On ethics regimes and the problem of maintaining the face of qualitative research: a commentary on Iara C. Z. Guerriero´s and Sueli Dallari's paper

Sobre diretrizes éticas e a questão de manter as características da pesquisa qualitativa: um comentário sobre o artigo de Guerriero & Dallari

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Guerriero and Dallari's paper, "The Need for Adequate Ethical Guidelines for Qualitative Health Research," illustrates vital differences between the principles and paradigms of medical research and those of the social sciences, and qualitative research in particular. They are quite right when they claim, that "it is not adequate to analyze qualitative researches in health by seeking the support" of such documents that are the fundamental bases of medical and positivist research. This paper explores the ongoing problems imposed by the medical-research ethics model on qualitative research. This paper also asserts that the many varieties of qualitative research, the rise of interdisciplinarity, the ignorance of the historical roots of qualitative research, and the (re)emergence of neo-positivism make it difficult for qualitative research to resist the impact of national ethics regimes.

Differences between qualitative and medical research related to ethics

As they make clear, there are stark contrasts between medical and qualitative research. Qualitative research does not involve hypothesis testing and, in contrast to medical research, affirms the fact that knowledge is socially produced: it is not possible to isolate knowledge from the persons who produce it, whether researcher and/or research participants. Guerriero and Dallari also note that it is quite impossible to pre-establish with any precision or accuracy the path of a qualitative research project. The techniques of research, the concepts and themes, the sampling (if any), and other related research and ethical issues emerge from the research itself. It is a highly interpretive science in which the term "protocol" (which means a measurement without interpretation) itself cannot be used.

Qualitative health research pays much attention to the meanings that people attach to what they do and say. An older research participant might consider him- or herself in relatively good health in comparison to their age peers, but in poor health in comparison to younger people. A child with a chronic illness might perceive innoculation or medical intervention with less trepidation than a healthy child who sees such interventions in more drastic terms, thereby altering the perceptions of risk and harm. Paternalistic attitudes by professionals produce a different form of social interaction than those that acknowledge the lived experiences of the older patient being researched or treated.

Unhappily, the guidelines of ethics regimes, whether in Brazil (such as through Resolution 196/96 of the Conselho Nacional de Saúde of Brazil) or in other countries leave no room for these particular features of qualitative research. They offer, in fact, too little to qualitative researchers. This assertion stands at the heart of Guerriero and Dallari's paper. Qualitative researchers in other parts of the world have made similar assertions–all of which have led to substantive complaints. The marginal status of qualitative research, however, has allowed the purveyors of ethics to easily dismiss these complaints. Too numerous are the published complaints to list them all in this short essay.

The many varieties of qualitative research

Guerriero and Dallari's observations conform to the widely-held views of numerous social scientists, and qualitative researchers in particular, about the need to reform research ethics regimes. For example, in Canada, *Giving Voice to the Spectrum* by the Social Sciences and Humanities Research Ethics Working Committee in 2004 encapsulated some "fifty-seven submissions, comprising hundreds of pages of commentary and suggestions" from individuals, research ethics boards, disciplinary associations, trans-disciplinary organizations, and institutes representing at least 17 disciplines[1]. A more recent exercise (2007), in response to its Consultation Document, evoked more than 75 responses[2]. These responses were clear in their advocacy to change Canada's Tri-Council Policy Statement on Research Involving Humans (TCPS) to reflect more faithfully the concerns of qualitative researchers.

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It is not only the weak status of qualitative research that saps the force of these complaints, but also the fact that qualitative research adumbrates many methods and strategies of research. It is not possible for qualitative researchers to express one coherent model to resist the impact of the medical-ethics regime. There are many shades of qualitative research. Between 1920s and 1960s, field research was the dominant approach in qualitative research, but no researchers saw their research as "qualitative." In the late 1960s, Anselm Strauss and Barney Glaser sought to legitimate Grounded Theory and relied on terms borrowed from quantitative research ("theoretical sampling," "(axial) coding," and "constant comparative method" are some of the terms derived from a quantitative/statistical model of research). Currently, as disciplines outside of sociology and anthropology take up qualitative research, qualitative research has become more cosmopolitan. As Dr. Guerriero mentions, qualitative research can cover many research strategies. This multiplicity of methods might be related to the style of presenting one's research proposal to research ethics boards to avoid having to go back to the REB if one method does not quite pan out.

Cosmopolitanism entails diversity and other disciplines beyond the confines of sociology and anthropology now define qualitative research in many different ways. For example, Guerriero and Dallari have found themselves relying on the model promulgated by Norman K. Denzin and Yvonna Lincoln – a model that stretches the boundaries of qualitative research over areas not seen in the early days of qualitative research. Still, it is a model that some other qualitative researchers might be reluctant to subscribe themselves to wholeheartedly. For example, the Denzin and Lincoln text do not refer to "sensitizing concepts," an important term coined by Herbert G. Blumer (who also coined "symbolic interactionism")[3]. Nor does their handbook refer to "generic social processes," a relevant conceptual tool developed by the Canadian Robert Prus[4].

There are, moreover, other dimensions that are reshaping qualitative research that make it more difficult to resist the imposition of research-ethics regimes. These dimensions pertain to the interdisciplinary nature of current qualitative research approaches.

The force of interdisciplinarity

Research-granting agencies, universities, and other funding bodies vaunt "interdisciplinarity" to stimulate solutions to the problems of society. Any fair-minded researcher would aver such an approach is an essential feature of the contemporary research landscape. Interdisciplinarity speaks to the spirit of the times fraught with complex social, cultural, and economic problems. Moreover, students find interdisciplinary programs more attractive than single-discipline programs. There is thus a vast increase of such programs.

However, interdisciplinarity poses a challenge to the core meaning of what it means to be a qualitative researcher and undermines the unique claims of qualitative researchers as a model of research as distinct from the paradigms of quantitative or medical research. Any claims that some or many qualitative researchers might make about that uniqueness are softened by the absence of the core meaning of qualitative research due to growing interdisciplinarity. As a result, too, constructs of medical research are now finding a way into qualitative research itself. The "new" qualitative researchers resort to terms and concepts traditionally unfamiliar to traditional qualitative research. "Protocols," "signed informed consent forms," and the use of advance-coding techniques of analysis employing many research assistants seem to vitiate the traditional basis of qualitative research–all in the name of the benefits of interdisciplinarity.

So, too, are other dimensions changing the face of qualitative research. The availability of larger sums of research grants to interdisciplinary research gives a larger profile, and perhaps credulity to this type of research (traditional qualitative research, traditionally involved inductive approaches, smaller research personnel, often involving only one researcher in a single research setting, and with smaller budgets). This increased funding, with the help of the interdisciplinary focus of the research, is thus pushing qualitative research beyond it usual confines of smallness.

As a consequence, the pleas by researchers invested in conventional qualitative research, claiming that their paradigms are different from the ones advocated by bio-medical ethics regimes, are increasingly reduced to voices of a minority within a minority, perhaps relegated to the belief that conventional qualitative research is an anachronistic paradigm.

The voices of qualitative researchers are further reduced by the ever-increasing spiral of ignorance about the source, origins, and history of qualitative research.

The force of cutting off the roots

Granted, qualitative research has experienced a remarkable emergence and growth during the past two decades or more. No longer confined within anthropology or certain segments of sociology, qualitative research has expanded into numerous other disciplines. This abundance of interest has resulted in the loss of the traditional, classical, core principles of qualitative research. However, the prevalence of so many disciplines and fields practicing qualitative research is not accompanied by a deeper reliance and probing of the roots of qualitative research[5]. As Laurel Richardson avers, a tall building requires a deep foundation, and a tall tree requires deep roots. "The implications for the qualitative researcher," according to Richardson, "are to dig deep into their own biographies and cultural heritages, and to dig deep into the intellectual and practical knowledge within the disciplines."

There is a final trend that is reducing the unique claims of qualitative research, namely the recrudescence of positivism, or neo-positivism. It now affects the qualitative-research enterprise itself, reducing its unique claims.

The force of neo-positivism

The re-emergence of positivism (i.e. "neo-positivism") is proving to be quite a challenge to qualitative research, eroding the distinctive nature of qualitative research and its particular ethical dimensions.

Neo-positivism on a large scale has, according to Endre Kiss, been accepted internationally and declared as the "approved basis of the global system of actual institutions[6]." Neo-positivism has permeated qualitative research. For example, Norman K. Denzin and Yvonna Lincoln enthusiastically speak about "triangulation," a concept derived from geodesy[7]. Although Denzin and Lincoln suggest that this term should not be taken literally, this concept implies that empirical "truth" can eventually be uncovered or discovered through methodological, empirical, or theoretical triangulation. The desire for objectivity is paramount.

I have already noted the widescale acceptance of qualitative methodology by researchers in other disciplines. In the case of university faculties of nursing, the qualitative research paradigm has acquired a quantitative or medical orientation. The extensive use of the quantitative orientation of segments of Grounded Theory, the adoption of computerized coding, the employment of a large number of research assistants in the prosecution of the methodology, the selection of over one-hundred interview participants, and the creation of lengthy signed consent forms that parallel forms used in medical research – all these characterize a new form of qualitative research. It is highly unlikely that the purveyors of this kind of "qualitative" research will claim qualitative research as a distinct paradigm. This new form reinforces the neo-positivistic model of research that is rapidly becoming the standard feature of large research-grant projects.

Conclusion

It is important to maintain the face of qualitative research despite the pressures of national ethics regimes which advocate the medical model of research. Maintaining such a face is indeed a difficult task.

Medical research is vast, strong, and large. Qualitative research is small-scale, uses inductive reasoning, and relies on the empirical, everyday world filled with meaning. Two contrastive models of research. The shrinking of conventional qualitative research into smaller niches of social research is a worrisome trend that is further exacerbated by the existence of many varieties of qualitative research (which makes it more difficult to assert just one defining aspect of qualitative research), the interdisciplinary adoption of qualitative research (which opens qualitative research to divergent understandings), the increasing cutting off of knowledge of the historical roots of qualitative research, and, finally, the emergence of neo-positivism–all these are leading to the erosion of conventional qualitative research and blurring the distinctive aspects of qualitative research.

References

1. Social Sciences and Humanities Research Ethics Special Working Committee. ***Giving voice to the spectrum: Report of the Social Sciences and Humanities Research Ethics Special Working Committee to the Interagency Advisory Panel on Research Ethics***. Ottawa: Interagency Advisory Panel on Research Ethics; 2004. p. 10.
2. Social Sciences and Humanities Research Ethics Special Working Committee. ***Qualitative research in the context of the TCPS: A follow-up to the Giving Voice to the Spectrum Report and a discussion paper***. Ottawa: Interagency Advisory Panel on Research Ethics; 2007.

3. Blumer HG. *Symbolic Interactionism: Perspective and Method Perspective.* Englewood Cliffs, N.J.: Prentice-Hall; 1969.
4. Prus R. Generic Social Processes: Intersubjectivity and Transcontextuality in the Social Sciences. In: Dietz ML, Prus R, Shaffir W, editors. *Doing Everyday Life: Ethnography as Human Lived Experience.* Mississauga, ON: Copp Clark Longman; 1994. p. 393-412.
5. Richardson L. *From the Depths: New Work, New Practices, New Ethics* [keynote address]. 24th Qualitative Analysis Conference, St. Thomas University and University of New Brunswick, Fredericton, NB, Canada; 16-19 May 2007.
6. Kiss E. The Secret Symmetry Between Neopositivism-Neoliberalism and Postmodernism. [article on the Internet] 2004 29 Nov [cited 2 May 2007]; [about 2 p.]. Available from: http://www.pointernet.pds.hu/kissendre/posztmodern/20041129104009402000000682.html
7. Denzin N, Lincoln YS, editors. Paradigms and perspectives in transition. In: *Handbook of Qualitative Research.* 2nd ed. Thousand Oaks: Sage; 2000. p. 157-162.

A difficult dialogue

Um diálogo difícil

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Firstly, I would like to compliment the authors and this journal on the initiative to promote the public debate on the inadequacy of the norms that govern the Committees for Ethics in Research (known in Portuguese as CEPs) in Brazil, regarding qualitative research developed in the Human and Social Sciences.

The current norms have been causing serious constraints to fieldwork and analyses that employ qualitative methodologies. The debate is particularly relevant and urgent, since there is a consensus about the need to create norms for research procedures, in their ethical aspects, in all the areas of knowledge. This is due to the fact that sometimes the results of scientific research do not favor the researched groups or people; they may even harm them. We know that scientific/technological progress and human progress do not necessarily walk together. The problem is that we need to establish norms respecting the specificities of the different areas of knowledge.

Guerriero and Dallari go straight to the point when they analyze the inadequacy of Resolution CNS 196/96 of the Ministry of Health, which creates rules for "researches involving human beings". The authors argue that the inadequacy of the rules in relation to qualitative research concerns the incompatibility between such rules and the interpretative paradigm of the human and social sciences. They strengthen the point of view of the researchers in these areas, expressed in diverse critical analyses about the action of the CEPs[1-5]. They highlight aspects that are relevant to the discussion about ethics in qualitative research: the researcher's subjectivity as a tool in his/her work; the specificity of the techniques; the interpretative character of knowledge; the character of contextualized activity, which makes it difficult to think about scientific production as strictly "individual"; the text that reveals different voices and points of view; the relationship between researcher and research subject as a problem.

The authors show that in the interpretative paradigms, based on which qualitative research is developed, "ethics is intrinsic to the research methodology". It originates from the research itself; it is "not an aspect that is outside it, to be evaluated separately". The discussion on ethical aspects continually accompanies qualitative research in all its phases: data collection, analysis and results presentation. Thus, Guerriero and Dallari conclude that "it is essential to consider the paradigms that guide each research study, so that it is possible to analyze their ethical aspects". One can understand from this that each paradigm has its own evaluation rules. And here lies the difficulty faced by the CEPs.

The authors refer to the documents that influenced Resolution CNS 196/96, the Belmont Report and the CIOMS 1993 guidelines, which assume the existence of only one research paradigm, based on its application to the biomedical and behavioral areas. They show that the Brazilian norm extends their limits and encompasses all the researches that "involve human beings", from whatever knowledge area. This posture suggests, according to Oliveira[6], "a certain extrapolation of domains" that he calls "biocentrism", as it "arbitrarily imposes a local, biomedical view on research practice, or on ethics in research practice, as if it were universal". As the authors show, from that, several kinds of problems arise.

Considering the area of Health, it is important to highlight that the interdisciplinary perspective is fundamental, since all the scientific fields

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