

Using elements of the constant comparative method in a study of living with glaucoma

Source: Green, J., Siddall, H. and Murdoch, I. (2002) 'Learning to live with glaucoma: A qualitative study of diagnosis and the impact of sight loss', *Social Science and Medicine*, 55: 257-67.

This study used individual and group interviews to explore the experiences of people who had been diagnosed with glaucoma, an eye disease characterized by a gradual loss of visual acuity. The aims were to inform health promotion by identifying triggers and barriers to self-referral with eye problems, and to explore the relationship between 'medical' definitions of disability and people's experiences of sight problems.

Interviews took a narrative approach, asking interviewees to tell the story of how they first noticed eye problems, how they came to be referred for treatment and what impact the symptoms and treatment regimes had on their everyday lives. Interviews were tape-recorded and transcribed, and some participants also provided written notes on their experiences. Although this was not a 'grounded theory' study, some of the elements of the grounded theory approach were used to aid data analysis. One was the use of 'open coding' of early data to generate categories. This enabled the range of concepts used by participants to be identified, and to extend the analysis so the research question could better be understood in terms of 'grounded' theory, that is, ideas from the data themselves. For instance, one research aim was to identify 'triggers for self-referral'. Although the data could be 'coded' for triggers (such as noticing blurred vision, noticing 'missing' patches in the field of vision), detailed analysis of the data, and of the contexts of these reported symptoms, suggested that these were 'post hoc' descriptions of triggers, and at the time the early 'signs' of glaucoma are indistinguishable from the everyday eye problems many expect as a result of tiredness or ageing.

A second element of grounded theory used was theoretical sampling. One emerging theory in the data analysis was that a worry about 'dependence' was a concern for some in the sample, but did not seem to be an issue for an older married man, who relied on his wife for extensive help in everyday tasks anyway. The researchers then deliberately sampled older patients, and looked in detail at cases with a range of family support, to check emerging relationships between family support and concepts of dependence and independence.

Close attention to deviant cases helped develop the analysis. One example was the findings on attitudes to blindness. The majority of participants utilized one of two images of 'blind people' - either the 'victim' who was to be pitied, because they were dependant on others, or the 'hero', who manages to perform extraordinary feats despite their disability. Not surprisingly, neither was a very appealing image, and consequently most respondents did not identify themselves as 'blind'. Although (for them) this brought benefits such as passing as normal, and resisting the felt stigma of being labelled as blind, it had considerable costs as a strategy. For some, it meant they had no access to the material benefits to which they would have been entitled as registered blind people. A 'deviant case' was one man who had a less 'stigmatized' image of what blindness meant. He had diabetes, and because he already had come to terms with an identity including 'disease', could see that 'being blind' did not have to be incompatible with 'leading a normal life'.

Locating the empirical findings from this study within wider theoretical literature on disability and living with chronic illness helped to make sense of the data. There is a large

literature on issues such as 'independence' and 'stigma' and these were used to help make sense of the accounts of people with glaucoma.

The constant comparative approach, then, helped develop initial categories for coding, helped inform sampling, and provided a framework for looking at relationships between categories.

Reflective questions

Think back over the case study you have just read. Can you recall the *elements* of grounded theory used in the analysis?

Feedback

The analysis used *open coding* to derive the finding that the more straightforward codes representing 'triggers' and barriers' are in fact post hoc descriptions: an important finding for health promotion. The analysis also looked for *deviant cases*. This led to further investigation of the experience of older people (*theoretical sampling*) and subsequent refining of the meaning of the conceptual categories of 'dependence' and 'independence' amongst this group.

Narrative theory in analysis of interviews with drug users in Moldova

Sources:

Rhodes, T., Bivol, S., Scutelnicuic, O., Hunt, N., Bernays, S. and Busza, J. (2011) 'Narrating the social relations of initiating injecting drug use: Transition in self and society', *International Journal of Drug Policy*, 22: 445-54.

Rhodes, T. and Bivol, S. (2012) "'Back then" and "nowadays": Social transition narratives in accounts of injecting drug use in an East European setting', *Social Science and Medicine*, 74: 425-33.

Moldova is a former Soviet republic which has experienced increased rates of injecting drug use since the breakup of the Soviet Union in 1991. Injecting drug use is associated with risks for HIV and other public health harms, so accounting for how and why people start to inject, and why rates may be high in countries such as Moldova is important. Tim Rhodes and colleagues used narrative theory to explore the accounts of 42 injecting drug users in one city in Moldova, with an aim of exploring individual narratives of drug use, broader narratives of social transformation and the links between these two.

Data were generated through semi-structured interviews of individuals recruited by a team of outreach workers who then used 'chain sampling' to contact others, until they had a sample which was purposively chosen to include a range of genders, locations, injecting histories and drug use patterns. Interview topics included how the interviewee became initiated into drug use and their drug use career. The analysis of data (which was transcribed in full and then translated into English) drew on narrative theories within the symbolic interactionist tradition. That is, the research team assumed that the accounts generated in interviews were part of the interactive accomplishment of 'the self', and the interview itself was part of the negotiation and presentation of a self in context.

Narratives, in this perspective, are seen as 'moments in the discursive production of the becoming self' (Rhodes et al. 2011: 446) which are a personal resource for making sense of a life (particularly of difficulties) and a resource for coping with that life. Such narratives are also, though, told in context: they both draw on available cultural scripts which make some stories more legitimate or meaningful, and also contribute to those broader 'meta-narratives' of social life. Thus, a focus on narrative in this study offered a way to make sense of the interactions between structure and agency: personal and societal narratives

can be seen as part of the reciprocal processes of 'structuration'. Structuration is a theory about the process by which social structures are (re)created and reproduced.

This approach to analysis provided a way for the researchers to go beyond a thematic analysis of the accounts of injecting drug users, which might focus on the individual level factors that affected their use of drugs, or on the traditional approach to 'narratives of transition', which focus on drug use simply as a way of coping with difficult external circumstances, such as economic upheaval. Instead, they are able to make links between these two levels. At the social level, interviewees drew on a common meta-narrative of transition, in which drug use in general was mapped to a chronology of two periods: 'back then', generally referring to the period just after the breakup of the Soviet Union in 1991, and 'nowadays', referring to the period from 2005 (interviews were conducted in 2009).

'Back then', in the stories of the interviewees, the drug most commonly injected was home grown poppies: cheap, easily available and typically injected in groups. 'Nowadays' the patterns of drug use were described as very different. Poppy cultivation was more tightly controlled, and a more commercialized market had emerged, with fewer people dealing drugs, and new drugs including heroin available, which were typically more expensive and difficult to get hold of. With increased police surveillance, using drugs had become more likely to be criminalized. It was also more likely to be an individualized practice, in which drugs were bought by each individual user buying from low-level dealers rather than direct from suppliers, and taken alone rather than in groups. Stories of initiation - how users first injected a drug - were stories of how the interviewee came across drug use, and (typically) had some agency in the decision to inject within particular social networks. Telling this story in the present, looking back at the beginning of an injecting career, drug users were reflexive about their own personal transitions, from non-user who held users in low esteem, to someone who habitually used drugs. They also narrated that story in terms of the broader one about social and economic transitions between 'back then' and 'nowadays'. These were framed as generational shifts that reflected social change, with the interviewees making reference to the many differences in social values that had occurred in the context of a society moving from Soviet times, through a period when old certainties had been fractured and towards an unknown future which had both positive and negative elements. Thus, interviewees contrasted their early drug taking, which was presented as a choice, and something pleasurable and 'cool' within their social networks, to that of contemporary initiates to drug use, who were presented as more knowledgeable about the potential risks of injecting, and having the benefit of seeing the effects of drug use on the 'lost generation'. These narratives then position new initiates as having different relationships to drugs. The younger generation, growing up after Soviet break-up, are seen as suffering from a breakdown of social relations, and a weakening of social coherence in the face of widening economic inequality and uncertainty.

Analysing interviewee accounts of drug use in terms of narratives therefore allows an exploration of the data that both accounts for individual explanations of 'what is going on' and a more sociological explanation of changing behaviour at a time of transition. The 'transition narratives' told by the interviewees in this study relate to change in both the narrator and society, as they account for a career in terms of shifting drug markets, patterns of social relations and cultural norms. These narrators draw on available cultural scripts of social transition to make sense of individual problems, and thus link personal biographies to collective social experiences.

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Reflective questions

This study, by using a narrative method of analysis, makes a theoretical link between the stories told in the interviews and the wider social structure.

Can you think of other studies you might conduct where this kind of linkage could be made?

Feedback

You might for example be interested in linking the narrative accounts of the experiences of health workers or patients to wider aspects of social or political change. Any link (or lack of one) would then need to be located in some kind of *theoretical* explanation for these apparent changes.