Premises, Principles, and Practices in Qualitative Research: Revisiting the Foundations

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In this keynote address, the author focuses on what we bring to qualitative inquiry and how we conduct our research. What we do, why we do it, and how we do it remain contested issues. She proposes that we look at our methodological premises anew, revisit our principles, and revise our practices. Throughout this address, she draws on Goffman's methodological insights to provide a foundation for reassessing qualitative inquiry. She argues that researchers can build on Goffman's ideas to strengthen their methodological practices and research products. Last, she counters current institutional scrutiny of qualitative inquiry and suggests unacknowledged benefits of this work.

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When preparing my remarks, I thought it useful to revisit the ideas of a native Albertan, Erving Goffman, one of our most eminent ethnographers and social analysts. Many of you have drawn on his insights about total institutions, stigma, self-presentation, and frame analysis (Goffman, 1959, 1961, 1963, 1974).[1] Goffman was born in Mannville, Alberta, attended high school in Winnipeg, studied chemistry at the University of Manitoba, and eventually received his bachelor's degree from the University of Toronto. Throughout this address, I will return to

Goffman, because his perspective on qualitative methods raises significant contemporary concerns.

Goffman shared his views of methods privately with his closest students and colleagues but provided little concrete advice for his readers.[2] In a recent issue of *Symbolic Interaction*, Howard Becker (2003) said of Goffman,

> He felt very strongly that you could not elaborate any useful rules of procedure for doing field research and that, if you attempted to do that, people would misinterpret what you had written, do it (whatever *it* was) wrong, and then blame you for the resulting mess. He refused to accept responsibility for such unfortunate possibilities. (p. 660)

Despite Goffman's misgivings, a number of us have been elaborating methodological rules, recipes, and rationales. Sometimes, other researchers adopt or adapt them to good or bad effect, depending on your point of view. In the following remarks, I aim to elaborate some useful ideas and build on Goffman for articulating them. I believe that we can build on general principles and construct practice guidelines to enact. Hence, I will take the risk of being misinterpreted, but, of course, if your research—or mine—goes awry, we can always blame Goffman.

On a more serious note, I wish to consider methodological premises, principles, and practices that I have struggled with for years and continue to struggle with now. I hope that my remarks might resonate with concerns you have faced and might spark your thinking. For the past three decades, I have been studying people who have chronic illnesses and physical disabilities through an interview study of 165 intensive interviews. I started with primary interests in how individuals experience time and how they construct or reconstruct self after having a serious episode of illness. During the past few years, I have become interested in suffering and its meanings in people's lives. Studying topics such as self, time, and suffering in the lives of people with chronic illnesses has made both the potentials for qualitative research and problems of conducting it more apparent, which I will discuss below.

But first, let me begin with a story about Karen Liddell,[3] who struggled with chronic pain from a devastating neck injury, escalating reliance on pain medication, relentless emotional turmoil, an unreliable and uncertain body, and the prospect of continued poverty. Karen's striking dark hair, perfect features, smooth skin, and graceful figure portray a woman younger than her 46 years. Her elegant carriage, clear gaze, and calm composure belie the physical, emotional, and financial struggles she has had and continues to experience. Karen has been married and divorced three times; she calls herself a "serial commitmentist." She lives in an inexpensive duplex with her 18-year-old son, Joshua, who is having problems in high school. At the time I first talked with her, she discovered Joshua had been forging her name on notes and ditching school. After learning what Joshua had done, Karen's last ex-husband, Larry, caused a ruckus at school, and then Joshua ran away for a day.

Larry was an affluent developer who had construction projects throughout the state. During their marriage, Karen and Larry lived in a large home in the country with farm animals, a garden, a pool, and a gym. Karen had concentrated on raising her three sons from her earlier marriages, maintaining the household, and keeping their contracting business in order. She said that she married Larry partly because he would be an excellent provider and he was very good with the boys. Larry adopted Joshua, because, as Karen put it,

[Josh's] dad had just fallen off the planet; he had his own drug addiction going on; he had a Master's degree in psychology, so these are not stupid people, just people with drug problems which is pretty common in my age group.

Karen's serious medical problems began in 1993, when she became drowsy while driving her Jeep home one night just before dawn. She had been up for hours as a volunteer attending what turned out to be false labor of an expectant mother. She said,

I started to drift off the road, so my, the tire got caught and I overcorrected and according to a witness, I rolled six to eight times and then once end to end back across the highway and smashed into a telephone pole and during that time, you know, it was very surreal. There was a lot—that thing about being in slow motion and feeling yourself getting caught and banged but being kind of in an altered state through it, and then the car was completely annihilated, the back end was ripped off and I remember feeling surprised that when I went to crawl out the back end, 'cause there was no back end, that I could walk, that I could move, because I was sure when it was happening that I was dead—that that was the dead, and I went through—it was a very spiritual experience actually because I felt that I went through the process of dying short of dying and then they took me, they came and . . . got me MediFlight, and took me back and stapled me up and gave me pain meds and sent me home and it was truly miraculous that I wasn't hurt more than I was, because basically what happened then is there was no physical fracture or anything in my neck but it set in a process of degenerative disk disease which then began to progress pretty rapidly from that point forward.

Since then, Karen has had chronic fatigue, possible fibromyalgia, and growing dependence on pain medication. She felt caught between worries about its long-term effects and fears of being incapacitated without it. Karen faced the lingering reverberations of broken trust and loss. Her story indicates how interwoven her physical and emotional distress were. She said,

My ex-husband had kind of a double life going on as it turns out; he would disappear for two or three days at a time which became increasingly worse. He had colitis . . . part of it was his colitis but part of it, [as] it turned out was a hidden cocaine addiction so I couldn't continue to—in my chronic pain condition and his behavior, just kept me so stressed out where I couldn't function emotionally and physically to a point. That's why I say my survival was at stake . . . it hurt me. And there was no support there for my pain issue. . . . I always had to be the one who had to be strong because he'd be gone on these disappearing things and then somebody had to hold down the fort and keep everything going when this would happen. And then sometimes it would take him a week to recover because whatever he was doing would cause his colitis to flair up, so I was always forced to be in the position of the emotional anchor in the family and it was so exhausting to me and again I had to keep escalating that pain medication then to continue on and normally, then, at the time the disk was fully herniated so I was being treated for chronic pain but there was still some questions to the validity of my pain factor whether it was emotionally induced or physically and some question as to whether it was a lot psychological, that I was perhaps, you know, had a painful addiction and was just self-medicating.

Karen's problems escalated with the divorce, while her prospects plummeted. She won her independence but lost her financial stability and everything else as well. For a period, Karen lost much of the world she had known, and subsequently, her sense of identity crumbled. She said,

He ended up with everything and I got nothing; he even got my kids because he had the financial power in the relationship so five years ago I had to start virtually with nothing and then within a year and a half my son had been back with me and I had to just trust that time would—because they didn't understand—I protected them from a lot of what was going on in that relationship so I had to virtually start over with nothing including my children and it was very traumatic. But I figured if I could survive that, I could survive just about anything, but it literally saved my life because it wasn't too long after that I ended up in spinal surgery, that my condition had gotten where I was losing my left arm, my left arm was going gimpy because it was radiating and no long through controllable through medication.

Karen's statements foretell a fascinating tale about growing troubles and failing health; however, I include them here to stimulate our thinking about qualitative research. How might these interview statements reflect larger issues about inquiry? What might we learn about methodological premises, principles, and practices from this story and analytic stories of similar experiences? Which principles might we adopt? How might we integrate them in our research practice?

I chose Karen Liddell's accounts to highlight because her statements exemplify situations that other people with chronic illness share, albeit not always so starkly. Karen experienced the rippling effects of having an ambiguous chronic condition that affected every aspect of her life. What we have here are Karen's accounts drawn from an interview and several lengthy informal conversations. We gain a view of her concerns *as she presents them to us*, rather than as events unfold. Multiple visits over time combined with the intimacy of intensive interviewing do provide a deeper view of a person's life than single structured or informational interviews can offer. Nonetheless, anyone's stories may differ markedly from an ethnographer's recording of the actual events on which those stories are based. In keeping with his emphasis on the roles people play in their unfolding dramas, Goffman (1989) said, "I don't give hardly any weight to what people say, but I try to triangulate what they are saying with events" (p. 131). Goffman believed that in three-person situations, you had a better chance to see what ordinarily occurred in the setting, because each person had to maintain his or her usual ties to the other two people.

Goffman's strategy would work in most situations although Karen broaches the kind of topics that elicit conversational sanctions. In-depth interviews can allow these topics to emerge. People with chronic conditions find that others silence their stories and discount their suffering. What they are silenced about may be among the most important things to learn about them. Silences are significant (Charmaz, in press-a, in press-b, 2002b). I think Goffman would agree on that point. He would look for how, when, and in which contexts silences emerge and how people behave toward them. Goffman would observe who has legitimacy to choose to be silent or to break silences, and who is forced to remain silent.

I want to learn what silences mean, but also wish to listen to what people say about them and glean which feelings their silences appear to evince. Having her disclosures monitored was not new to Karen. Her friends limited what she could say. Her parents and brother distanced themselves from her troubles, not wanting to hear of them. Of course, others, like Karen's teenage son, Joshua, might "hear" a story but not "know" what it means. When Karen had constant dizziness, I asked her if he knew. She said,

He knew, but he's 17, he thinks everything is all about him. Number 1, he's a man, and the second thing is, he thinks everything in his world is a big drama and I'm just, I'm the parent and I'm—he doesn't get a lot that goes on with me.

To underscore how people silence individuals with chronic illnesses, consider Martha Roth's case. Martha was a 54-year-old divorced woman who had been a small business owner before she became too disabled to work. For many years, fibromyalgia had limited her life; then, a diagnosis of breast cancer led to sequential mastectomies. The chemotherapy and radiation treatments made her deathly ill. Despite her extreme weight loss, baldness, and lack of energy, Martha's friends and family trivialized her illness. They silenced and abandoned Martha. The brother whom she had raised not only deserted her but also confiscated her profits from their shared business. She said, "For my father and his wife this was kind of like get over it, Martha, it was like I had a toothache or an earache or something, it was like just get over it. I mean they were not supportive at all" (Charmaz, in press-a).

PREMISES

When reflecting on these stories and comparing my methods with Goffman's, we can find basic methodological premises. I revisit several that merit close attention with which I struggle. The first premise concerns how we focus our inquiry. A long time ago, Henri Bergson (1903/1961) said, "Philosophers agree in making a deep distinction between two ways of knowing a thing. The first implies going all around it, the second entering into it" (p. 1). We can know about a world by describing it from the outside. Yet to understand what living in this world means, we need to learn from the inside. Starting from the inside is the initial step to develop a rich qualitative analysis. Thus, my first premise follows.

A Deep Understanding of Studied Life Means Entering It

Many qualitative studies claim to follow Bergson's (1903/1961) lead by stating that they portray an insider's view of an experience. But do they? Gaining an insider's view is far more problematic—and arduous—than researchers acknowledge. Some ethnographies portray life inside the studied experience such as Timothy Diamond (1992) and Gary Alan Fine's work (see, for example, 1986, 1996, 1998). Some interview studies and multiple methods studies do also. Janice M. Morse's (see, for example, Morse, 2001b; Morse & Penrod, 1999) studies of suffering get inside the experience. However, like quantitative studies, much qualitative research goes around the topic rather than into it. Rather than offering an incisive analytic interpretation of the experience as lived, qualitative studies often offer a description that defines it as observed—from a distance. Those studies that profess to use grounded theory methods often talk about the phenomena from the outside but may not enter them. Thus, such studies do not break the studied phenomena open to make an interpretive rendering from the inside.

How do you know when you have entered the world you study? For Goffman (1989), it means more than having members disclose strategic secrets, a common

index of acceptance. His view of entering the studied world bears some resemblance with the old conception of "going native," in which the researcher converts to the worldview and practices of the studied people.[4] Goffman's researcher exists somewhere between his or her former identity and one embedded in the studied setting. Perhaps potential adoption of the studied world rather than total conversion characterizes Goffman's stance. Goffman's "shoulds" include feeling that you could settle in and leave your academic identity behind. Then you reproduce the same body rhythms, rate of movement, and, I imagine, cadence of speech—naturally. You do not engage in mimicry, such as mimicking accents, because, as Goffman observes, mimicking people's accents makes them angry.

For those of us who do interview research or documentary studies, entering the phenomenon poses more problems. Although the context and content of an intensive interview may foster intimacy, we seldom share sustained contact with our participants. We may not even sustain intimate contact during the interview. If we become uncomfortable, we can shift our questions and likely our hands, shoulders, and feet. I suspect that some interviewers give their participants clear nonverbal messages: Tell me your story but don't tell me any more than I can bear to hear. At the end of the interview, we get up and leave.

Entering the phenomenon means being fully present during the interview and deep inside the content afterward. Not only does this focused attention validate your participant's humanity, it also helps you to take a close look at what you are gaining. Entering the phenomenon means that you come to sense, feel, and fathom what having this experience is like, although you enter your participants' lives much less than an ethnographer does. Entering the phenomenon also means that your active involvement with data shapes the analysis. A few descriptive codes and a powerful computer program do not suffice.

We enter the phenomenon to discover what is significant from the viewpoints and actions of people who experience it. We cannot assume that we already know what is significant. This point brings us to my second premise.

Meanings Matter

To appreciate what is happening in a setting, we need to know what things mean to participants. Meanings render action and intention comprehensible. Actions can make implicit meanings visible. We observe our research participants grappling with making sense of their lives, and then we grapple with them trying to do so. Karen Liddell was grappling with psychological and social survival as she tried to reconcile her past and present selves and to learn what her future portended. Grappling with meanings poses thorny problems and uncertainties. Our attempts can leave us confused and uncertain. Acknowledging that we do not have the right answers and may not have the right questions allows us to open ourselves to ambiguity. Although researchers seldom report personal bewilderment, I see it as part of the process of grappling with meaning (Charmaz & Mitchell, 1996). *Embrace ambiguity, contradictions, and your bewilderment*. Treat bewilderment as a sign that you are entering the phenomenon. Through struggling with ambiguity and bewilderment, you may sense hidden meanings and gain a deeper understanding of the phenomenon. Hence, my third premise follows.

Significant Meanings Are Often Liminal, Unstated, and Unacknowledged—Or Silenced

Qualitative research celebrates discovering the taken-for-granted meanings of our participants. Ironically, however, many of us have emphasized the *overt*—usually overt statements, not actions—more than the tacit, the liminal, and the implicit.[5] To my chagrin, a number of works by professed grounded theorists remain at the overt level. Barney Glaser (2002) argues that people will tell you what most concerns them in the setting. I contend that they often cannot. The most important processes are tacit. Staff at a health care organization, for example, may proclaim that providing excellent patient care is the fundamental process in the setting. A close look may reveal that another, less laudable, process takes priority, such as minimizing services to remain financially afloat.

To learn participants' meanings, we need to be reflexive about our own. To understand meanings, we need to bracket our internalized views of reality and rationality. Try to hold them in abeyance and flow with the experience in the world you study. Professionals are imbued, for example, with assumptions about what rationality is—and make judgments based on these assumptions. We view rationality as static, a truth against which to measure actions and statements. However, what stands as rational depends on definitions that reflect meanings. Hence, rationality is relative to time, place, context, and situation—and people. Our task is to learn the logic of the experience we study, not to impose our logic on it. As we learn this logic, our participants' meanings and actions become clearer, which brings us to my fourth premise.

Actions Make Taken-for-Granted Meanings Visible

Goffman (1989) recognized that what people say often differs from what they do. Thus, he preferred to observe actions and to listen to what people say in their natural settings than to rely on interviews. He showed us how situations called forth specific actions that assumed taken-for-granted meanings. In the introduction of *Interaction Ritual*, Goffman (1967) wrote that his model of study was of occasions and adopted only a minimal model of the actor who could behave sensibly in a given situation (p. 3). He described his focus as "Not then, men and their moments. Rather *moments* and their men" (p. 3, emphasis mine). Those moments structure actions in ways that fit the particular occasion and seem natural and routine to the participants. Granted, what happens in a setting may be more telling than what people say about it—particularly publicly. Thus, interviewers need to go deeper into the phenomena to gain much more than current public relations rhetoric— whether they study people with chronic illness or corporate executives. Examining how people construct meanings and actions necessitates considering the next premise.

Relationships Between Meanings and Actions Are Dynamic and Reciprocal

Action and meaning are dialectical. Actions impart meaning and meanings shape actions. We need to look for how people draw on and act on the larger social meanings available to them.

Those of us who conduct interviews attend closely to what people say. Our questions and our way of asking them affect what our participants choose to tell us. Taking this point to a broader understanding of inquiry brings me to my sixth premise.

The Questions We Ask of the Empirical World Shape the Answers We Obtain

The frames we give our research problems shape what we can look for and what we see—as well as what we do not look for or see. Goffman paid great attention to what he saw. His keen observations made him one of the most astute social scientists of the 20th century, even if he did invoke an individualistic, competitive, strategic, and hierarchical model of human nature. Goffman's model of human nature fit 1950s' North American cultural conceptions of White, upwardly mobile, middle-class men. Such taken-for-granted assumptions influence what we attend to and how we make sense of it. How we word our interview questions more or less structures what participants will say. How we look, act, and sound affects how they read and receive us. We may need to slow down to the world of institutionalized elders or speed up to the pace of corporate executives. In Karen Liddell's case, my few questions allowed her to talk and to tell her story on, and in, her terms. The overall context, the immediate situation, *and* the researcher's training and theoretical proclivities all influence what an interviewer asks and hears or what an ethnographer records. We do come from certain standpoints.

Then, you might ask, what counts as truth? Gaining multiple views of the phenomenon strengthens the power of our claims to understand it. I hasten to state that I do not discount accuracy, yet I invoke a situated vision of truth that speaks to my last premise.

Truths Are Relative, Multiple, and Subject to Redefinition

The standpoints from which we start shape what we see and what we view as truth. The truths from one standpoint become rhetoric when viewed from compelling evidence flowing from another standpoint. Feminist inquiry and ethnic studies research have found that taken-for-granted views reproduced in research rendered women and minority members' actions invisible (see, for example, Collins, 1986, 1990; DeVault, 1991; Harding, 2004; Olesen, 2000; D. Smith, 1987). Virginia Olesen's review of feminist inquiry suggests how diverse researchers' standpoints and tools can inform each other and can generate substantive vitality, growing methodological sophistication, and emergent methodological complexities, among them fundamental concerns about truth, objectivity, and reflexivity. In the following discussions of principles and practices, I challenge certain rhetorical claims in qualitative

research as I reexamine our standpoints and tools—and perhaps offer an alternative view.

PRINCIPLES

Consistent with my premise of entering the phenomenon, my first principle revisits Herbert Blumer (1969). He insisted that social scientists establish intimate familiarity with their studied phenomenon.

Intimate Familiarity With the Phenomenon
Forms the Foundation of Qualitative Inquiry

Intimate familiarity with the phenomenon means gaining a level of knowledge and understanding that penetrates the experience. Learn the rhythms of actions within it and the design of daily life. In my field, as in many of yours, we pursue narrow topics with targeted samples. Many researchers have abandoned the long-held assumptions of establishing intimate familiarity with research participants and their worlds. Herbert Blumer (1969) avowed that we had to establish this intimate familiarity to say anything important about them. Anthropologists perhaps remain the most steadfast in pursuing the intimate familiarity with the studied world. Observational methods offer much to enable us to gain this familiarity and to interpret what we see.

Although Goffman ordinarily refused to address procedural rules for field research, he agreed to participate in one session on field research at the 1974 meetings of the Pacific Sociological Association. Goffman had requested that his comments not be recorded. His request must have been as effective as asking your students not to record your classroom lectures. Nameless ethnographers made surreptitious tape-recordings of Goffman's talk. Much later, Goffman's widow, Gillian Sankoff, agreed that the significance of his remarks overrode his wish that they remain off record. Subsequently, Lyn H. Lofland transcribed and edited them, and they appeared in the *Journal of Contemporary Ethnography* in 1989.

Scholars often view Goffman as one of most dispassionate, disinterested of observers, who remained distant from his subjects.[6] Yet for Goffman (1989), obtaining observational data means

> subjecting yourself, your own body and your own personality, and your own social situation, to the set of contingencies that play upon a set of individuals, so that you can physically and ecologically penetrate their circle of response to their social situation, or their work situation, or their ethnic situation, or whatever. So that you are close to them while they are responding to what life does to them. I feel that way this is done is to not, of course, just listen to what they talk about, but to pick up on their minor grunts and groans as they respond to their situation. When you do that, it seems to me, the standard technique is to try to subject yourself hopefully, to their life circumstances, which means that although, in fact, you can leave at any time, you act as if you can't and you try to accept all the desirable and undesirable things that are a feature of their life. *That "tunes your body up" and with your "tuned up" body and with the ecological right to be close to them (which you've obtained by one sneaky means or another), you are in a position to note their gestural, visual, bodily response to what's going on around them and you're empathetic enough—because you've been taking the same crap they've been taking—to sense what it is that they they're responding to. To me, that's the*

core of observation. If you don't get yourself in that situation, I don't think you can do a piece of serious work. (pp. 125-126, emphasis mine)

Goffman's telling view on field research gives ethnographers a measure of involvement by which they can gauge themselves. It does hearken back to a time when conducting ethnographic observations meant immersion in the field. Now, institutional reviews, granting agencies, and disciplinary conventions make immersion more difficult.[7] However, that does not mean we should abandon it.

Blumer's (1969) emphasis on intimate familiarity goes hand in hand consistent with his injunction: "Respect the nature of the empirical world and organize a methodological stance to reflect that respect" (p. 60). My second principle builds on Blumer's injunction and specifies research boundaries:

Respect for Research Participants as Persons Supersedes Research Objectives

At first glance, we might say, "Of course. After all, institutional review committees force us to specify how we will respect our subjects." I think respect means more than meeting institutional regulations. Respecting our research participants means acknowledging and honoring their fundamental humanity. It means treating people with dignity when we do not condone their beliefs and actions. It also means searching for their meanings and understanding their actions as they see them, not according to our philosophical or professional perspectives. It can mean temporarily abandoning our researcher role. Occasionally, I have validated people in unscientific ways. For example, when a young man who was depleted by dialysis berated himself for not getting enough done, I told him that I thought he accomplished a great deal.

Ordinarily, respect for our research participants includes finding out how they view their worlds. Hence, we must avoid imposing disciplinary theories indiscriminately on these worlds, which suggests my third principle.

Extant Theoretical Perspectives Provide Starting, Not Ending, Points

Established theoretical perspectives can sensitize us to explore possible theoretical threads in our fieldwork. Using them as a starting point for *scrutiny* rather than for *application* can help us illuminate the worlds we visit and generate new theoretical insights. We can learn much by studying the questions theorists ask, the assumptions they make, and the logic of their perspective. Like Goffman's research, the best qualitative studies are theoretically informed. Such research produces new theoretical insights about the empirical world. In turn, our renderings of this world influence the theories we develop about it. Thus, *how* we construct our renderings matters, as my next principle states.

Constructionist Renderings Complement Being Faithful to the Studied Phenomenon

How can a social constructionist talk about being faithful to the phenomenon? Does not the notion of being faithful presuppose the objective presence of the phenome-

non? Yes, it does. We account for how participants construct the phenomenon and delineate the conditions under which they do so. Here, we encounter the tensions between fidelity to something taken as real and views of reality as multiple. They are not necessarily in conflict.

What does fidelity to the phenomenon mean? Achieving fidelity means accuracy, thoroughness, completeness. It assuredly stems from what Barney Glaser (2002) calls "the worrisome accuracy problem" of QDA (qualitative data analysis) (p. 3). I am all for "accuracy" and advocate more effort to achieve it. I worry when we make less-than-strenuous efforts to be accurate. Accuracy means excavating the implicit meanings in our participants' statements and actions.[8] It means that we take a measured stance about the data we select to show. It means choosing excerpts and anecdotes that *represent* larger issues, not just choosing the juiciest stories. My data was replete with stories like Karen Liddell and Martha Roth's tales of being ignored and silenced. The undercurrents of Karen's quest for wholeness comprised another major theme. Accuracy means collecting sufficient data that we have as full a range of observations of the phenomenon as possible. Rather than aiming for fullness, we often rely on the rhetoric of saturation to dismiss doing thorough fieldwork. Janice Morse (1995) punctured the myth of saturation as fostering claims rather than criteria, and I agree with her.

Notions of accuracy assume agreement. We agree about the nature and meaning of some objects and events. These agreements are social constructions but are relatively obdurate and stable ones. Within the parameters of such agreements and similar starting points, we can define and describe our studied world with reasonable accuracy. Diverse observers may define similar objects and events observed in the field. How we interpret their significance and relationships with other phenomena may differ markedly. Researchers' different sensitivities alert them to different facts. An educator might read my interviews from the standpoint of how the participants teach me about their lives. A nurse might read the same interviews and look for how these participants manage their chronic conditions. The educator and the nurse both provide accurate but different constructions of the same stories.

When we lack fundamental agreements, we may not share the same facts. Facts flow from values; they are not separate from values. This point hearkens back to our views of truth. Like positivists, mine is provisional and subject to revision—and rests on shared definitions. Researchers of every sort construct truths about the world based on their interpretations of the evidence they gather. Within a given framework, we can strive for accuracy. We can certainly attempt to record our respondents' behavior accurately, including their statements, actions, gestures, and expressions. And we can recognize that behavior occurs within a context. A strategy for studying this context brings me to my fifth principle.

Studying Meanings and *Processes at Both the Subjective and Social Levels Illuminates Their Context*

A greater emphasis on context in qualitative research will likely characterize much social research. Much of the qualitative research of the past 50 years has been decontextualized—separated from place, time, and culture. We live in specific settings and times in a global world. Ethnographers will attend more to links between small communities and global processes. Many qualitative studies, like mine, rely

on intensive interviews. Hence, gaining contextual understanding presents challenges, but I advocate struggling with them.

PRACTICES

As the "qualitative revolution" (Denzin & Lincoln 1994, p. ix) gained ground during the past 25 years, many researchers have come to use qualitative methods mechanically. We can move away from Mechanical Methods and use methods to expedite learning. Methods are merely tools—but not automatic ones. Methods should offer reasons and routes, but not recipes. Give first attention to the phenomenon itself, rather than the methods to explore it. As Meadows and Morse (2001) state, researchers should change their strategies when they do not obtain the necessary data for studying their settings. Persistence, diligence, and creativity are more essential than methods per se (Charmaz & Mitchell, 1996).

How might we avoid using Mechanical Methods and turn toward learning? Goffman gives us some advice about proceeding.

"Cut Your Life to the Bone"

> You can argue that every world provided substance for the people, provides a life. And . . . [that's what you're] trying to get quickly, you see. So the way to get it is to need it. And the only way to need it is to not have anything of your own. (Goffman, 1989, p. 127)

For Goffman, being stripped of your ordinary life forces you to join the world in the field setting. Our stance toward studied life also makes a difference. Thus, I offer the following advice.

Open Yourself to the Experience

By opening yourself to the experience, you create a space where the unexpected can occur. Goffman notes that good ethnographers relinquish conventional posturing and risk being embarrassed and incompetent:[9]

> As graduate students, we're only interested in being smart, and raising our hands, and being defensive—as people usually are—and forming the right associations, and all that. And if you're going to do good fieldwork it seems to me that's got to go by the board. (Goffman, 1989, pp. 127-128)

> You have to open yourself up in ways you're not in ordinary life. You have to open yourself up to being snubbed. You have to stop making points to show how "smart-assed" you are. And that is extremely difficult for graduate students (especially on the East Coast). Then you have to be willing to be a horse's ass. In these little groups, the world consists of becoming very good at doing some stupid little things, like running a boat, or dealing, or something like that, you see. And you're going to be an ass at that sort of thing. (p. 128)

The incisiveness and detail of Goffman's observations remain part of his legacy. His many concepts capture the scenes he studied. I recommend following Goffman's lead.

Gather Sufficient Data to Make Your Study Credible

Ask yourself if the data are sufficient to merit the claims you wish to make about them. Consider the range, number, and depth of observations contained in the data. The best studies typically draw on a solid foundation of data. Skimpy data do not inspire confidence. Credibility increases when the researcher has conducted a thorough study.[10] Providing ample evidence for your claims allows the reader to form an independent assessment—and to *agree* with you.

Our claims derive from what we see and hear and sometimes feel. Increasingly, qualitative research relies on listening although, like Karen Liddell's son, we may not always hear. Therefore, we must . . .

Pay Attention to Language

Language is telling—not simply of acts and facts, but also of views and values, and of feelings, priorities, and involvements. The interview excerpts suggest how Karen Liddell uses words to make sense, not only of a troubled past but also of her present. Her statements tell of a marker event, the accident, a turning point in her life. Marker events give us opportunities to make otherwise tacit meanings explicit. Hence, my last point to consider for research practice.

Look Beneath the Surface

Throughout this address, I have emphasized learning about tacit actions and implicit meanings. I have stressed looking at the logic of the person's experience and entering the liminal realm of experience. The following interview story of Cynthia Duer's experience illuminates implicit meanings and suggests how I gave them an interpretive understanding (Charmaz, 2002). At the time, Cynthia was a 56-year-old woman who had had a tremor for 3 years and was diagnosed with Parkinson's disease shortly after its onset.

Cynthia's condition became evident after an auto accident in which she suffered severe neck injuries. She lived in the country with her husband, Tom, and two daughters, Kate and Melody. Cynthia described her life as continually stressful since her beloved daughters were born. When the girls were small, Cynthia underwent treatment for melanoma and experienced much uncertainty because of it. A few years later, she had to juggle caring for the girls and for her dying mother-in-law, who lived 150 miles away.

However, Cynthia described her responsibility for Kate as the overriding source of continual stress in her life. As a baby, Kate (19 years old at the time of the study) was diagnosed with severe diabetes, and Cynthia was told that Kate had only a 50-50 chance of surviving to adulthood. Cynthia became the guardian of Kate's life, always on alert, always near a phone in case of emergency. Simultaneously, she tried to give her girls as normal a childhood as possible—despite her husband's disinterest in the children. The couple divided the labor: Tom earned a living for the family; Cynthia kept her daughter alive, kept the household going, and kept the girls out of their father's way.

Cynthia felt her stress radically increase during the year before the first interview. One of her sisters sought a doctor's care for a sore that was not healing, then

died within 4 days of a massive infection. Another sister's husband dropped dead 3 months later.

Then, the accident happened. Kate was in the backseat, and the rear bumper came through the car. Cynthia said of her,

> My every waking hour was that she would never get hurt and she would never be in the hospital for anything except diabetes, I thought she was dead . . . in the back because I couldn't find her and she was covered with glass. She had a little contusion on her nose but [was] basically okay. But just the trauma of wondering what was back there and being afraid to look. . . . So I-I feel personally being so stressed in life at that point because the doctor [had] said, "You'll always have underlying stress with a chronic kid," and I think that's what onset it [her tremor].

The accident became the marker of Cynthia's decline into ill health.

> I saw the doctor after the accident because my neck was sore and my hip was sore. And then on follow-up I told him, "I'm just falling apart. I'm a basket case," and he seemed to think that was kind of a little routine, with the trauma. Based on the stress that I was up [against] . . . the average person, if they were totally relaxed and had nothing going on in a lifetime . . . I think would have been fine. But based on the stress that I had, he thought it was just additional stress . . .
>
> He finally referred me to a neurologist, and they did an MRI scan because the pain that I was feeling that I thought was related to the tremor was kind of in the skull area . . . So they did a magnetic research thing [magnetic resonance imaging] and found nothing. In fact, they've done two of them and found nothing.

Cynthia viewed these test results as supporting her belief that her problem resided elsewhere than in her neck or skull. She told me that people who have had cancer seldom get Parkinson's disease but could not be sure that her melanoma exempted her. The doctor who treated her was later brought up on charges of falsely diagnosing patients and subjecting them to unnecessary surgeries. In addition, a mysterious fire in his office destroyed patient records. Cynthia sustained hope by emphasizing several other anomalies of her condition.

> I'm at a state where I believe it will be reversed when I get control of my emotions. I think it will calm down and be something besides—because one of the things with Parkinson's disease is that when people are at rest, they have the rhythmic tremor. And when I'm at rest I have no tremor.

From her perspective, Cynthia felt that she endured increasing and intensified stresses, now worsened by her physical condition. She saw herself as having borne the stress of Kate's condition alone. Currently, Cynthia attempted to keep peace in the household, however fragile it was. Tom hated Melody's boyfriend, so he had not spoken to her for the past 3 years and left the room if she entered.

How might I interpret this story? Cynthia's statements provide a rich source to build an interpretive understanding. The passage below indicates several analytic directions I drew from the story.

Time and the acceleration of symptoms moved too quickly for Cynthia; her self-concept partially remained in the past. The disjuncture between past and present was too great for her to integrate on the basis of a physician's pronouncement. Granted, she experienced a rigid body, stiff, painful neck, and the tremor that intruded on her daily routines. And she did receive messages that her body had

changed, that she had become different. Even if she could normalize the tremor herself, she could not ignore how it riveted the gaze of other people and elicited sporadic rude questions. Then her stance wavered between resisting the diagnosis and realizing its plausibility:

> Because when you have a tremor or when you have something that people notice, you become preoccupied with what they're thinking about you and if they're feeling sorry for you or not. It's like I'm not normal, but I'm gonna be [normal] some day, you know, so you really try to not put yourself in a position where you're gonna have somebody say, what's wrong with her? I have Parkinsonism, don't ask me about it. [laughs]

Experience changes faster than ingrained habits. Nonetheless, engrained habits likely take precedence for how ill people define their situations. When habitual views of the body are predicated on invincibility, agelessness, unceasing functioning, and strong personal control, then ill people alter their view slowly through many experiences. Men are particularly likely to hold such views. Subsequently, they often enter into a struggle against illness. When they lose the struggle, they sink into a silent depression.

Like many other people, Cynthia had an earlier view of herself as possessing the bodily attributes of invincibility, agelessness, unceasing functioning, and strong personal control. She had possessed valued identities; she saw valuable attributes that reflected a vital self. Although Cynthia's view of her past body may, in fact, have been a reconstruction, not a reproduction, of her earlier view, it stood in stark contrast with how she viewed having a diagnosis of Parkinson's disease. Cynthia recalled her thoughts and feelings when she received her diagnosis as "disaster. The end. Kaput." The metaphors Cynthia invoked reveal her definition of this disease as a devastating affront to body and self (see DiGiacomo, 1992).

TRANSFORMATION

Before concluding, I wish to reflect on one last methodological concern, our relationships with our research participants. Local university review committees, funding agencies, and colleagues scrutinize our relationships with research participants. They all question what we do with our research participants, how we do it, and what we say about them. Conventional scrutiny implies potential damage. Review committees see lack of anonymity and revealed confidences as damaging. They look for harm that we and/or our instruments might wield and seek safeguards to protect research participants' rights. Thus, they ask us to state in advance what we are looking for and how we expect to find it. Like those postmodernists who argue that we assume power over our participants, review committees inflate our effect on them.

Institutional review committees protect the powerful from being studied and shield our sponsoring institutions from litigation. Ethnographers cannot wander into restricted settings. Qualitative researchers can no longer hide their research objectives, as Goffman (1989) suggested.[11] Rather, we may make our lists of objectives as lengthy and inclusive as possible to cover ourselves and to handle whatever imaginable contingencies we can conjure.

This review process simply does not fit the logic of our inquiry. Qualitative research is *emergent*. We start with general research questions but they may lead us in new, unanticipated directions. When I first decided to study how people experience chronic illness, I did not anticipate that I would soon delve into exploring how people disclosed illness and the kinds of feelings they had about it.

Furthermore, definitions of harm are not fixed and stable, but contextual. Strict anonymity of leading actors in an ethnographic study may be impossible. Karen Liddell and Cynthia Duer might be recognizable to people who know them well. However, our work poses much less potential harm than the current ethics climate suggests. The biomedical model with its embedded notions of power forces a rigid frame on fluid research and assumes that we can specify potential risk and harm to our participants. As Bruner (2004) points out, risk and harm may be emergent in ethnographic studies—and unpredictable.[12] At times, risk and harm may accrue to the researcher more than to the researched (Lee, 1995; Moreno, 1995). Review committees do not consider this possibility.

Risk and harm are not the only conceivable outcomes. As many of you have experienced in touching moments, gains and benefits may also emerge in unexpected ways. A few months after a formal interview with Karen Liddell, she offered to help me with my research because she had gained so much from being interviewed that she wanted to give back.

Institutional review procedures assume that we may transform our research participants for the worse, but no one talks of how we may be transformed. To paraphrase Arthur W. Frank's (1991) wonderful aphorism "Illness is an opportunity but a dangerous one" (p. 1), I say, "Qualitative research is an opportunity for transformation but an uncertain one." I close with last words of advice. Choose topics that ignite your passion. If need be, dispute negative decisions from your institutional committees. Do something that makes a difference in the world. Then enter the phenomenon and open yourself to the research experience. Face the inevitable ambiguities. Flow with the existential dislocation of bewilderment. Bring passion, curiosity, and care to your work. In the end, you will transform our images of studied life, and your research journey will transform you.

NOTES

1. For an astute depiction of frame analysis, see Joe Norris, "Playbuilding as Research," a keynote address delivered on January 30, 2004, at the Fifth International Advances in Qualitative Methods Conference in Edmonton, Alberta, sponsored by the International Institute for Qualitative Methodology at the University of Alberta, to be published in *QHR*.

2. Although Goffman avoided articulating concrete ethnographic guidelines, G. W. H. Smith (2003) demonstrated that Goffman conveyed a sense of fundamental principles through his assessment of the methodological deficiencies of his master's thesis. Furthermore, Smith showed how the logic of Goffman's inquiry took initial form in the master's thesis.

3. All names of research participants used in this address are pseudonyms.

4. Atkinson, Coffey, and Delamont (2003) have pointed out that the language of going native has lost credibility because of its association with imperialism in anthropology (p. 51). In addition, scholars no longer maintain strict rules about limiting personal involvement and maintaining social distance in the field.

5. For an excellent critique of problems in qualitative studies, see Silverman (2001).

6. Perhaps the lack of both sentimentality and overt political rhetoric in Goffman's writings may in part reflect certain intellectual conventions of the time. Becker (2003) avowed that readers feel Goffman's civil libertarian passions beneath his "antiseptic 'scientific' language" (p. 668).

7. Ethnographers of the 1950s and 1960s commonly gave gatekeepers an innocuous general reason for gaining access and either had or developed a more controversial purpose.

8. Cheryl Albas and Dan Albas explicitly link their efforts to achieve accuracy to developing categories. Cheryl Albas states that they take their categories back to participants and ask how they fit these participants' experiences. They check accuracy and, moreover, explore and expand the relevant categories to discover rich variation. Their strategy is to observe the participants' expressions given and those unwittingly given off. They find that a participant's bland agreement indicates that they have not penetrated the core of the experience. Subsequently, they engage the participant in a discussion of the category and through it generate new properties of the category or a range of categories (Personal Communication, March 29, 2004).

9. See also Morse (2001a) and Wax (1971).

10. Granted, different disciplines hold different criteria for credibility as well as for methodological adequacy and truth claims (Thorne, 2001). Those researchers influenced by the fieldwork traditions in anthropology and Chicago school sociology adhere to standards that demand extensive data collection. Researchers who exert strong substantive influence in their field and across other disciplines conduct studies having a solid foundation of data.

11. Not only would Goffman's covert research agenda be suspect, Becker (2003) argued, Goffman's work could not survive contemporary peer review processes (see Plummer, 2003).

12. Bruner (2004) stated that his mere presence as an American placed his informants in grave danger during eruption of a civil war.

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