked questions that researchers new to qualitative research often ask: How is it evaluated? Can it be combined with other methods? and What is its impact on the participant?

How Is Qualitative Research Evaluated?

Quantitative researchers can draw on a large body of work on reliability and validity to evaluate their own and other researchers’ studies. Qualitative researchers have no analogous framework. This is partly because quantitative research usually relies on a realist epistemology, which implies that there is something against which validity claims can be verified. Qualitative researchers often adopt nonrealist epistemologies, which means that the concepts of

reliability and validity cannot be straightforwardly applied: If the researcher’s representations are just one of several constructions, in what sense can they be said to be valid constructions?

That being said, there clearly must be some criteria for evaluating qualitative research. An ethnographer could not go out into the field and make up a fictional story about what she saw there. An interviewer could not totally disregard what her respondent says when she writes up her findings.

Qualitative researchers therefore often speak of the *trustworthiness* of their findings. Several scholars (e.g., Elliott, Fischer, & Rennie, 1999; Mays & Pope, 2000; Yardley, 2000) have set out guidelines for how the trustworthiness of research can be evaluated. Some central criteria are (a) *grounding* (that the researchers present some of the raw data upon which their conclusions are based), (b) *transparency* (that the researchers disclose their own leanings and expectations), (c) *coherence* (that the themes or interpretations of the data hang together within a plausible framework), and (d) *credibility checks* (that the researchers engage other sources, such as other researchers or the research participants, to check their conclusions). However, there is some debate about how such criteria should be used and whether they can be applied to all genres of qualitative research (Barbour, 2001; Reicher, 2000).

How Can Qualitative Research Be Combined With Other Methods?

As we said in the introductory section, this chapter has been written from a pluralist point of view, which holds that no one method is superior overall to any other and that it is possible for methods to be used in combination. There is a new and currently rapidly expanding literature on mixed-method research, with its own handbook (Tashakkori & Teddlie, 2002) and the *Journal of Mixed Methods Research*, which was launched in 2007.

Several models for combining qualitative and quantitative research have been proposed (Morgan, 1998). In some investigations, the quantitative study has primacy, for example, where qualitative research is conducted as a pilot study to develop or refine a quantitative interview. In others, the qualitative research has primacy, for example, where extensive

qualitative interviews are used to build on the results of a preliminary quantitative survey study. In other studies, the two approaches may be more balanced.

A mixed-methods approach does not have to occur at the level of the individual study or even at the level of the individual researcher. Some researchers may decide that they prefer one type of research or another and want to stick with that approach for the foreseeable future. That is as it should be, and pluralism can still occur at the level of the research area or at the level of the field or discipline generally (Barker & Pistrang, 2005). In our view, a research community has healthy diversity if different researchers are working within different approaches with a general attitude of mutual tolerance and respect.

What Is the Impact of Qualitative Research on the Participant?

The last question is also a central ethical question for investigators: What is the impact of my research on my participants, for good or for bad? This topic has little empirical evidence. Anecdotally, in some of our studies, participants have often mentioned the benefits of being interviewed about aspects of their lives, even when the topics have been sensitive or painful. Receiving an hour's sustained attention from a nonjudgmental and interested listener is a rarity for many people. That this would be beneficial is consistent with the theoretical and empirical literature on the benefits of empathic listening (e.g., Bohart & Greenberg, 1997).

On the other hand, researchers should always be alert to the potential for harmful impacts. Qualitative interviews may take participants into painful territory, and the possibility for this to be temporarily or even permanently distressing must be always at the forefront of the interviewer's mind. Because of the more open-ended nature of qualitative research, the interviews may end up getting into areas that neither party had anticipated. Furthermore, there is the possibility that participants could disclose information that the researcher needs to act upon, such as evidence of abuse. Ethical practice requires that a robust protocol be in place for terminating distressing interviews and supporting participants afterward and also for what to do should the participant reveal evidence of danger to self or others.

CONCLUSION

This chapter has given a flavor of how researchers choose from the plethora of available qualitative research methods. We started out by imagining that readers were diners being handed a menu at the Qualitative Research Restaurant. As we wrote the chapter, however, we realized that space limitations meant that we would only be able to serve up little taster portions of each dish—just *hors d'oeuvres* or *amuse-bouches*. For readers who are now looking for more substantial offerings for their main course, we happily recommend the subsequent chapters of this volume.

References

- Avdi, E., & Georgaca, E. (2007). Narrative research in psychotherapy. *Psychology and Psychotherapy: Theory, Research, and Practice*, 80, 407–419.
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *British Medical Journal*, 322, 1115–1117. doi:10.1136/bmj.322.7294.1115
- Barker, C., & Pistrang, N. (2005). Quality criteria under methodological pluralism: Implications for doing and evaluating research. *American Journal of Community Psychology*, 35, 201–212. doi:10.1007/s10464-005-3398-y
- Barker, C., Pistrang, N., & Elliott, R. (1994). *Research methods in clinical and counselling psychology*. Chichester, England: Wiley.
- Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners* (2nd ed.). Chichester, England: Wiley. doi:10.1002/0470013435
- Bogdan, R., & Taylor, S. (1976). The judged, not the judges: An insider's view of mental retardation. *American Psychologist*, 31, 47–52. doi:10.1037/0003-066X.31.1.47
- Bohart, A. C., & Greenberg, L. S. (Eds.). (1997). *Empathy reconsidered: New directions in psychotherapy*. Washington, DC: American Psychological Association. doi:10.1037/10226-000
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. London, England: Sage.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. doi:10.1191/1478088706qp063oa
- Bryman, A. (2004). *Social research methods* (2nd ed.). Oxford, England: Oxford University Press.

- Camic, P. M., Rhodes, J. E., & Yardley, L. (Eds.). (2003). *Qualitative research in psychology: Expanding perspectives in methodology and design*. Washington, DC: American Psychological Association. doi:10.1037/10595-000
- Charmaz, K. (1990). "Discovering" chronic illness: Using grounded theory. *Social Science and Medicine*, 30, 1161–1172.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical Psychology: Science and Practice*, 6, 165–187. doi:10.1093/clipsy.6.2.165
- Denzin, N., & Lincoln, Y. S. (Eds.). (2005). *The Sage handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Elliott, R. (2010). Psychotherapy change process research: Realizing the promise. *Psychotherapy Research*, 20, 123–135. doi:10.1080/10503300903470743
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215–229. doi:10.1348/014466599162782
- Elliott, R., & Shapiro, D. A. (1988). Brief structured recall: A more efficient method for studying significant therapy events. *British Journal of Medical Psychology*, 61, 141–153.
- Emerson, R. M. (Ed.). (2001). *Contemporary field research: Perspectives and formulations*. Prospect Heights, IL: Waveland Press.
- Garfinkel, H. (1967). *Studies in ethnomethodology*. Englewood Cliffs, NJ: Prentice Hall.
- Geertz, C. (1973). *The interpretation of cultures*. New York, NY: Basic Books.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40, 266–275. doi:10.1037/0003-066X.40.3.266
- Giorgi, A. (Ed.). (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Goodman, G., & Dooley, D. (1976). A framework for help-intended communication. *Psychotherapy: Theory, Research, and Practice*, 13, 106–117. doi:10.1037/h0088322
- Henwood, K. L., & Pidgeon, N. (1992). Qualitative research and psychological theorising. *British Journal of Psychology*, 83, 97–111. doi:10.1111/j.2044-8295.1992.tb02426.x
- Hepburn, A., & Wiggins, S. (Eds.). (2007). *Discursive research in practice: New approaches to psychology and interaction*. Cambridge, England: Cambridge University Press. doi:10.1017/CBO9780511611216
- Heritage, J., & Maynard, D. W. (Eds.). (2006). *Communication in medical care: Interaction between primary care physicians and patients*. Cambridge, England: Cambridge University Press. doi:10.1017/CBO9780511607172
- Humphreys, K. (2000). Community narratives and personal stories in Alcoholics Anonymous. *Journal of Community Psychology*, 28, 495–506. doi:10.1002/1520-6629(200009)28:5<495::AID-JCOP3>3.0.CO;2-W
- Joffe, H., & Yardley, L. (2003). Content and thematic analysis. In D. F. Marks & L. Yardley (Eds.), *Research methods for clinical and health psychology* (pp. 56–68). London, England: Sage.
- Kitzinger, J. (1995). Introducing focus groups. *British Medical Journal*, 311, 299–302.
- Krippendorff, K. (2004). *Content analysis: An introduction to its methodology* (2nd ed.). Thousand Oaks, CA: Sage.
- Laing, R. D. (1959). *The divided self: An existential study in sanity and madness*. London, England: Tavistock.
- Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Madill, A., & Barkham, M. (1997). Discourse analysis of a theme in one successful case of psychodynamic-interpersonal psychotherapy. *Journal of Counseling Psychology*, 44, 232–244. doi:10.1037/0022-0167.44.2.232
- Mays, N., & Pope, C. (2000). Assessing quality in qualitative research. *British Medical Journal*, 320, 50–52. doi:10.1136/bmj.320.7226.50
- McNair, D. M., Lorr, M., & Droppleman, L. F. (1971). *EITS manual for the Profile of Mood States*. San Diego, CA: Educational and Industrial Testing Service.
- Messer, S. B., & Wampold, B. E. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice*, 9, 21–25. doi:10.1093/clipsy.9.1.21
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.
- Morgan, D. L. (1998). Practical strategies for combining qualitative and quantitative methods: Applications to health research. *Qualitative Health Research*, 8, 362–376. doi:10.1177/104973239800800307
- Murray, M. (2003). Narrative analysis and narrative psychology. In P. M. Camic, J. E. Rhodes, & L.

- Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 95–112). Washington, DC: American Psychological Association. doi:10.1037/10595-006
- Pistrang, N., & Barker, C. (2005). How partners talk in times of stress: A process analysis approach. In T. A. Revenson, K. Kayser, & G. Bodenmann (Eds.), *Couples coping with stress: Emerging perspectives on dyadic coping* (pp. 97–119). Washington, DC: American Psychological Association. doi:10.1037/11031-005
- Pistrang, N., & Barker, C. (2010). Scientific, practical and personal decisions in selecting qualitative methods. In M. Barkham, G. E. Hardy, & J. Mellor-Clark (Eds.), *Developing and delivering practice-based evidence: A guide for the psychological therapies* (pp. 65–89). Chichester, England: Wiley-Blackwell. doi:10.1002/9780470687994.ch3
- Pistrang, N., Jay, Z., Gessler, S., & Barker, C. (2011). Telephone peer support for women with gynaecological cancer: Recipient's perspectives. *Psycho-Oncology*. Advance online publication. doi:10.1002/pon.2005
- Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. *British Medical Journal*, *320*, 114–116. doi:10.1136/bmj.320.7227.114
- Potter, J. (2003). Discourse analysis and discursive psychology. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 73–94). Washington, DC: American Psychological Association. doi:10.1037/10595-005
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology*. London, England: Sage.
- Reicher, S. (2000). Against methodolatry: Some comments on Elliott, Fischer, and Rennie. *British Journal of Clinical Psychology*, *39*, 1–6. doi:10.1348/014466500163031
- Richardson, J. T. E. (Ed.). (1996). *Handbook of qualitative research methods for psychology and the social sciences*. Leicester, England: British Psychological Society.
- Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R. G. Burgess (Eds.), *Analysing qualitative data* (pp. 173–194). London, England: Routledge. doi:10.4324/9780203413081_chapter_9
- Ritchie, J., Spencer, L., & O'Connor, W. (2003). Carrying out qualitative analysis. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp. 219–262). London, England: Sage.
- Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A simplest systematics for the organization of turn taking in conversation. *Language*, *50*, 696–735. doi:10.2307/412243
- Sarbin, T. R. (Ed.). (1986). *Narrative psychology: The storied nature of human conduct*. New York, NY: Praeger.
- Savage, J. (2000). Ethnography and health care. *British Medical Journal*, *321*, 1400–1402. doi:10.1136/bmj.321.7273.1400
- Schwartz, C. E., & Sendor, M. (1999). Helping others helps oneself: Response shift effects in peer support. *Social Science and Medicine*, *48*, 1563–1575. doi:10.1016/S0277-9536(99)00049-0
- Shlein, J. M. (1963). Phenomenology and personality. In J. T. Hart & T. M. Tomlinson (Eds.), *New directions in client-centered therapy* (pp. 95–128). Boston, MA: Houghton-Mifflin.
- Silverman, D. (2000). *Doing qualitative research: A practical handbook*. London, England: Sage.
- Smith, J. A. (Ed.). (2008). *Qualitative psychology: A practical guide to research methods* (2nd ed.). London, England: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London, England: Sage.
- Stiles, W. B. (1992). *Describing talk: A taxonomy of verbal response modes*. Newbury Park, CA: Sage.
- Stivers, T. (2002). Participating in decisions about treatment: Overt parent pressure for antibiotic medication in pediatric encounters. *Social Science and Medicine*, *54*, 1111–1130. doi:10.1016/S0277-9536(01)00085-5
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Newbury Park, CA: Sage.
- Tashakkori, C., & Teddlie, C. (Eds.). (2002). *Handbook of mixed methods in social and behavioral research*. Thousand Oaks, CA: Sage.
- Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative research methods: A guidebook and resource* (3rd ed.). New York, NY: Wiley.
- Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method* (2nd ed.). Buckingham, England: Open University Press.
- Willig, C., & Stainton-Rogers, W. (Eds.). (2008). *The Sage handbook of qualitative research in psychology*. London, England: Sage.
- Winter, D. A. (1992). *Personal construct psychology in clinical practice*. London, England: Routledge.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, *15*, 215–228. doi:10.1080/08870440008400302
- Yardley, L., & Bishop, F. (2008). Mixing qualitative and quantitative methods: A pragmatic approach. In C. Willig & W. Stainton Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 352–370). London, England: Sage.