

Framework, Lens, or Something Else?
Thinking with Social Theory in Qualitative
Health Research

Jan E. Angus, RN, PhD Associate Professor

Acknowledgements

Research Sponsor: Canadian Institutes of Health Research



Research Partners





Webinar Sponsors



UNIVERSITY OF ALBERTA
INTERNATIONAL INSTITUTE
FOR QUALITATIVE METHODOLOGY

A Proviso . . . And Some Questions

... NOT advocating that social theory ought always to be used in qualitative research!

HOW can social theory inform inquiry?

Is it a "framework" into which we fit our data or a "lens" through which we view it?

Theory in qualitative research

Multiple possible positions [1]

- + qualitative research can "build" theory with debate about induction [2, 3]
- + draw on theory to help extend interpretation, inspire fresh perspectives "plug into" or "link with" extant theories [4-6]
- + debate and discussion about paradigmatic position to enhance intellectual coherence of inquiry [7, 8]

Social Theory in Qualitative Inquiry

Social theory is not necessarily an object or tool that can be

- +applied at certain points and not others
- + disconnected from the theorist who developed it

Integral to thought during project conceptualization, research design, data collection, analysis, and dissemination



Thinking about research (Becker, 1998)

Theory a "necessary evil" in social research, but some worry it can overshadow the inquiry. Instead use several tricks to "tame" theory

- + imagery (the images a researcher or a theorist brings to the inquiry)
- + sampling (or, rather, design issues that emanate from the topic and the theory)
- + concepts (their creation and definition how they become empirically interpretable)
- + logic (the processes involved in elaborating concepts and the connections between them).



Example: Health related changes . . .

What does it take to adopt new lifestyle patterns? How do men and women (differently?) approach change? How does co-morbidity complicate the process?

Background – Cardiac Rehabilitation

- + Attrition is a problem in some cardiac rehabilitation (CR) programs, tends to be higher among women [9-11]
- + Women's changing and multiple spheres of activity may limit their access and time to participate in CR. [12-15]
- + Women's attrition associated with physiological dimensions of health such as age at onset, presence of co-morbidity [11]
- + Diabetes is significantly related to CR program attrition in both men and women [16, 17]

Bourdieu's "Imagery"

- We draw on the imageries used by theorists to envision what there is to study
- How might we differently study a persistent, unsolved problem?
- Social world is embodied in "a veritable language" of "distinctive signs" [19]
- Describes a (non-monetary) economy of practices wherein exchanges and reciprocities are fundamental to social position and continuity [19]



Bourdieu's "Imagery"

- We draw on the imageries used by theorists to envision what there is to study
- How might we differently study a persistent, unsolved problem?
- Social world is embodied in "a veritable language" of "distinctive signs" [19]
- Describes a (non-monetary) economy of practices wherein exchanges and reciprocities are fundamental to social position and continuity [19]



Bourdieu's "Imagery"

- We draw on the imageries used by theorists to envision what there is to study
- How might we differently study a persistent, unsolved problem?
- Social world is embodied in "a veritable language" of "distinctive signs" [19]
- Describes a (non-monetary) economy of practices wherein exchanges and reciprocities are fundamental to social position and continuity [19]



Bourdieu, Sampling & Design

- Realist construction: phenomena exist independent of our knowledge of them
- Interviews may represent a "failed project" if participants' representations are taken at face value – interpretive leverage needed that is reflexively applied
- A common concern: theories may lead to a focus on what ought to be sampled in the data
- Research can perpetuate "symbolic violence" through impositions of the researcher's schemas on participants [18]

'Hey, don't be such a wimp. Grow up'. And it's a maturity; it is another thing. I mean, I'm 53 going on 12 [...] I'm a child when it comes to it. I'm the typical teenager that would much rather party than study kind of thing [...] instead of standing up, being a man and say 'get your shit together' which is what I should do but I'm not willing to [MP12, employed].

Bourdieu, Sampling & Design

- Realist inquiry: phenomena exist independent of our knowledge of them
- Interviews may represent a "failed project" if participants' representations are taken at face value – interpretive leverage needed
- A common concern: theories may lead to a focus on what ought to be sampled in the data
- Research can perpetuate "symbolic violence" through impositions of the researcher's schemas on participants [18]

So I would notice that part. I would say, "My God, you know, it's so nice to have someone who loves you but for some people, if they are married and they're diabetics and their partner truly does love them, it would be -- the success rate for them, I bet you it would be astronomical compared to someone who's single or a single parent. [MP12, employed].

... because she done, they do too many things for you and then when the time you're by yourself, you find yourself lost. I have to learn to cook and eat. [MP2, retired]

Concepts – what comes first?

- Bourdieu's concepts and theories originated in fieldwork
- Practice shaped by what he called field, habitus and capital
- Accusations of determinism, but later work focused on social suffering, situations where habitual patterns no longer suffice
- Let the case define the concept [20]
- Interrogate the concept using the theory

Concealment

You don't want to get a reputation of someone that is gone a lot of time because they're ill. It's harder for you to put yourself forward for anything, and opportunities that came up in the future, you know, "she's gone three days a week for this" or "she's at doctors' appointments" or "she's doing that" employers look at that. They look at everything. [WP2, employed]

Concepts – what comes first?

- Bourdieu's concepts and theories originated in fieldwork
- Practice shaped by what he called field, habitus and capital
- Accusations of determinism, but later work focused on social suffering, situations where habitual patterns no longer suffice
- Let the case define the concept [20]
- Interrogate the concept using the theory

Concealment

Yeah, it was quite a production . . . getting me out. Because there's no elevator and they had to take me down the stairs and along the main corridor and the kids were all in the assembly hall and they had to keep them in there until they got me out into the ambulance . . . [WP2, employed]

Concepts – what comes first?

- Bourdieu's concepts and theories originated in fieldwork
- Practice shaped by what he called field, habitus and capital
- Accusations of determinism, but later work focused on social suffering, situations where habitual patterns no longer suffice
- Let the case define the concept [20]
- Interrogate the concept using the theory

Concealment

..[WP4, retired]

... because I think if I want to go some place, he'll say, "Well you said you weren't feeling good", well, I still want to try and do it. I don't want it to hold me back. I want to be able to try and go and do these things. And it might just be to go shopping or to go downtown to see something.

Logics

- Further interrogation of the data to crystallize the major "premises" or themes
- Strategies include developing typologies, disconfirming cases, comparisons
- What are some new approaches?
- How to creatively, but usefully, interpret findings?
- Abduction or Retroduction are approaches that draw on theory

Cardiac Rehabilitation Providers:

+ Goal of risk modification

Cardiac ReHABilitation Participants:

+ Reinstate pre-reflexive comfort

Conclusions

- + Main task of cardiac rehab programs could be to **RE**store **HAB**itus
 - + Work with participants to achieve new level of social comfort
- + Typologies of experience not cleanly divided along gender lines, but patterns include gender component
 - + Descriptions indicate "gender repair" helps to **RE**store **HAB**itus
 - May also encroach on relations of gender affecting positioning of others
- Unintentional outcome of CR can be struggles over the social meanings of certain lifestyle practices – "symbolic violence" – among those without sufficient resources (capital) to make changes
- + Thinking with theories and theorists advances qualitative inquiry



References

- 1. Sandelowski, M., *Theory unmasked: the uses and guises of theory in qualitative research.* Research in nursing & health, 1993. **16**(3): p. 213-218.
- 2. Bendassolli, P.F., *Theory building in qualitative research: Reconsidering the problem of induction.* Forum Qualitative Sozialforschung, 2013. **14**(1).
- Timmermans, S. and I. Tavory, *Theory construction in qualitative research: From grounded theory to abductive analysis.* Sociological Theory, 2012. **30**(3): p. 167-186.
- Jackson, A.Y. and L.A. Mazzei, *Plugging One Text Into Another: Thinking With Theory in Qualitative Research.* Qualitative Inquiry, 2013. **19**(4): p. 261-271.
- Haynes-Lawrence, D., Home visitors' perceptions of teen mothers: Using qualitative research to explore labeling theory. Children and Youth Services Review, 2008. **30**(12): p. 1386-1394.
- 6. Pierce, L.L., et al., *Linking Theory with Qualitative Research through Study of Stroke Caregiving Families.* Rehabilitation Nursing, 2013.
- 7. Denzin, N.K., *The new paradigm dialogs and qualitative inquiry.*International Journal of Qualitative Studies in Education, 2008. **21**(4): p. 315-325.

- 8. Denzin, N.K., *Moments, mixed methods, and paradigm dialogs.* Qualitative Inquiry, 2010. **16**(6): p. 419-427.
- 9. Smart, N. and T. Marwick, Exercise training for patients with heart failure: A systematic review of factors that improve mortality and morbidity. American Journal of Medicine, 2004. **16**: p. 693-706.
- 10. Worcester, M., et al., *Factors associated with non-attendance at a secondary prevention clinic for cardiac patients.* European Journal of Cardiovascular Nursing, 2003. **2**: p. 151-157.
- 11. Richardson, L., et al., *Contemporary cardiac rehabilitation: Patient characteristics and temporarl trends over the past decade.* Journal of Cardiopulmonary rehabilitation, 2000. **20**(1): p. 57-64.
- Angus, J., The material and social predicaments of home: Women's experiences after aortocoronary bypass surgery. Canadian Journal of Nursing Research, 2001. **33**(2): p. 27-42.
- 13. Lapum, J., Women's experiences of heart surgery recovery: A poetical dissemination. Canadian Journal of Cardiovascular Nursing, 2005. **15**(3): p. 12-20.
- Jenson, M., J. Suls, and K. Lemos, A comparison of physical activity in men and women with cardiac disease: Do gender roles complicate recovery? Women & Health, 2003. **37**(1): p. 31-48.
- 15. King, K. and L. Jensen, *Preserving the self: women having cardiac surgery.* Heart & Lung, 1994. **23**(2): p. 99-105.

- Sanderson, B., et al., Factors associated with the failure of patients to complete cardiac rehabilitation for medical and nonmedical reasons. Journal of Cardiopulmonary Rehabilitation, 2003. **23**: p. 281-289.
- 17. Galdas, P.M. and H.B.K. Kang, *Punjabi Sikh patients' cardiac rehabilitation experiences following myocardial infarction: a qualitative analysis.* Journal of Clinical Nursing, 2010. **19**(21-22): p. 3134-42.
- 18. Bourdieu, P., *Understanding.* Theory, Culture and Society, 1996. **13**(2): p. 17-37.
- 19. Bourdieu, P., *Practical reason: On the theory of action* 1998, Stanford, CA: Stanford University Press.
- 20. Becker, H.S., *Tricks of the trade: How to think about your research while you're doing it*1998, Chicago: University of Chicago Press.