DATA COLLECTION IN CLINICAL-QUALITATIVE RESEARCH: USE OF NON-DIRECTED INTERVIEWS WITH OPEN-ENDED QUESTIONS BY HEALTH PROFESSIONALS

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Non-directed interviews constitute the main data collection instrument in qualitative health research. Studies in which this is evident are well documented in international literature. For health professionals, knowing what people feel and imagine makes it possible to develop a more adequate clinician-patient relationship. It is indispensable to know what the life phenomena mean for individuals, because the meanings have a structuring function. People organize their lives around the meaning they attribute to situations or object. This is also relevant to their health care. From research conducted at the Laboratory of Clinical-Qualitative Research, State University of Campinas, Campinas (São Paulo), Brazil, the authors address, in this article, the following matters: characterization of non-directed interviews, directiveness of interviews, approach techniques, observation of non-verbal and paraverbal manifestations, registry techniques / speech transcription, and validity/reliability of non-directed interviews. This is useful for people interested in research at graduate and undergraduate level.

DESCRIPTORS: interview, psychological; qualitative research; validity

COLECTA DE DATOS EN LA INVESTIGACIÓN CLÍNICO-CUALITATIVA: EL USO DE ENTREVISTAS NO-DIRIGIDAS DE PREGUNTAS ABIERTAS POR LOS PROFESIONALES DE SALUD

Las entrevistas no-dirigidas constituyen el principal instrumento de colecta de datos de la investigación cualitativa en el campo de la salud. Estos estudios están consolidados en la literatura internacional. Para los profesionales de salud, saber lo que sienten e imaginan las personas contribuye para la construcción de una relación medico-paciente mas adecuada. Es indispensable saber el significado de los fenómenos de la vida para los individuos, porque tiene una función estructurante: alrededor de lo que significan organizamos nuestras vidas, incluyendo los cuidados con nuestra salud. A partir de investigaciones realizadas en el Laboratorio de Investigación Clínico-Cualitativa, Universidad Estatal de Campinas, Brasil, los autores tratan de: caracterización de entrevistas no-dirigidas, continuum directivo de entrevistas, técnicas del acercamiento, observación de manifestaciones no-verbales y paraverbales, técnicas del registro/ transcripción del discurso, y validez/ confiabilidad de entrevistas no-dirigidas. Es útil para los interesados en investigación de graduación y posgraduación.

DESCRIPTORES: entrevista psicológica; investigación cualitativa; validez

COLETA DE DADOS NA PESQUISA CLÍNICO-QUALITATIVA: USO DE ENTREVISTAS NÃO-DIRIGIDAS DE QUESTÕES ABERTAS POR PROFISSIONAIS DA SAÚDE

Entrevistas não-dirigidas constituem o principal instrumento de coleta de dados nas pesquisas qualitativas no campo da saúde. Estes estudos estão consolidados na literatura internacional. Para os profissionais de saúde, saber o que as pessoas sentem e imaginam permite-nos uma relação clínico-paciente mais adequada. É indispensável saber o que os fenômenos da vida significam para os indivíduos, porque os significados têm uma função estruturante: em torno do que as coisas significam para nós, organizamos nossas vidas, incluindo os cuidados com nossa própria saúde. A partir de pesquisas concluídas junto ao Laboratório de Pesquisa Clínico-Qualitativa da Universidade Estadual de Campinas, Brasil, os autores abordam, neste artigo, os seguintes pontos: caracterização de entrevistas não-dirigidas, diretividade das entrevistas, técnicas de abordagem, observação de manifestações não-verbais e para-verbais, técnicas de registro e transcrição do discurso e validade/confiabilidade das entrevistas não-dirigidas. O texto quer ser útil para interessados em pesquisa da graduação e pós-graduação.

DESCRITORES: entrevista psicológica; pesquisa qualitativa; validade

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INTRODUCTION

Frequently, nurses, physicians and other health professionals need to scientifically broaden the understanding of life and disease phenomena, as they are experienced and symbolized by their patients. They consequently assume the specific role of *clinicians-researchers*. These professionals depart from the premise that their patients have both specific life experiences and information, which will help them to deeply understand several health and life problems focused on for a clinical-psychological investigation. The clinician-patient encounter begins acquiring peculiar features to both, and should occur in a methodologically accurate way, as is performed in any scientific research.

Health professionals are accustomed to collect data in order to arrive at a clinical diagnosis. However, the anamnesis resource, as is well known, differs from a qualitative research interview guide[1]. While the *anamnesis* means a directed interview, i.e. with pre-established questions for ordered data collection, organizing the interviewee's memory (patients and/or accompanying persons) with a view to reaching a diagnosis in clinical practice or research, the *qualitative research interview* is also an interpersonal encounter to obtain verbal and/or written information, but in a non-directed way, consisting of a scientific research instrument that is aimed at generating new knowledge on life experiences. A clinical professional, due to his/her habitual therapeutic care, and although acting as a qualitative researcher, can ingenuously interact with the ill person, collecting data automatically through numerous and sequential questions, even though soliciting standardized answers, as occurs in clinical descriptions, learned in medical environments and treatises.

From a methodological viewpoint, if one wants to scientifically explain a phenomenon, related to drug addiction for example, it is a matter for researchers in psychiatry, epidemiology or clinical pharmacology. But if one wants to understand what substance dependence *means* for an addicted patient, it is a theme for qualitative researchers, who can be psychologists, psychoanalysts, sociologists, anthropologists or educators. However, it would be very interesting if nurses, physicians and all other health professionals could employ qualitative methods. They bring the advantage - due to their health care experience - of an inherent *clinical and existentialist* attitude[1], which will allow them to perform valuable data collections and to make authoritative result interpretations.

In a recent editorial, the renowned British journal *Medical Education* announced a new series about qualitative research to increase readers' awareness of the range of available methods[2]. The editorial assistant emphasized that, in the last ten years, qualitative research methods have become increasingly well accepted in health journals. Several journals regularly publish qualitative research and provide referees with clear guidelines to evaluate qualitative articles. It is hard to find health audiences that do not have some awareness of qualitative methods and their *contribution to the knowledge base*.

With regard to the *problem to be elected* for a study, this has not been subject to extensive scientific exploration. In the case of clinical-qualitative research, the information of interest to the researcher needs to be found from a *subjective viewpoint* of the study subjects (patients, relatives or even health professionals). That is the so-called *emic perspective* of a genuine research[3], i.e., the investigator both respects the insider's position through the fidelity to the interviewees' speech and interprets the results according to their own logic of the relations of meaning. Therefore, it will allow for the generation of truly original knowledge. Confrontation with literature data has a complementary function, such as a theoretical triangulation strategy. But it should never serve as a discussion starting point, in which the presentation of quotations, extracted from the interview material, would only help to confirm already known theories. This is unfortunately a very common practice in academic productions and, in this way, the scientific knowledge actually does not advance.

Referring to *research techniques*, in order to grasp the subjects' discourse spontaneously and efficiently, an adequate instrument has to place the two persons face-to-face, seeking to perform a natural, psychosocial setting. Certain life phenomena are more evidenced in that situation, particularly those placed at the deepest level of reality[4], such as the psychological and cultural reactions with regard to both the risk and the process of falling ill; the patient's or the professional's beliefs/attitudes with regard to the clinical comprehension of the disease; adherence to treatments and prevention measures; the management of illness stigma; and so on.

The *research tools* that address such peculiarities are non-directed interviews in their subtypes, i.e. totally open interviews and semidirected interviews. In these methods, the interviewees will talk about meanings they attribute to their life and disease experiences. It is interesting to note that this could lead the interviewer to come up with unexpected data[5] - the famous *serendipitous findings*, where are found by accident. The researcher has to describe and interpret such data, as can be remembered from the well-known example of the accidental discovery of penicillin in natural science. In contrast with experimental research techniques, non-directed interviews are *complex interactive instruments*, in which the investigator should not and, in fact, cannot control emotional, cognitive and behavioral variables. A true field research should go far beyond the historical passive role of confirming or refuting hypotheses. Qualitative interviews have to produce data in order to perform at least four important functions, which should develop theoretical models, namely *it initiates, it reformulates, it deflects and it clarifies* theory[5].

DEFINITION AND OBJECTIVE

The Clinical-Qualitative Methodology, one of many qualitative approaches, is a particular refinement of the generic qualitative methodology in human sciences. It is defined as follows: "It is the theoretical study - and its corresponding use in investigation - of a set of scientific methods, techniques and procedures, adequate to both describe and interpret the senses and the meanings given to phenomena and related to the individual's life, these being patients or any other person participant in the health care setting (relatives, members of the professional team and of the community)"[6].

Thus, the *rationale of this article* is to provide strategies to know better what people both feel and imagine in relation to health phenomena. From research conducted at the Laboratory of Clinical-Qualitative Research, State University of Campinas, the authors *aim* to discuss six matters: characterization of non-directed interviews, directiveness of interviews, approach techniques, observation of non-verbal and paraverbal manifestations, registration techniques and speech transcription and validity/ reliability of non-directed interviews.

THE CHARACTERIZATION OF NON-DIRECTED INTERVIEWS

Certain texts, which define non-directed interviews, have indicated two specific aspects of this data collection instrument, namely its exploratory aim and its asymmetric character[7]. The less directed it can be, the better and in contrast to a daily conversation it is led in a methodologically accurate way by one of the researchers. On the one hand, there is a technician, in the role of a possessor of certain scientific knowledge - *the researcher* and, on the other hand, there is another person as a guest, assuming the role of a technical approach receiver - *the interviewee*. This asymmetry has been defined as "a relationship between two or among more people, in which these intervene as such. (...) [the interview] consists of a human relationship, in which one of the integrants must both search to know what is happening and actuate according to this knowledge"[8]. In a similar manner, the asymmetry of the research interview was expressed through this statement: "The conversation in a research interview is not the reciprocal interaction of two equal partners. There is a definite asymmetry of power: The interviewer defines the situation, introduces the topics of the conversation, and through further questions steers the course of the interview"[9].

The non-directed interview asymmetry makes it possible for interviewees to configure the research field according to their particular psychological structure, modulating it in conformity with what happens to them and not in conformity to a previously organized and closed questionnaire that has been shown to them. Understanding the modulation as well as allowing the interviewees' free manifestation is seen as the interviewer's roles. It does not imply a passive attitude facing the former, but on the contrary, the interviewer should use both his/her technical knowledge and the interviewees' cultural universal knowledge. The interviewer should apply his/her ability to the matter under investigation, should use exploration techniques, and finally, should modulate the interview directiveness. Each personal conduct is done in order to explore what he/she proposes to explore.

THE DIRECTIVENESS OF THE INTERVIEWS

The researcher's interventions provide larger or smaller directiveness to the interview, thereby

creating a *continuum* of possibilities between two extremities - the informal interview and the standardized interview. In clinical-qualitative research, the instrument of choice could be either the open interview or the semidirected interview (with open-ended questions). The less that is known about the research problem, the less directed the interview should be. In research of a more exploratory nature, fewer themes are proposed.

Anthropologists frequently apply such informal interviews in situations called *participant observation*, by immersing themselves in the community under study. This strategy was developed from a study about the natives of Oceania, almost a century ago[10]. These researchers presuppose having more understanding of the problem than would be reached by any kind of questionnaire (lengthy or short, multiple-choice, scales, or others). Some advantages of this technique are: assurance of obtaining original source, high validity of data, and great confidence with low-cost operationalization.

It is known that scientific exploration of a clinical theme must comprise, beyond the interviewer's theoretical knowledge, a set of contents and skills, which come from the clinical interviews previously performed during care activities. Through this professional experience, the clinical-qualitative researcher has already familiarized him/herself with the following: the research theme's vocabulary; the way of the subjects he/she will interact with; as well as the habitual emotional and social demands of the population. Therefore, the clinical interviews carried out during a researcher's academic-professional life can assure several sociocultural, technical and psychological abilities required for clinical-qualitative research.

Qualitative researchers maintain a valuable clinical attitude of a received disposition for people's emotional sufferings, inclining to them both the hearing and seeing, moved by both the desire and the habit of delivering care [1]. Such clinical abilities are similar to the *cultural competence* anthropologists look for during the informal interview phase, when they get to know the day-to-day sociocultural functioning of the field under observation. The cultural competence required from clinical-qualitative researchers consists of knowledge of both the research problem and the field, avoiding errors that would compromise the validity of the obtained data, such as imposing unfamiliar problems into the people's sociopsychological universe and using non-current concepts within the research population.

The so-called *acculturation interviews* are necessary, due to the same reasons, to familiarize the researcher with a specific interviewer-interviewee setting. In qualitative research, acculturation interviews methodologically correspond to the classic *pilot interviews* of quantitative research[1]. In relation to the semidirected interviews with open-ended questions, the previous interviews serve to adapt their thematic guide. They make it possible to ratify the adequacy of the previously elaborated guide or even to include previously non-planned topics, in case an interviewee's spontaneous emphasis is perceived for a specific question. Such preliminary interviews also permit researchers to evaluate his/her own behavior in the field, both *calibrating* themselves in terms of *researcher-as-instrument* and reducing their normal anxieties in this particular research setting.

In non-directed interviews, the interviewer does not need to formulate many questions, but he/she merely invites the interviewees to talk about their own experienced problems, interests, concerns, opinions, expectations, fears, fantasies, daydreams, and so on. Interviewees are expected to express themselves in their own words, behaving as active subjects during the interview. Non-directed interviews may take longer but, in compensation, this instrument's apparent practical disadvantage entail less bias in both data collection and interpretation, and is therefore most effective in exploratory research situations.

In case of the *open interview subtype*, the researcher proposes a matter and later only catalyzes the interviewee's speech, using sounding techniques, which facilitate the manifestation of what the interviewee can express. Frequently, it is described as an *in-depth interview*[3], stressing the indefinite possibilities of in-depth consideration of the proposed theme and its associations by the interviewee, being able to go beyond what the researcher had previously both imagined and categorized.

The *semidirected interview subtype* is seen as a short thematic guide for the meeting. Some questions/topics are already well-known enough to be proposed, but the whole interview is not predetermined and neither are the answers predicted[1]. The directiveness is subliminally alternating between the participants. Therefore, the interview does not happen by chance, neither is it

guided by the interviewer's or the interviewee's exclusive will. Semidirected interviews are highly dynamic and, consequently, considerations about how to perform them are only schematic attempts.

Typically, the interview should have an open character at the beginning, when a first question is considered - the so-called *triggering question*. This focuses the investigation work, encouraging the generation of ideas, and must be also be understood and accordingly responded to. The question must not address some ambiguous matter, nor should it address a topic the interviewee does not have emotional or intellectual ability to talk about. The phrase used to give a focus must neither be too general nor specific, in order to allow for a response that has not been influenced by the interviewer. Obviously, the triggering question is directly related to the general interview objective.

All questions shall motivate a discourse, respecting the principle of *free association of ideas*[11]. The researcher can repeat issues already approached by the interviewee, if such issues were not expressed clearly enough, a fact that just characterizes an alteration in directiveness. When a point has been addressed adequately, the interviewer introduces other topics, in agreement with what was included in the research project. The researcher verifies which topics has not yet been approached, and then addresses such topics in a neutral and open manner. These questions naturally reflect the research's specific objectives, which were defined in correspondence with the initially formulated hypotheses. One does not expect themes and subthemes to be always put to different interviewees in the same way. Questions and ways in which they are phrased will obviously vary in accordance with each informant's characteristics.

With the research instrument in hand, the investigator moves along with the field variations and stimulates them, without losing sight of the research objectives. The list of subthemes acquires greater relevance in accordance with the interviewees' fluency of speech when focusing on the information as it relates to the main theme. Approaching interviewees only once is preferable and unnecessary second interviews should best be avoided, as a second interview can at times have a *validity maximization effect* in this data collection method.

As opposed to such non-directiveness, the *standardized or structured interviews* are incompatible with purely qualitative research. In this case, the researcher reads a previously built questionnaire with fixed, ordered questions. The answers are both annotated and necessarily chosen by the interviewee amongst the predetermined ones included in the instrument. Similar answers for identical questions - potentially more biased - thus lead to limited options. Such answers have the advantage of not spending too much time and allowing for the homogenization of the collected data. The more directed the interview is, the lesser will be the number of variables of the data collection instrument, including the researcher him/herself. The extreme point of directiveness is the self-applicable questionnaire, due to the lesser possible variation of the interviewer's behavior.

THE APPROACH TECHNIQUES

Approaching individuals through non-directed interviews means intervening carefully in order to achieve maximum depth. Individuals can talk about the targeted topics or about reports they introduced during the interview, obviously if useful to the research objectives. Minimal intervention means simply to allow a time for the interviewee to think about what he/she was saying, with the interviewer remaining quiet for a moment. The interviewee's silence does not necessarily mean a conclusion of his/her reasoning, an inhibition or a disinterest, but it has many *psychological meanings* to be interpreted, such as the search for the best form to elaborate mentally what he/she feels and imagines for example. The researcher's silence can also be an eloquent language of both the *distressing feelings* and even the established unconscious *pleasant affective relationship*.

Certain facial expressions can show that the observer follows the reasoning of the interviewee. Affirmative head movements, light interjections or stimulating sounds are other small interventions which show the interviewee that his/her answers are both pertinent and useful, and therefore, the informant will see them as an opportunity to expand on his/her responses. For more detailed explorations, without trying to "direct" the interviewee, it is indicated to repeat the last words said by the informant, transmitting the idea that it is desirable for him/her to further develop the argument in course.

Introducing a new subtheme would represent the *most radical intervention* in a non-directed

interview. Therefore, the researcher would be anticipating a spontaneous response by the interviewee. Theoretically, this position can indicate some anxiety by the interviewer, but it is a phenomenon that not always diminishes the validity of the collected data. However, such *countertransferential attitude* (an involuntary shift of feelings from the interviewer to the interviewee) should be used as an element of his/her self-observation in order to understand better, in the future phase of data treatment, how the interview dynamics occurred. The cited behavior can also result from good interaction and cooperation between both parts, corresponding to the exact instant in which a new question, due to diverse reasons, would have to be posed. The interviewer would be demonstrating, for example, that he/she had already understood the *latent content* of what the interviewee revealed in some way.

To conduct a research interview in a satisfactory manner, recognizing the fact that it consists of a multidimensional and rich interpersonal meeting, the interviewee's *personality features* should also be acknowledged. These characteristics inexorably modulate both the speech content and form of any informant and, consequently, the whole interview setting. At least six psychological relation types can be systemized as an auxiliary consideration by the researcher, namely hysterical, phobic, obsessive, paranoid, sociopathic and schizoid type[12]. In the interview setting, the researcher learns how to detect such characteristics and administer them, as guided by the literature research supervision and previously attended lectures on the issue.

THE OBSERVATION OF NON-VERBAL AND PARA-VERBAL MANIFESTATIONS

Beyond his/her discourse, the informant's multiple non-verbal elements, such as personal presentation, global behavior, changes in body posture, gesticulations, facial mimic, laugh, smile, cry and many others should be equally noted[1]. Noting changes in speech pitch, intensity, tone, duration and rhythm is also important. It is known that paraverbal and non-verbal communication provides additional information for the interviewer/observer's interpretation, used to confirm, complement or even - from an odd revelation - contradict what was said about both points of the treated theme and in regard to general matters. What a person cannot bring as explicit information, he/she will be able to offer us or to bring to the surface through other manifestations, such as global behavior or non-verbal language, exposing one side of his/her history, to variable extents of convergence or divergence, in face of what he/she expressed in a verbal and conscientious manner.

Observing and reacting to the above-mentioned manifestations is not a proper a technique but, overall, a consequence of the researcher's personal characteristics. People generally make maximum use of their observation capabilities. Observing and reacting to the sample's non-verbal behaviors reflects the researcher's empathy with that specific population, which is not easily reachable with training. Specific field researchers claim to be researchers who respect each other as people and who are, consequently, sensible to nuances of odd behavior.

The observation techniques in human sciences improved as a result of anthropologist field experience, particularly where they interacted with people of different beliefs and values, as *participants* of the culture. The *field diary* became a basic technique to register observations known as *fieldnotes*. In non-directed interviews, perhaps the notes had to be made during their course, minimizing the later bias of a diluted memory. But, in order to facilitate the interviewees' spontaneity, it is preferable to note non-verbal language data soon after.

REGISTRATION TECHNIQUES AND SPEECH TRANSCRIPTION

Non-directed interviews are generally registered in a tape or digital sound recorder or, less frequently, in video, allowing for later treatment of such material. Audio transcription into text facilitates some aspects of the interview analysis through free-floating reading and rereadings, while the repeated listening to audio registers allows for a more precise memory of the affective context, through renewed contact with the emotional tone and voice variations, such as they occurred during the setting. The transcription form tends to vary according to the study objectives. In clinical-qualitative research, integral transcriptions are usually opted for, which

accurately reflect the words of the interviewees and interviewer, without considering just echoes or interjections, which could have a negative effect when being read, particularly when they are numerous.

The authors chose to start by exposing transcription processes that were used in already published studies[13-14]. It is advisable to write the transcription in the shape of a common literary text. Adaptations are made in accordance with a balance among audio fidelity, the understanding of the transcribed material, and the psychological comfort for reading. For example, frequent speech superpositions are transcribed as if each speaker's contribution was respected. These researchers also choose *etymological orthography* (preserving the letters of the words according to official language), to the detriment of *phonetic orthography* (writing the words using only the letters, physically corresponding to the sounds pronounced by the interviewees), because maintaining "wrong" pronunciations generally results in unproductive and inappropriate interpretation. Grammatical constructions different from the academic norm, which really serve as an indication of belonging to the interviewee's determined sociocultural universe, are maintained each time these represent interpretable meanings.

Unintelligible parts, descriptive commentaries and explicit notes about both the mentioned people and institutions are indicated with comments between brackets, such as: [unintelligible parts of 5 seconds], [he/she laughed], [end of the cassette], [interviewee's brother]. Personal names are replaced by fictitious names. Institution or city names, which do not identify the interviewee, may be kept. Omission points indicate pauses between the non-concluded words and phrases. Emphatic intonations are punctuated with exclamation marks. References to somebody's direct discourse or the author's own thoughts are transcribed between quotations marks. Hesitations to pronounce words are indicated by the first letter or syllable followed by omission points. Pause signals (point, comma, and so on) should be used adequately.

Finally, a picture with the following basic information must precede each transcription: biodemographic identification, health contextualization (diagnosis, length of clinical problem, treatments, and so on), interviewer's reactions to the interview (self-observation), relevant environmental circumstances, and so forth.

VALIDITY AND RELIABILITY OF NON-DIRECTED INTERVIEWS

Directed interviews are identified on the basis of the attribute of *reliability*, while non-directed ones are noted by the methodological rigor of the *validity* of the obtained data. According to Medical Subject Headings of the USA National Library of Medicine, reliability is the statistical *reproducibility* or *repeatability* of the measurements, often in a clinical context, including the testing of instruments or techniques to obtain reproducible results[15].*Validity* indicates the three following three points: the chosen research method; the employed data collection techniques; and the care taken with field procedures that allow the researcher to capture the phenomena under observation. The *reliability* of non-directed interviews is evaluated in own way, being also an aspect to be considered in the gauge of qualitative research's methodological rigor, although not all qualitative researchers see this as a necessity.

The validity of a data collection instrument refers to its capacity to disclose the truth, which allows for the displaying of contents that mirror the reality. The questions to be answered are the following: does the instrument disclose (measure) correctly what it intends to disclose (to measure)? Is it a technique that focuses the investigator on the essence of the object? Do the different obtained results reflect real or casual differences? It is known that different instruments require different gauges of the truth. Qualitative research bases itself on *internal validity*, determined by the degree of correct apprehension characteristics and by the adequate approach to the object that is being looked at[16].

Clinical-qualitative investigations look at life experiences and specific situations in the life of the interviewees. The collection instrument will have to capture this accurately, in a way that assumes that such manifestations are disclosing these experiences, thus guaranteeing their internal validity. For being in the human sciences area, the scientific validity is verified by the plausibility of the elements apprehended in the intersubjectiveness, since the humanities' study object, as opposed to the hard sciences, is also a human subject, just like the researcher. Moreover, one of the non-directed interviews' validation criteria is the establishment of a *positive transference interviewee-researcher* so that, when occurring, the informant will demonstrate

a trustful attitude and collaboration, also starting to pursue the research objectives.

Other techniques that maximize this instrument's validity, as they facilitate the interviewees' subjectivity expression, are the following: anonymity guarantee; physical comfort during the interview; availability of both sides to extend the time foreseen for the procedure, if necessary; interview setting familiar to the interviewee (his/her home or, preferentially, the health service that he/she attends and is familiar to the interviewer too); trust relationship between interviewer and interviewee; same physical space for all the interviews and only one interviewer for the whole sample (so that variations between the interviews are only due to the *interviewees' variations*); interviewer's sociocultural competence in face of the interviewee; possibility of more than one meeting with the same interviewee or, if the interview's catharsis aspect had been specially relevant, the avoidance of a second interview.

The *validation realized by the participants*, referring to the treated data (the ratification by the interviewees about the analysis performed later by the researcher) is unusual in the clinical research setting. On the one hand, if the interviewee has opportunities *to explain him/herself better*, the researcher can be perceived as someone trustworthy. On the other hand, exposing the subjects to certain psychological interpretations made by the researcher out of the clinical setting can intervene in the interviewee's mental health iatrogenically. This validation is destined to research on themes which neither refer to the interviewed individual's subjectivity, nor to his/her intimate life, like what occurs in historiographic or macrosocial research.

Reliability leads one to realize the confidence degrees, which have been related to a certain method or instrument, which would reproduce the same findings, if other investigators studied another subject sample - but with the same profile - in other settings or at other moments. There are questioned statements, which declare that the in-depth interview has a low reliability, because each interviewer, due to her/his own personality, would work in distinct ways. There would be no reason to disagree with this thought if both the same definition and the same reliability measures, like they are used in quantitative studies, were applicable to clinical-qualitative research and its data collection instrument. But the discussion on generalization of the conclusions is placed in other terms in case of qualitative research[17-18].

Due to the known fact that qualitative studies do not propose to generalize mathematically constructed results, the corresponding academic questions regarding the reliability attribute are not applicable to these studies. In the case of qualitative research, if the results obtained through the correct interviews (accessible to the readers through the transcriptions, which are attached to the full research report) are *admitted* and *accepted* by the peers of the research community as having plausibility, then the consumers of these studies will try to apply them in other settings to see if they make sense. If those results, which consist of original knowledge related to the study theme, throw light on the understanding of the elements in other settings, it can be said that the generalizability character has happened[19].

CONCLUSIONS

Non-directed interviews do not have to be viewed as simple vehicles of clinical-psychological manifestations by people studied in health settings. Actually, it consists of instruments for science to explore new problems, thus (a) they are developed to disclose certain meanings given to phenomena, until that moment as an exclusive "ownership" of (and not always conscientious to) the interviewees; (b) they produce other, new phenomena from the interviewer-interviewee interaction; and, finally, (c) they register such data and allow them to be exposed to new treatments/analyses. The collected data will only be scientifically useful if they are qualitatively addressed and discussed by the researcher in the research report.

In this way, the research hypothesis can be confirmed or not, and the readers of the research reports will be able to increase their knowledge on the studied population's behavior and reactions, improving their clinical practice and adjusting the care equipment more effectively. Besides, one of the main consequences of knowledge gained from non-directed interviews in the clinical area is the emergency of new research problems, as well as the formulation of new scientific hypotheses, to be checked and qualitatively extended or even tested by means of other methods.

Both open and semidirected interviews are also useful, particularly for the technician-scientific segments related to the following multidisciplinary

areas: General Health Care, Mental Health, Public Health, Family Health, Child, Adolescent and Elderly Health, Reproductive Health and related areas. However, clinical-surgical areas and epidemiology could also benefit from qualitative studies, mainly when they investigate new or fairly unknown problems associated with psychosocial adaptations in chronic illnesses, risk behavior for transmissible or environmental illnesses, or informal, complementary and alternative therapeutic practices, and so on. Despite the large amount of text material about qualitative interviews already produced, the respective techniques should go through continuous refinement. Finally, the authors hope that the matters discussed in this article will be useful to graduate and undergraduate students interested in research.

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