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"Lay Person" or "Health Expert"? Exploring Theoretical and Practical Aspects of Reflexivity in Qualitative Health Research

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Abstract: Abstract: Although the need for reflexivity in qualitative research is widely acknowledged, the practical means by which researchers can engage in this process are comparatively underdeveloped. Researching lay health beliefs necessarily highlights the researchers' own embodied concerns and thus problematises the traditional distinction between "lay" and "expert" perspectives. We critically examine a range of theoretical and practical issues raised by these observations, with reference to an empirical study that involved the first author interviewing healthy participants about a range of health related topics. As an aid to reflexive practice, the first author was interviewed using the same interview schedule as used with study participants by the second author, this data being subsequently transcribed, coded and analysed in the same way. A range of benefits and difficulties encountered with this strategy are discussed. Acknowledging that there are problems with prescriptions regarding how to approach reflexivity in qualitative research, we nevertheless emphasise the need for the practical implementation of this process to be both clear and sensitive to specific research interests.

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1. Introduction

This article is about doing reflexivity.[1] We argue that current debate about reflexivity in qualitative research often remains at the level of methodology and aim to demonstrate how qualitative investigators can move from theory to research praxis, via a critical examination of our reflexive work within a specific investigation. It is not our goal to provide prescriptive rules on "how to do" reflexivity, but to show how creative, and concrete, research procedures can be used to make reflexive labour more visible to both researcher and reader. [1]

1 Discussion of reflexivity in the qualitative literature is distinguishable from that concerning reflexive modernization in late modern society. This work is concerned with reflexive, risk-orientated social orders and the rise of public scepticism about expert discourses (e.g. BECK, GIDDENS & LASH, 1994).

We begin by outlining the meaning of reflexivity, illustrating a heuristic distinction between strong and weak forms of reflexivity rooted in SEALE's (1999) differentiation of "confessional tales" and "textual radicalism" in ethnographic writing. Following some general observations about the need for reflexive method to fit the particularities of specific investigations, we then explore how we worked through these issues in our research talking with people about health and illness. Recent work in this field has troubled the distinction between "lay" and "expert" knowledge. This problematises the position of researchers entering the moral arena of health with their own embodied concerns: is the researcher lay person or health expert? Rejecting a traditional positivistic view of the researcher as a disinterested observer, we describe an attempt to explore this issue via a reflexive interview conducted with the principal investigator. In conclusion, we deliberate the rewards and pitfalls of this strategy, offering some general observations of use in improving reflexive praxis with qualitative methods. [2]

2. The Meanings of Reflexivity: From Confessional Tales to Textual Radicalism

The necessity of a reflexive analytic standpoint from which to conduct and present analyses has long been recognised in the qualitative research literature. It is generally argued that researchers must work to document the constructive role of investigative endeavour. Qualitative research entails sensitivity to the impact of the process of observation and interpretation at every stage of the research process from formation of research questions to report writing (BANISTER, BURMAN, PARKER, TAYLOR & TINDALL, 1994). Reflexivity has consequently been envisaged as a key element in the production of high quality qualitative research by some commentators (YARDLEY, 2000; SEALE, 1999). [3]

We can therefore, take reflexivity to broadly mean the active process of reflection that researchers using qualitative methods go through so as to document how the research process in general, and often themselves in particular, construct the object of research. However, to appropriate OAKLEY's (1993) insightful comment regarding interviewing, reflexivity can be compared to a marriage: everyone knows what it is, a lot of people say they do it, yet behind each closed front door there lies a world of secrets. This article presents one attempt to make the process of reflexivity explicit in a manner sensitive to the peculiarities of a specific research study. In order to explain the contribution we wish to make, we will first make some general observations about debate around reflexivity in the qualitative literature. [4]

To do this, a brief introduction to the use of reflexivity in the qualitative research literature is required. SEALE (1999) draws a useful distinction between two reflexive traditions in ethnographic writing, the discipline in which reflexivity has arguably been most extensively employed as a methodological tenet. The first of these traditions, called "confessional tales", evolved from previous realist tales that concealed the role of researcher subjectivity in research:

> "... [confessional tales] often consist of a 'natural history' of the project, with a major emphasis on describing fieldwork experiences ... These have, eventually, the quality of persuading the reader that the researcher has indeed 'been there' ... Treated in this way, the 'confession' is a strategy for gaining authority rather than giving it away, and involves no departure from realist assumptions. Indeed, it constitutes a claim to authenticity." (SEALE, 1999, pp.160-161) [5]

For SEALE (1999), a confessional tale represents a position between naive positivism and wholesale constructivism. This approach envisages reflexivity as primarily an explication of the researchers' impact on the research process. Reflexive work in this tradition may include, for example, a story of the research project; fieldwork experiences; keeping a research diary or detailed field notes; documenting how the researcher approached the study both theoretically and practically; and the researchers' personal predilections and biography (SEALE, 1999). The reflexive account produced can exist alongside a more formal, conventional analysis (BANISTER et al., 1994). BOURDIEU and WAQUANT (1992) are similarly dismissive of confessional tales, but on different grounds. They argue that this approach has failed to consider the position of the analyst within an academic field of practice dominated by intellectualism. Consequently, they widen the issue of reflexivity to include a reflexive awareness of the whole research endeavour:

> "... what their [some sociologists] apparently scientific discourse talks about is not the object but their relation to the object. Now, to objectivize the objectivizing point of view of the sociologist is something that is done quite frequently, but in a strikingly superficial, if apparently radical, manner ... objectivation of any cultural producer demands more than pointing to—and bemoaning—his class background and location, his "race," or his gender. We must not forget to objectivize his position in the universe of cultural production, in this case the scientific or academic field." (BOURDIEU & WAQUANT, 1992, p.69) [6]

There are two key comments we wish to make about this quote. Firstly, BOURDIEU and WAQUANT (1992) promote a relational epistemology in which social scientific discourse describes not objective objects, but the observers' relation to those objects. As such, this suggests that the process of research is a constructive, rather than a disinterested or objective, act. Reflexivity is, consequently, an analysis of the constructive process of research. Secondly, there is the expansion of reflexivity to include the description of researchers' position in the scientific or academic field in which they produce a specific cultural product; namely, the analytic account. It is in this sense that reflexivity is a form of auto-critique that, for these authors at least, involves a particularly sociological conception of the research process, a sociology of sociology (BOURDIEU & WAQUANT, 1992). By implication, this approach questions the status of the researcher as a disinterested expert, an issue we shall consider in further depth later in this article. [7]

SEALE (1999) goes on to contrast confessional tales with experiments in "textual radicalism" following the crisis of representation and linguistic turn in the social

science of the 1970's. These post-modern analyses go further in their rejection of realism, and can include, for example, the presentation of un- or partially edited transcripts; autoethnography (ELLIS & BOCHNER, 2000); ghost-writing (RHODES, 2000); and the use of poetry, drama and fiction (e.g. FRANK, 2000; SANDELOWSKI, 1994). The problematic status of any linguistic representation is signalled in the use of neologisms and other devices, an approach derivative of HEIDEGGER and DERRIDA (MORAN, 2000; SARUP, 1993). They can also include political or ethical commitments to the act of (re)presentation. Thus, for some feminist researchers, a strong reading of reflexivity means challenging issues of power and difference in the research process (BANISTER et al., 1994; WASSERFALL, 1993). In this tradition, it is rarely enough to include a reflexive account as an adjunct or guarantee to the quality of a more conventional analysis. Instead, these "strong" forms of reflexivity attempt to de-centre the act of authorship and challenge the expectations and engagement of the reader. SEALE (1999) maintains that textual radicalism is ultimately unsatisfactory however, in that it can leave the research endeavour paralysed in an increasingly self-referential methodological angst that loses sight of the analytic object. He consequently argues for a reinstating of the authorial voice through which readers can themselves assess the reflexive issues at stake and the worth of analysis presented. [8]

Critically, in both confessional tales and textual radicalism the reflexive process is most clearly visible at the level of the written report. Both strategies fix the reader's attention on reflexivity in the process and product of writing, representing a considerable advance upon naïve realist attempts to conceal the significance of the researcher and research process. What remains less clear however, is exactly how authors might go about engaging reflexively in research practice before the production of the final report. [9]

It need not, of course, be the case that a lack of clear procedural guidelines for doing reflexivity is an entirely negative state of affairs. The difficulties and dangers of providing restrictive rules by which to manufacture qualitative research remains an arena of heated debate (YARDLEY, 2000). The craft or art skills involved in qualitative research process is often pointed to as a key contrastive element with the prescriptive rules by which quantitative work is produced. Commentators claim that it is in this less defined, more creative process, that high quality qualitative research develops (cf. DENZIN & LINCOLN, 2001). Nevertheless, if reflexivity is not just a final written product, but also a part of research process, there is a need for qualitative researchers to creatively develop tools to engage in their own reflexive praxis. [10]

It is our aim here to further this goal, via a critical examination of how reflexivity was addressed in one of our own investigations. We accept that establishing rigid guidelines codifying reflexive procedures is inappropriate and a central argument we will make in this article is that such procedures must be responsive to the nature of specific research endeavours. By using our study as an illustration, we shall therefore highlight some more general points that we hope will aid those using qualitative methods to address concrete problems of reflexivity in their own

studies. We shall now briefly outline the key reflexive issue in our research field and thereby demonstrate this need for reflexive procedures to fit the particular interests of an investigation. [11]

3. "Lay Person" or "Health Expert"? Reflexive Issues in Researching "Lay Health Beliefs"

Before describing the relevant details of our study, we must understand the context in which it has emerged. Our qualitative study arose in part as a consequence of a historical movement away from medically defined problems or concepts towards an examination of peoples' own everyday understandings of health and illness in social scientific research on health. The study of "lay health beliefs" is a key strand in this development (GABE, KELLEHER & WILLIAMS, 1994) and the nature and content of this field raised a specific reflexive concern for the investigation, namely, the position of the research as a "lay person" or "health expert". This illustrates our broader point concerning the specificity of reflexive issues in individual research endeavours. [12]

The initial conceptual distinction between "lay" and "medical" knowledge made in the lay health beliefs literature has been criticised for skating over diversity both within and between these ideologies. The distinction between expert and lay persons is dependent upon context and the pejorative connotations associated with the latter term has led some to reject its use (e.g. STACEY, 1994, p.89). There is a growing use of non-biomedical frameworks, including alternative or complementary therapies, by general medical practitioners and other health professionals (DEW, 2000). Further to this, medical understanding often has its origin and explanatory power in metaphors borrowed from lay contexts (SONTAG, 1991). Similarly, lay understandings may include a good deal of medical knowledge and may have become increasingly "medicalized" in recent years (CRAWFORD, 1980). [13]

To use the terminology of GIDDENS (1984), a double hermeneutic, or evolving dynamic relationship, exists between lay and medical systems of knowledge (cf. BERGER & LUCKMAN, 1966). A key illustration of this principle is seen in consideration of media representations of health and illness, which typically use complex, multiple views that (re)produce both lay and medical concerns and knowledges (HODGETTS & CHAMBERLAIN, 1999). Further, the new media have opened up alternative avenues through which people can engage in this process. The Internet, for example, is an increasingly important tool for some families in seeking out information on health issues that they use in a reflexive and critical manner in their engagement with medical knowledge and authority (HARDEY, 1999). [14]

Subsequently, it can be argued that that lay/medical distinction should be used primarily as a heuristic term to distinguish everyday accounts of health and illness from formal medical and related expert or professional accounts (SHAW, 2002). The question this poses for qualitative health researchers, is how to understand their own position relative to the lay/expert divide. Accepting both the utility and

unsatisfactory nature of a firm distinction between these two positions, we wished to explore these issues in the reflexive process of our research. Turning to existing studies of lay health beliefs, we found little discussion of general reflexive issues, or practical reflexive procedures, despite the centrality of this literature to the sociology of health and illness (e.g. ANNANDALE, 1998). We therefore aimed to develop a reflexive procedure that could begin to unpack the status of the researcher as lay person and health expert. [15]

3.1 Researcher objectivation: the use of a reflexive interview

Before going on to consider our tentative conclusions to this dilemma, we shall briefly outline the key aspects of the investigation. Our study drew primarily upon in-depth, semi-structured interviews with a small, but diverse, sample of participants living in Bristol, England with the aim being the generation of rich interactional data on ideologies and identities associated with the (re)production of inequalities in health (cf. HODGETTS & BOLAM, 2001). Previous work in this area has highlighted the significance of understandings of health, illness and health related behaviours as key issues for the explanation of health related practices reproducing inequalities. We wanted to explore these issues in a context-sensitive and in-depth manner and chose individual interviews as a means by which to achieve this goal. [16]

In order to take an open-ended approach to the issues, interviews were focused on health in its broadest sense. By adopting a semi-structured format, participants were given as much opportunity as possible to explore the issues that were relevant to them. This open-ended stance is typical of qualitative research that attempts to generate new theoretical insights as opposed to test pre-defined ideas (cf. STRAUSS & CORBIN, 1998). The general themes of interview questions were structured around an interview schedule addressing several key themes, these being: definitions of health; being healthy and practice of lifestyle behaviours; experience of, causes and responses to illness; use of health care; the experience of place and the meaning of social class. These themes were developed from the aims of the project, reading of relevant health literatures, piloting and in negotiation between the authors. Several draft versions of the schedule were written and two pilot interviews conducted before the format was finalised. [17]

A protocol was used to provide a guideline to focus interviews, but this was not used in a prescriptive manner. Notes were taken throughout the interview, often in a very abbreviated form in order to reduce intrusiveness to the interview. Interviews general lasted around an hour, the shortest being thirty minutes and the longest being one-and-a-half hours. All interviews were audio tape-recorded and conducted between September 1999 and December 2000. [18]

BOURDIEU and WAQUANT (1992) observe that in making the social world an object of study or, to use their terminology, "objectivising" the social world, the researcher easily slips into an objective description in which their own investment is marginalised in order to preserve a façade of objective neutrality:

> "... depending on what object she studies, the sociologists herself is more or less distant from the agents and the stakes she observes, more or less directly involved in rivalries with them, and consequently more or less tempted to enter the game of metadiscourse under the cloak of objectivity ..." (BOURDIEU & WAQUANT, 1992, p.259) [19]

Here, the maintenance of an "objective" metadiscourse is itself a specific engagement within the social phenomena being described to present an "objective" description of analysis and thus secure victory in the game for oneself. This is of particular importance in lay health beliefs research like ours because the ideologies and identities which we were aiming to describe were not detached or "other" to ourselves, but descriptions of the cultures in which we ourselves are social actors. Thus, the reflexive, and methodological, endeavour becomes an exercise in auto-ethnography in that one cannot aim to provide a neutral description of a social world within which one is an invested participant. [20]

Specifically, we were concerned that the objectivisation of participants, or more precisely in terms of the present study the objectivisation of discourse generated in interaction with participants, assumed an intellectual gaze that reduces issues of everyday practice to words in a transcript. The analytic process enables us, as authors, to have the "last word" by presenting a meta-analytic account of other people's accounts. To address this reflexive issue in a concrete research procedure, it was decided to subject the primary researcher and analyst, the first author, to the same process of objectivation used to objectivise research participants: in short, to turn the tables and make the interviewer the interviewed. [21]

To do this, the second author (Kate GLEESON) interviewed the primary researcher (Bruce BOLAM), using the same schedule employed with other research participants. The tape-recording of this interview was fully transcribed and coded following the same procedures as with other research participants. Treating this data in the same way as other participants enabled an active examination of my positions during the development of analysis. It also aided reflection upon the interview experience itself, and on the issues presented to participants, from a position analogous to that of participants themselves; a form of researcher objectivation. It was particularly useful in forcing me to recognise the difference in perspective between "insiders" and "outsiders" when considering research data and thereby elucidate the position of the research as lay person and health expert. [22]

3.2 The researcher as lay person and health expert

Analysis of the reflexive interview, occurring alongside that of interview data from the main body of the research, enabled a close examination of the status of the researcher as both "lay person" and "health expert", an analysis which resonates with our acknowledgement of the definitional inadequacies of a firm division between these two positions. To illustrate this process, we will draw on some key instances in the analysis in which issues raised by the use of the reflexive interview emerged as central. [23]

Considering initially the researcher as lay person, the reflexive interview provided a document through which to explore the researchers' positions regarding the ideologies and identities our research attempted to document. One good exemplar of this was the way in which criticisms of alternative health practices and concurrent ideology surfaced in the accounts of research participants and the reflexive interview. In brief, the conflict between a negative definition of health as the absence of disease (HERZLICH, 1973) and the positive notion as a holistic state of well being advanced by alternative health ideology, could surface in the criticism of "health extremism". Here, the norm of a healthy ignoring and "balanced" approach to health was transgressed by an overt health conscious practice and hence rejected as "hypochondria" or "health freakery". This common argumentative theme was evident in participant and reflexive interviews, despite an intimate personal familiarity with alternative health practices that the researcher discussed. This shared rhetorical theme exemplifies the manner in which various health ideologies were navigated by interviewees in order to present a morally responsible image of the self in an interview interaction. [24]

This kind of shared knowledge and interest could be traced beyond the reflexive interview and into research interview interactions with participants, wherein shared values, norms and characteristics, such as age or gender, meant the researcher could be positioned as an "insider". Further, the ethical, political and philosophical commitments to non-medical ideology that led to the use of qualitative methods and a "lay health beliefs" perspective in the research itself also provided a framework in which the researcher was positioned more closely to a lay, as opposed to medical, perspective. [25]

The researcher also brings to the field their own embodied health concerns (cf. ZOLA, 1991) and many of the themes explored in the analysis of participants' discourse were similarly evident in the reflexive interview account. One of the best examples of this shared interest, was when the researcher unexpectedly became ill the afternoon following the first hour of the interview, the second hour of which was conducted the following week. This unpleasant experience forced a recognition of frailty and vulnerability to illness, and the "assumed norm of health" spoken of by participants. Similarly, as the importance of "positive thinking" in maintaining health and coping with illness (cf. POLLOCK, 1993) became clear in analysis, we became increasingly critical of its individualistic ethos. Returning to the reflexive interview transcript, however, the very same device was evident in the researchers' account, forcing a re-consideration of the emerging interpretation of this theme and thereby advancing the final analysis of this concept and its function in accounts of health and illness. [26]

When considering the opposing position, it was clear in the reflexive interview that the researcher entered the field with a research agenda at least partially informed by medical ideology with an orientation towards health inequalities and thus as a health expert. The researcher had knowledge of biology, psychology, and medical sociology that gave access to expert discourses about health in a way few other participants could and thus enabled him to warrant interview claims in a "scientific", as opposed to biographical, manner. Further to this, the

researchers' political and research orientation assumed a structural view of health as socially determined, a very particular ideology of health that other participants rarely drew upon in explaining autobiographical experiences of health and illness (STAINTON-ROGERS, 1991). His own assumptions of the "reality" of class and its implications for health, for example, stood in contrast to many participants' vigorous resistance to this concept. This enabled a critical reflection upon the sociological gaze that was an inherent aspect of the research process and visible in the reflexive interview itself. [27]

As with the researcher as lay person, these discontinuities in perspective could then be traced beyond the reflexive interview and into research interview data. The researcher could be positioned as an "outsider", as for instance was the case in consideration of women's health, disability, parenthood and illness concerns many research participants discussed. These differences in perspective could be treated in various ways in interview interactions with research participants, for example in the positioning of the researcher as naïve or lacking knowledge. Most significantly, the researcher's immediate appearance of health, alongside a research interest in health often resulted in my being positioned as a health expert or promoter. [28]

Firstly, even to ask people to be interviewed about health, and for them to know that I had a research interest in their attitudes toward health, placed me outside the realm of normal social interaction. Health is often most salient in its absence or loss, in the experience of illness. Consequently, people can feel uncomfortable talking about health, as opposed to illness experience, especially when in relatively good health (RADLEY, 1994). This perception was reinforced in participants' questions to me before, during and after interviews, about specific points about health advice and was also reflected in my response to questions in the reflexive interview. Specifically, although talk about "lifestyle" arose in unprompted talk, the interview schedule also included questions regarding the behaviours. Interviewees were therefore obliged to discuss, at least in principle, their own behaviours, and hence present their own practices in a justifiable manner. Secondly, my own study, interest and engagement in these "health-related" behaviours meant the researcher also had a vested interest in proceedings. To the extent that the researcher himself "bought into" elements of health promotional ideology and works in associated fields, he was indeed acting to some degree as a health expert or promoter. [29]

In sum, analysis of the reflexive interview enabled an examination of the status of the researcher as both lay person and health expert, insider and outsider, in a practical manner that shifted issues of reflexivity from abstract theoretical concerns of methodology to a more central place in the research process. Where particularly significant issues emerged from this process they were footnoted in the subsequent analysis as a written device that provides a reflexive commentary on the body of analysis. This reflexive work undoubtedly improved the quality of final written reports by providing not only a reflexive tool, but also but prompting greater analytic rigour in analysis. [30]

4. Discussion and Conclusion

The main advantage of the use of the reflexive interview as a methodological procedure lay in its ability to make explicit, and objectivise, the primary researcher's position as both lay person and health expert in the analysis of data. By coding this data alongside that of other participants it was possible to constantly compare the views of researcher and research in such a way as to recognise both the difference between these perspectives and continuities between them. As such, it provided a concrete procedure through which to examine a key reflexive issue specific to our research questions and substantive field and thereby move discussion of reflexivity from a theoretical to a practical level. This was of benefit in producing a higher quality and more reflexive analysis in final written reports. [31]

The two key limitations to this strategy lay in the ethical and philosophical implications of the procedure. Regarding the first point, whilst the confidentiality of research participants was protected by the anonymity of their data in analysis and written reports, clearly this possibility was not possible with a reflexive interview which was, by definition, identifiable. The solution to this dilemma was identified by Dr. Joan PUJOL of the Dept. Psicologia Social Y Salud, Universidad Autonoma de Barcelona, Spain, in a research seminar in that department. Having provided research participants the opportunity to edit their interview transcripts as they saw fit, there was a clear basis upon which the reflexive interview could be treated in the same way. Although this did not ensure the complete confidentiality of the data, it did nevertheless mean that topics the researcher did not want to disclose in a public forum could be edited from the final written reports. [32]

Turning to the second issue, the reflexive interview and analysis could be interpreted as a form of autoethnography or complete-member research, in that it attempted to document where I fitted in as member of the culture being studied. It challenged the "analytic distance" between researcher and researched in the research process (ELLIS & BOCHNER, 2000). However, it could be criticised as providing a fixed representation of the researcher, operating as a form of "confessional tale". This potential problem was outweighed by our concern to subject the researcher to as similar a process of objectivation as research participants and thereby provide a salutatory reminder of the process of objectivation in social scientific research (cf. BOURDIEU & WAQUANT, 1992). Further, the procedure enabled an examination of the researchers' multiple positions that we have here described in terms of his status as both lay person and health expert. [33]

In sum, the reflexive interview provided a valuable practical means through which to consider reflexive issues in the research process. This article has documented the value of this process in order to illustrate some more general observations regarding the development of reflexive procedures in qualitative research. In particular, it has been argued that issues of reflexivity can be concretely operationalised within the research process in order to move from the abstract methodological theorisation to a practical and sensitive exploration of these

issues. Our use of the reflexive interview enabled us to answer pertinent reflexive questions that the subject of our investigation raised; namely, the status of lay and expert perspectives on health. Whilst a similar procedure could be of potential use in other investigations, we do not recommend it as a reflexive strategy of use in all qualitative or interview based work. Instead, we hope our use of the reflexive interview illustrates how qualitative researchers need to tailor their reflexive strategies to fit particular research questions in a creative manner that avoids "cook-book" prescriptions and produces higher quality research. [34]

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