

SAGE Qualitative Research Methods

Researching Researchers: Lessons for Research Ethics

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Introduction

There are a number of different approaches to research ethics. In medical and health-related research, consequentialist or principle-based (or rule-based) approaches tend to be used in which ethical decisions are made on the basis of the consequences or outcomes of research participation or on the basis of principles such as autonomy, non-maleficence, beneficence and justice (Beauchamp and Childress, 2001; Seymour and Skilbeck, 2002). Some social researchers have argued that these approaches do not necessarily translate well to social research, partly because the ethical dilemmas that arise in social research are context-specific (Goodwin et al., 2003; Punch, 1998; Small, 2001). In addition, some social researchers argue that adhering to specific ethical rules in relation [p. 284 ↓] to research can affect the very issue that is being studied, such that it becomes impossible to conduct the research (Homan, 1991; Homan and

Bulmer, 1982; Punch, 1998). There is widespread debate about the basis for ethical decision making in social research: these include a commitment to participants' rights (e.g. the protection of privacy); a commitment to 'respect' for participants; a commitment to knowledge (or the right for others to know, for example, how specific organizations operate); a commitment to the promotion of respect for social science (i.e. to avoid 'spoiling the field'); and protecting the researcher (e.g. from litigation) (see Alderson, 2004; Homan, 1991; Homan and Bulmer, 1982). Elements of all these approaches are enshrined in the guidelines that social researchers work to such as those produced by the Social Research Association (<http://www.the-sra.org.uk/Ethicals.htm>) and the British Sociological Association (<http://www.britisoc.co.uk/library/ethicsguidelines2002.doc>). However, these guidelines are intentionally vague and have left researchers able to interpret them in ways that fit the needs of the specific research they are undertaking (Smyth and Williamson, 2004: 10), enabling social researchers to adopt a 'situational relativist' approach in which ethical decisions are made on the basis of their own ethical or moral standpoint and the issues applicable to individual research projects (Alderson and Morrow, 2003; Goodwin et al., 2003; Small, 2001). Increasing regulation and governance of social research, however, means that it is increasingly unlikely that researchers will be able to continue to self-regulate their research to this degree in the future (Tinker and Coomber, 2004; <http://www.york.ac.uk/res/ref/documents.htm>; http://www.esrc.ac.uk/esrccontent/ourresearch/research_ethics_framework.asp).

A small number of studies have been conducted in which academic and professional researchers have researched their peers (i.e. other academics or researchers). These include research with other academics such as studies of undergraduate assessment and examination (Platt, 1981), of PhD supervision (Coffey and Atkinson, 1996; Scott, 1985), and of manager-academics (Deem, 2002). Studies conducted by academic or professional researchers of their peers raise specific ethical issues that are not *distinct* from those inherent in all research but which arguably place researchers in a situation where they have increased sensitivity to some ethical issues such as confidentiality. In this article we outline the ethical dilemmas in relation to consent, confidentiality and anonymity in a study focusing on a 'research-wise' sample within the context of increasing regulation around research ethics. We conclude by drawing out the implications for research with more vulnerable populations, and argue that the

increased regulation of research needs to enable researchers to attend reflexively to the social context in which consent takes place.

The study

Before moving on to discuss these issues, we will first outline the research study on which this article is based. The article draws on a research project, entitled [p. 285 ↓] 'Informed Consent and the Research Process', which was funded as part of the UK's Economic and Social Research Council (ESRC) Research Methods Programme. The rationale for undertaking the project was the increased attention that is being paid to the issue of informed consent in research, not least because of the broad changes that are taking place in research governance and regulation in the UK and the increasingly legally oriented frameworks within which academic and social research organizations have to work (Tinker and Coomber, 2004; Truman, 2003). The focus of the study was to explore researchers' views and experiences of managing informed consent, with the aim of developing resources for use by the social science community and encouraging debate on the topic. This article focuses on some of the ethical issues that emerged in researching researchers. The findings of the study in relation to researchers' views on informed consent are published elsewhere (see: http://www.sociology.soton.ac.uk/Proj/Informed_Consent/index.htm).

The project involved collecting data primarily through telephone interviews and focus groups with academic and non-academic researchers, and focused specifically, but not exclusively, on researchers who conduct qualitative research on or with children, young people, older people, people receiving palliative care, people with learning disabilities and people with mental health problems. The focus on these particular areas of research was made because of the assumed vulnerability of members of these groups within the research process, although we would argue that our study has implications for consent in social research more generally. Thirty-one individual telephone interviews were conducted with experienced researchers with reputations for work in these specific areas (n = 24) or in research ethics more broadly (n = 7). These individual 'experts' were identified through our own knowledge of the area, recommendations from other academics approached to participate, the literature and web searches. The six focus groups were conducted in six academic institutions that had recognized expertise in

each of the topic areas. These groups comprised experienced researchers, academics and PhD students working in these broad areas (n = 35). The interviews and focus groups were designed to elicit information from researchers relating to their views and practices around gaining informed consent from people involved in their research. To supplement our data, we invited interested researchers to email us their views on these issues via questions posed on our project website. This resulted in responses from 12 people. The interviews and focus groups were transcribed and entered into separate data sets using NVivo to allow thematic analysis to be undertaken. Analysis of email material was undertaken to supplement this process.

Ethical issues in researching researchers: consent

The research team involved in our project came from a range of backgrounds: from medical sociology and health research; from education and youth [p. 286 ↓] research; and from community and family research. The accepted norms in relation to informed consent differ broadly within different areas of research. The experience of the project researcher and the principal grant-holder was of working on health-related research projects involving gaining approval from NHS Research Ethics Committees, and of having formal consent processes involving written information sheets and consent forms. Given that our project aimed at identifying researchers working in at least some health-related research areas, where such formal processes are the norm, we decided to adopt fairly formal consent procedures. This decision was also made because we felt that conducting research on informed consent demanded that we pay careful attention to our own consent procedures to ensure that we could not be criticized for unethical practice in this regard.

People invited to participate in our study were contacted via email with an attached letter, information sheet and consent form. They were invited to complete the consent form if, after having read the information, they decided that they wanted to participate. Our consent form asked research participants to respond and consent to 11 questions; these included agreeing for anonymized quotes to be used in study publications, agreeing for their transcript and audio-taped interview being deposited in the ESRC

Qualidata archive, enabling them to request a copy of their transcript, and having their name acknowledged in the report and on the study website.

While some researchers made no comment on the formality of the consent process, others, particularly those working in youth and family research, were critical and expressed some concerns about the process. Some researchers, working in specific areas of research, had never used or even seen consent forms for research purposes before and the very fact of being presented with one put them off the study. Some of these researchers declined to sign consent forms, arguing that they were happy for us to do whatever we wanted with the data. Others did sign but were critical of the process, viewing it as part of the increasing bureaucratization of research and the slippery slope to rule-based ethics in social research, which would leave researchers with no room for making ethical judgements in response to the issues arising from a specific research project (see Coomber, 2002). The following comment given by one of our email respondents illustrates this view:

The overly formalistic and paternalistic enforcement of a biomedical model of informed consent is, I believe, sometimes a barrier to qualitative research. ... Your statement that 'If you do send us some comments and you would like your contribution to be included in any of our outputs, we will ask you to complete and return an informed consent form on receipt of your email' seems to fall into this category of excessive and unhelpful concern. To repeat, you may use my comments as you like. You do not need a signed consent from me to do so.

(Email respondent 5)

Our actions to ensure we had 'proper' informed consent arose from a desire to ensure we did not exploit our research participants. Of course this is an important consideration in any research, it but takes on particular significance [p. 287 ↓] when one is conducting research among one's peer group. Unlike other research participants, researchers may be particularly sensitive to the ways that participating in research might be detrimental to them, and we wanted to ensure we had considered and found ways to alleviate these concerns to their satisfaction. The risks of not doing so could

mean alienating our own peer group in what is in effect a relatively small research community. Of course, it may be the case that adopting formal consent procedures had the effect that we were trying to avoid in some cases.

Ethical issues in researching researchers: confidentiality

Confidentiality is commonly understood as akin to privacy (Oliver, 2003). In general, promises of confidentiality in research are concerned with who will have access to the data and how the data will be used. Issues of confidentiality relate closely to issues of anonymity. However, we are focusing here on confidentiality of *data* as distinct from issues of anonymity of study participants, which are focused on separately, although the two issues are closely related. There are two issues relating to confidentiality that we want to highlight; these relate to data ownership and what constitutes data.

The issue of data ownership was a central one to our study. Some researchers view the transcript generated from research as belonging to the researcher who has collected the data and that, once the data collection has been completed, the interviewee should have no say over how these data are used. One of our study participants, for example, noted:

Participant: I know some of them [researchers] go as far as saying 'I'll send you the notes from the interview and then you can change anything, and when I write it up you can have a look at that and you can always veto it.'

Interviewer: How do you feel about that?

Participant: I think it's an abdication of intellectual responsibility by the researcher... the person should know that this [an interview] isn't a conversation and that it's on the record and I'm going to make, I'm going to interpret it in my own little way and they don't have to take part if they don't want to. (Interview 28)

Other researchers, particularly those working in emancipatory or participatory paradigms, take a very different approach (e.g. Alderson and Morrow, 2003; Beresford et al., 1999). One of our study participants, for example, noted:

We did ... send back great chunks of the book to contributors [where we] had used extracts from their narratives saying 'this is what we've done, is this alright, because it names so and so, or it doesn't name them [but] they will know who they are, do you want us to edit this, do you want to edit it, would you rather we left it out?'

(Interview 15)

[p. 288 ↓]

Another said:

[I give participants the opportunity] to change it [their transcript]. Now some, some researchers would say not to do that because then you change it but it depends on the context. I'm not going in there to spot people, I mean to catch them you know? I'm trying to understand where they're at on those particular issues so if they need a little more reflection time than they've had in the hour we've spent talking then that is fine.

(Interview 18)

We made the decision that we would offer our study participants the opportunity to view their own transcripts so that, if they weren't happy with something they had said, they could ask us to amend it before it was used as data. Agreement for this was included in consent forms as part of our consent process. This was something we had ourselves done only rarely in previous studies, although we knew it to be quite a widespread practice. We decided that this was appropriate in this study, partly to reassure our study participants about data that they had made available to us, but also because of the nature of the data being collected. The study asked researchers to reflect on their own research practice and also on 'good' and 'bad' or 'inappropriate' practice that they knew about, which meant that the information they gave might mean that

they could be identified and also that they might be critical of other researchers, which could have implications for their relationships with their peers and perhaps also for their careers. Additionally, much of the research reflected on by interviewees concerned research conducted in teams, and researchers might reasonably want to discuss this with their colleagues before agreeing to its use. Our experience in previous research, when we have given participants the opportunity to review their transcripts, has been that participants tend not to want to amend their interviews. Many of our participants in this study were pleased to be given the opportunity to review their transcripts and many wanted to amend them, even though they often commented that they would never send transcripts back to their own participants. The issues that researchers wanted to amend were of three types: data relating to their knowledge of informed consent; data concerning identifying information about studies or colleagues; and data relating to research ideas that they wanted to publish.

The first of these issues can be seen to reflect researchers' concerns with giving appropriate responses in an ethical sense to some of the topics we explored with them. We found that researchers were keen to give what they perceived to be the 'right' answers (or at least not to give a 'wrong' answer), in an ethical sense, in relation to their management of informed consent and, in some cases, this led research participants to change their transcripts to amend what they saw as inappropriate responses. This tendency to give the 'right' ethical response was also seen in focus groups where researchers of varying levels of experience and status were present (i.e. some focus groups comprised a professor from a department alongside junior researchers and PhD students from the same department). When discussing informed consent, researchers tended to focus on the abstract principles of informed consent rather than to [p. 289 ↓] discuss the ways they managed these issues in their particular studies. It was common for researchers to identify issues as 'tricky' and to be diffident in presenting their views. For example, one researcher commented in response to a question about regulation in research:

Tricky, tricky. I don't, I don't have a fixed view on that.

(Interview 6)

Another noted in response to a question about whether she used a particular ethical model for informing her decisions about ethics:

Well I think ... I think that's tricky, I mean I, that's tricky, I think we get our ethical models from a range of places.

(Interview 29)

We also found that in identifying 'bad practice', they tended to refer to other studies they had heard about rather than to discuss issues relating to their own research. This is, of course, understandable, but it meant that finding out what researchers actually did or, in some cases, felt was appropriate, was rather difficult. As the study progressed, we found various ways in which we could ask questions to better 'get at' researchers' experiences but, nevertheless, the issue of identifying researchers' private rather than public accounts of research practice is one that is particularly difficult and presents a range of ethical challenges.

The second of these issues concerns identifying information about studies or colleagues. As the research progressed, we found some researchers identifying what they perceived to be 'bad' or 'inappropriate' practice. In some cases, this concerned well-known studies conducted many years ago, which are widely reported in discussions of research ethics (such as Milgram's study [1963]). However, in other cases, studies discussed were ones that had been conducted by colleagues or other researchers working in the area. Several researchers were willing to share their views on this and to identify the research project and sometimes the researcher during interviews or focus groups. This raised a number of ethical issues. Some researchers noted, either at the time of the interview, or in retrospect when they had seen their transcript, that they were not willing for us to use these data (or, in one case, to use it only once they had spoken to the researcher concerned). In these cases, researchers asked us to remove a whole section from the transcript or to remove a researcher's name or data that identified a particular project. This we were obliged to do, given that this was one of the conditions on which participants consented to the study. However, this sometimes meant that we lost some of the most interesting and important data from individual interviews, and it also posed some difficulties for us in determining how much

needed to be removed from a transcript to ensure we met with participants' wishes. For example:

... I mean that, oh please don't, when you, if and when you transcribe this bit of the interview [don't] make it sound that absolute ... I'm happy with everything so far but when I expressed myself in a rather absolute way a few minutes ago, you remember I said 'can you not record it in that form' but in the sort of moderated form that followed.

(Interview 28)

[p. 290 ↓]

I think bad practice is when you, ok here, here's an example which I wouldn't like you to quote. .

(Interview 26)

In other cases, researchers were unconcerned about our using data relating to specific individuals or studies, often because they had made no secret of their criticism of these research studies in the past. In these cases, it was necessary for us to make decisions about whether we felt it was appropriate to include these identifying data in our study, and again this sometimes left us with difficult decisions to make. For example:

Yeah, I know of an academic researcher, very eminent team researching [topic area] and she was saying to me, this was at a seminar ... 'well yes in theory you need some sort of consent but then it just buggers up your sample size'. .

(Interview 4)

A further issue relating to confidentiality and data ownership relates to researchers' concerns that we should not 'steal' their own ideas around research practice that they planned to publish subsequently. One of the aims of our study was to identify and disseminate good practice to the social science community in relation to informed consent with specific groups. We were aware that there was a wealth of good practice

being developed, particularly in relation to research with children and people with various communication difficulties, and we viewed it as important that this was disseminated broadly in the interests of improving practice. However, while some researchers, notably those working outside academia, were very keen that their ideas should be widely disseminated, several academic researchers were equally keen that we should not report their ideas in any of our research publications. Interestingly, we found that some researchers were keen to publish ideas they viewed as novel that we came to know from our research were widely known and had been published in other topic areas or disciplines.

A second set of issues around confidentiality concerned what should count as data. Conducting research within one's own community means that researchers often have knowledge about individuals outside the data collection context. Many of the researchers involved in our study were known to at least one of the members of our research team as past or present colleagues or collaborators. This meant that we brought to the interview or focus group detailed knowledge about the research they had conducted and their approach to consent that was generated. Knowledge about the research and approach of our research participants was also gained through personal contact, hearing their presentations at conferences and reading their work – this was particularly the case for those who had written widely on research ethics and consent in social research. It is inevitably difficult, if not impossible, to separate out that knowledge when viewing the data we generated or, perhaps more importantly, when talking informally about the research and our findings. This has ethical implications. Our research participants had consented to take part in the study and for the use of the data that were generated from the interviews [p. 291 ↓] and focus groups. As researchers, we had to be mindful of and to attempt to distinguish between: 1) what was public knowledge in terms of our participants' expressed views in their presentations and their research; 2) what was data generated in our study for public consumption but which must be anonymized; and 3) what was private knowledge that we had gained from our research that we did not have individuals' consent to use, or knowledge gained from our personal contact with an individual.

Ethical issues in researching researchers: anonymity

It is common practice in social research for researchers to conceal the identity of research participants through pseudonyms and, in some cases, to change other biographical details in order that individuals cannot be recognized (Corden and Sainsbury, 2004). There is considerable debate about the extent to which it is appropriate to amend data in the interests of anonymity. It has been noted that the greater the level of anonymization and the further it moves from its original context, the less useful are the data (Thomson and Bzdel, 2004). However, it is not always the case that research participants want their identity concealed, and there appears to be a move towards greater identification of participants in some areas of research. A number of our study participants identified research studies they had been involved with in which individuals preferred to be identified. This was particularly the case in relation to research with children and in the palliative care context (see, for example, Grinyer, 2002).

We had anticipated anonymizing our study participants in our research report and publications, in that we didn't intend to identify particular data with specific individuals. However, we did want to be able to indicate the breadth of expertise we had drawn on in the study and hoped to be able to identify a list of people who had contributed to the study in the project report and on our website. We also viewed this as a way of acknowledging participants' contribution and thought that participants might consider there to be some kudos from being associated with the study. With 31 interviews plus 6 focus groups, the numbers of study participants were, we felt, sufficiently high to make individual identifications from this list of who had said what difficult. However, this approach does, of course, threaten anonymity, which, in any case, was particularly problematic in this study. Many of the study participants were well known and potentially identifiable; the research community in specific areas is relatively small and it is an easy task for fellow academics to identify individuals. Furthermore, the focus of the study meant that researchers drew on their own research studies as illustrations of their approach to informed consent, and this would enable participants to be easily identified.

The management of these issues has been particularly problematic in this study and we will highlight some of the issues.

[p. 292 ↓]

We found that, after some initial reticence, most researchers were very open in sharing their views, experiences and attitudes to informed consent. This involved them talking about their own research projects in some detail as well as discussing other research studies they knew about. Discussing their own research studies or research methods texts raised a particular issue in relation to anonymity. We had assured researchers that we would use only anonymized quotes in study publications and all the study participants consented to this. There was no discussion with study participants of how this would occur and what level of anonymization we would use. Our intention was that the level of anonymization would comprise the use of pseudonyms throughout, in terms of study participants and other individuals that they identified, and also the removal of any reference to a *specific* study or text by name. However, we were aware that this would not necessarily mean that study participants were actually anonymous to others in the research community who would be likely to read study publications. This did not appear to be a concern to our study participants but was not something that was discussed explicitly with them. Nevertheless, it is an issue that we have felt it necessary to take very seriously and we have aimed to avoid presenting data which might identify particular individuals. Again, this has meant we have had, at times, to leave out some of, what we consider to be, our best data. One way of dealing with this would be to get our study participants' agreement to the way that data are used in papers prior to submission for publication. However, the logistics of doing this are prohibitive.

In contrast to researchers' approaches to anonymity in the use of their data in written outputs from the study, several of our study participants (n = 17; 7 interview participants and 10 focus group participants) were reluctant to have their names identified in the project report and on the study website. Furthermore, a number (n = 7) did not consent to their data being archived in the ESRC Qualidata Archive. The reasons for not wanting their names identified in the project report appeared to be a concern that their names would be associated with a view that they did not personally agree with. Clearly, research participants do not know what the outcome of the study will be or what recommendations will be made, and it is understandable that researchers

might therefore be reluctant to be named in the study. However, it is likely that fellow academics reading publications from the study or the report could, nevertheless, take an educated guess about the identity of our study participants. The refusal by a substantial minority of study participants to be named in the study has meant that, given that we cannot name all participants, we have decided not to name any.

Researchers appear to have many concerns about the archiving and secondary analysis of 'their' qualitative data (see Parry and Mauthner, 2004; Richardson and Godfrey, 2003), although the Qualidata archive has attempted to address these concerns (Bishop, 2005; Corti et al., 1995; Thompson, 2003). There are a number of reasons why participants might not want their data [p. 293 ↓] stored in the Qualidata Archive. Qualidata's preference for archiving is that there is thorough documentation and original, anonymized data, as long as there is clear consent from participants for this. The users of the archived material are likely to be, primarily, other academics, and so, not surprisingly, our study participants are likely to have had concerns about anonymity and the use to which their data would be put. They may also have had concerns about their data being retained in the archive in perpetuity; academics frequently change their views on topics through the course of a career and they may have had concerns about having their views at a particular point in time retained for others to access. Linked to this may have been concerns about the nature of the interview; views expressed in an interview are not necessarily as clearly expressed as those set out in a research paper. While it is possible for there to be restrictions on the use of data held in the archive, our study participants may not have been aware of this and, indeed, it was not something we discussed with them. Our concern was to recruit people to the study and we had no *particular* wish to see these data archived, although Qualidata has expressed a particular interest in receiving them. It would still be possible to archive the data minus the data from the seven participants who refused permission, although we would want to go back and check with our participants to ensure they understood the implications of this.

Discussion and conclusion

This research provides a case study of a particular group that demonstrates more general issues of informed consent. In terms of consent, participants in this study were

able to give informed consent in ways that other study participants arguably are not, however good may be the process of explaining a study to participants. Many of our study participants reported that, in their own research, they found that participants frequently disregarded researchers' explanations of what study participation would entail because they were keen to 'get on with it'; this seems to be particularly the case with research with relatively powerless groups. As researchers, our study participants understand what participating in a study will entail because they know the 'tricks of the trade'; they know the data may be interpreted in ways that they did not intend, and they understand what 'confidentiality' and 'anonymity' mean in practice. This meant, for many of them, that they were cautious in how they presented themselves, were keen to check their transcripts and, in some cases, wanted to take a number of steps to ensure anonymity. However, at the same time, we are aware that many of our participants, like research participants in any study, often felt propelled to reveal more in interviews than they may have originally intended (which is why they were keen to alter their transcripts) and some appeared unaware of the full implications of their involvement, taking it on trust that we would anonymize them appropriately. If this is the case among a sample of expert researchers, then how much more vulnerable are those [p. 294 ↓] without this knowledge and experience? Corden and Sainsbury's (2005) work on this topic has identified the extent to which study participants lack understanding of researchers' practices around anonymization, the use of qualitative material and the form that reports and publication take, and that many disapprove of elements of researchers' practice in this regard.

Our research and the findings of Corden and Sainsbury (2005) indicate the importance of identifying ways in which potential research participants can gain a clear understanding of what participating in research actually entails. This points to the need for better procedures of informed consent. However, in common with many other social researchers, we are mindful of the dangers of increased regulation and the further formalization of consent procedures. We view the move towards the increasing regulation of social research as a reflection of wider societal trends towards consumer choice and participation and that these have contributed to, and are reflected in, the growth of user involvement in research and participatory research paradigms. The trend towards user involvement and participatory research has resulted in the development of an ethic of good research practice especially in relation to research

with 'vulnerable populations', the demystifying of research and the empowerment of so-called 'vulnerable groups', enabling them to become researchers rather than the researched (Kellett and Ding, 2004; Tarleton et al., 2004). However, at the same time, this development presents risks that the practice of social research will become a skill that is divorced from its philosophical and disciplinary underpinnings. While this is appropriate for certain types of emancipatory and evaluative approaches, it does pose risks for researchers seeking to extend disciplinary knowledge or to adopt critical approaches to their 'subject matter'. The trend towards ensuring consent and agreement from participants for the use of their data has significant implications for the freedom of the researcher to interpret the data in the way she or he views as appropriate, and poses an ethical dilemma in balancing the rights or needs of the participant with the needs of the research and the researcher. Many researchers would argue that it is not necessarily desirable to gain consent from study participants for how their data are used, in that this curtails researchers' freedom to interpret their data and restricts the critical nature of the discipline. There are numerous illustrations in sociology of cases in which researchers have identified findings with which the research funder or participating organization are unhappy (see Herdman, 2000; Lawton, 2001; Punch, 1985) but which, nevertheless, have made an important contribution to sociological understanding.

In addition, increased regulation poses other risks. Corrigan (2003) has argued that regulation of informed consent is based on 'empty ethics' that constructs study participants as rational actors and denies the social context in which research takes place. Formalized consent procedures that might, for example, mean that all potential study participants receive detailed information sheets prior to meeting with a researcher, and that signed consent forms [p. 295 ↓] are used, provide an opportunity for potential participants to be better informed about what they are consenting to, but do not take into account the social context in which consent procedures are undertaken and which have a significant impact on the consent process.

Social theorists have argued that modern society is typified by the reflexive individual who is critical of authority and expert knowledge (Giddens, 1991). It has also been proposed (Silverman, 1993, 1997) that the familiarity of celebrity interviews, 'confessional' television and various forms of public opinion interviews have resulted in the interview becoming a central feature of everyday life, so much so that contemporary

society can be understood as ‘the interview society’ in which ‘virtually everyone should be familiar with the goals of interviewing’ (Gubrium and Holstein, 2003: 8). However, we argue here that an examination of the social context of informed consent indicates that potential study participants, especially those from so-called ‘vulnerable’ groups, may be less well informed about the nature of the research interview and less critical of authority than these authors have claimed. In addition, we argue that, while informed consent procedures aim to be explicit about what participation will entail, there are limits to how far this is possible and there is consequently much that is implicit in what is negotiated, leaving both parties with potentially different understandings of what is to take place. We focus here on two areas which we view as largely implicit in the consent process, both of which relate to the social context of consent: the trustworthiness of the researchers; and, the impact of the research.

Trust has been identified as a central element in relation to the social context of consent in that potential participants have often reported trusting both the institution that a researcher represents and also the individual researcher him or herself to ‘do no harm’ and to have the participant's best interests at heart. This is especially the case in medical research (Corrigan, 2003; Stone, 2004). Research participants in our study were likely to have established views about the extent to which we could be ‘trusted’, especially if they knew of us or our work. One might also have expected higher levels of trust as we are an ‘insider’ group and one funded by the ESRC. However, at the same time, knowing the ‘tricks of the trade’ meant that participants were aware of the potential problems they might encounter. Participants in other studies do not have such knowledge and, as Homan (1991) has noted, are subject to various strategies used by researchers (not necessarily consciously) to develop trust among their potential participants within the social context in which they seek consent. Our interviews with researchers indicated that participants from relatively powerless groups, who possess little knowledge about the systems in which researchers operate, may view researchers as representative of systems that should be trusted, and indeed as individuals who seem ‘nice people’ and deserving of trust. In such contexts, informed consent *procedures* have limited ability to impact meaningfully on participants’ decisions around participation.

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A second important feature relating to the social context of consent concerns people's motivation for participating in research. Study participants in social research often choose to participate on the understanding or hope that their experiences will 'help' others in a similar situation. This is especially the case in research focusing on people in health and social care contexts or people who have experienced significant life events or transitions. Indeed, the aim of research is often 'sold' to potential participants on the basis that it will be used to contribute to the development of services, policy or knowledge in the area with the aim of helping others in the future. In our study of researchers, the issue of informed consent was a current concern of many researchers, and we informed our potential participants that we would be developing resources for the social science community (which we have) as well as enabling them to contribute to debates of this topic. We used this information to 'sell' the study to participants and this was likely to have been a factor in participants' willingness to participate. In reality, the impact that a single piece of social research has is often minimal. While our 'knowledgeable' researcher participants are likely to have been aware of this, participants in other studies are much less so. The outcome of research is typically a research report and publication in journals which are seen by a relatively small and select group of professional researchers and/or practitioners. This may not be the outcome that individuals in 'the interview society' expect, brought up as they are in a culture of celebrity interviews and confessional television shows. Certainly, participants' desire for their own names rather than pseudonyms to be used in research reports indicates participants' expectations in this regard may differ from those of researchers (Grinyer, 2002). Consent to participate will be influenced by participants' understanding of research and the extent to which their voices will be heard and their hopes that their contribution will 'make a difference'. Such expectations may differ sharply from the reality of the outcome of the research.

Formalized consent procedures do not provide an answer to the problem of ensuring potential study participants make truly informed choices. The increased bureaucracy and regulation of research which the social science research community is facing will not be well served by encouraging researchers to adhere to what Corrigan (2003) has called 'empty ethics'. Rather, procedures that enable researchers to attend reflexively to the social context in which consent takes place are needed.

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