Ethics and the Practice of Qualitative Research

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ABSTRACT
This article stems from a concern that relying only on codes of research ethics risks compartmentalizing ethical aspects of research, and shutting them off into a preamble to research. I explore ways in which the practice of qualitative research ethics is presented afresh – and contextualized in distinct forms – at every stage of research. I develop three linked arguments. First, the ethics of qualitative research design pose distinctive demands on principles of informed consent, confidentiality and privacy, social justice, and practitioner research. I focus on consent – for its topicality, not because it is more important or difficult – and social justice. Second, fieldwork ethics raise special considerations regarding power, reciprocity and contextual relevance. Third, ethical issues raised by the analysis and uses of qualitative inquiry evoke illustrative questions regarding the ethics of narrative research and the utilization of research.

KEY WORDS:
informed consent
qualitative
research ethics
Commitments to developing disciplines and professions often lead protagonists to overstate the extent to which a special case should and can be made for the distinctives of that field. Research practice and ethics is no exception. In falling foul of this trap, the gains from exploring shared common ground may be forfeited. Valuable work has been accomplished on developing an understanding of research ethics in social work (e.g. Butler, 2002; Dominelli and Holloway, 2008) – valuable in part because it provides a community reference point. But one drawback of texts that elucidate principles of governance or offer codes of research ethics is that they leave the twin impressions that applying ethics to social work research works in a fairly standard way from one project to another, and that such applications are largely initial business, sorted and settled in the early phases of the research.

As a counterweight to these tendencies I will explore ways in which the practice of research ethics is presented afresh – and contextualized in distinct forms – at every stage of research. In doing so, I hope to manage both closeness and distance. Closeness, because I focus on the embodiment of ethical issues as they draw our attention in the moments of the research process. Yet distance, because I am looking for a general idea about the ethics of qualitative inquiry that is sketched through a series of ‘cartoons’ or preliminary sketches that provide a way in and some direction indicators.

Elliot Eisner sharpens our sense of unease when he concludes:

We might like to secure consent that is informed, but we know we can’t always inform because we don’t always know. We would like to protect personal privacy and guarantee confidentiality, but we know we cannot always fulfil such guarantees. We would like to be candid but sometimes candour is inappropriate. We do not like to think of ourselves as using others as a means to our own professional ends, but if we embark upon a research study that we conceptualize, direct, and write, we virtually assure that we will use others for our purpose. (Eisner, 1991: 225–6)

CODES, CONCERNS AND THE SOCIAL RESEARCH COMMUNITY

A spate of concerns has run through social and medical research in the West over consent for storage of body organs, developments in genetics, and linked innovations in technology; and new problems in privacy issues have destabilized confidence in the ethical regulation of medical research. Concerns range from the use of chemicals in international sport to university science that could be exploited by terrorist networks. Mark Walport (Director of Wellcome Trust, a major UK medical research charity) reflected the growing recognition within the research community that these developments have led, perhaps ineluctably, to a growth of regulation when he remarked that ‘Scientists have...
responsibilities. If the scientific community is resistant to self-regulation it can’t complain if governments with legitimate concerns decide to intervene’ (*Times Higher Education Supplement*, 14 November 2003). Within the health research fields this has led to a growth of national and state level governance frameworks.

Within this climate of wide concern and weather of growing regulation a cluster of concerns has crystallized, often initiated by qualitative researchers. Has the discourse of research ethics gone beyond its appropriate reach and scope? As Hammersley (2000) claims, has methodology become inappropriately ‘ethicised’ such that broader methodological questions get absorbed in a reductionist way into ethics? Does an overreaching, wide-ranging governance become part of the embodied disposition – in Bourdieu’s term, *habitus* – of social research? Linked to the perceived medical hegemony, does ‘the template of medical research and the stirring of moral panic seem to work against the benefits of qualitative methods’ (Van den Hoonaard, 2002: 176)? More broadly, Adler and Adler (2002: 39) – in an essay that is perhaps too obviously cross in tone – ask whether the American Sociological Association has ‘totally capitulated’ to demands of institutional review boards, and sociologists have become ‘the “stoolies” of law enforcement’. They fear a danger as a consequence that some areas of qualitative research will become off limits, for example, studies of illegal activity or powerless groups, studying publicly accountable individuals or elites, and investigative/covert research.

The governance of ethics may on the one hand have proceeded too far, yet once misdirected may not go far enough. In efforts to elucidate this problem various writers have drawn distinctions as direction finders. Helen Simons (2006), in an excellent discussion of research ethics codes, draws on distinctions between rules, codes, standards, principles and theories.

Florence Kellner borrows a distinction between the letter (codes) and the spirit (morality). She uses this to argue that research issues are about morality not ethics – about an orientation to the other, the uniquely human. ‘It is our morality, our diffuse, unlimited obligation to the welfare of the other, that must inform these more important aspects of our conduct in the field . . . Where ethical requirements and moral requirements conflict, the latter must take priority’ (Kellner, 2002: 32).

Finally, John Johnson and David Altheide (2002: 61) develop the widely expressed view that ‘the contemporary focus on “research ethics” is really about issues other than research ethics’ and that ‘“Ethics” has . . . collapsed into discourses of institutional control’. In contesting this they suggest there are in fact five spheres of ethics:

1 Personal ethics. A broad sphere that may subsume other spheres.
2 Research ethics. Their view is that strictly research ethics are the least problematic of all the areas.
Intellectual ethics. How to select problems for investigation; how to sponsor and pursue such inquiries and discern and report the truth.

Professional ethics.

Corporate ethics. E.g. legal obligations.

Johnson and Altheide are against codes. ‘Try not to hurt anyone and when you hurt someone try your best to make amends’ (Johnson and Altheide, 2000: 67) is their suggested ‘rule’ though they admit the key terms – ‘try’, ‘best’, ‘hurt’ and ‘amends’ – are all problematic and so this could not be enforced. For myself, I am not arguing that codes of ethics are out of place. For example, part of Johnson and Altheide’s fire is aimed at what they believe is the harmful encroachment of professional ethics. They are concerned that ‘The ethical domain of professional ethics inexorably grows like a bamboo shoot in a rain forest’ (Johnson and Altheide, 2002: 65). My own view is that there are merits, though problems, in trying to link professional and research ethics (cf. Butler, 2002; Ungar and Nicholl, 2002). But I am concerned that reliance on codes alone risks compartmentalizing ethical aspects of research, and, as noted earlier, shutting them off into a preamble to research. Neither would I repeat the claim sometimes made, that qualitative research is somehow more ethical than quantitative research. To adapt a phrase from Ernest House, qualitative researchers do not live in a state of methodological grace (House, 1991: 245). But the ethical challenges of qualitative inquiry are easily neglected if the agenda posed by the methodological concerns of control, technology, and large datasets remains normative. Kellner (2002: 33) interestingly concludes that there is a trust problem – researchers do not trust adjudication judgements and adjudicators mistrust researchers as cavalier – and suggests ‘the most useful stance is to communicate good intentions to comply with the code’.

Rather differently from this literature, the focus of this article is on the process of research, and instead of taking the conventional ethical problems of randomized control trials as a benchmark I will focus on ethical questions raised by qualitative research. This risks too much simplicity. There are differences within both quantitative and qualitative approaches. Anne Ryen helpfully summarizes differences in the ethical ‘tilt’ of different qualitative research paradigms (Ryen, 2004). Although the primary reference is human services research, I have deliberately looked for precedent and stimulation to the work of writers outside the usual boundaries of social work, especially sociologists, education researchers and those working in the evaluation field.

I will develop three linked arguments. First, the ethics of qualitative research design pose distinctive demands on principles of informed consent, confidentiality and privacy, social justice, and practitioner research. I will focus on consent – for its topicality, not because it is more important or difficult –
and social justice. Second, fieldwork ethics raise special considerations regarding power, reciprocity and contextual relevance. Third, ethical issues raised by the analysis and uses of qualitative inquiry evoke illustrative questions regarding the ethics of narrative research and the utilization of research.

In all, we may end up ‘chastened by the interpersonal and ethical complexities of even the simplest piece of research’ (Weinberg, 2002: 94).

AGREEING QUALITATIVE RESEARCH STRATEGIES

The Ethics of Consent

There are at least five ways in which the ethics of consent take on a distinctive form and character in qualitative research. Jennifer Stacey, in an oft quoted phrase, referred to the problem of ‘the delusion of alliance’ in qualitative and feminist research, as a consequence of which participants may reveal more than they intend (Stacey, 1988). In ‘traditional’ research – experiments, surveys, structured interviews – it is probably relatively clear to the participant when the researcher is ‘working’ and when she is having ‘time out’. The participants are likely to assume that when they are in informal settings, or their words and actions are not being overtly recorded, the researcher is having time out. But this is not likely to be the case in much qualitative research, where the participants face the consequent risk of involuntary disclosure, and unwittingly the researcher becomes a covert investigator.

Second, there is an issue as to whether there are particular ethical issues in evaluative qualitative research. Simons (2006) suggests there are special considerations. Janet Finch, speaking out of a UK policy research tradition and reflecting on participant observation methods, suggests that covert evaluation is ‘a particularly dangerous example of covert social research, because the findings are not being used merely to illuminate our knowledge of the social world, but potentially to change it’ (Finch, 1986: 203).

Third, informed consent in qualitative research is often hazardous because it ‘implies that the researcher knows before the event . . . what the event will be and its possible effects’ (Eisner, 1991: 214). This is often not the case in qualitative research, where responsiveness and adaptability are seen as strengths of the method.

Fourth, issues of informed consent often appear sharpest in test cases. The development of qualitative research invests consent with personal dimensions. It involves engaged and therefore complex relationships. Strategies, as we have just noted, change during a project. It has a ‘friendly façade’, and thus risks pseudo-intimacy. The potential hazards of these issues may become especially acute in research and evaluation with people with learning disabilities. Thompson (2002) illustrates how engaging and disengaging become major issues
and the risk of sharing too much, e.g. memories of abuse, is greater. In turn this raises the problem of the genuine voluntariness of the consent.

This is especially likely when people live in situations of external control (not just residential/housing projects), where consent becomes fragile. I was invited some years ago to be part of an advisory group for a project in the four home countries of the UK, funded by the Mental Health Foundation (MHF), in which over 20 mental health service users were funded following a process of competitive tendering to undertake a small research project of their own devising. One user-researcher undertook study of home leave from a psychiatric hospital. He had been an in-patient, in part on a locked ward. For this project, which entailed interviewing people living in the community, a hospital nurse accompanied him throughout. He lived in an environment where decision-making opportunities were lacking and consent was heavily conditioned. Further, in circumstances where folk with learning disabilities live in the community they may, in Goffman’s term, seek to ‘pass’ and more readily appear to acquiesce. This poses ethical challenges as to whether:

. . . researchers have an ethical responsibility to serve in a dual role: first, as researchers with a project aimed at satisfying their research purposes, and second, as advocates . . . raising questions that the researchers know should be raised in order for (people) to make a competent assessment of the risks. (Eisner, 1991: 217).

Finally, there are special difficulties surrounding the ethics of consent and qualitative Internet research. There are three key questions. Can we treat all information taken from the Internet as public information? I think probably not, though this is far from agreed. Waruszynski (2002) and Kitchen (2002) give contrary answers. Second, are we free to exploit fully the results to which we have unfettered access? How does informed consent relate for example to material taken from chat rooms, or from listservs? Are there special issues of group consent? How can these be dealt with, assuming it is a real problem? Third, when it comes to interpretation and dissemination, who owns the story? I am not convinced that the same standards ought to apply to, for example, the material on a moderated discussion list or newsgroups and, say, a breast cancer survivors list.

Social Justice and Evaluation Design
The issues of social justice for evaluation have been addressed patchily, although there is a growing literature. Ernest House, for example, has elaborated over three decades the application of justice as fairness to the evaluation field (House, 1980; House, 1991; House and Howe, 1999). He believes that none of the dominant theories of justice is entirely satisfactory as a basis for evaluation. He
advocates a moral basis of evaluation resting in principles of moral equality, moral autonomy, impartiality, and reciprocity, while remaining equivocal as to how they are to be balanced against each other in a given situation. None should have particular priority and decisions should be made in pluralist fashion, with considerations of efficiency playing a part but with justice as prior. In other words, he offers a strong dose of John Rawls, and also of more intuitionist approaches, with a slight dash of utilitarian efficiency.

He develops the example of negotiating a fair and demanding evaluation agreement (House, 1980), in which all participants should meet the demanding conditions that they:

- Not be coerced.
- Be able to argue their position.
- Accept the terms under which the agreement is reached.
- Negotiate. This is not simply ‘a coincidence among individual choices’ (House, 1980: 165).
- Not pay excessive attention to one’s own interests.
- Adopt an agreement that effects all equally.
- Select a policy for evaluation that is in the interests of the group to which it applies.
- Have equal and full information on relevant facts.
- Avoid undue risk to participants arising from incompetent and arbitrary evaluations.

House defends this reformist position. In response to critics who say he is biased to the disadvantaged he responds,

> It seems to me that making certain the interests of the disadvantaged are represented and seriously considered is not being biased, though it is certainly more egalitarian than most current practice. (House, 1991: 241–2)

**FIELDWORK ETHICS**

With the challenge of fieldwork in mind, John and Lyn Lofland (1995) ask if is it ethical to:

- See a severe need for help and not respond to it directly?
- Take a calculated stance towards other human beings?
- Take sides or avoid taking sides in a factionalised situation?
- ‘Pay’ people with trade-offs for access to their lives and minds?

They leave the questions on the table. All but the third of these questions can be approached through an extended example, which helps to make the central point of this article that ethics decisions, even when we may believe there are shared normative principles, cannot be allocated in a decontextualized manner.
Example: Qualitative Research with Homeless People
This lengthy extract is drawn from contemporary notes of a round table discussion of ethics that took place at a symposium on homelessness and social exclusion organised in 1996 by the Paris-based Conseil National de L’Information Statistique (http://www.cnis.fr/). I have retained the round-table format in the following example, without disclosing the identity of the participants. My own role was as a joint principal investigator of a study seeking to estimate the numbers of ‘street homeless’ people in Scotland. I was not one of the discussants.

Chair. She offered a preliminary map of the ethical issues in this field as linked to:

1 The purpose of any inquiry.
2 The balance of the value of the inquiry against the degree of intrusion.
3 Who are the beneficiaries? Is the respondent a beneficiary?
4 How is the information obtained?
5 How will it be used? Issues of privacy, and potential misinterpretation of the findings.

Discussant 1 argued that ethical issues are not greater in homelessness research but they do need more careful formulation. He believed that they include:

1 The right of refusal at the point of contact. But this right cannot be exercised on someone’s behalf. The discussant was against the right of any group to make a collective decision on behalf of others not to participate.
2 The interview. There is a need for privacy of space. This may be a special difficulty in homelessness research.
3 The content of the interview. Ethical consequences arise from the fact that the emphasis of such interviews is frequently on negatives – on the deficiencies of the responder.
4 Ending the interview. Offering some trade-off is difficult due to the lack of an address, but it is a central issue.

Discussant 2 referred to possible payment of interviewees in a French homelessness research project. Within French research culture, payment is very rare. One the one hand it poses the problem of paternalism. Yet consent to be interviewed can result in people losing their turn at a soup kitchen or ‘begging’ time. Their solution was to give a telephone card at the end of the interview, but not to say in advance that this would happen. The card allowed contact with family and friends, and could not be used directly to harm themselves.

Discussant 3 was concerned with the ethics of longitudinal research carried out in America. He reported research in which 1500 interviews were undertaken, from which 500 were followed through at two monthly intervals over about sixteen months. The ethics issues he identified were:
• Paying. It is the American standard practice in research to pay for long inter-
views. He acknowledged there might be risks attached to giving money, but
argued for a non-paternalist stance on payment.  
• Privacy. There is a problem of knowing how the information will be used. For
example, it could be damaging to a homeless person to ask a third party
(perhaps an official) for information related to the individual’s homelessness.
It may jeopardise the likelihood that the agency supplying information will
continue to offer ‘service’. As a partial solution they gave a non-damaging title
to the research. Instead of naming it ‘The Course of Homelessness Study’ they
called it ‘The Course of Housing Study’.
• Implications of obligations arising from long-term relationships with people.

Discussant 4, a Paris street level social worker, distinguished those who are
‘sentenced to give’ (social workers), and those who are ‘sentenced to receive’.
After remarking that ‘people who are homeless have been made cuckolds by life’,
he made his main point that it is what happens after the research that matters.
‘How can we give back to them the knowledge they gave us?’ Learning to receive
is the key ethical issue. He acknowledged he had no complete answer to this
problem of giving back. He had been involved in the organisation of an art
exhibition for homeless people, where the money gained was kept for collective
use. He remarked that we also give back by keeping the information in ourselves.
Listening as well as answering is part of giving back. Sometimes the person
cannot be contacted or may die – but we are to become ‘watchful’ in our own
behaviour.

Discussant 1 argued that the interview is not solely instrumental but does also
have potential benefit for the interview-giver. It can enable people not to see
life as fate (for example, by learning to read behind official figures). This should
be part of our ethical concerns. Finally, we should not forget the collective
benefits of research. Judgements of benefit do not have to be limited to the
immediate beneficiary.  

QUALITATIVE ETHICS, MAKING SENSE AND THEREAFTER

As with the previous sections of this article, I offer little more than small parts
of a jigsaw. Narrative and research utilization are loosely connected, if at all, by
a focus on the later stages of research and its consequences.

Narrative and Life Stories
Experience ‘is the stories people live. People live stories, and in the telling of
them reaffirm them, modify them and create new ones’ (Clandinin and
Connelly, 1998: 155). Ethical issues are raised by the fact that as we encourage
people to tell their stories, we become characters in those stories, and thus
change those stories. In presenting a life story there develops a ‘complex relation-
ship between the biography of the research subject and the autobiography of
the researcher’ (Mills, 2002: 109), with consequent ethical dilemmas. Mills, in her story of Hazel, the dental assistant, develops her main point that feminists have become unhappy with ‘false consciousness’ as an explanation of (for example) the non-political interpretations women often give in narratives of ‘exploitation’. She is concerned that this can allow us to miss what we are being told, by concentrating on our own agenda and lived experience. She concludes there are always at least two voices in a narrative – when we research and write a life history/narrative we also write our own autobiography and, as Clandinin and Connelly observed, we become characters in their stories.

This can be positive but it also carries risks. Research and evaluating must be done with care and not as ‘a raid on mislaid identities’ (Dannie Abse’s phrase, from his poem *Return to Cardiff*). I recall the poignancy of listening as part of a research project early in my career to a woman in a South Wales valleys mining town talking at length about the experience of bringing up at home her son with serious learning difficulties, then in his early 20s. She reflected that this was the first time she had ever talked to someone about this experience.

**Utilization and Betrayal**

A risk of betrayal arises partly from the greater closeness and consequent trust that may develop between researcher and participant in qualitative research. In quantitative research the greater distancing may make these issues less pointed.

The risk of betrayal is increased because of the characteristic use of smaller samples, and the emphasis on the details of how people live their lives. Finch described from her playgroups research her ‘sense that I could potentially betray my informants as a group, not as individuals’ (Finch, 1986: 207). ‘Where qualitative research is targeted upon social policy issues, there is the special dilemma that findings could be used to worsen the situation of the target population in some way’ (Finch, 1985: 117).

Finch’s particular interest was in what self-help playgroup provision would mean for working class women living in economically deprived areas. Over a three-year period, through observation and semi-structured interviewing, she was able to document the character of self-help playgroups in such areas.

I uncovered situations where practice diverged wildly from bourgeois standards of child care and education which most policy makers and academics would take as the norm, and at times were downright dangerous. (Finch, 1985: 117)

She was worried that the publication of her work would further reinforce ‘those assumptions deeply embedded in our culture and political life that working class women (especially the urban poor) are inadequate mothers’ (Finch, 1985: 117). Those who had welcomed her for three years would thus be betrayed.
She had to work through these problems. Had she been guilty of taking a middle class norm and imposing it on these groups? Yet that norm was the one to which the women who ran the groups aspired. It was the participants’ model and not simply hers. She eventually developed reasoning that avoided the ‘deficit’ model of explanation, and argued that to view working class mothers as incompetent is improper and naive. She acknowledges she is not certain she has fully resolved the issues, and accepts that,

To argue like this is to take a frankly moral stance, far removed from the model of the objective social scientist . . . It seems to me that qualitative research on social policy issues will lead inevitably to explicit moral stances of that sort, and that it can never simply provide the ‘facts’. (Finch, 1985: 119–20)

Yet the ethical dimension of research utilization is rarely addressed in social work. For example, a recent comprehensive development of models of research use in the social work and social care field makes not a single reference to research utilization ethics (Walters et al., 2004).

REFLECTIONS

An embedded, contextualized stance in regard to the practice of ethics in qualitative research will foreground three wider issues that have been implicit in the article. First, the democratization of social work research is one direction from which the politics of the research act have moved centre-stage. Participatory, emancipatory forms of research make conventional views of research ethics hard to sustain. Likewise, stakeholder models of evaluation raise new issues. It is plausible to suggest from a reading of the literature that a strong advocacy stance in research, e.g. within user led research from postmodernist or standpoint positions, has not as yet been associated with reflective work on the ethics of emancipatory research. The general approach to research ethics in user-led research has been to capture ethics in more holistic and possibly overgeneralized responses.

Second, the gradual if belated increase in the awareness of research funders that qualitative research makes an important and distinctive contribution to policy and practice as well as to strategic research, poses fresh challenges to qualitative researchers to address ethics issues in a persuasive and original way when bidding for funding. The Office of Behavioral and Social Sciences Research in the National Institutes of Health (NIH) in the USA set up a working party a few years back on qualitative methods in health research. The NIH report has some interesting observations. Their experience of research bids was that applicants did not always address the ethics issues of qualitative inquiry.
Qualitative research evokes consideration about confidentiality and the protection of participant identity. Ethical questions arise due to the special closeness that may develop between qualitative researchers and study participants. Since participant observation is a key methodology, the researcher will need to explain how they plan to address the issue of nonconsenting members of a group. It is not unusual for qualitative researchers to investigate ‘hidden’ populations who engage in behaviour defined as deviant. Applicants studying individuals who may be subject to legal sanctions if their identities are revealed will need to specify procedures to ensure confidentiality. (NIH, 2001)

I quote this not because they are original points or because I go along with the particular ways in which qualitative ethics are formulated, but because the NIH – known for its commitment to quantitative methods – is now recognizing them.9

Third, I mentioned that I am not wholly averse to carefully linking professional and research ethics. Ungar and Nicholl argue there are similar goals for qualitative research and human services, i.e. ‘to enhance the discursive power of silenced voices’ (Ungar and Nicholl, 2002: 137). In ethics terms they argue we need supportive environments in which to nurture this discourse, while ‘respecting the diversity of knowledge claims from marginalized groups’ (Ungar and Nicholl, 2002: 137). Describing themselves as ‘affirmative postmodernists’ (Ungar and Nicholl, 2002: 148), they believe that the qualitative researcher and the social work practitioner both seek reflexivity (the researcher through choice of methods and the practitioner through choice of practice) and that ‘qualitative research is an integral part of an anti-oppressive practice’ (Ungar and Nicholl, 2002: 151).

This returns us to the interweaving of ethics and morality – that ‘welfare professionals have to be personal exponents of the values they presume to trade in professionally’ (Clark, 2006a: 76; cf. Clark, 2006b). Clark may be talking about social work practice, but his conclusion will stand for research. Good research practice ‘is not sufficiently described either by technical competence or by grand ethical principle; it also subsists essentially in the moral character of the practitioner’ (Clark, 2006a: 88), whereby generic principles are context sensitive. Stand-alone liberal ethics will not resolve conflicts.

Notes
1 For example, in the UK the Social Research Association (http://www.the-sra.org.uk/documents/pdfs/ethics03.pdf), the more recent Research Ethics Framework from the Economic and Social Research Council (http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/Images/ESRC_Re_Ethics_Frame_tcm6–11291.pdf), and the British Sociological Association (http://www.sociology.org.uk/as4bsoce.pdf). For ethics statements in applied fields see The American Evaluation Association (http://www.eval.org/Publications/GuidingPrinciplesPrintable.asp) and the British...
I acknowledge my debt to Will van den Hoonard (2002) for his carefully edited volume that gives us something on which to grip our ethical and moral climbing boots. The essays debate and illustrate the social organization of ethical review bodies, the appropriateness of medical and natural science models, the ethical dilemmas special to qualitative research, the concern that issues of risk and harm from research may have been exaggerated, and the ethical and methodological problems posed by signed consent in ethnography.

To recognize the undertones of this distinction we should see its source in Paul, II Corinthians 3v6 ‘The letter kills but the spirit gives life’.

This does not apply to all qualitative research. For example, the boundaries of focus groups are generally clearly demarcated for participants.

For a downloadable summary of the project go to http://www.mentalhealth.org.uk/publications/?EntryId5=43591&char=S

Payment questions provide an example of research ethics decisions that have been insufficiently empirically grounded. For example, a user-researcher in the Mental Health Foundation project mentioned earlier, who had experienced sexual abuse as a child, commented ‘I’d feel dirty if I was paid for talking about my experiences’.

This example points to the importance of culture and qualitative ethics. This is a large and complex issue that I have left untouched in this article. Ryen (2004) offers a useful introduction.

The complete line is ‘The journey to Cardiff seemed less a return than a raid on mislaid identities’

For a critique of the original report and a response from the Chair of the Working Group see the articles by Gilgun (2002) and Heurtin-Roberts (2002) in an earlier issue of this journal, and Shaw and Bryderup (2008).

References


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