

# **Being Managed: Explorations in Reflexivity in Health Promotion**

**GLENN L. MACDONALD-JONES**

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# **Being Managed: Explorations in Reflexivity in Health Promotion**

## **Abstract**

The thesis maps out my experiences of and thinking about health promotion over my fifteen-year career as a health promotion specialist and lecturer. It adopts an exploratory, reflective approach starting with an account and analysis of health promotion as I experienced it in practice from the mid 1980's onwards, and ending with an exploration of the way reflexivity works in a medium-sized health promotion department in England. This exploration took place in 2000 at a time when the department like many others were facing an uncertain future and a possible merger with a department of public health

The thesis begins with my reflections on health promotion and its theory, and my personal experience of being managed in a health promotion department. This account forms the first step of a research process, and the role of reflexivity in this process is highlighted. Using qualitative techniques of data analysis, themes emerge relating to the way the accounts were written, the social and psychological processes being acted out; and the emotional tapestry involved.

A co-operative research encounter based on the story- dialogue method with a medium-sized health promotion department generated six streams of qualitative data. The separate analyses are combined to produce overall meta-themes which tell a collective story of the hidden scripts and conventions operating in the health promotion department at the time. These include limits to what can be said, associated avoidance and cynicism, and an acknowledged lack of reflexivity. There was an embedded rhetoric about democracy, valuing and consultation that was vulnerable to being over-ridden or diminished. Similarly, there was a lack of specificity about what health promotion as an entity and team working actually means to the department. Within this scenario, staff became individual tacticians and placed high regard on their autonomy.

Reflexivity facilitated and legitimised through story-dialogue enabled emotional expression, criticism, and agreement and appreciation. Reflexivity in the encounter translated hope and uncertainty into future-facing and future action. It helped re-establish and specify a collective identity and it provided some detail about nature of health promotion and team working.

These meta themes are discussed in relation to changes and movements in contemporary health promotion in England including the life and meaning of 'health promotion' discourse and the creation, reification and impact of 'tribal' discourses in health promotion and public health. These discourses based on difference are shown to be questionable and point to a demise of reflexivity in more recent health promotion discourse. Adherence to this discourse is argued to leave health promotion open to charges of elitism and has hindered searches for common values, language and standards of. Moreover, it has meant a failure to articulate a new health promotion.

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# Chapter 1: Experiencing and intellectualising health promotion

## Introduction

The thesis maps out my experiences of and thinking about health promotion over my fifteen-year career as a health promotion specialist and lecturer. It begins with my reflections on the nature of health promotion when I became a health promotion specialist in the late 1980's. This includes reflections on what health promotion aims to achieve, what 'health' is, the importance of mental health and the significance of self esteem. I describe how my thinking about the mental health and self esteem of others could not rationally or emotionally be separated from thinking about my own mental health and self esteem. In particular, I describe how this interface between intellectualising and experiencing came to a head in a disturbing and negative experience of being managed in a health promotion department. In chapter 2, I use this experience of being managed as a platform to develop my reflexive skills and also, my skills in handling and analysing qualitative data in the form of narratives that I wrote to try to make sense of my experiences. Clearly, this use of personal experience as data is unconventional and some justification for this is given not just in the opening chapters but also at the end of the thesis.

In chapter 3 I have mapped out what I have learnt from the reflections and analysis conducted in the first two chapters. This learning includes a focus on making personal sense of my experiences of writing and reflecting on the thesis thus far. But it also focuses on more philosophical issues such as the ontological status of personal knowledge, the way that understandings and perceptions are social constructed, and in particular the role and importance of reflexive thinking. I then take this new understanding into chapter 4 where I plan a research encounter with a health promotion department, the aim being to gain an understanding of the way reflexivity works in the department, and what scripts or conventions there might be which dictate what can and cannot be done and said within the department. This research took place in 2000 at a time when the department like many

others were facing an uncertain future and a possible merger with a department of public health. Chapter 5 describes how this research encounter actually took place, the stories that emerged, and interpretations of these stories and other narratives that were generated through the encounter. Finally, in chapter 6 I reflect back on the journey made within the thesis as a whole and make specific points about the demise of reflexivity in health promotion, competing realities about how health promotion relates to public health, and how continued and renewed reflexivity is going to be needed if health promotion is ever to live up to its potential and play a significant role in developing and implementing a new and much more effective agenda for promoting health.

The next section describes an overview of the thesis in more detail and begins to justify some of the decisions taken in determining how the thesis was constructed and organised.

## Overview of the thesis.

The motivation and rationale for this thesis comes from a range of sources and experiences. Some of these are professional experiences in my work as a health promotion specialist and a senior lecturer and course director in health promotion. Some are to do with professional and personal experiences in these roles. Others are more personal still. All have significantly influenced how I have come to think about and act in my professional practice. Similarly, they have significantly influenced how I have come to think and act in my research. This is because the focus for my professional practice and for the current research concerns issues that I do not believe can be dealt with (either in practice or research) in isolation or separation from my personal experiences, beliefs, assumptions and my personal psychology. Chief amongst these is the practice of reflexivity but they also include mental health, self esteem, and management. Because of the difficulty and over-simplicity of separating these intellectual issues from the personal experiences of them, the thesis will be both an account and an analysis of their interaction at a number of points.

This begins in chapter 1 with an account of health promotion as I experienced it in practice from the mid 1980's onwards, and also, as I reflected on its theory. This chapter also considers how the



analysis of my health promotion experience forms the first step of a research process, the role of reflexivity in this process, and how this process can be modelled and extended.

This is followed in chapter 2 by an account and analysis of my personal experience of being managed as a health promotion specialist in a health promotion department, focusing on a specific issue of conflict and trauma. At the end of chapter 2, a number of themes emerge relating to the way these accounts of my experiences were written, their language and devices; the social and psychological processes being acted out in these experiences; and the emotional tapestry that these experiences can be seen to be built around. Central to all this is the role of reflexivity (and the lack of it) in mediating, minimising and creating these experiences, and also its role in my analysis of them.

This centrality and importance of the issue of reflexivity led me in chapter 3 not to further considerations of specific ‘findings’ about my experience, my psychological make up, my emotional state etc, but rather the reflexive process through which the analysis of this experience proceeded and the need to make sense of this reflexive process as legitimate research activity. These considerations include and extend to alternative assumptions about the nature of knowledge and reality, the relevance of a social constructionist analysis, the place of reflexivity in social constructionism and the need for reflexivity in research. The chapter ends with considerations about different types of reflexivity, philosophical implications, and the implication of all this for the remainder of the research. Included in this is the identification of a desire to apply this reflexive process to the experiences of others involved in health promotion – a widening of the research focus from the micro to the meso, from myself as an individual, to a whole health promotion department.

Following this, chapter 4 deals with the methodological implications of applying a reflexive research processes onto the experiences of others. This moves from a broad focus on research strategy and deliberations about which qualitative methods are appropriate to draw upon to the



detail of research instruments, sample, data generation and data analysis. The practicalities of conducting the research within a small health promotion department in England are also discussed.

Chapter 5 summarises the analysis of six streams of qualitative data that were generated in the encounter with the health promotion department. Each stream of data – from the individually written stories of health promotion specialists to action plans generated by the department as a whole - is analysed qualitatively using techniques drawn from grounded theory research. These separate analyses are then combined to produce overall meta-themes which tell a collective story of the hidden scripts and conventions operating in the health promotion department at the time. These meta themes are then discussed in chapter 6 in relation to both the work of chapters 1 and 2, and also in relation to changes and movements in contemporary health promotion in England. This discussion represents what I identify as an exercise in ‘contextual’ reflexivity – reflecting on ‘what I know’ in the broader context within which that knowledge emerges and makes sense against.

However, chapter 6 also identifies and then employs three other types of reflexive thinking to discuss the encounter with the health promotion department and the meta-themes that emerged, namely ‘quest’ and ‘trust’ reflexivity which focus on questions around ‘how do I know’, and ‘ontological’ reflexivity which focuses on questions of ‘what it is to know’. Finally, the thesis ends with a return to being – a reflection on the journey the research has made and the place it leaves me as the researcher and as a health promotion professional.

### **Justifying personal experience in research**

This early focus on personal experience requires some justification, if for no other reason, that it is at odds with the practice of traditional research which strives to separate the researcher from the research in the name of ‘objectivity’ and ‘neutrality’ and the intention of keeping data ‘uncontaminated’ by the personal bias and agenda of the researcher. For a variety of philosophical and epistemological reasons, (which are more fully mapped out later in the thesis), I have come to question the desirability and the possibility of such a separation and I would now reject the

philosophical basis of a research methodology within which such ‘objectivity’ and ‘neutrality’ are sought. Hence a strong element of the first part of the work deals how my own beliefs and experiences led me to embark on research and also formed a significant part of the data for these early stages of the research.

At the outset it is important to acknowledge that the presentation of the thesis follows a particular format not in keeping with conventional research structures. These are often thought of as linear processes from the identification of a research problem through to a review of the published literature, a choice of appropriate research method, and the collection of data, its analysis and finally the writing up. Whatever else is true of the current thesis it has certainly not been a linear process. Rather, it has followed a number of cycles (at least four) each one moving on from and rooted in the last. Rowan (1981) has provided a methodological framework which perceives research as a cycle (or cycles) and a fuller description and justification for following this approach is provided later. As well as this cyclical nature, other important differences to conventional research are apparent. The most significant of these, as has been already noted, have been my emergent philosophical beliefs about knowledge and issues such as ‘objectivity’, ‘truth’ and ‘reality’. Related to this is an issue of the legitimacy of using my own experiences as data. There are also issues to do with my feelings about doing research with or to others.

There are strong ethical and theoretical arguments that support this non-traditional approach to research which I will return to at a more appropriate section – to rehearse them now would not be to remain true to the origins and influences on the research which were then at a much less intellectual, more personal level.

And so underpinning all the intellectual rationale for a particular way of doing research, lies more personal issues, for example, my reaction against authority and tradition and an attraction for the more marginalised and reactionary (a theme that will be brought into focus in later sections of the thesis). So in order to give readers an understanding of these personal issues and a sense of how my experiences have influenced the research (both in terms of its central concepts and its



methodology), the following section maps out some aspects of the emotional and intellectual journey that I have undertaken over the years leading up to the present research. What follows therefore, can be seen as an initial cycle in my thinking and inter-acting with the issues which were to come into sharper focus later in the research.

## Encountering Health Promotion

This thesis began in the 1990's after I had been working for five years as a health promotion specialist. At that time, I experienced health promotion as a relatively new 'profession', still in its formative stages but with a few established key ideas or scripts (a term I shall use more and discuss in later chapters) such as 'starting where people are at'; 'victim blaming'; 'empowerment'; 'the medical model'; and 'upstream' some of which were drawn from humanistic psychology in a way that did not always acknowledge these origins. At that time, and even at present, there existed no clearly worked out theoretical base for health promotion practice (Rawson, 1992) and the practice of myself and my colleagues was largely based in a fairly unattended and unreflective way on these humanistic principles, and also on 'what I am good at doing' rather than 'what would be good to do'. This 'hobby-horse' approach to the development of practice in health promotion has resulted in a very eclectic pattern of practice which had only partially been re-assessed in an attempt to develop a more rigorous integration of principles and theories of practice (French and Adams, 1986, Caplan and Holland, 1990, Caplan, 1993,).

### **My Theory of the Problem in Health Promotion**

I had been a health promotion specialist for five years and my predominant thinking at that time was *reflection - in - action* (Schön 1983). That is, I was attempting to develop my thinking about my practice in order to get better at doing what I was doing - that is, to improve its technical efficiency (Smee, 1995). This can be distinguished from *reflection - on - action*, which is less about 'doing things right' - to use Smee's definition of 'technical efficiency, and more to do with 'doing the right things' - which Smee refers to as 'allocative efficiency'. The main focus for this

*reflection - in - action* was the ‘problem’ (as I then saw it) of why people participated in health-threatening behaviour and why they were resistant in many cases to health education messages. This ‘problem’ arises out of a certain way of thinking about health as essentially the product of individual lifestyle choices. Within this line of thinking, the ‘theory of the problem’ (McLeroy, 1994) for health education was the problem of encouraging behaviour change from one set of health damaging behaviours to a set of more health promoting behaviours. It is important to note that this theory of the problem views ‘health’ as an unproblematic and uncontested concept. In fact there are many competing theories of health (Seedhouse, 1986) most of which conform to a *pathogenic* theory of health as the absence of disease, whilst some adopt a *salutogenic* view which emphasises health in terms of protective factors such as resilience and sense of coherence (Antonovsky, 1996). Within the predominant pathogenic theory of health, the predominant model for promoting behaviour change claimed that increases in a person’s knowledge about a health issue would lead to attitudinal changes which themselves would lead on to changes of behaviour. The empirical evidence for this knowledge - attitude - behaviour change model was and is very sparse (French and Adams, 1986 and Sidell et al, 1997).

However, at that time it was my own experiential evidence rather than empirical research which lead me to my conclusions. It became clear to me that the common model of change held amongst most health promotion specialists at the time was fundamentally flawed. I knew that for those I worked with and for me too, increased knowledge or awareness of an issue often led to - or was accompanied by - a whole range of cognitive and emotional responses such as denial, selective perception, minimisation, avoidance, guilt, determination, aggression, and stress. And because of this rich possibility of response, some of which could be contradictory and yet held at the same time, it was unsurprising to me that that the ‘desired’ health behaviour change was not predicated by such cognitive and emotional responses. All this richness of human experience could not in my understanding be adequately accounted for by the knowledge - attitude - behaviour change model.



However, in spite of my doubts about this model of behaviour change - first formally identified as a specific approach in health promotion by Tones (1981) as 'the preventive approach', and by Ewles and Simnet, (1985), - I was still using what might be called an essentially *individual choices* model of health. That is, that health was largely a result of individuals choosing certain actions and behaviours. This *individual choices* view was I think popular in the field and arose from the early work of Tones (1981, 1986) which by this time had sedimented itself into most English health promotion practice and was certainly influential to my thinking, even though I had not at that stage read any of his work. One assumption in the individual choices model is that that health is a commodity that can be given or taken away and this 'commodity' theory of health (Seedhouse, 1986) is the basis for all behaviour change approaches in health promotion. Naidoo and Wills claim that the popularity of the behaviour change approach in health promotion stems from the view that health is a property of individuals, because "it is then possible to assume that people can make real improvements to their health by choosing to change their lifestyle" and by supporting this approach, health workers and governments can claim to "demonstrate a commitment to health promotion without taking other action." (Naidoo and Wills, 1994 p86)

This emphasis on individual choices had formed a foundation of mainstream health promotion practice and understandably arose from the origins of health promotion in health education. Practice was summed up by the slogan 'make the healthy choice the easy choice.' But the problem here is that firstly, the contexts in which many people live their lives do not make choice possible, and secondly, this idea of choice seemed to me to rest on a particular model of human psychology which I felt was not right. It is interesting to note (and important in the context of this thesis) that my interest at that time was focused on the second of these points. This *individual choices* model assumed that people have the skills and capacities to make choices that were likely to lead to greater health. Implicit on this view, and in my own thinking at that time, was that they also had a *responsibility* for making these more 'appropriate' health choices. I think it was my belief that people were ultimately responsible for their own health which restricted my thinking and action to *this* model and stopped me considering the more structuralist approach to health promotion (the

first of the above points) which was gaining favour with a marginalised but growing group of health promotion specialists. This structuralist view seeks to tackle what are seen as the true determinants of ill health, that is, issues of social policy, inequality and social injustice. (McKinlay, 1975, Vuori H 1980, Adams 1994, Wilkinson, 1996)

As well as these two problems with the ‘individual choices’ model is a third issue which actually subsumes the first two. This is that the notion of choice in a given situation is premised on assumptions that people within that situation see it and conceptualise it in the same way; that they construct a similar version of reality in which there is agreement that a certain line of action is possible - an agreement through which this line of action can be seen *as* a choice; that people acting in these situations are doing so as autonomous, isolated selves and that a clear distinction can be drawn between such ‘selves’ as the centre of experience and decision-making, and their ‘environment’. All these are assumptions which can be questioned and raise significant issues which I was not aware of at the time. (They are returned to in more appropriate sections below.)

One of these assumptions - about people as autonomous, isolated decision-making selves is central to the *individual choices* model of health. This ‘rational man’ model leads then to the ‘problem’ expressed by many working in health education of ‘why won’t people behave rationally?’, or ‘why don’t they make the rational health choice?’ The elitism (or ‘healthism’ (Crawford, 1980)) in this line of thinking attempts to separate the ‘rational’ from the ‘irrational’, and which goes on to claim superior knowledge as to what counts as ‘rational’. But as well as this ethical issue, there are more fundamental concerns which I think I was sensitive to but could not really articulate. For example, McCrone argues that “the standard view is still one of humans as passionate icebergs; one tenth everyday rational being, nine tenths sunk in irrational and uncharted depths.” (1993, p6). Although he feels that a belief in the rational has become so ingrained in Western culture that it is nearly impossible to look at behaviour in any other way, he also wants to show that there is another way of framing explanations of behaviour without recourse to these labels, claiming that “the difference between rational and irrational behaviour is that behaviour only appears irrational when



we don't know enough about what is making it happen.” (McCrone, 1993, p6). So whilst trying to distance myself from the elitism involved, I was also trying to make sense of the ‘uncharted depths’ hoping to gain sufficient insight into so called ‘irrational’ behaviour to see ‘what was making it happen’.

Thus, I did moderate some of these views by being less judgmental about so called ‘irrational’ choice and by beginning to look at the psychological mechanisms which might explain and in a sense excuse why people made the choices they did, often choices which I believed were detrimental to their health. But this moderation still held allegiance to the ‘individual choices’ model of health along with my own ‘personal responsibility for health’ belief. I think that the first factor I began to identify which seemed relevant to the ‘choices’ people made about their behaviour was the idea of stress. Another area was assertiveness. Later it was self esteem.

### **Psychological mechanisms**

Although these became more popular within health promotion in later years, stress management and assertiveness training were new areas of work in the mid 1980's. This choice of working ‘beyond the orthodoxy’ of mainstream health promotion practice is again a significant feature. It forms part of a pattern - a sort of isolationist tendency I now realise I had to associate with underdog, unorthodox or fringe activities, people or beliefs. I think it was one way in which I could assert individuality. (This is an important theme which I return to below.)

In continuing my thinking about these psychological mechanisms, I was very impressed with the notion of locus of control (Rotter 1954). This is part of social learning theory and suggests that the way in which people account for their health and health related behaviour is a product of childhood experiences. Certain sorts of this experience (e.g. reward for success, fair and consistent punishment etc.) results in people who come to believe they are in control of their lives - an internal locus of control - whereas other, more negative experiences result in people having an external locus of control. I now recognise that there are empirical (Wallston, 1978; Blaxter et al, 1990) problems with this analysis, and ontological ones (Stainton Rogers, 1991), but at the time,

here was an analysis which for me made sense as to why people behaved as they did, (and why I behaved as I did) and which moved closer to the heart of the ‘problem’ - moving from an account of the problem based on peoples *attitudes about health*, to an analysis based on peoples *beliefs about themselves*. This explained something of the mechanism involved - the process that I assumed to go on as a sort of intermediate, interpretive stage between a message and a response. And (importantly for me) this was something that avoided judgements about blame. This was and is based on my own aversion to criticism - to being blamed for anything, although I was not aware of this then. Rather I was thinking mainly at an intellectual, rather than at an affective level. This is an important distinction between dealing with an issues ‘in the here and now’ as it affects me emotionally, or dealing with it ‘at arms length’ by ignoring or denying its emotionality and just operating at an abstract, intellectual level. I have to thank Carol Hall at Nottingham University who helped me understand this point (and not just at the intellectual level!), and also helped me to appreciate something about the importance of the emotional here and now, and also, my suppression of it. (Again, these issues are returned to in a more appropriate section below).

So rather than deal more openly with issues like my aversion to judgement and criticism, I was happy to deal with these at a more intellectual level and in this regard, the notion of victim blaming (Navaro, 1976) resonated with, but also ‘intellectualised’ my own aversion to criticism. Victim blaming was a very influential concept in health promotion at that time, widely used but not well understood, certainly not by me. But despite my minimal understanding, I felt that the notion of locus of control avoided victim blaming because locus of control had to be formed over time from early on in life as a result of social processes and influence that the individual had very little responsibility for. It meant that for me health promotion should not be about blaming individuals for their ‘unwillingness’ or even their ‘inability’ to make the ‘proper’ health choices, but about working on the social processes through which external locus of control developed.

The notion of locus of control was not in common use in health promotion although it had been popularised by Tones (1981). His critique of popular approaches in health promotion advocated what he called an ‘empowerment approach’, which was based on “increasing internal locus of control (by) challenging beliefs that life and health were controlled by fate or powerful



people....(and) by an endeavour to enhance individual self esteem” (Tones, 1981). However, it was not through access to such literature that my thinking about locus of control and self esteem arose. Rather, they arose for me from discussion in training sessions I was running about stress management and assertiveness. The assertiveness sessions were largely based on work by Jen Anderson (1988) and a key concept from her work that I became very interested in was that of ‘self talk’. I could see that this ‘talk we say to ourselves’ could act as a mechanism through which locus of control and self esteem were ‘made real’. For example, negative self talk in a situation often resulted in giving power away to others, thus tending to make an external locus of control self fulfilling. And the negative consequences of such situations for self esteem would lead to more negative self talk, more external locus of control, lower self esteem, and so on. This mechanistic way of linking these concepts is evident in Anderson’s work but I think that also it fitted in very well with the sort of mechanistic view of human psychology that I held until fairly recently. And fairly soon in my thinking along these lines, I began to see that the idea of self esteem could be important here. Whether one’s locus of control was internal or external seemed to me to ultimately depend on deeper beliefs about oneself and particularly about one’s self worth. Having low self esteem explained external locus of control for me in a fairly powerful way. This was partly an intellectual conclusion, but more importantly, a result of my own growing - but suppressed - self awareness that my low self esteem and my tendency to externalise responsibility were very closely related.

## Intellectualising About Health

It is a significant point that my thinking had moved from stress management, to assertiveness to locus of control, to self esteem. Although there does seem to be a logical progression here, there is also another explanatory factor that locates at a more personal level. Firstly, it seems clear looking back that I was thinking in a very reductionist way trying to ‘peel the onion back’ to the one single essence which provided the ultimate ‘answer’ to the ‘problem’. For a period of time, each of these assumed the mantle of the one single essence which provided the ultimate ‘answer’ to the

‘problem’. Firstly, health was a matter of managing stress. Then it became a matter of being more assertive. Then it was about gaining a more internal locus of control. Then it was about gaining a higher self esteem. This reductionism I now see comes from a background in science which encourages this linear, disintegrative thought and avoids issues like dynamic inter-relationship and variability. It also contributed to my assumption that stress, assertiveness, locus of control and self esteem were some invariable, unitary quantities “hermetically sealed” (Stainton Rogers, 1991) inside oneself. These are assumptions that I am now more critical of and will return to later in the thesis.

The second point is that I was aware of a discomfort in confronting people and thus it was less discomfoting to avoid tackling the behaviour change issue head on and move off instead into the less immediate (and less threatening) area of building self esteem and internal locus of control. And as well as this avoidance, it also meant I could focus my attention on these issues that I knew were important to me personally, but could do so within situations (like training for example) where I was in control and could use effective training techniques such as self disclosure to work out my feelings within boundaries that I could control. In doing so however, I am sure I was only peripherally aware that this is what I was doing and there is something important here about ‘not-noticing’, or keeping uncomfortable thoughts to the periphery - a sort of denial - that I explore later on.

Thus throughout all this intellectualising about health, locus of control and self esteem, I was beginning to be aware of these issues at a much more personal, affective level. I realised that my own locus of control was fairly external for a lot of the time, and that my self esteem was often very low. These were not easy admissions and yet they were made. And although I did not realise it at the time, I was using the intellectualisation of the psychological issues that affected both myself and my work as a vehicle for working though and improving these things for me - continuing a journey of personal growth.



### **Mental Health Promotion**

As I hope I have made clear, during my time as a health promotion specialist, health promotion practice was largely focused on physical health and disease prevention work, with only marginal attention being paid to the psychological mechanisms involved. My own thinking was however, mainly focused on the psychological issues as we have seen, but this was separate from any broader ideas about mental health and its promotion. In discussing with colleagues from education and social services, I began to identify 'mental health' as a broader issue than either the psychological mechanisms involved in health-related behaviour, or humanist issues about personal growth and self-actualisation. And only slowly did I realise that mental health could mean something more than the absence of mental illness. Thus I began to piece together various elements of mental health to include those aspects of self psychology such as assertiveness, self talk, and self esteem that I had picked up from doing training work. This process has continued and I now feel I have developed a model of mental health and its promotion and demotion which accounts for a range of these elements in a comprehensive way (MacDonald and O'Hara, 1996). Indeed, this model has now gained national and international recognition and acceptance as the best available analysis of mental health from pragmatic, philosophical and epidemiological perspectives (Mauthner, 1998, MacDonald 1999)

A very significant time in my thinking about mental health and its promotion was my membership of an inter-agency group which produced a range of self help and listening skills material. This work was written up and presented at the first Promotion of Mental Health Conference at Keele University in 1991 (Davies et al, 1992). At this conference, I was influenced by the work of Tudor and Holroyd (1992) and in the following year I developed my own thinking trying to get an intellectual grip on the concept of mental health.

The main problem I was working with was building a comprehensive picture of mental health without reverting to defining it. A lot of elements from earlier parts of my intellectual journey came together in the 'Defining the goals and raising the issues' paper (MacDonald, 1993) I wrote

and presented at the second Conference on the Promotion of Mental Health held at Keele - the rejection of logical positivism; work from Wittgenstein against the act of definition; argument against scientism; the Burrell and Morgan (1979) mapping developed by Caplan and Holland (1990) and presented by Keith Tudor in the conference the year before; the structuralist / community development stance I had learned from Lee Adams two years before. The point here is that this synthesis was a necessary act - an attempt to make sense of where I was at intellectually. Prior to this, the last piece of work I had written had been my masters thesis in 1981.

### **The Relevance of Self Esteem**

An important consequence of the second Conference was meeting Helen Graham who was running one of her 'Magic Shop' workshops at the conference. After reading my paper, she agreed to be my supervisor for a Public health.D. in psychology looking at self esteem. I am a bit confused about why I had focused so clearly on self esteem at this time. In the conference paper I had only referred to it once - and then as self worth. This is significant for although the paper was an attempt to bring it all together, the humanist issues about self talk, assertiveness self esteem, etc. which were so powerful a part of my learning with Viv Evans through the *Skills for Adolescence* training, and at Nottingham with David and Carol Hall, were all absent from the paper. Partly I guess this can be explained by the norm (as I saw it) of academic work needing to be conducted at the intellectual a-personal level (although it is significant that I felt the need to conform to this norm, to 'belong' to this tradition). But mainly, I think the reason was to do with manipulation - dealing with self esteem intellectually as an intellectual enquiry was a way of covertly addressing (or 'flirting' as Helen helpfully pointed out) with my own low self esteem. It was about using the PhD in a fairly dishonest way as a vehicle to work through the issue of my own vacillating and unstable self esteem.

The Ph.D. proposal locates the study in a health services management context. This was in part because I had looked at management psychology a few years earlier. But more so, the choice was



to enable a catharsis - a working through in a 'legitimate' / intellectual way, the problems I had had and was still having in relation to managers. Again, using the PhD as a dishonest vehicle.

In 1993 I led a small number of workshops on the relevance of self esteem to the promotion of health. These were run at conferences, mainly for health professionals. In researching the literature in preparation for these workshops, I had seen how self esteem had been linked to a whole range of behaviours, aptitudes and attitudes (MacDonald, 1993), and this supported my conceptualisation of self esteem as being a central, driving force in human behaviour. Because 'it' had been linked so significantly to a whole range of aspects of human lives, I went along with the belief that the 'it' existed and was there in all of us to be identified, measured and presumably, changed. Descriptions of 'high self esteem' or 'low self esteem' graphically characterised by Coopersmith (1967) fitted into this conceptualisation.

One common theme which struck me as important was that people described how their self esteem varied. This seemed important because of its implications about whether and how self esteem can be improved, firstly because if self esteem can vary, then it would follow that it could be changed, and secondly, because if self esteem can vary, perhaps it could only change within certain limits, returning at some times to some basic, unchangeable 'level'. But as well as this theoretical perspective, this intellectualising about self esteem, I was also beginning to realise that in spite of the personal learning I had gone through which had helped me to feel better about myself and to see myself as significant and worthy, there were still other points in my life when it felt as if my self esteem was at rock bottom - a feeling of 'back to where I started'. At some times of stress or depression this feeling was there very strongly. It is all encompassing and all powerful and I have a terrible feeling of being taken over. However, over the years, the frequency of these times has decreased, as has the severity and duration but at the time I know I was preoccupied with thinking how can I make sense of this - a debilitating sense of worthlessness 'living' alongside experiences and feelings of meaningfulness, worth, growth, hope and happiness. To solve this dilemma, I conceptualised the issue in this way: that there exists a fairly static default level of self esteem

which is very hard, if not impossible to change. Other 'improvements' to self esteem were therefore 'on the surface' and transitory. At some time or other, on this view, self esteem would return to its default level.

### **Theorising Self Esteem**

I appreciate now that this gloomy line of theorising is not surprising coming from someone whose self esteem is very often low. It fits in with a view that deep down, at base, I am worthless and that this fact cannot be changed. This is a good example of how it is not possible to separate theorising about self esteem from ones' own emotional life. This preoccupation was significant because I think it was the first time I began to acknowledge the insincerity of my work on self esteem. The dishonest vehicle was beginning to falter.

However, this was not an insight gained in any great clarity and it was not until a much later stage in the work did I more fully appreciate the severe limitations of trying to operate only at the intellectual level without attempting an overt and honest integration of the intellectual with the personal. So I didn't attempt to do anything systematic to try to focus on my own personal issues about self esteem. I didn't begin a 'learning diary' for example, even though I knew of the value of this for me in the past. I realise now that not keeping a diary was part of a wider denial process that prevented this 'honest integration' from happening. Indeed, it has only been through the help of Helen, and from her instigation, that this integration has begun (begrudgingly at first) to take place at all. Many of these issues are returned to below.

Instead of facing these issues, I continued my intellectual theorising, and I began to question the idea of self esteem being something that can have a 'level'. Like other personality 'variables' such as intelligence, self esteem seems far too situation-dependent for it to make sense of there being a general level, an average level, or a default level. There are also both ethical and practical problems when this sort of objectification (Gergen 1999) which results in the identification of some 'thing' "and then giving this 'thing' a name." (Stainton Rogers, 1991). This process of



reification (Young, 1980) is discussed further later in the thesis. Part of the problem is that there is something suspect about assuming that these psychological 'variables' have any independent meaning outside of the lives of the people concerned. For some - perhaps most- people and cultures, the concept of self esteem may not have an existence or usage. I used to account for this by (arrogantly) assuming that self esteem was 'there' in everyone whether it was recognised or not. I think it is important to realise in research that something we choose to call 'self esteem' may not have any exact counterpart in the lives of other people. Indeed, it is the job of research to elucidate whether, in a given situation with a specified sample of people, there is any such concept at work, and if so, exactly how is it constructed and used.

Another problem with treating self esteem as an unproblematic variable is that there is no universal agreement amongst researchers about its meaning. A range of different conceptualisations / constructions have been used in the literature and there is no way of being sure whether two studies about 'self esteem' are focusing on the same concept. This is a point picked up in more detail later on.

## Modelling this account

So far this introduction has set out how the current thesis differs from more conventional research in such things as my emergent philosophical beliefs about knowledge, 'objectivity', 'truth' and 'reality', the issue of the legitimacy of using my own experiences as data, and issues to do with my feelings about doing research with or to others. Because of this, the format for the presentation of the thesis is not conventional and follows a series of cycles rather than a linear process. The first of these cycles has been an outline of some of the personal experiences and theorising that contribute to an understanding of where the thesis has emerged from and some of the professional context in which it takes place. This first cycle could be seen as an extended encounter with the issues of self esteem, denial, and mental health promotion. It may be helpful at this stage to try to provide a model which could help make further sense of the above account not least because this will

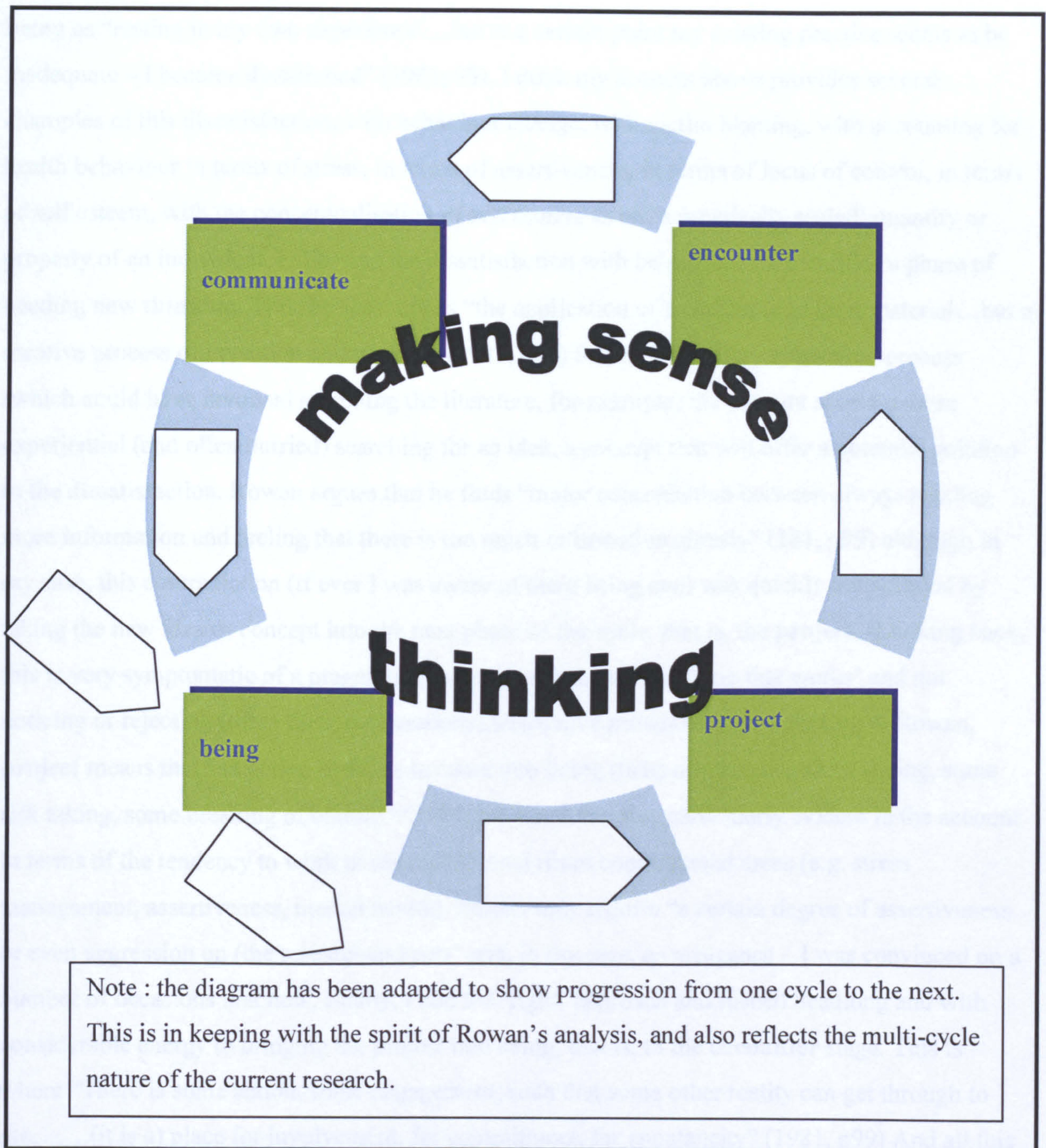
provide a terminology and a framework with which to construct accounts of other cycles through the research.

### **A cyclical framework for research**

Rowan (1981) compares a traditional, linear approach to research with a cyclical approach that he sees as “a dialectical process of engagement with the world.” (Rowan, 1981, p98). Within the cycle, there are several phases as set out in fig 1:

*Figure 1 Rowan’s Cycle of Research Model*





The present section provides some illustration of the phases, and also begins to ‘test’ the Rowan model in terms of its application to the account I have given so far. Rowan describes the state of



**being** as “resting in my own experience....but at a certain point my existing practice seems to be inadequate – I become dissatisfied” (1981p98). I think my account above provides several examples of this dissatisfaction: with behaviour change, with victim blaming, with accounting for health behaviour in terms of stress, in terms of assertiveness, in terms of locus of control, in terms of self esteem, with the conceptualisation of self esteem as an ‘hermetically sealed’ quantity or property of an individual. Following the dissatisfaction with being, Rowan identifies a phase of needing new **thinking**. This, he sees, not as “the application of a technique to inert material...but a creative process of invention and testing.” (1981, p98) So rather than any systematic process (which could have involved searching the literature, for example) the account shows a more experiential (and often hurried) searching for an idea, a concept that will offer a potential solution to the dissatisfaction. Rowan argues that he finds “major contradiction between always needing more information and feeling that there is too much information already” (181, p99) although in my case, this contradiction (if ever I was aware of there being one) was quickly transcended by taking the new idea or concept into the next phase of the cycle, that is, the **project**. (Looking back, this is very symptomatic of a pragmatic tendency to focus on ‘the thing that works’ and not noticing or rejecting (often fairly aggressively) alternative possibilities.) According to Rowan, **project** means that “an action plan has to come into being (that) may require some daring, some risk taking, some breaking of bounds” (1981, p99) and this was particularly evident in the account in terms of the tendency to work in unconventional if not controversial areas (e.g. stress management, assertiveness, mental health). Project may require “a certain degree of assertiveness or even aggression on (the researchers) part” and, in my case, an arrogance – I was convinced on a number of occasions that now, finally, I had the ‘right’ approach and rushed headlong and with considerable energy to bringing the project into being, that is, to the **encounter** stage. This is where “There is some action, some engagement, such that some other reality can get through to me.....(it is a) place for involvement, for commitment, for spontaneity” (1981, p99) And all this was true in the work I was doing with others, the community groups, the workshops, the training. A paradox here is that in these situations (unlike many others that are dealt with later in the thesis) I was, as Rowan intones, “genuinely open to experience”. I am sure now that this has to do with

being in control in these situations, and in having my worth and value validated by those I was working with. Whatever, the reason, this open-ness to experience was vital because it made it possible to move positively to the next phase of the cycle: **making sense**. According to Rowan this happens at the point of feeling “that action is not enough. I must withdraw and find out what it means. How can I understand what I have been through?” The extent to which I engaged in making sense depended I think on the extent to which experience in encounter was openly engaged. A good example of this was the experience in one workshop of being open to people’s experiences of varying self esteem which contradicted with the way I was thinking about self esteem at the time as a more or less fixed entity. Only by being open to this challenge was a subsequent process of making sense move forward. In contrast, I think now that I was never very open to the way that other people (and indeed myself) accounted for their lack of assertiveness – only much later on (as part of a different cycle and encounter) did I make sense of this in terms of how assertiveness relates to self esteem.

The next phase of the cycle is **communication** and there are not many examples of this in the account, except as part of the encounter. The one exception is the paper on mental health promotion in 1992 which was really my first formal attempt to communicate my ‘making sense’ to others. Perhaps there were other less formal examples but I think it symptomatic that these were few and far between and not undertaken in any enthusiastic or systematic way. (I think I am very different on the communication issue now.)

This then is the dialectic cycle that Rowan portrays, and which seems to help ‘make sense’ of some of my personal and professional experiences related in the above account. I am happy to call all of the account so far ‘the first cycle’ or ‘encounter 1’ and to move on now into an account of the second cycle in my research which for the first time includes an encounter which brings together issues of self esteem with experiences of being managed.

## The development of a reflexive method for personal awareness

In the reading and discussions that took place over the first two or three years of the present work, it became obvious I think to my supervisor at the time (though not so obvious to me), that the slow process of identifying a clear research statement could be explained by my unwillingness to acknowledge that whatever the setting or problem to be investigated, the study of self esteem necessarily required some personal exploration of the topic as it was understood by me and as it affected me. Otherwise the study would risk banality and it would also serve and perpetuate rather than challenge the existing theorising about self esteem. This is because the assumptions and beliefs underpinning these theories would also be left unchallenged when it seemed to me that some form of challenge was needed. Some of these assumptions have already been identified above. They include:

- what counts for me as knowledge;
- how I think meaning is achieved;
- what counts for me as objectivity; what am I counting in and counting out about self esteem;
- what purpose is served for me by accepting one particular conceptualisation of self esteem over another;
- what do I accept as an appropriate relationship between researcher and researched.

Also, without reflexivity, the research would be prone to researcher bias arising from my own lack of awareness and lack of clarity about what self esteem meant to me. In other words, un-reflexively studying self esteem in others, being necessarily influenced and determined by my own essentially intellectual agenda, would simply mirror that agenda and the assumptions within it. Its content and focus would be 'operationalised' according to the conceptualisation I had; its methodology would be compromised if I hadn't *experienced* issues to do with analysis of data and explored the epistemological foundations and assumptions that such an investigation rested on. With reflexivity, "research becomes a way of unconcealing our own tacit world, including the constraints that we



have self imposed” (Steier, 1991,p7) And as Ravn notes, “by recognising how his values were imposed on his ‘data’, they become less so.” (in Steier, 1991,p7) (which echoes Rogers’ observation that the more I accept myself as I am, the more I change).

Thus some form of ‘apprenticeship’ or ‘initiation’ into a reflexive way of working was required.

Potter and Wetherell ask : “How should we deal with the fact that our accounts of how people’s language use is constructed are themselves constructions?” (Potter and Wetherell, 1987 p182) Or as Steier asks : “how do I develop methodologies to do research and conduct inquiry from a social constructionist standpoint, particularly if I take reflexivity seriously.” (Steier, 1991, p2) There does not seem to be an uncontested position in the literature about what this process should be or how it should begin. These methodological issues are returned to later in this chapter.

For me, one opportunity for this personal form of reflexivity occurred relatively early in my thinking when I ran some workshops for health workers on self esteem. A key observation from participants was the way their self esteem varied. I recognised this personally, because despite a long period of personal learning which had helped me to feel better about myself and to see myself as significant and worthy, there were still points in my life when it felt as if my self esteem was at rock bottom. At one level, I realised that not to address this personal dilemma was inevitably going to obstruct the research. Yet at another level, I wanted to remain faithful to an unreflexive, unreconstructed theoretical approach, and this is what won through. The process of denial involved here would have been a very significant point of entry into more reflective thinking, but in the event, this opportunity was lost because I felt safer on more intellectual ground. (This process of denial also parallels the short-circuiting of ‘thinking’ and ‘making sense’ identified in encounter 1 in chapter 1).

However, within this intellectual project, I had come to realise that the conceptualisations of self esteem used in much of the literature was not unproblematic. I wrote a short paper on these

thoughts and as a result, my supervisor suggested I “accurately log the intellectual journey you’ve been on to lead you to your present position.” This took the form of some writing that became known as the ‘Journey’ paper. What happened as a result of writing this is described below and the significance of a variety of events and points of analysis are summarised below.

### **The ‘journey’ paper - its text and analysis**

After reading this, my supervisor suggested we perform a qualitative analysis on the text of the Journey paper. This took place initially in a tutorial where she pointed out certain aspects of the text that I just wasn’t seeing. Following this, I wrote up from the notes that both she and I had taken during the tutorial and produced an analysis of the ‘journey’ text.

In the next tutorial, my supervisor pointed out a number of issues to do with this analysis and we worked on the distinction between ‘me as subject’ and ‘me as researcher’ that I had used in the analysis of the ‘journey’ text. As a way of getting me to appreciate and experience the significance of this distinction she suggested I use Perls’ empty chair technique (Perls, 1976) which involves moving from one chair to another and interviewing whoever is ‘in’ the empty chair.

In my case, I was ‘me as subject’ when sitting in one chair, and ‘me as researcher’ sitting in the other. My supervisor provided some prompts and questions (like ‘describe who is sitting in the empty chair’, ‘how old is he?’, ‘who is he?’ etc.) and took verbatim notes about what I said. Following the tutorial, I typed up a transcript of the empty chair work and then performed an analysis on its text.

My reactions to my supervisor’s suggestion to do this work were defensive, fearful and yet trusting enough of her to want to go ahead. I felt sheepish, embarrassed, guarded and being controlled, editing my performance, and also being a little disparaging of the whole thing (what am I doing here; this isn’t me; this isn’t rational). But also I had a faith and trust, both in her and me - something helping me to go with it, telling me it’s OK and not to be afraid. It felt very healing, like therapy, very liberating, almost a relief. Only in reflecting back on this do I now see what the relief

was from - the relief of not having to invest in this denial anymore; an acceptance of who I was, an acceptance of my ongoing denial of part of my existence (see below for a fuller account).

After doing the empty chair exercise, I then did an analysis of the transcript which acted as a further clarification and deepening of the learning for me. I also re-visited the analysis of the 'journey paper' this time being able to identify with much greater clarity its central themes of "Impersonal / Abstract", "Shaping Forces", "Emotional Avoidance" and "Rejection", supported by a minor theme of "Vagueness". It was only at this stage was I able to acknowledge the significance of the line from the 'journey' paper: *'my own vacillating and unstable self esteem'*. This gives as much emotional significance as it gets in the paper, with this sentence being my only overt admission.

Doing the empty chair work showed that there were (at least) two different 'selves' in me, and it showed me for the first time that there was at least one of my 'selves' that I neither liked or respected, and that I felt was not congruent with the more assured 'self' that I liked, respected and 'played' for most of the time. In other words, I realised here that I was in denial of the existence of this other dis-functioning 'self', and that I could no longer continue with this denial. I was reading John Rowan's work on sub-personalities at the time (Rowan, 1990) and tried for a while to identify and name (as he suggests) the two sub-personalities or characters identified through the empty chair. ('Assured Researcher', 'Guarded Student' which could be more accurately described as 'Defensive / Aggressive Child'). In discussing this with my supervisor I took note of a comment she made about the need to integrate the various aspects of a personality and fearing that the empty chair work showed that I was not achieving this integration I stopped thinking in terms of sub-personalities. In addition, I also rationalised against Rowan's analysis because of its use of the term 'personality' and the assumptions that I felt this entailed about personality being unchanging and inviolate. Again this 'rationalisation' was driven by a personal need to feel that my 'personality' was not fixed and inviolate because I felt very strongly that I over the years, I had changed who I was. Except that there was also a minimal but nonetheless significant (significant enough to be



frightened of it) feeling that part of the old personality was still there. That I was denying its existence was the main point of acceptance that the empty chair work helped me achieve.

These two turns of thought - the abandonment of the 'sub-personality' concept and the subsequent rationalisation are both good examples of how thoughts and feelings working at an affective and personal level explicitly influence and shape thinking at a more intellectual, conceptual level. This shows again the need for a reflective analysis - the need to identify and accept 'where you are coming from' as a person and as a researcher.

Instead of the idea of sub-personalities, I feel now that the idea of 'scripts' is a better way of characterising and accounting for the existence of the two 'selves' that the empty chair work had helped me identify and accept. This way of thinking about behaviour is returned to on a number of occasions in this thesis, and the significance of 'scripts' is discussed at the end.

### **An issue of dependability**

As was indicated above, the experience of doing the empty chair work had helped me accept the very great limitations of my first analysis of the journey paper and attempted a second analysis. This illustrates a pattern that became established through the remainder of this reflexive work which, I believe has helped ensure a higher degree of reliability (although I think the term 'dependability' (Lincoln and Guba, 1995) might be better) to the work. Throughout this reflexive work, my initial analysis of a text was compared in some way with another view, and from both of these, differences and similarities were noted and accepted, and through discussion or other work, a negotiated and agreed account was arrived at. In the present instance, this 'other view' was provided through the empty chair work. In other cases, my supervisor's own analysis provided this 'other view'. In these early attempts of analysis, there was considerable disagreement in our accounts and significant effort (like the empty chair work above) was needed for an agreed account to emerge. Later on, in the 'managing' discourses (see below) the degree of inter-observer reliability was much higher. Clearly, this could be explained by arguing that I was merely learning

to include what my supervisor wanted me to see. However, the use of one of these discourses and its analysis at a staff seminar at my own University also showed a high level of agreement between what seminar participants felt was ‘there’ in the discourse, and what I had included in the analysis. On another level, I also felt that the points being noted by my supervisor which I was not noting (especially about denial, avoidance and fear) do not simply reflect her own preoccupation or emphasis, but instead mirror very clearly issues for me in my life. Taking an observation provided by my supervisor and working with it, applying it to my life, assimilating experiences through this new perspective *did* provide a better account of my reality. It did not produce incongruent jarring. So, I began much more often to accept that yes, I *am* like this; it *is* like my supervisor is saying. As a further check on my analysis of the journey text, I also performed an analysis of the first analysis. As with the above analysis, this ‘meta’ analysis was discussed with my supervisor to help bring a further element of dependability to the work.

### **Synthesis**

After completing these sets of analysis, I felt I needed to attempt some form of synthesis about what had gone on during this phase of the work. This was in part due to what I felt then as a direction-less state and I needed to identify what possible direction the research could now take. This ‘impatience’ was I think, because I don’t think that even at that point I had fully come to terms or accepted the value of what the text analysis and the empty chair work were telling me. In response, I wrote a reflective piece called **Journey 2 - Awareness And Acceptance**, and I think the title is significant in that it reflects well what I was striving to do at the time. What this also amounts to is a test of dependability by taking the various texts and analysis back to their source. In other words, I had to work through the issues raised in each analysis in just the same way as a researcher might take back her analysis of a text to those who originated it.

This process amounted to a series of ‘acceptance speeches’ mapping the impact that the work was having on me. The analysis fitted my experience and helped account for it, but also, the process had brought in a new level of awareness. I was acknowledging my worry and fear; I was being

aware of my ongoing practice to intellectualise and only work in the abstract; I see that the way I had done the first analysis exhibited the same abstracting, avoiding, externalising practices that the text itself exhibits. I could see the importance of how the mental practices of a researcher are going to influence how data is analysed; I acknowledge my denial; I allowed myself success and pleasure. These were all significant points of progress for me as me, as well as for me and my ability to research into self esteem.

Unfortunately, my studies were at this point interrupted due to my wife's illness. This in itself was significant as the seriousness of her illness served to shake the foundations of old certainties and beliefs. When I eventually began studying again, I was again concerned about the direction for the research. I wrote to my supervisor:

*"in terms of timetable, I am happy to work more with some of the personal stuff around denial, response-ability etc. But I need to get into some piloting work before too long, even if I am not right now as 'transparent' about my own baggage and bias as ideally is desirable. This is not to deny or trivialise the significance of my own phenomenology and its influence on my research, its just that I felt pleased about how far I've come and now need to move towards a pilot."* (October 10, 1997)

By this time, I had 'decided' to focus the empirical stage of the research into the management setting and at our next tutorial we discussed ways forward on this. It was agreed that I should come up with a structure for an interview that I would pilot with my supervisor as the subject at a later date. For reasons that I give at the start of the next chapter, I suggested that I did some writing about my experiences of being managed and perform some analysis of this text in order to generate the interview schedule. Hence, the 'managing' discourses were written and the analysis performed. (All this took considerably longer than the two months I had expected.)



## An appropriate research methodology

One problem I have had during the early parts of the research was to find an appropriate research methodology that could account for and remain true to some of the issues identified above and to my emerging thinking about research and ways of knowing. Having come across the work of Rowan, a second problem arose, namely whether this theoretical framework for the research would be acknowledged and accepted by others (not least, other academics who would steer and judge the work). Although a description of Rowan's Cycle Model of Research has been given above together with a short account of how this methodology has influenced the structure for presenting the thesis, it is also important to note that an overt and honest utilisation and expression of this framework did not come about until much later in the research. This is because the traditions and 'institutions' (Barley and Tolbert 1997, Smith 1999) of the academic department I was being supervised within were inconsistent with Rowan's approach. The consequences of this inconsistency for the research are discussed in the 'making sense' of encounter 3 below. And because a good deal of the understanding and making sense of Rowan's approach came to me much late into the research, I will leave a more extensive rationale and justification until this later section of the thesis.

### **A structure for presenting the research**

What has been presented so far can be seen as represented the first informal and unsystematic encounters with the issues relevant to the thesis. As has been argued, this account can be seen as two encounters that have differences in terms of their acute impact and timescale, but are related non-the-less. This can be represented diagrammatically as shown below in

*Figure 2: The four cycles of the research*



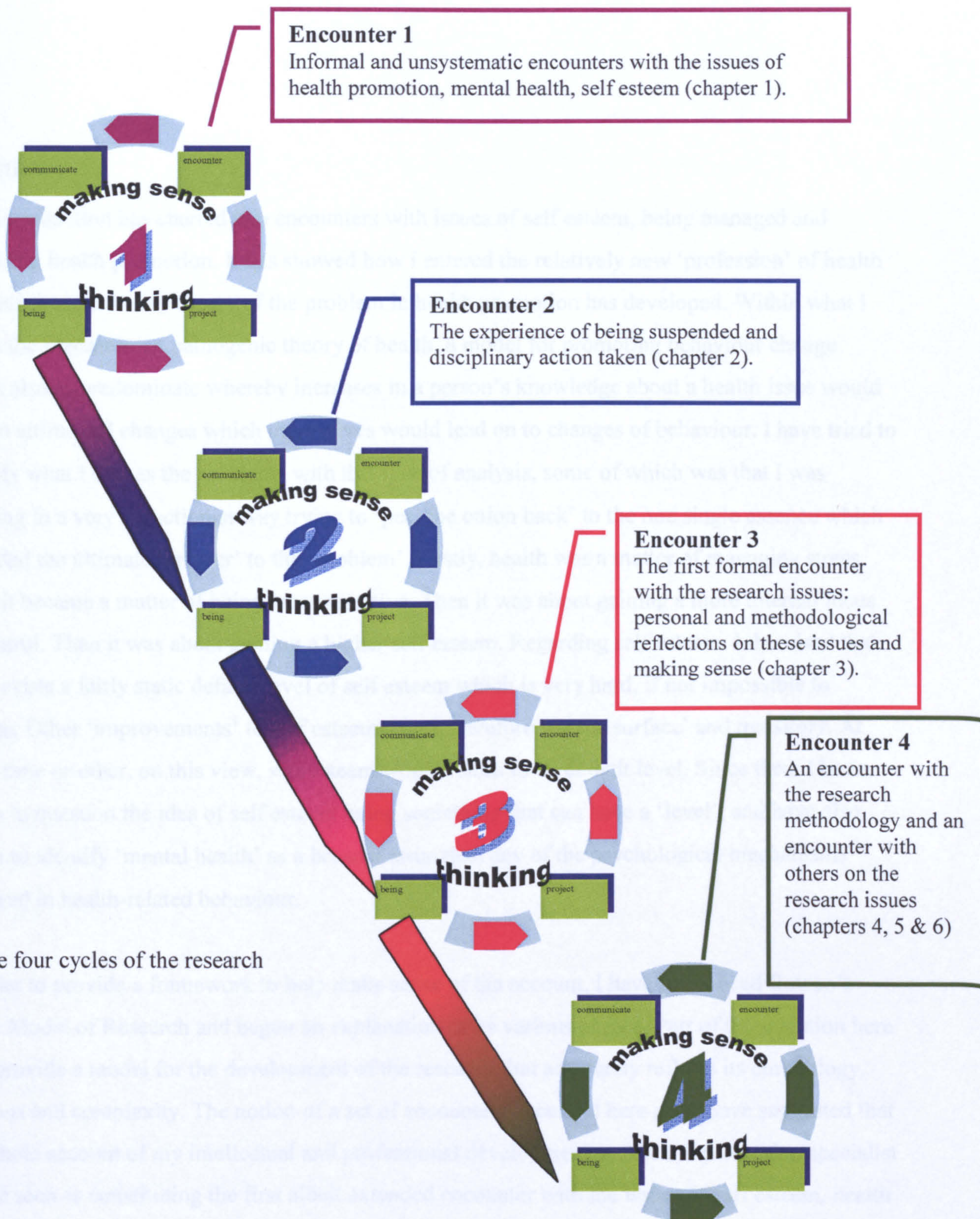


Figure 2: The four cycles of the research



## Summary

This introduction has charted two encounters with issues of self esteem, being managed and theorising health promotion. It has showed how I entered the relatively new 'profession' of health promotion and how my theory of the problem in health promotion has developed. Within what I see as the predominant pathogenic theory of health, a model for promoting behaviour change seems also to predominate whereby increases in a person's knowledge about a health issue would lead to attitudinal changes which themselves would lead on to changes of behaviour. I have tried to identify what I saw as the problems with this type of analysis, some of which was that I was thinking in a very reductionist way trying to 'peel the onion back' to the one single essence which provided the ultimate 'answer' to the 'problem'. Firstly, health was a matter of managing stress. Then it became a matter of being more assertive. Then it was about gaining a more internal locus of control. Then it was about gaining a higher self esteem. Regarding self esteem, I theorised that there exists a fairly static default level of self esteem which is very hard, if not impossible to change. Other 'improvements' to self esteem were therefore 'on the surface' and transitory. At some time or other, on this view, self esteem would return to its default level. Since then, I have begun to question the idea of self esteem being something that can have a 'level', and have also begun to identify 'mental health' as a broader issue than any of the psychological mechanisms involved in health-related behaviour.

In order to provide a framework to help make sense of the account, I have introduced Rowan's Cycle Model of Research and begun an explanation of its various phases. Part of the intention here is to provide a model for the development of the research that accurately reflects its chronology, tensions and complexity. The notion of a set of encounters is central here and I have suggested that the whole account of my intellectual and professional development as a health promotion specialist can be seen as constituting the first albeit extended encounter with the issues of self esteem, health promotion and mental health which, along with the reflexivity applied, are central to the research.



## Chapter 2: Experiences of ‘being managed’ in a health promotion context

### Introduction

Chapter one has provided an account of an intellectual journey that led, in 1993 to my registering for a part-time PhD. This phase of the thesis represents the first formal engagement with the research but is characterised by slow progress, a lack of direction and an emerging inconsistency between my developing understanding of research and ways of knowing and the dominant academic tradition against which stood my supervisor and myself. This period included some work on reviewing the appropriate literature around self esteem and some papers and workshops on self esteem and health. This was also a time of professional uncertainty and organisational change. However, in 1995 I began work at university and this allowed the most significant part of the research to take place which was a process of reflection and experiential encounter with the issue of self esteem which was suggested and facilitated by my supervisor. This work, or rather a shortened summary of it forms the subject of the present chapter.

This work lasted from March 1996 till October 1997 when the inconsistency between the research line I was taking and the department’s epistemological and methodological traditions came to a surface and my study halted for over a year during which time the situation was resolved by my decision to transfer to a new university.

### Encounter 2: an experience of being managed

During the period when my thinking about health promotion, mental health and self esteem was developing, a very significant and distressing encounter occurred which seriously compromised my own state of mental health and self esteem. Compared to encounter 1 above, there is very little to say at this stage about the encounter because the amount of ‘thinking’ and ‘making sense’ was very limited as is explained below. The ‘nutshell’ details of this encounter are that I was suspended by

my manager and taken through a disciplinary procedure for not consulting with him about using my own time (annual leave and time-off-in-lieu) to lecture on five occasions to students on a PGCE course at a University College outside the boundary of the Health Authority where I was employed. The disciplinary procedure was distressing and carried out in a rather questionable manner which, according to my union representative, warranted an appeal. The result was a written warning but in fact no appeal was made – I moved jobs to another Authority within a month. Although it could be argued that this encounter was forced upon me and not one that I sought, I see now that it *had to happen* in order for a “contradiction to be overcome before movement (could) take place to the next point of the cycle.” (Rowan, 1981, p99). It seems clear to me now (all though not of course then) that my state of ‘being’ in terms of ‘being managed’ had been one of ‘dissatisfaction’ and discomfort for some time. In particular in the months prior to this encounter I had been through a fairly shallow process of ‘thinking’ which resulted in the ‘project’ of taking visiting teaching work outside of my main job. Doing this work (this action) was an encounter at one level and was very valuable in the usual intellectual, pedagogic ways. But the ‘real’ encounter was the disciplinary action. At the time, my ‘making sense’ of this encounter centred on the following (all external) issues:

- The abuse of power
- The betrayal by a colleague who I had counted as a friend
- The dynamics of a male manager feeling threatened by myself (no other male staff member)
- Poor procedures

Furthermore, this ‘making sense’ process was effectively short-circuited by my moving to another job. Whilst I was very glad at the time to be out of the frying pan, I was less clear than I am now that this quick exit also legitimised my reluctance to go beyond these three issues to make sense of what had happened. Only at a much later stage was this encounter returned to and made sense of in a much more internal, personal and ultimately meaningful way. (This forms part of encounter 3

later in the thesis). This was not the first time I had short-circuited a possible ‘making sense’ through the rapid exit from a difficult situation at work.

As well as introducing this second, encounter, this section also shows well the complexity of the experiences that have led up to my undertaking the current research. The relationships between different experiences and their contemporary and subsequent ‘making sense’ processes are difficult to account for and present coherently. It seems very clear to me that conventional research methodologies and their presentation are unlikely to adequately account for and capture this complexity and hence an alternative research approach was called for.

**The ‘managing’ papers - their text and analysis**

The five ‘managing’ papers were written consecutively over about a month. Following this, an analysis of these was also carried out consecutively. The full analysis of two of these papers is shown in appendices 1 and 2. Summaries and discussion of each analysis is given below.

At this point in this reflexive process, the analysis of the first ‘managing’ paper saw some *major themes* coming through very strongly, tying in with those identified through the ‘journey’ work. Other continuities can also be seen but are perhaps they are of lesser significance - *minor themes* perhaps. To summarise, these major and minor themes are:

Table 1: Themes from the ‘managing’ paper 1 analysis	
Major Themes	Minor Themes
‘not-noticing’; not attached;	detachment, at a distance, impersonally.
denial; repression	tone and content discordant, incongruent
avoidance of feedback and criticism	mechanistic language
projection / externalises	reflection on the past
deep and often conflicting emotions	‘authority’ implicit but not discussed;
fear	a lack of response-ability.?
driven; need;	denies opportunity for his need for favourable opinion to be met
arrogance isolationist - resolve	



Focusing on the major themes, we see that repression, avoidance, denial and projection are all defence mechanisms; that arrogance, isolationism and 'not-noticing' are seemingly active strategies for maintaining this defence. This is clearly not a happy state of affairs as evidenced by the range of deep and conflicting emotions in the text with fear being the most frequent, the most strongly voiced and presumably the most important of these. It is interesting to speculate on the relationship between the fear and the defence - what is he defending against?; what does he fear?; or more probably, what aspects of his self-knowledge does he fear enough to go to these lengths to deny? These are important questions which may be illuminated through the remainder of the discourses and their analysis. We shall return to them in the summary section below.

Again, the above analysis represents a negotiated account. Following the agreement of this analysis, I began work on the second, which again, was compared with my supervisor's own analysis to reach the negotiated account presented as appendix 2.

Although a much more detailed analysis, I actually found it much easier. I found the act of separation of me as researcher from me as the originator of the text much easier - perhaps due to the three months that had past since it was written, and partly because of the successful completion of the analysis of discourse 1. This idea of separation is important for it could be argued that I could be inventing the analysis by reading more into the text than was actually there. However, by comparing my analysis with my supervisor's, I do think this separation worked and the analysis is dependable. However, it must also be acknowledged that even with this separation, there are inevitably aspects of the analyst coming through in the interpretation. A good example of this is the temptation to interpret the text in a psychologically sophisticated way. I have avoided using such technical terms as 'defence mechanisms', 'denial' and 'projection' - at least at first - preferring to describe or account for aspects of the text using terms more grounded in everyday life - like 'avoidance' and 'externalisation of control'. However, I also found it very difficult to stick to this 'rule' in some instances. One of these is the notion of 'scripts' which arose in tutorial and which I found such a powerful explanatory concept that I have used it in the analysis. The point I

want to make here is that interpretation and analysis can never be value-free. It was impossible after my supervisor had brought these ideas out in tutorials not to have them influence my thinking in the analysis. The test of course is whether this influenced analysis makes sense to the subject when it is reflected back. Indeed they do! Both of these issues are given further discussion below. To summarise the analysis of this second ‘managing’ paper, we can again construct a table showing both major and minor themes:

Table 2: Themes from the ‘managing’ paper 2 analysis	
Major Themes	Minor Themes
<b>projection / externalising; external control</b> <b>projection of responsibility onto authority; still locates the responsibility with the other person.; distrust of himself and his ‘being a victim’ aid the externalisation</b>	the need for the respect and approval that authority can confer; tendency to avoid authority; distrust of his response-ability; power
<b>blaming; implying here - but not openly admitting - that he feels it was his mother who is to blame (blame for his being a casualty?)</b>	
<b>denial of achievement but also, denial repression, avoidance identified in the opening sentences and throughout</b>	
<b>introduces the terms without hesitation ; moves off tangentially - more avoidance; work issues through’; using the text in a way to create an illusion - another projection; language as manipulation; evidence of uncertainties and unawareness such as examples of both awareness and confusion;. ‘battling’; range of tensions or contradictions ‘inner turmoil and panic’</b>	tendency or willingness to question; evidence of progress; writing is predominated by abstraction; measured constructions; construction performed in hushed and neutral tones
<b>mechanistic metaphors</b>	‘script’ might be useful in the analysis. although he seems to be acknowledging that there are various scripts at work in his behaviour, he does not recognise their status as scripts.

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**Building on emergent themes**

As with the ‘managing’ paper 2, the third, fourth and fifth ‘managing’ papers yielded considerable depth and detail of analysis that would take up too much space to repeat here. Repeating the presentational pattern used above, I will just include here a summary section which brings together the major and minor themes emergent from all five discourses.

Table 3: Themes from the ‘managing’ paper 3 analysis	
Major Themes	Minor Themes
<b>sudden, almost violent awareness; anger; work issues through; attempts at integration</b>	some self awareness : recognising the ‘not-noticing’ theme was at work.; ‘not-noticing’; confusion here still though
<b>procrastination; avoidance running away</b>	fairly unemotive in parts
<b>external control theme, desperate faith in some other power; magic; ‘authority’ implicit but not discussed</b>	selfishness
<b>argue with myself; ‘battling’ theme</b>	response-ability : an “acknowledgement that this response-ability is not always lacking and that he is interested in knowing when it is”
<b>the use of physical metaphor : running</b>	dramatic; poetic; mechanistic metaphors;

This analysis is again the product of negotiation between myself and my supervisor and there have been very few points of difference. We see a repeat and reinforcement of a number of major themes which are summarised in the table below. In the analysis of that discourse, an analogy was drawn between rock climbing and the construction of the text: is climbing significant because it mirrors the mixtures of ‘emphatic conceptual anchorage’s’ and uncertain, risky moves seen in the text, but possibly exemplary of his experience more generally. But as well as this mirroring, it could be asked whether climbing is in fact a way out of his situation - an escape? And on this interpretation, a strong link with running could be made - running away from the situation, an escape. This interpretation could well be significant for both activities are very important to the writer’s life.

Table 4: Themes from the ‘managing’ paper 4 analysis	
Major Themes	Minor Themes
emotional working through of the issue	‘hate’ introduced in a neutral, unemotive way
contrasts : vagueness of memories; object of loss not clear until now	tentative ; insight is not immediate
present; sense of presence; the influence of his father in the present	dramatic
blame; hate; forgiveness is something he perhaps still hasn’t learnt how to do	
father; respect;	

**Summary of the analysis of the ‘journey’ and the ‘managing’ papers**

This summary section needs to address five issues concerning the analysis carried out so far:

- what commonalties (themes, continuities) emerge through all the discourses
- what differences (variations, contradictions, discontinuities) are identified between the discourses
- what is the status of these ‘findings’ of the analysis, i.e. what is the status of the claims being made
- what sort of analysis has been carried out and why - what was I intending to construct in doing them.
- what were the texts constructed for- is this question helpful of does it assume too much?

I began copying points made in the summaries of each of the separate analyses, grouping these together into recurrent or related themes, and then arranging these onto tables. It seemed to me that the various points in the separate analyses fell roughly into three groups.



These were:

- style, tone and function (see table 5 below)
- ‘process’ themes (see table 6 below)
- ‘emotions’ themes (see table 7 below)

I recognise however that other categorisations (both within each table and between them) are possible and that the boundaries between each one are fairly blurred. However, the distinctions between each category do I think prove useful for discussion.

Table 5: The ‘Journey’ and ‘Managing’ papers: Summary of the analysis; style, tone and function;				
‘Journey’ work	the ‘managing’ paper 1	the ‘managing’ paper 2	the ‘managing’ paper 3	the ‘managing’ paper 4
<b>Major Themes</b> <b>Minor Themes</b> <b>Impersonal - Abstract</b> theme. tone and content discordant	<b>Major Themes</b> <b>Minor Themes</b> detachment, at a distance, impersonal tone and content discordant, incongruent	<b>Major Themes</b> <b>Minor Themes</b> writing is predominated by abstraction; measured constructions; construction performed in hushed and neutral tones <b>introduces the terms</b> <b>without hesitation ;</b> <b>moves tangentially -</b> (more avoidance)	<b>Major Themes</b> <b>Minor Themes</b> fairly unemotive in parts dramatic; poetic; moves off tangentially	<b>Major Themes</b> <b>Minor Themes</b> hate introduced in a neutral, unemotive way <b>very emotional for him</b> <b>to write</b> uncertainty ; tentative ; insight is not immediate



Table 6: The 'Journey' and 'Managing' papers: Summary of the analysis; 'process' themes; the 'managing' paper 4				
'Journey' work	the 'managing' paper 1	the 'managing' paper 2	the 'managing' paper 3	the 'managing' paper 4
<b>Major Themes</b> Minor Themes	<b>Major Themes</b> Minor Themes	<b>Major Themes</b> Minor Themes	<b>Major Themes</b> Minor Themes	<b>Major Themes</b> Minor Themes
<b>abstract constructions, mechanistic metaphors</b>	mechanistic language	<b>mechanistic metaphors : climbing</b>	<b>the use of physical metaphor : running</b> mechanistic metaphors;	
<b>categorising, intellectualising and interpreting</b>	chosen a way of portraying the content at a level he can deal with - with detachment, at a distance, impersonally.	<b>work issues through;</b> tendency or willingness to question; <b>using the text in a way to create an illusion - language as manipulation;</b>	<b>work issues through;</b>	<b>emotional working through of the issue</b>
<b>acceptance and resolution</b>	minimal evidence of acceptance or resolution	some evidence of progress	<b>attempts at integration;</b>	acceptance : 'I miss him so much'
a sense of struggle associated with the shaping and rejecting processes	no sense of struggle; reports neutrally on the past rather than engaging with it	<b>'battling'; range of tensions or contradictions</b>	<b>sudden, almost violent awareness; argue with myself; 'battling' theme</b>	

Table 7: The 'Journey' and 'Managing' papers: Summary of the analysis; 'emotions' themes;				
'Journey' work	the 'managing' paper 1	the 'managing' paper 2	the 'managing' paper 3	the 'managing' paper 4
<b>Major Themes</b> Minor Themes	<b>Major Themes</b> Minor Themes	<b>Major Themes</b> Minor Themes	<b>Major Themes</b> Minor Themes	<b>Major Themes</b> Minor Themes
emotional un fulfilment no <i>depth</i> of emotional description	deep and conflicting emotions evident but not dealt with	'inner turmoil and panic'	anger;	hate;
the unknown, capturing, pained, hesitant, needing, and guarded student. Defensive / Aggressive Child	evidence of uncertainties and unawareness examples of awareness and confusion;	evidence of uncertainties and unawareness examples of awareness and confusion;	confusion here still though	contrasts : vagueness of memories; object of loss not clear until now; uncertainty
comfortable, assured....expressive' researcher, Assured Researcher				
<b>Impersonal -</b> <b>Abstraction</b> more descriptive and noticing  <b>Vagueness</b>	'not-noticing'; not attached;	'script' might be useful in the analysis. although he seems to be acknowledging that there are various scripts at work in his behaviour, he does not recognise their status as scripts.	some self awareness : recognising the 'not- noticing' theme was at work.; 'not-noticing'	contrasts : vagueness of memories; object of loss not clear until now
<b>Shaping Forces</b> external forces shaping events rather than the writer doing the shaping;	projection / externalises 'driven'	projection / externalising; external control; distrust of himself & 'being a	external control theme, desperate faith in some other power; magic;	present; sense of presence; the influence of his father in the present



Table 7: The ‘Journey’ and ‘Managing’ papers: Summary of the analysis; ‘emotions’ themes; the ‘managing’ paper 1				
‘Journey’ work	the ‘managing’ paper 1	the ‘managing’ paper 2	the ‘managing’ paper 3	the ‘managing’ paper 4
<b>Major Themes</b> Minor Themes resentment of this	<b>Major Themes</b> Minor Themes ‘authority’ implicit but not discussed; denies opportunity for his need for favourable opinion to be met	<b>Major Themes</b> Minor Themes victim’ aid externalisation projection of responsibility onto authority; tendency to avoid authority	<b>Major Themes</b> Minor Themes ‘authority’ implicit but not discussed	<b>Major Themes</b> Minor Themes father; respect;
avoidance or denial : I make judgements to short cut to a version of reality I find easier to handle; Emotional Avoidance: the practice of avoiding the personal, & emotional in favour of the abstract & intellectual	denial; repression avoidance of feedback and criticism denies opportunity for his need for favourable opinion to be met	denial of achievement but also, denial repression, avoidance identified in the opening sentences and throughout	procrastination; avoidance running away	
overlays description with conjecture and judgement	blame not mentioned but implicit	blaming; implying here - but not openly admitting - that he feels it was his mother who is to blame	an “anger that he should have seen what was happening but didn’t”	blame; forgiveness is something he perhaps still hasn’t learnt how to do
an avoidance of the fear that if I took on board	fear	fear and the fear of criticism	fear of proceeding fear of failing	grief

Table 7: The ‘Journey’ and ‘Managing’ papers: Summary of the analysis; ‘emotions’ themes; the ‘managing’ paper 1				
‘Journey’ work	the ‘managing’ paper 1	the ‘managing’ paper 2	the ‘managing’ paper 3	the ‘managing’ paper 4
Major Themes Minor Themes	Major Themes Minor Themes	Major Themes Minor Themes	Major Themes Minor Themes	Major Themes Minor Themes
the responsibility for events I would fail.				
	a lack of response-ability.	distrust of his response-ability; <b>distrust of himself</b>	response-ability : an “acknowledgement that this response-ability is not always lacking and that he is interested in knowing when it is”	<b>forgiveness is something he perhaps still hasn’t learnt how to do</b>
faith, and references to god	<b>arrogance isolationist</b> - resolve assurity	many references to ‘faith’	I let it swamp my faith in me; <b>desperate faith</b> in some other power	
<b>capturing, needing, and guarded student.</b>	need; denies opportunity for his need for favourable opinion to be met	the need for the respect and approval that authority can confer		needing to forgive ? needing to deal with unfinished business ?
	arrogance isolationist - resolve	cannot yet be selfish enough to value his success; being told not to be selfish didn’t feel like there was an alternative; his mum’s “big thing about not being selfish”	selfishness	
Rejection	disempowered me in the process	I let myself become depowered;	powerlessness	influence (power?) of his father in the present



Table 7: The ‘Journey’ and ‘Managing’ papers: Summary of the analysis; ‘emotions’ themes;				
‘Journey’ work	the ‘managing’ paper 1	the ‘managing’ paper 2	the ‘managing’ paper 3	the ‘managing’ paper 4
Major Themes Minor Themes	Major Themes Minor Themes	Major Themes Minor Themes	Major Themes Minor Themes	Major Themes Minor Themes
		the more empowered I let myself be; authority and power		

## **Commentary**

In terms of tone and style of the texts, and the functions they are performing, there are clear differences between the earlier and later works. Through all the papers until the last, there is a tendency for emotional issues to be introduced and dealt with in a neutral, un-emotive way. Emotions are more written about than communicated directly. The use of mechanistic metaphor assists in this. Thus, even though deeply emotional issues form much of the content, there is an incongruency between this and the tone of the writing, especially in the earlier papers. This is consistent with the themes concerning avoidance and denial that also emerge. There is contrast between sudden, dramatic and poetic constructions and a more tentative, uncertain tone. In the earlier work, the content is developed linearly, but later on, there is more of a tendency to move off at tangents. But both the smooth, linear flow and the going off at tangents could be taken as evidence of manipulating or constructing the text in order to create a mask or screen which is intended to hide other versions or other issues - probably more evidence of avoidance. Also, the earlier work is in an intellectual, detached vein, whereas the later texts are exploratory works - the working through of personal issues in an attempt to find a resolution or a synthesis. Progress is seen in later texts.

Within these attempts, there is evidence of a struggle or 'battle' relating to 'deep and conflicting emotions' and 'inner turmoil and panic' that are evident throughout but remain unacknowledged in the 'journey' work and the first 'managing' paper. Given the lack of awareness, 'not noticing' and denial themes identified (below), it is perhaps unsurprising that he only infrequently identifies these tensions and battles. But clearly, the recognition of tension or struggle within oneself is dependent on some awareness of issues perceived to be in opposition. So perhaps we are seeing these battles as evidence of emerging awareness from a background of 'not noticing' and denial. Alongside this emerging acknowledgement of the emotional conflicts, the later papers also move towards some points of progress. Whereas the initial paper deals solely with reflections on the past, others attempt to deal with issues more in the present. This is especially true of the last paper. The texts show a consistent theme regarding awareness. For much of the time, there is plenty of evidence of a lack of awareness - as if he is 'not-noticing' what is going on as he writes, or what



was going on in the experiences he is writing about. (This is a good example of 'mirroring' see below). On the other hand, there are times when some self awareness shows through although these are almost always as a result of using the text to work through an issue, or through a specifically designed technique as in the case of the empty chair work.

Another very strong and consistent theme is the projection or externalisation of control and responsibility. At times this takes a very extreme form e.g. a 'desperate faith' in some other force or power (see below). Related to the externalising control theme is the issue of authority. This lies in the background (his relationship to the authority of his manager (discourse 1); his tutor (discourses 2&3); his father (discourse 4) and is never adequately addressed. Another very strong theme regards denial, repression and avoidance - again seen both in the writing and in the experiences that form the subject of the text. This is perhaps the strongest and most consistent theme through all the texts. It is evident in a denial and avoidance of detail, relationships, criticism, feedback, and achievement. It is clear in the whole procrastination issue brought up in the 'management' paper 2 but it is also there, although less overtly stated in the style of the writing and in the 'running' metaphor. Interestingly in the fourth 'management' paper, when repression and denial seem to be least and awareness greatest, the only example of externalising we see (blaming his father) is overt and clear. When 'blame' arose in earlier text, his attribution of blame implied more than openly admitted. Is this another example of denial or repression? If he is used to repressing his blame does this account for his annoyance when he is judgmental in the journey text? Interestingly, the only objects of blame he mentions are his parents.

The 'management' papers all deal with emotional experiences but in a fairly un-emotive way. This in itself constitutes evidence of a repression of emotion and shows perhaps how pervasive the repression can be. The main emotion to arise is fear which runs through all the papers. Perhaps this is why the repression theme is so strong - he represses or avoids issues because of some deep seated fear. Where this came from or how it currently affects him is not gone into - although we are given hints about both parents. Although he has a need for closeness and respect, he clearly denies himself such opportunities and fear may well be involved here. Fear can also lead to

powerlessness - another persistent theme. Response-ability was identified in the analysis of the 'journey' paper, and he uses it in the text of the first three managing discourses. From this we can assume that he is using the term because it is one which makes sense for him. It is interesting to discuss what he is doing with this term in these papers. Perhaps it represents attempts to re-internalise control; to regain a sense of responsibility and control given that in so much of the texts, we (and presumably he) sees externalisation of control as being fairly routine. Another fairly strong theme to emerge has been that of faith. The notion of faith and references to god were made in the 'Journey' paper. The arrogance and isolationism represent perhaps something like 'faith in myself', yet other text show he clearly lacks this faith. On the other hand, faith in some external power emphasises the projection theme very strongly.

Other themes to emerge across the papers include need, selfishness and power. All can be seen to relate to other themes already identified: using the texts to work through issues and gain some personal awareness could indicate a need for resolution and understanding; the need for the respect from others may mirror a need for self respect; all the avoidance and denial strategies (often disrespectful of others) could be a way of guarding and protecting the self; the externalisation of control could represent a personal dis-empowerment as well as a 'desperate faith in some other power'. Re-internalising control, regaining response-ability, respecting his own needs and avoiding being trapped by identifying need as selfishness are all congruent in the sense of progress and developing awareness we have identified. In line with this is the issue of power - moving from rejection, dis-empowerment and powerlessness to empowerment.

Finally, one feature of the texts is how they occasionally **mirror** other themes from elsewhere in the same or in a different text. For example, "*want to be small*" and "*not wanting to be seen*" in 'management' paper 2 relates perhaps to his reference to his "belittling" people and situations in 'management' paper 1. Similarly the "*not wanting to be seen*" may relate to the "not seeing / not noticing" theme identified in 'management' paper 1. Also, themes relating to his actions with others such as avoidance, depersonalisation and distance can be seen to mirror themes relating to himself such as denial, mechanistic thinking and unawareness. And his reference to climbing mirrors his writing : he moves between his abstract and emphatic anchorages sometimes



following a given line but without much faith in its outcome, sometimes without even awareness of the line being taken, or the features on the way, sometimes going off tangentially.

## **Making sense: what do the texts tell us?**

As was pointed out at the start of this chapter, the above discourses together with the ‘journey’ paper and the empty chair work constitute the first formal encounter with the central concepts for the research, namely, mental health, self esteem, the experience of being managed, and most importantly, the experience of being reflexive. But this encounter can also be seen as the third in a series, the first two of which were discussed in chapter one. Following the Rowan cycle of research, (Rowan 1981), the experience of encounter is followed by the activity of ‘making sense’. As was identified in chapter one, this phase was short-circuited in encounter 2 but now in encounter 3, a more systematic period of ‘making sense’ is required. As will be seen, this phase covers aspects from the personal to important conceptual, epistemological and methodological issues that will help guide and inform the next encounter cycle. These issues form the basis for chapter 3.

# Chapter 3: Construing as research my reflective analysis of experiencing health promotion

## Introduction

Chapter 2 has covered a series of reflections around the issues of working reflexively, self esteem, mental health and the experiences of being managed. This work was undertaken between March 1996 till October 1997 culminating in the summary of the analysis shown as tables 5-7, and the subsequent commentary. Attempts to move from this analysis to explore its issues like 'what do the texts tell us'; 'what is the status of the analysis'; what is the significance of the analysis for the rest of the research' were begun towards the end of 1997 but did not develop far. This was mainly due to disagreements about the acceptability of reflective work with the academic department supervising it at the time. These disagreements I became to realise were based on some fairly fundamental assumptions about reality, knowledge and the legitimacy of certain forms of inquiry that will be discussed throughout this chapter.

A number of issues remain perplexing at this stage and need working through to gain some clarity about the direction of the next cycle of the research. This still seems to be about self esteem, mental health and the experience of being managed but at present it is hard to be more specific. Working through to make sense of the perplexities will, I believe help this specificity come into focus. A new sense of being will be created from which I hope I will be able to be open to any dissatisfaction in this position. I hope I will be able to say, as Rowan does, that "a real problem has arisen" (1981, p99) and from then be clear about how I think the research should proceed.

By utilising the cycle of research model by Rowan (1981), the process of making sense of encounter three can now proceed with a sense of legitimacy and purpose that were not there at the end of 1997. Within the format provided by Rowan, these reflections and their analysis can be seen as the third encounter with the research issues, but the first to do so in a formal, systematic way. As was noted at the end of chapter 2, the making sense will fall into four areas:

- making personal sense,
- making ontological sense
- making sense of reflexivity in research
- making sense of the focus for the thesis



These form the main headings for this chapter.

## Making personal sense

The analysis in chapter 2 has been an attempt to make sense of several different texts. The process employed has been to analyse the text in a very close way, teasing out potential interpretations along the way. As the analysis went on, each tentative interpretation was given added weight by other items of text and in this way various themes began to emerge. Judgements have been made within these interpretations as to whether such themes played a major or only a minor role in each text and by listing these on table 7 above, it has been possible to identify which themes emerge most strongly throughout all five texts, and which play a lesser role. The commentary following table 7 performs this identification and attempts to pull together and summarise those themes that have emerged most strongly, those that have remained fairly weak and those where the strength has fluctuated from text to text. As a result of this it is possible to paint a picture of how the author of the texts experiences 'being managed' in particular, and more generally, his experiences of relationships with others. To do this, I have read through the 'commentary' boxes on the above table and translated the points found there from interpretations of the texts to generalisations about the author.

**This picture is of someone who is in deep emotional turmoil; who often lacks awareness and frequently doesn't notice features of his experience; who is beginning to recognise a struggle and tension within himself; who begins to make some progress to resolve some of these issues; who frequently projects responsibility for his experiences onto others and at times even expresses a 'desperate faith' in some external force; who is trying to regain or internalise control; who has a difficult relationship with authority; who sees himself as a victim; who denies and represses his emotional life and avoids criticism, feedback and detail; who procrastinates on action unless or until it becomes 'necessary' as defined or dictated by some external control; who represses blame, especially blame of his parents; who has developed a way of articulating and constructing his experiences in a repressed, un-emotive fashion; who is frightened of such things as authority, others with power over him, criticism and emotionality; who has both faith and distrust in himself; who is developing some response-ability and has moved through a progression from rejection, dis-empowerment and powerlessness to some forms of empowerment.**

In trying to make ‘personal sense’ of the reflective experience, I need also to reflect on this ‘portrait’. Certainly this is someone I recognise. It is someone who is very like I am now but not exactly. I could ask ‘is this really me’ and the answer is both yes and no. I want to separate out questions like ‘how accurate or authentic is this psychological portrait of the author’ from questions like ‘how well does this psychological portrait represent enduring or unchanging psychological features of the author’. This was me but it is not me now. Clearly, it is possible to couch these questions using concepts such as *validity* and *reliability*, but in what follows, I hope to be able to show that these terms are not applicable to the form of research being undertaken. So I want to deal with these questions using terms less loaded with the meanings implied by traditional forms of research by talking about the ‘trustworthiness’ of the analysis instead (Lincoln and Guba, 1995).

### **Checking the trustworthiness of the analysis**

One aspect of this is how well the researcher has performed the analysis of the texts. To what extent has the researcher interpreted the texts faithfully or to what extent has the researcher introduced bias into the interpretations. Clearly this is a possibility, especially in the case of this reflexive work where the author of the texts and the researcher are the same person. The question as to how dependable these interpretations / analyses of the texts have been was addressed by the way they have been arrived at through a process of co-researcher analysis and negotiation. The analyses are negotiated products based on the agreement of myself as researcher and my supervisor (at that time) working in a capacity as co-researcher. This use of a co-researcher is seen as an important way in enhancing the trustworthiness of data analysis and given the extent to which initial interpretations varied, I feel strongly that this principle should be used through the rest of the current research.

Another check on trustworthiness is to reflect back the analysis to the author of the texts. In this context, this means checking with me as the author of the texts if the analyses provided by me as the researcher have been appropriate and accurately reflects what the text was saying. To achieve this, it was helpful to return to each analysis some time after completing it. In all cases, in reading



each analysis as the author of the texts, I found that I was agreeing with the interpretations given. For example, I have commented in my research diary that “... *in re-reading this analysis (of the ‘management’ paper 1) some months after it was completed, I am struck by how much of it makes personal sense for me. Point after point elicits acknowledgement and acceptance*”. This use of the author as a test of the interpretations made in the analysis would appear to be vital in this sort of work. This is because it allows the researcher’s constructions of particular aspects of the lived experience of the researched to be compared with how the researched are construing it themselves.

Yet although this technique is a test of the trustworthiness of the **analyses**, it also says something about the trustworthiness of the **texts**. For the author to be ‘*struck by how much of it makes personal sense for me*’, and for ‘*point after point (to) elicit acknowledgement and acceptance*’ says something *beyond* whether or not the researcher has got the analysis right - it is saying something about this analysis being authentically representative *of the author*, not just *of the texts*. The issue here concerns the extent to which the analysis is making interpretations or claims about the wider lived experience of the author; about the themes having a more general currency in the life of the author than just the aspects of that life covered in the texts. This is an important issue: how much can the analysis of these sorts of constructions be claimed to be saying something of general significance about authors and their lives; how much do they act as a window on a wider view; as representative sightings of a wider and more persistent, enduring position; how just this sample can be representative of a the sedimented psychology of the author? It concerns whether the picture painted about the author is a legitimate translation from interpretations of the texts to generalisations about the author.

I think that there can be no conclusive answer to questions on how far ‘snap-shots’ of someone’s personal state can be generalised into broader claims about their enduring psychology.

Sometimes, it may be possible for the subjects of a piece of research to have the analysis or ‘findings’ fed back to them and for them to say ‘yes, that’s me!’

This might depend on:

1. How far the research has set up this possibility and how far the subject is expecting it
2. how the analysis is fed back to the subject
3. the relationship of the researcher to the subject
4. the relationship of the subject to the research
5. how amenable is the subject to the feedback
6. the features of the feedback session which can act as evidence for whether any wider view is appropriate or not

In my case, in arranging and presenting the ‘managing’ papers and their analyses, I have been undergoing an informal, unstructured feedback and I have felt moved to comment on how closely the interpretations brought out by the analysis have accurately reflected the lived experiences to which they are referring. In a similar way, I am struck by the picture painted above by translating from interpretations of the texts to generalisations about the author. This is me. Or at least, it does represent the person who I have been over the last few years and it takes account of movement and development. It is not just a static picture or a single snapshot at a point in time. However, it does seem possible to extend the checking of the trustworthiness of the analysis in a third and final way. This would be to generate a series of interview questions from the commentary boxes above. Clearly, this would serve the function of enhancing dependability of the analyses, but also, provide further data for whether generalisations could be made. So given the points identified in the ‘commentary’ boxes above, if these interpretations were reflected back to the author, what specific points would we wish him to comment on; what questions would we ask? These may well be as follows in table 8 (although these might not be the best form of words, or asked in such a direct manner).



Table 8: Questions to reflect back to the author
Do you feel you are often having a battle between deep and conflicting emotions
How do you feel about the idea that you often don't notice things
Do you have any sense of progress through doing this work
How important was it for you to work through some of the issues we have seen in the texts
How do you see the issue of control and responsibility in your life now
How do you see the issue of authority in your life now
How do you see the issue of denial in your life now
Do you have any sense of blame in your life now
What if anything do you blame your parents for
What do you fear
What can you say about your faith

The questions in table 8 may indeed be an interesting line of inquiry and they may provide important insight into a person's psychology. However, I do not feel comfortable with this as the major line of inquiry for my research. I can see several issues here that need further unpacking and exploration. Chief amongst these is the way the focus of the research changes as it moves on away from the psychological towards a more social and ethnographic center of gravity. These will be returned to in the last section of this chapter.

So far, the discussion has focused on different ways in which the analysis of the various texts can be trusted. But it has also raised some important distinctions about what can and cannot be claimed about a person and their psychology. Not least of these points concerns the impact of the 'findings' on the subject – how they internalise and deal with it. For me, as with Carl Rogers, the more I accept, the more I change.

However, a very significant issue remains to be dealt with which concerns not the trustworthiness of the analysis performed on the texts, but the texts themselves, and in particular, why they were written.

Research often assumes that the instruments it uses to generate data can (or even should) be independent from the data that is produced. But another way of looking at it is that all forms of giving or generating data are a social activity with their own particular context and purpose. On this view, writing out the texts is in its own way just as artificial and contrived a process as being the 'subject' of some psychological experiment in a laboratory. The likelihood is that the context in which people say and write things and even the purpose that the author understands the communication to be for, will impact on the type of story told and the sort of detail it contains. Although there are important methodological questions about the choice of research instrument, these need to be side-stepped for now because the more important questions seem to me to be at a personal level like 'why did I write these things?'; 'why did I engage in these encounters?'; 'what was achieved for me in writing these papers?' These are the questions that I need to deal with now.

It seems clear to me that the writing of the papers eventually became a conscious form of catharsis, even though I was not aware at the start that this is what they were for. I think they were written at a time in my life when answers to questions needed to be found and there was some genuine (if guarded and reluctant) acceptance that various aspects of my life did need to be confronted. The various encounters were not a conscious search for therapy even though the experiences did serve to acceptance and healing – I did not write these things because I felt I needed therapy – indeed I would have denied this as a need. It was an attempt to confront and engage with issues of great personal significance. It was a genuine and (in the context of what the texts have shown) surprisingly open and brave attempt to confront issues that have been in denial for a very long time. Yes, it was a way of confronting and engaging in a relatively safe way. I was in control and this was important, but so was a commitment to follow where the search led and to work each issue through with honesty and integrity.

Personally, it is important for me to acknowledge these things. In research terms however, there are important observations to make. Given that the writing and the analysis were attempts to 'uncover the truth' it is perhaps not surprising that truths were uncovered. Would someone else writing discourses entitled 'my experiences of being managed; my experiences of my father' etc



have produced anything similar to my discourses? If truths were not being searched for would they be found? I do not think so. For me, the texts form a particular part of my life - they are dependant upon and embedded in my lived experience at the time. They represent the fulfilment of a particular need. Others would produce their own discourse embedded in their own lived experience and would tell necessarily different stories, not only because they would be written by a different person, but that the writing would be performing different functions and fulfilling different needs. I have tried to be honest about what these functions and needs were for me. One way of reiterating the point is to use the analogy of a play. For me, the texts contain a set of scripts which I now know to be a significant part of my repertoire – they are not incidental lines but central to the story. They are scripts about my beliefs, judgements and actions (and also my ways of believing, judging and acting) that I must have learnt well. The papers became a stage in which I could act my scripts out and record them at the same time. So, having finished each scene, I could step off the stage and be an audience to it. I could play the recording over so that I could look back on each scene in a different light – actually see what was there as opposed to being there and not seeing. This is what the texts were about; this was the function they performed. This would not have been necessarily true of anyone else writing the ‘same’ or even similar texts. Obviously the texts would be different because they would be about that different person. But as importantly, they would not be the same because they would be written for a different purpose.

This is a significant point and relates to how the meaning of a piece of text or discourse relates to its purpose or function. (The move being made in the language game).

This way of thinking about ‘what can in principle be known’ raises further questions about how research can be performed and what the ‘status’ of the products of the research can be.

Dealing with the first of these, I am certain that at the time when this portrait was constructed, that I did feel it to be an authentic representation of me. This seems an important if obvious test.

However, this sort of test of the analysis may not be sufficient for those working in this traditional research way who may couch their concern in questions like ‘has this analysis produced an accurate psychology of the subject?’ or ‘is this an accurate measure of the subject’s psychological state?’ or ‘how can we be certain that the subject is telling the truth?’

However, I think these sorts of questions are based on at least two misunderstandings. At one level, they seek to apply the standards of positivism to a type of research (or a way of doing research) which falls outside of this tradition. These standards revolve around concepts such as *validity* and *reliability*, but in what follows, I hope to be able to show that these terms are not applicable to the form of research being undertaken.

At a more fundamental level however, these questions about validity seek to apply the assumptions of positivism about the nature of reality. They rest on realist assumptions such as ‘the author holds a particular set of views and opinions which he then articulates either truthfully or falsely’. This realist ontology has been criticised by many (Potter and Wetherell, 1987; Stainton Rogers, 1992). Rather than some pre-existing account that is subsequently articulated, social constructionist ontology (Lincoln and Guba, 1995; Labonte and Robertson, 1996; Burr, 1996) would argue that no such pre-existing accounts exist. What is produced is a particular construction for a particular purpose within a particular social context - (a particular move is made within a particular language-game, to use Wittgenstein’s terms). And these moves could well include deception, diversion, minimization etc. Arguing that pre-existing accounts do not exist takes the sting and even the sense out of questions like ‘Is the subject telling the truth’. What someone produces - the account they create - is all that anyone can have access to. There is no way that anyone can have privileged access to any prior ‘truth’ to which the articulated account can be compared. All that we have is articulated accounts.

However, within these accounts, we may see (as we have indeed seen) evidence of avoidance, denial and so on. But these are seen as important and significant moves in the construction of the account - parts of the data itself - rather than proof that the author isn’t telling the ‘truth’. From a variety of textual clues, we may want to suggest that the author isn’t being genuine but this is indeed only a suggestion (and we need to be clear about what we mean by this). What we cannot do is claim to *know* that the author isn’t telling the truth, for we have no way of knowing what the author’s truth is. So differentiating between truth (and validity) and authenticity is pointing to a fundamental ontological difference and a fundamentally different ontological status is ascribed to the products of the research. (These issues of ontology are returned to in a separate section below).



Before then, we need to bring in the second concern about the above analysis, namely ‘how well does this psychological portrait represent enduring or unchanging psychological features of the author’. On the traditional view, the research should be tested to see whether the same research tools and procedures would yield the same results if performed at another time, or by another researcher. The problem here is that this sort of test of the analysis only really makes any sense if it is assumed that the subject of the research has not been changed through the research process itself. As a result of performing the reflective analysis in chapter 2, I now want to question this assumption, and also, the whole idea of ‘reliability’ being applicable to this sort of research. But having raised questions here about the applicability of using measures such as validity and reliability to this sort of research, there is still the need to ask questions of the quality or *trustworthiness* (Lincoln and Guba, 1995) of the research – something that could perhaps be expressed using terms less loaded than those whose meaning is based on a traditional, positivist research paradigm. So in this research so far, the question moves from one of validity and reliability, to one of trustworthiness. Trustworthiness is not about claiming to know that the subject is telling the truth, but about claiming to have conducted an enquiry which is as robust, transparent and fair as it can be, and being able to point to some evidence to support this position. The extent of this evidence is explored in the next section.

Whether or not feedback of the findings elicits acceptance and change, or rejection and maintenance, there are all sorts of issues about the authenticity of the ‘that’s me’ claim – what is being constructed through this pronouncement? Moreover, whether this sort of generalisability is possible will depend on whether the research was set up with an intention of ‘finding’ such psychologically stable features of the subjects of the researched. In this regard, I would argue that the writing of the texts and their analysis needs to be seen in context. The issue here is as I’ve already identified above - what the texts were written for, and how this may relate to what they in the end produce. (In turn, this will also depend on more fundamental assumptions the researcher is making about psychological reality and I will want to question such assumptions in a later section).

## Making ontological sense

This issue of the context changing the story, as well as the problems with ‘validity’ and ‘reliability’ raised above resonate with a number of issues arising from chapter one. There, a number of assumptions were questioned such as:

- that people within a given situation see it and conceptualise it in the same way
- that people construct a similar version of reality in which there is agreement that a certain line of action is possible - an agreement through which this line of action can be seen *as* a choice
- that people acting in these situations are doing so as autonomous, isolated selves and that a clear distinction can be drawn between such ‘selves’ as the centre of experience and decision-making, and their ‘environment’
- that stress, assertiveness, locus of control and self esteem were some invariable, unitary quantities “hermetically sealed” (Stainton Rogers, 1991) inside oneself
- that the ‘reification’ involved in formulating psychological concepts such as ‘stress’, ‘self esteem’ and so on is an unproblematic and acceptable process

Together these call for a deeper analysis of the philosophical underpinning of research – that is, a critical examination of what knowledge is, how it can be ‘known’, and how it should be studied. In trying to make sense of these issues, I have been particularly curious and vexed about how people’s ‘attitudes’ are typically researched. In trying to make sense of what I felt to be the weaknesses of the sort of research that sets out to ‘investigate people’s attitudes to.....’ a number of assumptions seemed to me to be made that I felt needed challenging. In working through this challenge (see appendix 3), I have been able to clarify some fundamental philosophical distinctions that will, I believe, be significant in order to fully ‘make sense’ of the reflexive analysis in chapter 2, as well as to form a framework for the rest of the thesis. This investigation of attitudes introduces a social constructionist agenda, and the importance of language and of process. Summarising the positivist assumptions made about attitudes identified in appendix 3, we can now compare these to a more social constructionist position.



Alternative Assumption About the Nature of Attitudes

Table 9: Comparing Positivist and Social Constructionist Assumptions about Attitudes	
Positivist Assumption About Attitudes	Social Constructionist Assumptions About Attitudes
That people actually do have attitude and beliefs about risk (and other things).	People are much more variable than the idea of an attitude as a mental state imply. And this is because people’s actions and talk is at least as much a product of the situation they are in, than the product of some internal mental state or attitude. Moreover, when people talk, they do so for a purpose: they produce something with their talk; it is constructed to perform a particular social function. Rather than an attitude about risk, it might be more accurate to claim that people have sets of attitudes or even sets of responses about risk (e.g. a repertoire of responses) useful in different situations.
That these attitudes and beliefs remain fairly constant or stable irrespective of the situation people are in.	Given the different purposes of talk, and given the different social contexts in which people operate, a very different 'attitude' may be expressed for each purpose or in each social context. As Potter and Wetherell (1987) put it, "if a certain attitude is expressed on one occasion it should not necessarily lead us to expect that the same attitude will be expressed on another. Instead there may be systematic variations in what is said, which cast doubt on the enduring homogeneous nature of the supposed internal mental attitude" p45. They argue that the traditional view that the accounts people give should show a high degree of consistency is not borne out in practice because in practice "widely different kinds of account will be produced to do different things". (p54). This calls into serious question the notion of attitudes as mental states remaining stable in different contexts.
These attitudes and beliefs are 'pre-formed' and pre-exist activity or	Because it is a mistake to assume the existence of stable context-free mental states such as attitudes, it is also a mistake to assume that attitudes or other mental states must pre-figure or pre-determine

Table 9: Comparing Positivist and Social Constructionist Assumptions about Attitudes	
Positivist Assumption About Attitudes	Social Constructionist Assumptions About Attitudes
behaviour in any given situation; they pre-figure and pre-determine this behaviour; behaviour is in some sense driven by these attitudes.	behaviour. It is well recognised in social psychological research that when measures of 'attitudes' are taken, these frequently fail to accurately predict behaviour (Connor, 1997) Stainton-Rogers, 1991; Wicker, 1969). Fishbein and Azjen (1975) however propose that there is a way of accounting for the lack of direct matching between attitude and behaviour. They argue that the path between the two is indirect and muddled. In part, it is mediated by judgements about social norms (e.g. "what will people think"). In consequence, they have produced a comprehensive and complicated formula which has attracted both reasonable success in predicting certain behaviour, but also considerable criticism. These include: dressing up real world experience mathematically as "the sacred cow of science" (Klein 1988 p24); concentrating on the measurement of factors "so proximate to action that we are practically using measures at the beginning of the act to predict the action itself" (Leventhal and Hirshman, 1982 p199); and ignoring and not being able to accommodate "the times when we are frequently 'in two minds' (or several more) about an issue" (Stainton Rogers, 1991 p54).
What people tell a researcher (through an interview or questionnaire etc.) is some form of accurate, reliable representation of the attitudes or beliefs that are assumed to exist.	When people talk (to themselves, to each other, to researchers) they are performing a specific construction suited to and embedded into the particular social situation they are in. (And this is even truer of research situation like filling in a questionnaire or answering question in an interview). As Potter & Wetherell (1987) point out "We need to ask whether people filling in an attitude scale are performing a neutral act of describing or expressing an internal method state, their attitude, or whether they are engaged in producing a specific linguistic formulation tuned to the context at hand" (p45).



What I want to do now is to advance further arguments in support of this social constructionist agenda, and also look at the implications of this for the fourth phase of the research.

### **Social Constructionism and its implications for the research**

So far in this section, the main philosophical differences have been outlined between a traditional, positivist (or empiricist) view of knowledge and a social constructionist one. This was done on the basis on my own analysis of the 'lack of fit' between my own thinking and experience of 'attitudes', and the way this concept is operationalised in traditional psychological research. The main features of a social constructionist account have been introduced but only at a fairly abstract level, and it seems important at this stage to explore what issues like 'multiple realities', 'creation of inquiry process' and 'hermeneutic and dialectic' may mean at a more concrete level, and also to explore what the implications of this may be for the next encounter within the current research.

Before this however, it ought to be acknowledged that the anti-positivist view ('The Position' as Phillips (1987) calls it) is not without its critics. Phillips, for example, makes a sustained and robust defense, if not of positivism, then at least the aspect of scientific method promoted by Popper and his followers, namely the emphasis on falsify-ability, or at least, the requirement for claims to be in principle shown to be false. Phillips argues that "the supporters of the Position have been right, of course, to oppose narrow-minded scientism. But they go too far; not *everyone* is narrow-minded.

They draw inspiration from Kuhn and the demise of positivism...but they play with these ingredients so that they become half-truths" (Phillips, 1987, p99). It may well be that there are problems with the social constructionist account and indeed, Burr alerts us to some of these, particularly the issues of the 'reality' of material factors and agency. However, the purpose of this chapter is to present an analysis which tries to make sense of the research conducted in chapter 2, not to provide a *fully* worked up defense of 'The Position'. Difficulties with the social constructionist account will be identified both in what follows, and in the discussions in later chapters.

Burr (1995) identifies seven differences between the two traditions and it is useful to introduce each of these, and, rather than taking them at face value, rehearse some of the arguments made in favour of a social constructionist view. Implications for the fourth encounter within the research can then be drawn on the basis of this analysis.

## **A deeper analysis of social constructionism and its implication for the research**

### *1 Anti-essentialism*

The basic assumption in a social constructionist account of human experience is that “there are no ‘essences’ inside things or people that make them what they are” (Burr, 1995, p5). However, she concedes that this runs counter to peoples’ ‘common sense’ view of being a person, which typically involves

- a) the idea that people have individual characteristics which are not the same for everyone,
- b) that these characteristics remain relatively stable,
- c) that they have an influence on behaviour,
- d) there being a general coherency between the various characteristics that a person ‘has’.

This ‘common sense’ view clearly echoes the positivist assumptions about ‘attitudes’ discussed above. Burr takes issue with each of these. She argues that there is a sort of circularity in the reasoning behind a), in that a person who behaves aggressively is said to have an aggressive personality, and that a person with an aggressive personality is likely to behave aggressively. Hence, there no real evidence for the ‘existence’ of something inside individuals called ‘aggressive personality’, or any other internal trait or psychological quantity such as ‘intelligence’, ‘locus of control’ (Stainton Rogers, 1991), or indeed, ‘self esteem’.

Burr also points out that far from having a stable ‘personality’ (point b)), “we behave, think and feel differently depending on whom we are with, what we are doing, and why” (Burr, 1995, p25). There are at least as many ways in which I, for example, avoid all forms of competition yet there are ways in which I behave competitively. So am I ‘competitive’ (do I have a ‘competitive personality’) or not? This point has been taken up in different ways by authors such as Rowan (1990, 1993) with his notion of ‘sub-personalities’, and by Stainton Rogers, (1991) who argues that there are times “when we are frequently ‘in two minds’ (or several more) about an issue” (Stainton Rogers, 1991 p54). It also follows work on social learning theory and the idea of the ‘situation-specificity’ of behaviour (Mischel, 1968). Following on from this is the argument from Fromm and others, that far from behaviour being influenced by the alleged existence of a fixed and stable personality, behaviour and ‘human nature’ is a product of the particular societal and economic structure we are born into (Fromm, 1942). For example, Burr notes that although in western culture, feelings and emotions “are thought of as internal, private experiences of



individuals (which are) intimately connected to the type of person we are” (p22), in other cultures ‘emotions’ refer to the relationships between events and other people. And as well as cultural variations, there are historical ones, such as the way that the term ‘love’ has moved from being a verb to describe what we do, to a noun to describe an internal state.

These arguments although recent are not new and I have discussed their philosophical origins in appendix 4.

Hence, in relation to researching people in situations where they are being managed, I cannot look for explanations of these experiences simply in terms of individualistic concepts like ‘personality’, ‘attitudes’, or even ‘self esteem’. There is no essence called ‘self esteem’ that we can isolate and describe as an adequate account of an experience such as being managed. What this anti-essentialist position amounts to is to “move the psychological centre of gravity out of the individual person into the social realm.” (Burr, 1995, p40). Or as Trigg puts it, “the priority of the public over the private forms the basis for a stress of the shared nature of our life together”. (Trigg, 1991, p212).

## *2 Anti-realism*

The social constructionist arguments on essentialism can be seen as a specific example of a wider criticism on ideas of absolutes such as ‘reality’, ‘truth’, and ‘objectivity’. In the social constructionist view, as discussed above, there is no single reality. Rather, there are many realities because each person involved in an experience does so with her or his own unique web of concepts and understandings that help to construct a specific and unique version of the ‘reality’ of that experience. Similarly, there are multiple truths and many subjectivities. Any one version of events that is held up as *the* truth can be countered by other accounts and there is no objective free space in which to sit outside of reality and make assessments of which version is more ‘true’ than the rest. And there can be no such thing as a “detached, free floating reason, unconstrained by the assumptions of any context” (Trigg, 1991, p212). Again, these arguments run counter to the ‘common sense’ view which borrows heavily on the discourses of science, and constitutes what Ryle might have called a category of ‘systematically misleading expressions’ (Ryle, 1931) – expressions which systematically mislead us into believing that there are single truths regarding a single, external reality which can be accessed through objective means, such as the scientific

method. To argue against this common sense, scientific view requires an observation that ‘truths’ are related to specific times and cultures, and are intimately tied up in language. These points are discussed further below.

The point at stake here is often construed as a tension between scientific objectivity and undisguised relativism. Many attempts have been made to defend the former in order to avoid what authors such as Phillips (1987) see as a ‘slippery slope’ into “paralysing relativism” (Trigg, 1991, p219) that must be avoided at all costs. Such analysis does not, it seems to me, take seriously enough the way that the values of objectivity and truth are being held on to *as* values held outside the logic of their own argument. It is as if these values are to be seen as sacrosanct and uncontestable and certainly not to be thought of as ‘merely’ the product of social construction. Such positions seem to be held I think because the alternative is branded as a descent into solipsistic chaos. This rather misses the point a) because of the lack of consistency and reflexivity in the position, and b) because the relativistic alternative may not be as chaotic as is made out. As Wittgenstein argues, for there to be certainty, there also needs to be doubt (Wittgenstein, 1969) and above all, the focus on public, shared meaning itself serves to attack the ‘private’ values and meanings essential to the solipsistic account. However, this issue of relativism cannot be dismissed lightly as Trigg (1991) and others have made important criticisms in this area which will need to be returned to in a later chapter.

In relation to researching people in situations where they are being managed, the argument against realism would mean that to undertake a study of experiences of being managed, it will be important to be circumspect about the nature and status of the ‘findings’ of such a study. We cannot be claiming truths about people or their situation, identified from a non-contaminating, objective position. Rather, the assumption to make is that many versions (many truths) of different realities will exist and that the methodological implication of this is that whatever rigour I may apply to the process, this will not result in any account that is somehow more objective or more true than anybody else’s. All accounts, (given a similar degree of attention to the process) will have equal status. This ‘attention to process’ point is important for although relativism argues that all accounts are of equal status, in life, this is not the case with some accounts (voices, discourses) being prioritised over others. We value an account that has been constructed through a process which has met criteria we have developed such as methodological transparency, and other tests of



trustworthiness (which are discussed further in the next chapter). But it is important to note that these criteria have been socially constructed and there is nothing *a priori* that is a more valid account than another. If we say it is a better account it is because we have agreed criteria of what counts as better. The trouble with scientism is that the criteria of 'better' are privileged and reified to the exclusion of all else.

Related to the arguments against realism, are arguments against humanism, that is, "the idea that the person is a unified, coherent and rational agent who is the author of his or her own experience and its meaning" (Burr, 1995, p40). As Burr points out (see below) this does raise questions about human agency that need to be addressed. And also, there is an issue for me in this in that hitherto I have been very much influenced and directed by humanistic writing, particularly the work of Rogers. These difficult issues, like that of relativism need to be postponed until later chapters.

### *3 Historical and cultural specificity*

One of the two reasons for the social constructionist rejection of realism relates to the argument that theories, concepts and explanations do not have an unlimited shelf life of meaning. They are, as Burr argues, "time and culture bound" (Burr, 1995, p6). She notes for example, that the idea of childhood has undergone a number of changes and is not consistent across cultures. Similarly, Foucault (1972) argued that over the last hundred or so years changes in the nature of society such as increases in population (and also the idea of 'population' as opposed to 'a people' or 'loyal subjects' – Burr, 1995, p65) have allowed certain discourses to rise to prominence and these discourses have produced and constructed the 'individual' that we think of in western society today. Therefore Chadwick in the 1840's for example was working with a very different concepts of 'people', 'population', 'public' and 'public health' than we are working with today. This point is not simply that our way of thinking is loosely related to our time and culture in ways we can leave unexplained. Rather, the social constructionist view is that this specificity points not just to a dependency on time and place, but to our thinking being an *artefact* of the prevailing cultural, social and economic circumstances (Fromm, 1942; Winch, 1958)

An important point to note here, is that positivism itself can be seen as a culturally and historically specific discourse. Although there have been many versions of positivism (see Phillips, 1987, p38) which have come to positions of ascendancy or demise, it can be seen as a very powerful, enduring

discourse which has managed to maintain a dominant model for how many people (and not just scientists) think about, account for and experience the world. Foucault would argue though, that against every dominant discourse, there will always be resistance and in this case, social constructionism can be seen as the marginalised, repressed and yet resistive alternative.

And against this theme of cultural and historical specificity, the question can be asked that if theories and explanations are not true for all time and in all cultures, then what sense is it to claim the truth of anything? As we have seen, a social constructionist account would deny realist claims to 'truth'; 'objectivity'; and a single external 'reality'. Clearly, one of the reasons behind this claim is that if theories and explanations are time and culture dependent artifacts, then there can be no objective truth that can be established outside of a historical and culturally specific framework. What positivism would call 'truth' becomes 'good for here and now truth' or what Popper (who although not a social constructionist was clearly not an unreconstructed empiricist) and his followers like Merton would call 'organised scepticism'. (Merton in Phillips, 1987, p63)

The implication of this for the current research is that the theories and explanations that people might give for their experiences of being managed are necessarily bound up with the set of theories and explanations currently available. One interesting point will be the extent to which certain theories and explanations are called upon in comparison to others. Will there be dominant account or story to emerge? Or will there be a set of stories? Will the same theories, explanations and stories emerge in different organisations or will the organisational culture help create specificity? How will stories and accounts be generated and how can sense be made of these? I would argue that these are all very interesting questions and so, far from closing down the number of research options (which critics of the social constructionist position sometimes imply e.g. 'its not worth researching that because its only one small example'; what's the point of researching if we don't find the truth etc), a great many interesting lines of inquiry are opened up by the acknowledgement that what is being researched will be socially and culturally specific. A similar point can be made about the generalisability of social constructionist research. Rather than relying on appeals to statistical significance for its representativeness, a social constructionist research can be seen as opening up a window on one culture for others to say 'yes that's true of us as well'. This represents a different and more participative and engaging form of generalisability. (More detailed points about this issue are introduced in chapter 4).



#### *4 Language as a precondition for thought*

The second of the two reasons given above for the social constructionist rejection of realism relates to the role of language. The positivist as well as the ‘common sense’ view of language is that it is “a bag of labels which we can choose from in trying to describe our internal states” (Burr, 1995, p33), or indeed, trying to describe any other aspect of our reality. This idea of language-as-naming where “individual words in language name objects – sentences are combinations of such names” (Wittgenstein, 1958 # 1) stems from Russell’s philosophy of logical atomism in which he and other like-minded philosophers (Moore, the Vienna school of logical positivism and the Wittgenstein of the ‘Tractatus’) had supposed that “there must be an ‘ultimate analysis’ of an expression’s meaning; an analysis consisting of simple elements to which we would point in order to make that meaning perfectly clear” (Passmore, 1957, p 427”. This view was first criticised by ‘the later’ Wittgenstein who came to think that philosophers “had made the mistake of trying to model their activities on those of scientists, as indeed, the very phrase ‘logical atomism’ suggests.” (Passmore, 1957, p425). The philosophical arguments here are discussed further as appendix 5.

In relation to researching people in situations where they are being managed, the implication is that how any of us can think about such experiences will depend on the language we have available to us. And as was pointed out above, this ‘stock’ of available language is historically and culturally specific, and may also be bound into prevailing and dominant discourses. So it is clear that language is the centre of the focus of the research. It acts as “the site of struggle, conflict and potential personal and social change” (Burr, 1995, p44). Social constructionist inquiry therefore, centres on the analysis of a piece of language or discourse, whether this be a text, an interview, a speech or discussion. But it is important to be clear that such discourse does not simply describe some ‘pre-formed’ aspect or quality of the person being researched. As was argued above this essentialist idea “that there is a stock of things ready to be said” and which “assumes that there is an experience which (a person) has which words then represent.” (Hollway, 1989) needs to be questioned. The social constructionist view would take a different position – that a person’s experience is constructed from language, not named by it.

## 5 Language as social action

Having argued not only for the importance of language, but also, the way in which it relates to what we say about ourselves and our experience, Burr identifies this fifth important point within a social constructionist view – that rather than being a passive vehicle for our thoughts and emotions, language is a behaviour in its own right, an activity in a social realm. In part, this point is an extension of the anti-essentialist argument earlier. As Stainton Rogers puts it, “By treating self control as an ‘essence’ hermetically sealed into individual heads it pretends that people never argue about it, gossip about it, read about it in books or watch it portrayed in movies. It denies it is a theme that is culturally articulated.” (1991, p3)

Within the social constructionist paradigm, it is argued that whatever the type of language - source (talk, an interview, written word and so on) these are all social *actions* within particular social *contexts*, and that the use of language within these contexts represents practical, purposeful *activities*, not merely descriptions of an event or events. The social constructionist view, as we have seen, holds that there is no physical or social reality independent of language, and hence, one of the main social actions that language performs is the construction of reality : “manufacturing and constructing their lives” (Stevens 1996, p244). As Trigg puts it, “we can only learn to think within the confines of social practice” and “‘Practices’, ‘forms of life’, and ‘language-games’ are all terms bearing witness to the intimate mutual dependence of language and other forms of social acting” (Trigg, 1991, p212). This feature of language as social action was emphasised by Wittgenstein when he argued that “the meaning of an expression or word is the use *it is put to* in a language game - a movement in the game” (Wittgenstein, 1958, p188, my emphasis). Also, he notes that “the *speaking* of language is part of an activity, or a form of life” (Wittgenstein, 1958, #23)

This has important implications for what it is to be a person. Rather than being a passive ‘describer’, people on the social constructionist view are seen as active users of language rhetoricians (Billig, 1987) “focussing on the ways that people in their capacity for argument, justification, criticism and so on to achieve particular social effects.” (Burr, 1995, p92).

The implication of this for the next encounter within the current research is that people talking or writing about their experiences of being managed, they are taking part in a particular social action, namely research. Whether research is conducted in controlled laboratory conditions, or



naturalistically in the field, both are social activities that carry with them the potential for framing the way that participants use language to 'manufacture and construct' the version(s) of their experience that they want to project. As we saw earlier in this chapter, it eventually became clear to me that the process of writing the 'journey' and 'management' texts described in chapter 2 was specific and pertinent to me at the time. Participants in the next encounter within the research will have their own agendas and factors they see as personally pertinent and these might not be at the micro level, as where mine, but at the meso (organisational) or macro (societal) level. Or all three.

### *6 Focus on interaction and social practices*

Given the social constructionist emphasis on language as a form of social action, it is perhaps not surprising that interaction and social practices form the focal point of its concerns. As we have seen, social constructionism abandons the search for explanation of social phenomena "inside the person by hypothesising the existence of attitudes, motivations, cognitions and so on" (Burr, 1995, p7) But also, social constructionism abandons the opposing view that it is social structures such as the economy, marriage, racism etc that give rise to social phenomena. The concept of, says, 'institutionalised racism' does not fully explain peoples racist behaviour anymore than concepts like 'racist personality' do. Hence, on the social constructionist account, "explanations are to be found neither in the individual psyche nor in social structures, but in the interactive processes that take place routinely between people." (Burr, 1995, p8)

This means that a social constructionist account of 'being managed' would focus, not on macro concepts like coercion or 'new managerialism' but how these ideas are lived out in the experience of people being managed. This focus on the language people use to account for the experience of social practices like being managed does not mean that sociological concepts will not be used or form part of the actual discourse, or the analysis of them. Similarly, this focus on actual practice does not rule out that psychological concepts like 'self esteem' for instance would not be used. However, this emphasis on the 'lived experience' of social practice does call into question the 'reality' of macro sociological factors as well as the agency of individuals. As Burr puts it, this view "seems to deny that there is any material base to our lives, and 'things' that have tremendous effect on us such as the economy, living conditions or health are reduced to being simply the

effects of language" (Burr, 1995, p88) Similarly, if we are not so much speakers in our own right, as 'spoken by social discourse', what then of individual agency? These are important issues which will need to be returned to and indeed, the research will want to pay attention to people's accounts of being managed to see to what extent these accounts are built around an assumption of agency and free choice, or are built round assumptions of external power and influence. Whatever might be at stake in this, it does seem clear that rather than proceed with assumptions about the 'reality' of 'things' like self esteem, new managerialism etc and then look for the influence or impact of these in the language that people use to describe their experience, a better approach would be to avoid making such assumptions and instead, work directly with the language people use to construct their accounts of being managed, and then to identify to what extent these assumptions are being made by the people themselves and are being lived out in the language they use.

Another important point about language as social action is that there are not an infinite number of 'actions' that a person can make - there are a limited number of moves available in any one language - game, and this limitation may relate to the nature of the prevailing discourses. Given the argument above about historical and cultural specificity, there are going to be a limited number of ideas, concepts, analogies, metaphors (that is 'discourses' to use Foucault's term) that are available, some of which will be more prominent (warrant greater 'voice' as Gergen would say) than others. In other words, when people give accounts in discourse, "they are not inventing these accounts anew, but drawing from a range of pre-existing resources" (Potter and Wetherall, 1987, p76) And so it may be that accounts of being managed will draw on predominant discourses such as 'new managerialism' or 'capitalist exploitation of labour'. Or they may draw on more locally dominate mythology, convention or *institutions* (Barley and Tolbert 1997) (for example, the infamous 'open door' mythology at IBM (see Martin, 1980)). Or it may be, that accounts of being managed draw on more personalised, psychological accounts or repertoires (Potter and Wetherell, 1987), or scripts (Perls, 1976) such as 'low self esteem' (Coopersmith, 1967) or 'learned helplessness' (Seligman, 1975).

The terms 'discourse', 'institutions' and 'scripts' all carry with them features of the theoretical framework in which they were created. For example, the term 'discourse' is firmly tied up with Foucault's analysis of disciplinary power; 'institutions' belongs to a set of thinking about organisations called new institution theory; and 'scripts' comes from an essentially psychological



analysis of behaviour consisting of the rehearsal and performance of a range of lines or scripts which have been learnt at an early age and get 'played out' in situations in later life which bear some similarity to the situation in which the script was learnt. Another term is 'story' which is used in some psychotherapeutic work (McCloud). One term which seems to belong more to literature than any social science is 'narratives' and a growing literature is available on this idea. Specific examples of research using narratives will be looked at in the next chapter, along with the usefulness of this concept for the next encounter in the research.

It may well be that 'narratives' can act as a neutral 'umbrella' term for the elements of language used to construct accounts of social practice. However, one feature of the next encounter within the research will be to see to what extent personalised scripts or repertoires, organisational myths and institutions, and more general dominant (or marginalised) discourse are being used, and how these relate to each other. For example, how do personalised scripts draw from or contribute to organisational mythology.

### *7 Focus on process*

This focus on the interaction between what might be called 'levels of narrative' (scripts, institutions, and discourse) means that the research is not located in questions about the nature of people or society, but in "a consideration of how certain phenomena or forms of knowledge are achieved by people in interaction" (Burr, 1995, p8). Participants in the research will be helped and encouraged to build their own narratives concerning their experiences of being managed and their accounts will be treated as their own 'forms of knowledge' about this aspect of their world. On this view, knowledge is not something that people have, but something that they construct together. So I assume no pre-existing account in people's heads which can be played out to the waiting researcher. Rather, their 'knowledge' of being managed will be a created account developed through a particular form of social process, namely co-operative research. It will be important to be overt about this and reflect on the meaning and implication of being involved in this particular form of social action. What sort of process do I and those involved in the research want it to be like? How will the form of social process chosen impact on the nature of the narratives generated? What will participants gain from the process and what will it cost them? These are questions that I return to in more detail below in 'making sense of the direction for the research.'

### **Social constructionism and reflexivity**

Having now rehearsed a number of distinctive features of a social constructionist account of knowledge and research, as well as drawing out some specific implications for the conduct of the next encounter within the research one final issue concerns the extent to which a researcher is openly reflective of the ontological and epistemological issues at stake in the activity of research. It can be argued that any researcher in social science needs to examine whether they hold an essentialist / realist or social constructionist view, and to reflect on the implications of each 'position' for the conduct of their research, and in particular, the status in which they hold their findings. However, it can be argued that reflexivity is a particular and necessary feature of social constructionist research. As Steier puts it "the research process itself must be seen as socially constructing a world or worlds, with the researchers included in, rather than outside, the body of their own research." (Steier, 1991, p2). For my own part, I have tried to acknowledge my own tendency to reject the essentialist and realist views, to accept the historical and cultural specificity of the meaning of ideas and concepts, and to accept the central role of language as a pre-cursor to the creation of our realities through various forms of social action. I have tried to back up some of these ideas from both contemporary social psychological literature, as well as earlier philosophical writings. I have also tried to work out the implications of the social constructionist account for the direction, nature and conduct of the next encounter within the current research. And of course, the preceding encounter within this research (chapter 2) has consisted of a series of reflections around the issues of self esteem, mental health and the experiences of being managed. Hence, it is now important to give a fuller examination to the nature and role of reflexivity in research, in order to make further sense of the reflexivity issue, and to learn lessons for the next research encounter.

Holding a philosophical position to one's research seems to me to be unavoidable. The issue is to what extent this position is reflected upon. The positivist position tends to assume its basis in 'objectivity' and 'fact' made secure by the rigors of scientific method. These things are thought of as unequivocal and not in need of questioning. However, I think I have raised sufficient issues so far to warrant some questions being asked.



Through an analysis of the subject of ‘attitudes’, and an exploration of the points made by Burr (1995), I have tried to point out how the philosophical assumptions of the positivist and the social constructionist traditions are very different.

And for me, I need to assert my allegiance to the social constructionist tradition. This simply seems to make a great deal more sense of my realities and it is also one that has a set of methodological implications that I am happier with, especially in relation to some of the ethical issues to do with research. These issues are returned to below. Prior to this however, the role of researcher reflexivity in research appears as one that requires its own focus for ‘making sense’. The bulk of chapter 2 was taken up with a particular form of reflexive inquiry and above, it was noted how reflection on one’s philosophical assumptions about knowledge and reality are important for researchers to engage in. One central methodological issue then is to justify the need for reflexivity in inquiry.

### **The need for reflexive inquiry**

In many fields of inquiry, there has been a growing realisation that some form of self consciousness, self criticality, or reflection is an essential part of the inquiry itself. Holland notes that “The usual term for this kind of approach is ‘reflexive’, a word which has begun to appear in the human sciences in particular uses but which has long been implicit in social theory: Hegel, Marx, Freud and Husserl all call in a sense for man to comprehend himself by understanding the conditions under which knowledge and false knowledge arise.” (1977, p82) This ‘reflexivity’ amounts to an approach wherein “the person producing the theory is included within the subject matter he attempts to understand.” (Holland, 1977, p82) Or as Bannister puts it: “If we are going to climb up on to platforms and make generalisations about human behaviour, then such generalisations should clearly explain the behaviour of climbing up on to platforms and making generalisations about human behaviour.” (1966, p21-22)

In psychology, some form of reflexivity has been most evident within personality theorists and those psychologists more interested in the ‘self’ than cognitive functions such as memory. Holland provides an interesting critique of how various psychologists from Mead to Maslow measure up to this “reflexivity principle that personality theorists must at least be open to investigation in the light of their own theory” (1977, p68). A similar call for a reflexivity principle has been made by

Giddens in the case of sociology - in his critique of both functionalism and structuralism within sociological inquiry, Giddens argues that “Reflexivity has to be reconstructed within the discourse of social theory not just in respect of the members of society whose conduct is the object of study, but also *in respect of social science itself as a form of human endeavour*”. (Giddens, 1979 p47). In philosophy too, the case for the reflexivity principle has been made, for example by Winch who notes a concern in philosophy for its own being. This is because, according to Winch, philosophy is an *uncommitted enquiry* and is “concerned with elucidating and comparing the ways in which the world is made intelligible in different intellectual disciplines” He continues “The uncommittedness of philosophy comes out here in the fact that it is equally concerned to elucidate its own account of things; the concern of philosophy with its own being is thus not an unhealthy Narcissistic aberration, but an essential part of what it is trying to do.” (Winch, 1958, p102)

Part of the call for reflexivity is clearly driven by a logic for inclusiveness: to treat our own constructions as social researchers as being of the same ontological status and requiring the same degree of scrutiny as the constructions we are researching. However, there is also an ethical aspect to this. For example, Ravn has voiced a “strong concern for *values* that might be guiding reality construction” including, presumably, the values of researchers. And Krippendorff has made a “plea for a social accountability for the distinctions that we make as researchers.” (both in Steier, 1991, p3) There is also perhaps a political motivation in that reflexive research “de-privilege(s) the research class even as we continue to participate in it.” (Steier, 1991,p8)

However, whatever the motivation, it can perhaps be seen from these examples that ‘reflexivity’ is being put to different uses in each discipline and after a more focused look at the use of reflexivity in psychology, I shall examine the different kinds of reflexivity that are being espoused. One point of immediate note however is that there does not seem to have been much attempt to extend the scope of this reflexive analysis across disciplinary boundaries (Holland, 1977, p82)

### **Reflection and Reflexivity in Psychology**

One of the earliest calls for some form of reflection in psychology came from GH Mead. Mead’s conception of ‘reflective intelligence’ was an “essentially problem-solving”, pragmatist one - (Reck, 1964, pxxiii). See appendix 6 for a fuller discussion.

In more recent literature, the Personal Construct Theory of George Kelly continued to argue for the relevance of and need for reflexivity in the practice of psychology. This was because personal construct theory, is based on a philosophical position he called *constructive alternativism* which “reminds us that all our present perceptions are open to question and reconsideration, and it does broadly suggest that even the most obvious occurrences of everyday life might appear utterly transformed if we were inventive enough to construe them differently.” (Kelly, 1970, p1) And this alternativism needs to apply to psychology and its constructions, as much as to the constructions of people about which such psychological constructions are made. As Steier puts it “The implication of the idea that if researchers and scholars are to take seriously principles of constructionism, these very same principles must be applied by researchers to themselves and to their research.” (Steier, 1991, p1)

Yet as Bannister has argued “we have not yet faced up to the issue of reflexivity in psychological thinking.....If we are going to climb up on to platforms and make generalisations about human behaviour, then such generalisations should clearly explain the behaviour of climbing up on to platforms and making generalisations about human behaviour.” (1966, p21-22)

So for Bannister, reflexivity in psychology is necessary because it shows up the sort of thing a psychologist is doing, and that she is doing nothing uniquely different from other people. An example of reflexivity in psychology is to note that the traditional laboratory-based experiment is itself a social situation and not something happening outside of and immune from social processes. Bannister and Fransella argue that “Personal construct psychology sees the psychologist and the subject as being in the same interpretive boat and helps us break us of the habit of playing at being ‘scientists’ in the ritual and separatist sense of the term.” (1986, p92). Their appeal to personal construct theory in this regard centres on its essentially reflexive quality, and that it “treats scientists as people and people as scientists (and) .... it differs from traditional psychological theories which do not comment on their makers as part of the subject matter.” (p157) In short, Bannister and Fransella argue that “By omitting the fact that *he* (the psychologist) - an organism like any other - is observing, he gives a false air of objectivity to the results of his observation.....And therefore the behaviourist, when he thinks he is recording observations about



the outer world, is really recording observations about what is happening to him.” Bannister and Fransella (1986, p155)

However, the issue of what is going on for the psychologist when doing his or her work has been marginalised out of the discipline “This *personality* is traditionally banned from research.” (Steier, 1991,p4). Traditionally also, comment on psychological methods and process have been kept out of the mainstream of the subject matter of the discipline, deferred instead to study in the philosophy of psychology. However, this disintegration has arguably led to a certain aloofness and uncritically of psychology as regards its founding epistemology and its methodological process. As we saw in the section on ontology above, this tendency has been rationalised as a requirement of objectivity and this distancing from researcher to subject, and from researcher to process have been incorporated and embedded into the methodological rules of the discipline. Against this, it is important to note the appeal of reflexivity for personal construct theorists - which is a rejection of the ‘separatist’ role of psychology and a call for “for psychologists to see themselves as part of the subject-matter of psychology.” (Bannister and Fransella 1986, p92)

Continuing the call for reflexivity in psychology the social constructionist ‘movement’ echoes many of the points made by personal construct theorists. For example, Potter and Wetherell ask “How should we deal with the fact that our accounts of how people’s language use is constructed are themselves constructions?” (Potter and Wetherell, 1987 p182) But as well as arguing that psychology needs to be reflexive about its own constructions, social constructionism also claims that reflexivity is a part - and perhaps a very large part - of the psychological and social experience and behaviour of the people that psychology takes as its subjects. So reflexivity needs to be an object of psychological study as well as reflexivity being needed as a sort of guiding principle that psychological constructions are not immune from examination and study.

### **Are people reflexive?**

Many writers make claims that people are reflexive. Harré claims that “self - reflective, self - critical analysis on the content and process of life is an essential part of being human or ‘person’.” (Harré 1983). Reck argues, following Mead that “The essence of the self is reflexivity - its ability to take itself as an object from the standpoint of others” (Reck, 1964 pxxxi). As we have

seen Mead makes the important claim that people are reflective beings and that they use reflective intelligence to select the best path of action, as they see it. Kelly too shares this with his idea of 'man-as-scientist'. A similar point has been made more recently : "A social constructionist analysis, while it acknowledges the impact of social forces, says that people are more than just passive recipients of handed-down knowledge; they are themselves continually engaged in its construction." (Stainton Rogers, 1991, p31) Billig argues that people act as rhetoricians (Billig, 1987). Also, Giddens argues that "...human beings reflexively monitor their conduct via the knowledge they have of the circumstances of their activity" (Giddens, 1979 p254)

It is important to note that these are not essentialist claims about human nature, but are observations and claims about what humans do when they communicate. Winch, for example, wants to say that "*the possibility* of reflection is essential ...without this possibility we are dealing not with meaningful behaviour but with something which is either mere response to stimuli or the manifestation of a habit..." (Winch, 1958, p63). Hence, because the social constructionist view is that communication serves some or other function, then this *implies* reflexivity. Potter and Wetherell focus on "the reflexive character of talk" (Potter and Wetherell, 1987 p22) They argue that "The realist model which would treat (this) talk as basically a descriptive medium is flawed. ....It is only when we start to look at the functions to which the talk is put that we can begin to fully understand what is happening in social life" (Potter and Wetherell, 1987, p72) The point being made here is that talk is more than description and that people use talk in a planned, reflexive way - they do things with their talk. This sense of reflexivity means that talk is not only about actions, but is also a part of these actions or an action in itself.

This is an important but not unchallengeable claim. The issue of whether and to what extent people are reflexive has important implications for our ideas about self esteem (which has been thought of as 'self concept plus judgement') - this point is returned to later in the thesis.

### **Kinds of reflexivity**

Throughout the above section it has been possible to discern several variations on the need for reflexivity. These can now be summarised and points of comparison made. Also, the implications of this analysis for the study of self esteem can be drawn out.

A fairly limited version of the call for reflexivity would be to argue a case for inclusivity - that researchers should extend the boundaries of their interests to include its own activity. It should be able to explain, to use Bannister's imagery, the 'climbing up on platforms'. It should be able to study the psychology of psychologists as much as the psychology of anyone else. However, this is a limited form of reflexivity because it is not reflexive about the methods it is using or the assumptions it is making. It is what Steier calls "naive or first order constructivism.....it is tautologically non-reflexive" (Steier 1991,p 4) Woolgar calls this "benign introspection" which "perhaps more accurately designated 'reflection' entails loose injunctions to 'think about what we are doing' (which) far from raising any fundamental problem .... sustains and enhances the Scientific axiom of the research effort" (Woolgar, 1988, p22)

A stronger version of the argument is that that psychology should not rule out *these methods* from its study, nor leave unexamined ontological assumptions about people and the psychological and social realities they inhabit. As we have seen, Mead's call for reflection is as much based on a rejection of idealism than anything else. In contrast, both personal construct theorists and social constructionists call for reflexivity as a consequence of their constructionist position and their rejection of realism. And it is this criticism of realist ontology as the basis for psychological study that provides a more fundamental argument for reflexivity in psychology. This is reflexivity as 'meta-theory' which as Tudor argues is a "meta perspective of the problems (content) and methodology (process) of our inquiry *as we inquire*: in practice, a critical reflection or reflexivity....Meta-theoretical assumptions are those which underlie a particular perspective or practice. Critical reflection or reflexivity is the process by which these assumptions are identified and elaborated." (Tudor, 1996, p5) Woolgar refers to this version as *constitutive reflexivity* which, following Garfinkel's claim that "representation and object are not distinct, they are intimately connected." (Woolgar, 1988, p22). It is perhaps important to note that this reflexivity as meta-theory amounts to a blurring of distinctions between a discipline and its philosophy; it calls for philosophical method to be part of the discipline for "to be self-conscious about such matters *is to be philosophical*." (Winch, 1958, p102)



A third aspect of reflexivity we have considered has been reflexivity in everyday talk. And so reflexivity becomes an object of research in its own right. The point being made was that talk is more than description and that people use talk in a planned, reflexive way - they do things with their talk. But these constructions show that talk has this reflexive character, not that people are necessarily being consciously reflexive in its use. This is a central issue in the encounter with others in chapter 5.

A final form of reflexivity is one that has not been referred to specifically as yet. This is the use of the psychologist as his or her own source of data: a specific methodology. Woolgar notes that in recognising that their own work is not immune from the social psychological processes being studied “some researchers have wanted to draw attention more directly and forcefully to the construction of *their own* texts by departing from the standard conventions of academic writing and exploring ‘new literary forms’.” (Woolgar, 1987) And Potter and Wetherell identify cases where reflexivity “is a means of exploring and illustrating rhetorical construction through analysing one’s own analysis, and is an exiting development which challenges the literary skills of the social scientist.” (Potter and Wetherell, 1987, p184) La Barre (1967) has argued that all research is autobiographical and if so, this fourth form of reflexivity simply makes the process more overt, aiming as Steier argues to “understand and become aware of our own research activities as telling a story about ourselves.” (Steier, 1991, p3) Clearly, this was the form of reflexivity taken in chapter two and a further rationale for this approach is given below.

### **A reflexive approach in the current thesis**

In terms of the above analysis, a number of implications can be drawn about the need for reflexivity in the study of self esteem, mental health and the experience of being managed. Firstly, regarding reflexivity concerning inclusivity, I think it appropriate to ask what various psychologists are doing - what sort of constructions they are making - when they make claims about self esteem and other ‘self’ concepts. As I argued above, there are important problems with assumptions about self esteem as some form of ‘essence’ inside people.

Secondly, regarding reflexivity as ‘meta-theory’, this further justifies the examination completed above of the ontological, epidemiological and methodological assumptions that underpin all research. Again, this sort of reflexivity has already been applied above in arguments in favour of

social constructionist ontology. These assumptions and beliefs from which emanate all our theorising and thus control or rule which theories about the world we accommodate, accept or construct.

Thirdly, in order to really understand what is going on for other theorists in their considerations about self esteem, the reflexivity principle demands, I think, that I also examine what is going on for me in my own considerations. Because I am not only driving a research process to do with self esteem and being managed, but am necessarily part of that process, I need to really understand what is going on for me. So reflexivity is not only a detached analysis of what theories underpin practice, but it is about my own theories about these theories that need addressing as well. This then identifies a need for the fourth sort of reflexivity described above - the use of reflexivity as a specific methodology as a tool for personal awareness and growth.

## Making sense of the focus for the thesis

There are a number of issues that have already been raised which impact on the focus for the fourth encounter within the research. These can be categorised as philosophical, process and reflexivity issues and each of these are dealt with in turn below, before bringing the issues together into a final statement of intention.

### **Philosophical implications**

Clearly, the over-riding sense that has emerged from this chapter so far has been the ontological, epistemological and methodological orientation I feel compelled to carry forward into the fourth encounter. The social constructionist account simply seems to make more sense of my realities. The important points that have emerged are summarised as follows.

#### *1 Anti essentialism*

There is no essence called 'self esteem' that we can isolate and describe as an adequate account of an experience such as being managed. What this anti-essentialist position amounts to is to "move the psychological centre of gravity out of the individual person into the social realm." (Burr, 1995, p40)

#### *2 Anti-realism*

We cannot be claiming truths about people or their situation, identified from a non-contaminating, objective position. Rather, the assumption to make is that many versions (many truths) of different realities will exist and that the methodological implication of this is that whatever rigour I may apply to the process, this will not result in any account that is somehow more objective or more true than anybody else's. All accounts, (given a similar degree of attention to the process) will have equal status.

### *3 Historical and cultural specificity*

The implication of this for the current research is that the theories and explanations that people might give for their experiences of being managed are necessarily bound up with the set of theories and explanations currently available. One interesting point will be the extent to which certain theories and explanations are called upon in comparison to others. Will there be dominant account or story to emerge? Or will there be a set of stories? Will the same theories, explanations and stories emerge in different organisations or will the organisational culture help create specificity? How will stories and accounts be generated and how can sense be made of these?

### *4 Language as a precondition for thought*

In relation to researching people in situations where they are being managed, the implication is that how any of us can think about such experiences will depend on the language we have available to us. And as was pointed out above, this 'stock' of available language is historically and culturally specific. So it is clear that language is the centre of the focus of the research. It acts as "the site of struggle, conflict and potential personal and social change" (Burr, 1995, p44). Social constructionist inquiry therefore, centres on the analysis of a piece of language or *discourse*, whether this be a text, an interview, a speech or discussion. But it is important to be clear that such discourse does not simply describe some 'pre-formed' aspect or quality of the person being researched.

### *5 Language as social action*

The implication of this for the next phase of the current research is that people talking or writing about their experiences of being managed, they are taking part in a particular social action, namely



research. Whether research is conducted in controlled laboratory conditions, or naturalistically in the field, both are social activities that carry with them the potential for framing the way that participants use language to 'manufacture and construct' the version of their experience that they want to project. As we saw earlier in this chapter, it eventually became clear to me that the process of writing the 'journey' and 'management' texts described in chapter 2 was specific and pertinent to me at the time. Participants in the next phase of the research will have their own agenda's and factors they see as personally pertinent and these might not be at the micro level, as where mine, but at the meso (organisational) or macro (societal) level. Or all three.

### *6 Focus on interaction and social practices*

Rather than assume there are 'things' capable of explaining people's experiences of being managed (such as 'self esteem', 'managerialism' etc), a better approach would be to avoid making such assumptions and work directly with the language people use to construct their accounts of being managed. The task then is to identify to what extent these assumptions are being made by the people themselves and are being lived out in the language they use.

Given the argument above about historical and cultural specificity, there are going to be a limited number of ideas, concepts, analogies, metaphors (that is 'discourses' to introduce Foucault's term) that are available, some of which will be more prominent (warrant greater 'voice' as Gergen would say) than others. It may well be that 'narratives' can act as a neutral 'umbrella' term for the elements of language used too construct accounts of social practice. However, one feature of the next phase of the research will be to see to what extent personalised scripts or repertoires, organisational myths and institutions, and more general dominant (or marginalised) discourse are being used, and how these relate to each other. For example, how do personalised scripts draw from or contribute to organisational mythology.

### *7 Focus on process*

Clearly, I assume no pre-existing account in people's heads which can be played out to the waiting researcher. Rather, their 'knowledge' of being managed will be a created account developed through a particular form of social process, namely co-operative research. It will be important to be overt about this and reflect on the meaning and implication of being involved in this particular form of

social action. What sort of process do I and those involved in the research want it to be like? How will the form of social process chosen impact on the nature of the narratives generated? What will participants gain from the process and what will it cost them?

### **Process and reflexivity implications**

This last point introduces a further advantage (as I see it) of taking the social constructionist perspective : that it has a set of methodological implications that I am happier with, especially in relation to some of the ethical issues to do with research. For example, I have been greatly impressed with the co-operative inquiry approach characterised by Reason and Rowan (1981), not only because of Rowan's Research Cycle and how it accounts really well for the reality of my research, but also because of their arguments about research, alienation and social change. Heron argues that in traditional positivist-empiricist research, "knowledge and power are all on the side of the researchers and their political masters, and none is on the side of those who provide the data and are subject to its application" (Heron, 1981, p34 - this relationship of knowledge and power is closely identified in Foucault's concepts of discourse and disciplinary power and these idea will be taken up more fully in future chapters). And Rowan also argues that such research "is alienating, because it is using the person for someone else's ends - the person's actions do not belong to that individual, but to the researcher..." (Rowan, 1981, p93) I do not want to conduct alienating research. Furthermore, there is an issue regarding the ethics of health promotion research, that it should conform to the principles of that particular professional practice which makes specific remark about partnership and involvement (SHEPS Principles of Practice, 1997) Also, I do not want to become alienated from the research. As Rowan points out, it is easy not to notice how alienated you are, and for this reason, reflexivity again shows its importance.

Rowan also identifies that those research approaches that are fully alienating do not try to change anything - "they want their theories and generalisations to be just as true before and after the investigation" (Rowan, 1981, p96) Whereas at the other end of the alienation-spectrum the research "explicitly involves the researcher in the process of change, and demand that the investigator be as open to change as the 'subjects' are encouraged to be...only now, they are more like co-researchers than conventional subjects." (Rowan, 1981, p97). As I pointed out in making personal sense, the research in the first encounters has not left me the same but has altered profoundly how I view both the conceptual issues, the nature of research, and myself and so I

would like the fourth encounter in the research to at least be open to change, both in the participants, their organisations and in myself.

- Regarding the issue of reflexivity, a number of implications for the next encounter within the research arise. On the fairly limited version of reflexivity implications include reflection on questions like:
  - Who owns the research
  - What is its purpose
  - What is the researcher's agenda
  - What is in it for me
  - Who gets to see the research product
  - What responsibility for dissemination does the researcher have?
- Regarding the second type of reflexivity involving ontological, epistemological and methodological assumptions about people and the psychological and social realities they inhabit, implications include reflection on questions like:
  - Which ontology dictates the focus of the research
  - Which epistemology dictates its scope
  - Which methodology dictates its process
  - Who controls it and agrees the rules
  - Who chooses who to research, and what is their role in the research
  - What assumptions are being made about the impact of the researcher on the research
  - What sort of actions are taken on this
  - What is the methodological and ethical relationship between the researcher and the researched?
- Regarding the third aspect of reflexivity, that is, reflexivity in everyday talk, implications include reflection on questions like:
  - What assumptions about being human are being made
  - Are individuals seen as autonomous selves or social beings
  - What (if any) is the place of autonomy and agency within a social constructionist account
  - What is being assumed about the nature of things like attitudes, beliefs, behaviours, talk



- Is language used as a description of these things, or is it actively constructing an account?
- Regarding the fourth form of reflexivity, namely the use of the social scientist as his or her own source of data, questions like:
  - What data should I continue to collect about myself
  - What form should this take
  - How should it be shared/communicated/analysed
  - How significant should this source of data be compared with other sources in the research
  - How should it be integrated with other data sources?

These questions are returned to in chapter 4.

## Conclusions: philosophical, process & reflexivity implications

From the consideration now given of the philosophical, process and reflexivity issues arising from the first encounters in the research, a number of concluding points can now be made.

Table 10: Implications for the local encounter with others	
Conclusions from previous encounter	Implications for the local encounter with others
The 'centre of gravity' for the research (Burr, 1995) is no longer located in individual psychological constructs like self esteem, but in an examination of the social practices which relate to 'being managed'.	The research encounter with others will need to be open to a range of theoretical concepts and literature from appropriate disciplines such as sociology, management theory, new institution theory etc. as well as psychology. This literature will be reviewed in chapter 5. An important issue is the way that this review will relate to the methods chosen for <b>analysing and discussing the data</b> . These issues will be discussed later in this chapter
The objective of the research is not to provide an account of health promotion specialists' experiences of being managed that is 'more true' than any account provided by the participants in the research, but one that makes sense of the whole, as well as the parts.	It is hoped that this 'making sense' will have resonance for the participants beyond their original accounts and that the process will result in making better sense for them as well as for me. In other words, the research will be open to responding (in partnership with the research participants) to the emerging issues and their implications for individuals and their organisations. This possibility is a central issue that will be identified later in the <b>research methods</b> section of this chapter. It needs to be made clear to potential participating organisations and will possibly be a factor in locating the final sample. Clearly, this is also part of the <b>ethical considerations</b> that will be addressed further in this chapter.
It will be necessary to encourage a range of health promotion specialists within one organisation to provide an account of being managed.	The implication here is that it will be necessary to recruit a whole organisation (or at least those parts of it concerned with health promotion) into the research, not just a collection of individuals. Clearly this raises issues of <b>sampling</b> which will need to be explored further in this chapter. In order to explore with potential organisations, details of the research process have been produced (see "A Research Project into the Management of Specialist Health Promotion Services" in appendix 8)
It is important in social constructionist research to let people 'tell their stories' in as 'natural' a way as possible.	All research is a social process and in a sense, no research is 'natural'. Within the social constructionist perspective, there are a number of decisions to be made about appropriate <b>research method</b> and it will be important to choose methods which encourage people to produce or construct a narrative (e.g. about being

Table 10: Implications for the local encounter with others	
Conclusions from previous encounter	Implications for the local encounter with others
	<p>managed) in a way that facilitates positively for people's stories to emerge. Central in this is the principle of letting research participants tell their own stories in their own words, as opposed to filtering these stories through the theoretical framework (operationalised through interview questions or inventories for example) of the researcher. That said, it is of course impossible for a researcher not to have a theoretical framework and hence, the methodology needs to be one in which this framework and its assumptions are stated as transparently as possible so that their influences are 'out in the open' and equally applicable to everyone. For these reasons, the "Story / Dialogue Method for Health Promotion Knowledge Development and Evaluation" (Feather and Labonte, 1996) will be considered in more detail in the <b>research method</b> section in this chapter.</p>
<p>The accounts given will be constructions for specific purposes - which version of experience does each participant want to project or 'bring off'.</p>	<p>This construction will be done within a research practice that needs to be specified as openly as possible. Gaining commitment will be to a <i>process</i> that might include : telling their stories, telling further stories, reflecting and helping to construct interpretations, sharing stories with other participants, being involved in making both individual and collective sense, being involved in communication of results etc. These features of the research have been set out in a document for potential participating organisations (see "A Research Project into the Management of Specialist Health Promotion Services" – appendix 8).</p>
<p>A major feature of the research will be to see the extent to which the accounts given by each participant, and within each organisation, depend on a wide or narrow set of repertoires, scripts or 'institutions' (Barley and Tolbert 1997).</p>	<p>The implication here relates again to the choice of <b>sample</b>. Is it desirable to choose organisations which might provide a narrow or a wide set of repertoires, scripts or 'institutions'? And what would indicate which category of organisation should be included or avoided?</p>



So the point about research is not to capture some permanent truth but to construct and negotiate a partial and incomplete story of a reality that is unavoidably changed by the creation of the story. Therefore, the intention for the fourth encounter of the research is to help create a set of stories about experiences of being managed and to see to what extent this includes scripts about self and self esteem, and what other scripts and institutions can be found, – and then to explore how these new stories creates possibilities for change in individuals, and in the institutions in the organisation.

## Chapter 4: Encountering research methodology

### Introduction

In chapter 3, a number of conclusions about philosophical, process and reflexivity implications for the local encounter with others were identified (table 10). It is important now to take these conclusions one-step further by identifying some clear parameters and methods for the next phase of the research – what I will call the ‘encounters with others’. For example, where and when will this research be conducted, how will the data be generated and recorded, how will data be analysed and reported, what will be the roles and rights of the people participating in the research. Having set out these intentions for the way the encounter with others will be run, it will also be important to support and justify them in relation to issues such as sampling theory, the likely trustworthiness of the research and its ethical justification. All this corresponds to the ‘thinking’ phase of the Rowan Research Cycle and this will be the focus for the first part of the chapter.

Following this, there will be an account of how the methods chosen for the research are to be tested. This corresponds to the ‘project’ phase of the research cycle. The final part of the chapter will deal with the lessons learnt – the ‘making sense’ of this encounter before moving on to the local encounter with others in chapter 5.

### Thinking

From the consideration given in chapter 3 of the philosophical, process and reflexivity issues arising from the first encounters in the research, six concluding points were made as table 10. The rest of this section picks up in more detail on these implications, and relates them to appropriate research theory.

### Research Methodology

According to Rubin and Rubin, “social research is not about categorising and classifying, but figuring out what events mean, how people adapt, and how they view what has happened to them and around them ...a search for universally applicable social laws can distract from learning what people know and how they understand their lives.” (Rubin and Rubin, 1995, p34-5). Clearly,

chapter 3 has served to provide support for this view of social science and has located the research within the social constructionist paradigm. No further justification of this position will be given here. Within this paradigm, certain research strategies are more common than others e.g. qualitative methods such as case study, ethnography, participant observation etc. are *prima facie* more congruent with the social constructionist principles than quantitative method like surveys or quasi experimental methods (although this is not to say that survey methods and the like could never be used to contribute to a social constructionist account.) Hancock (1998) gives a comparison of qualitative and quantitative research :

Table 11: Comparisons between qualitative and quantitative research strategies	
Qualitative	Quantitative
Subjective	Objective
Holistic	Reductionist
Phenomenological	Scientific
Anti-positivist	Positivist
Descriptive	Experimental
Naturalistic	Contrived
Inductive	Deductive

Although there may be *de facto* differences between qualitative and quantitative research, they relate more fundamentally to the ontological differences between positivism and social constructionist thinking already covered in chapter 3, than to the qualitative – quantitative distinction which is more about differing strategies than anything more fundamental or necessary. (Bryman 1988; Robson 1993). Again, there would seem to be no necessary reason why quantitative methods cannot contribute to a research account set within a social constructionist perspective. Nevertheless, it remains well accepted in research terms that “qualitative research explores people’s subjective understanding of their everyday lives” (Popes and Mays, 1999 p6). Hammersley and Atkinson (1983) have identified three characteristics of qualitative research and Silverman (1993) has provided a “Prescriptive Model of Qualitative Research” which has four main characteristics. There is a fair degree of overlap between the two sets of characteristics as can be seen below.



Table 12: How the encounter relates to characteristics of qualitative research		
Hammersley and Atkinson (1983)	Silverman (1993)	How the encounter with others relates to these characteristics
Qualitative research can provide a broader version of theory than simply a relationship between variables : “A theory must include reference to mechanisms and processes by which the relationship between variables is generated” (p20)	The research should be “theoretically driven rather than determined by technical considerations.” (p29) That is, the research should begin from a position identified somewhere within this ‘broad version of theory’ – not simply the idea of theory testing, but with more of an emphasis on using and developing theory	Chapter 3 has shown how the whole of the current research is driven largely by ontological theory and the present chapter is attempting to draw out implications of methodological theory for the next phase of the research process: the local encounter with others. In addition, the research is not testing pre-existing theory, but is driven by a desire to develop theories (or at least patterns or themes) of ‘being managed’ which do not find their basis in ‘single focus’ disciplines such as psychology; management or sociology.  The focus is the ‘mechanisms and processes’ that may be able to be identified within people’s accounts of ‘being managed’, or indeed, within ways that these accounts are constructed and presented.
The flexibility of qualitative research allows theory to be developed in “a highly effective and economical manner (24)	By being flexible about methods, qualitative research can focus on social phenomenon as ‘naturalistically, as possible – or if not, the research “needs to make a convincing case that non-naturally-occurring data should be looked for in the first instance or at all” (p29) He quotes Kirk and Miller (1986) who argue “qualitative research is a particular tradition in social science that fundamentally depends on watching people in their own territory” (1986, p9)	For this reason, it is clear that the encounter with others must take place within the settings in which people are managed and in which accounts of ‘being managed’ may be constructed. Flexibility with methods though must have its limits and it will be important to review the various methods developed for research in ‘the field’ in order to identify with which method the current research most closely fits, <i>or</i> to identify a range of learning points from several methods, all of which may have some significant things to offer to the development of the encounter with others

Table 12: How the encounter relates to characteristics of qualitative research		
Hammersley and Atkinson (1983)	Silverman (1993)	How the encounter with others relates to these characteristics
Qualitative research assumes that theorising is not restricted to social scientists	<p>Qualitative research acknowledge that members of society as well as researchers “also routinely employ theories about social order” and that therefore we should “examine social phenomena as <i>procedural</i> affairs”</p> <p>For Silverman, this means abandoning questions like ‘ why do people do X?’ and using questions like ‘what do people <i>have to do</i> to be doing X? ’</p>	<p>The current research makes a very strong assumption that the people being researched may well have their own theoretical account of their experiences of ‘being managed’ and that these theorisings (if and when they made or presented) are an important focus for the encounter with others.</p> <p>However, the shift in thinking that Silverman urges is not unproblematic – not all qualitative research needs to abandon questions like ‘why do people do X?’. Yes, it will be important for the research to consider ‘what are people doing here?’; ‘what is being said, constructed or achieved?’; ‘what scripts or images are people attempting to ‘bring off’?’. But perhaps the current research should not abandon the possibility of also asking ‘why are people doing this? Etc. (see the sections on ethnography and phenomenology below).</p>
	Silverman also sees as central to qualitative research an “attempt to make problematic the common-sense reasoning used in definitions” (p29) (e.g. of what constitutes ‘suicide’ or ‘an organisation’ (or ‘being managed’)	Clearly, there are ‘common-sense’ terms that are likely to have application in accounts of ‘being managed’, such as ‘power’ or ‘authority’ (see chapter 2). However, it is not the intention to ‘see’ the research through these concepts but to explore with research participants what sort of conceptualisings around ‘power’ and ‘authority’ are (if at all) being made. If ‘common-sense’ concepts are made use of in the accounts people provide, then it is legitimate to ask how this ‘sense’ came to be seen as ‘common’ and the extent to which this agreement holds true or has exceptions within or between the accounts offered.

These three or four characteristics – focusing on theory not technique, using flexible, ‘naturalistic’ methods in the field, focusing on social procedure and systems, and attending to common-sense assumption, - provide some clarity for the encounter with others, as shown by the third column above. However, the issue raised by Silverman concerning the focus on ‘procedural affairs’ raises some perplexing issues that need further examination. And further, it is possible to over-state the case for flexibility and only a secondary focus on technique. Hence, some surveying of the options for conducting qualitative research is now needed in order to place some boundaries and achieve some further clarity of thinking around the methods likely to be used in the next phase of the research – the local encounter with others.

Research Methods

Tesch (1990) has identified that within the qualitative tradition, twenty six distinct research methods have emerged. These can be categorised (according to Tesch) into four main groups. These groups all concern the issue of language but take a slightly different focus :

The characteristics of language	The discovery of regularities	The comprehension of the meaning of text/action	Reflection
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Tesch argues “from left to right, the types of research become less structured and more holistic. Those kinds of research that are mostly paying attention to language, for instance, deal with discrete parts of language, such as words or phrases, and the research process consists of very orderly procedures....On the other hand, those types of research that rely mostly on scholarly reflection treat data holistically, allowing the analysis to build on intuition and insight that are achieved through deep immersion in and dwelling with the data” (Tesch, 1990, p59-60). I do not necessarily agree with either the classification or the rationale given in support. For example, how is hermeneutic reflection of the type used in chapter two possible without attention to characteristics of language, the discovery of regularities or the comprehension of meaning? Another problem I see is that even at this initial level of classification, it does not seem possible to locate the current research into only one of these four groups. Rather, elements of all four would seem important. However, I would agree that all the objects of social research necessarily involve



the study of language and hence Tesch's argument that it is *how* such language is research and what emphasis is given to various aspects of its use seems reasonable. So the issue might be to *what extent* the four groups (and the various research methods within them) are important in order to develop the encounter with others in ways that meet the requirements and aspirations so far outlined.

In this regard it is important to note that Tesch foresees such criticism and offers the four-group diagram only as a heuristic device – as one way of thinking about the range of qualitative research methods amongst others. Another suggestion is the metaphor of a painter's palette: "There are certain basic colours. They can be mixed to form an unending variety of shades. Every researcher could do a study of a unique 'shade'" (Tesch, 1990, p71). She offers Maslow in support of this position arguing that science "should not be method-centred i.e. it must not confine itself to those problems for whose study legitimate methods exist....Science must be problem-centred and invent appropriate methods for investigating the problem of concern and puzzle" (Tesch 1990, p12). Silverman makes a similar point (Silverman, 1984). This is the approach to method I propose to take. For the encounter with others, rather than attempting to pigeon-hole it into just one of the twenty six research 'boxes', I would argue that a more valuable approach would be to take appropriate 'colours' from a range of methods and combine these to form a 'shade' capable of addressing the research issues. Appendix 9 provides an account of some of the twenty six methods, and an analysis of the aspects of these that have relevance for the encounter with others. The results of this analysis are summarised as table 13.

### **Choosing a research method**

Having discussed some 15 different research methods some points of relevance for the current research have been identified. In the table below, I have tried to identify the 'distinguishing feature' of each method and also identify which of its features are important for the current research:

Table 13: Distinguishing features of qualitative methods and their importance for the current research.		
Qualitative methodology	Distinguishing feature	Significant features for the current research
Content Analysis	Focus on the characteristics of language as communication by identifying its content i.e. its main concepts, themes and meaning	The aim of content analysis to categorise words and phrases according to their meaning seems at first sight appropriate for the current research. However, words and phrases may have a variety of meanings and it will be important to work with people to discern what these meaning are rather than accept meaning as unproblematic. Also, words and phrases are not just a “medium of representation” (Antaki, 2000) – people talking about their experiences of being managed are not just describing something but doing something, i.e. making a move in a particular “language–game” (Wittgenstein, 1958)
Discourse Analysis		The aim of discourse analysis to identify what people are trying to do with the language they use seems very important for it acknowledges that language is more than a medium of representation. However, what people are doing with their language is to perform certain <i>social</i> functions and these are not perhaps acknowledged enough in discourse analysis. Certainly in the 'interpretive repertoire' versions of discourse analysis the explanations of why language is being used are largely psychological whereas I believe the more interesting questions refer to the social aspects of these functions including what phrases end up being common to members of a social group, how this happens and what are some of the consequences. This is not exactly following the genealogical line and perhaps relates more strongly to Parker's political and emancipatory versions of discourse analytic work.

Table 13: Distinguishing features of qualitative methods and their importance for the current research.		
Qualitative methodology	Distinguishing feature	Significant features for the current research
Ethnomethodology and Symbolic Interactionism	Focus on participants points of view of the world (interactionism) or on what is observable (ethnomethodological ethnography)	<p>The aim of ethnomethodology is to produce “a description of the implicit rules and traditions of a group” (Robson, 1993, p148). Clearly there is a possibility that people talking about their experiences of being managed may show that certain ‘rules and traditions’ are being used and adhered to within their experiences. Whatever the merits of Silverman’s critique of interactionism, I feel there is a legitimate focus in the current research for social procedure and process as well as individual perceptions.</p> <p>However, the method perhaps relies too heavily on a realist view i.e. that there are ‘implicit rules and traditions’ of a group that can be observed by a research whereas I favour a more social constructionist view that such regularities will need to be identified and in a sense constructed by the group themselves.</p>
Grounded Theory	Focus on grounding the development of theory from the data generated	<p>The researcher lets the data speak and is committed to an iterative process using constant comparative analysis to assist “a creative interaction between theory and research practice” which “generate thick, saturated descriptions of considerable scope” ( Seale, 2000 p105)</p> <p>However, perhaps this places too much emphasis on the development of <i>theory</i> at the expense of simply marking out the ‘discerning of patterns’ such as rules and traditions. In the context of the current research, it may be that the discernment of patterns is appropriate and sufficient without the need or indeed the possibility of moving on to develop theory. Another issue regards theory testing and in this case the possibility of seeing how well theory around scripts, institutions or mythologies (Barley and Tolbert 1997) established within an organisation relates to the categories and themes emerging from the data.</p> <p>However, what grounded theory does provide is a fully worked up method for the analysis of data</p>



Table 13: Distinguishing features of qualitative methods and their importance for the current research.		
Qualitative methodology	Distinguishing feature	Significant features for the current research
		and this aspect will be utilised in the current research.
Phenomenography	Focus on mapping the qualitatively different ways in which people experience, conceptualise, perceive, and understand various aspects of, and phenomena in, the world around them	In the context of the current research, this would mean a focus on how health promotion specialists explain their experiences of being managed and how these explanations might change. However, I do not feel that the phenomenographers goal of simply mapping out explanations of phenomena to be sufficient and this brings in the desire for social (and possibly personal) action, development or change as a stated intention of the research. One reason for this may be that the method does not consider implications that may follow from the mapping out.
Co-operative Inquiry	Focus on participants as co-researchers, and the cyclical nature of research	The aim is an overt focus on social change and also a willingness to work with those who are researched to examine the implications that may arise once an analysis or interpretation of their experiences has been made. The researcher works in partnership with the researched, and attempts to avoid all types of alienation within it; the research has a social change focus and proceeds through a series of challenging and sometimes messy encounters rather than following some idealised, linear and unproblematic prescription. Although the research aims to provide equal voice to its participants, there may be a sense in which this can be over-stated, and Seale points to the positive and useful contribution that the interpretation and analysis that the researcher can inject into the process and this provides an important acknowledgement of the power and “authorial voice” (Seale, 1999) used by the researcher in the research.

Table 13: Distinguishing features of qualitative methods and their importance for the current research.		
Qualitative methodology	Distinguishing feature	Significant features for the current research
Feminist Research.	Focus on the avoidance of sexist bias in research and in finding ways in which accounts can be given which are not constrained by or subjugated to androcentric theory and power differentials	The researcher works to explore reflexively possible sources of sexist (and other) bias (see chapter 3) but also takes steps to structure the research in ways that allow for equal voice for all participants. The review of data collection techniques will identify some that are more successful in this regard than others (see below). Another important point is the focus on rupture or crisis.
Critical Theory	Widens the ambit of possible sources of constraint and subjugation beyond androcentrism.	The aim is to use the research to raise the critical consciousness of those researched in order to help empower them and emancipate them from any negative implications that can be agreed as deriving from their 'pre-research' way of defining and constructing their experiences, in this case, of being managed.
Naturalistic Inquiry	Focus on the role of the researcher as the major form of data collection device	The aim is to perform the research in as 'natural' environment as possible. Hence there is an inevitability that the researcher will disturb this environment calling for high levels of reflexivity to identify the impact being made. However, research of any sort is more a constructed than a 'natural' activity. In the current research setting, getting a group of health promotion specialists together in a structured process is perhaps not as contrived as it might first seem – the participants are used to collective work and to structured processes so the sort of co-operative research envisaged may be as 'natural' as it could get.

Table 13: Distinguishing features of qualitative methods and their importance for the current research.		
Qualitative methodology	Distinguishing feature	Significant features for the current research
Phenomenology	Focus on participants points of view of the world	The investigator “works with the participants to understand and describe their view of the world” (Yardley, 1997, p40). At first sight this seems a laudible aim because it firmly resonates with the social constructionist ontology of multiple realities. However, simply focusing on individual perspectives and experiences of being managed would miss the opportunity of seeing how their accounts of these experiences are common or shared and what social functions such patterns such as rules and traditions perform. Hence in this method there is the ‘danger’ raised by Silverman of concentrating so much on individuals’ phenomenologies of their social world that the <i>social</i> aspect is forgotten. (1993, p54)
Case Study	Focus on the particularity of an individual case	The researcher chooses from a range of techniques and methods for collecting the data. The case or cases are chosen for specific reasons related to the aims of the research (theoretical sampling) and not driven by a need to establish representativeness of the sample. However, Seale’s point is important – whatever the intrinsic interest of a case, there are advantages in trying to generalise the relevance of the single case to other cases.



Table 13: Distinguishing features of qualitative methods and their importance for the current research.		
Qualitative methodology	Distinguishing feature	Significant features for the current research
Hermeneutics	The focus is on the research being an integrative, living form where the researcher is being involved, committed, interested, concerned and open to intuitive visions, feelings, (and) sensings	The aim of the current research moves beyond an account of being managed as far as the researcher sees it. Been there, done that. Although as a researcher I will be involved, committed and interested (i.e. not impartial) and although reflexivity will be important to keep me open to the implications and impacts of my position as instigator and an 'authorial voice' of the research, there are other conditions to be met too, such as the emphasis on collaboration, on change and on the emancipatory potential of the research.
Reflective Phenomenology	The focus is not on the experiential accounts of others, but on the researcher's own contemplation	Further, there is a need to make the methods of data collection and analysis open and transparent that is not always possible or desirable with hermeneutic or reflective phenomenological research.

An important point to note is that these 15 approaches within qualitative methodology differ in different ways. It is not as if they have agreement about what is centrally important in research and differ only in the details and technologies of how data is generated or collected. Rather, each method makes a different claim for what is centrally important in research (column 2 above). The issue in choosing and justifying a research approach is therefore not an unproblematic matter. What might not be seen as centrally important may still have significance for the research. For example, I do see the central tenants of co-operative inquiry as central for the current research but there are significant issues to do with interaction, observation, accounts, reflexivity, empowerment and the analysis of data that are covered in sometimes greater and better detail than within the co-operative inquiry literature. And so the issue is surely not to maintain a fundamentalist adherence to any one method. As pointed out earlier, this is the view taken by Tesch with her painter's palette

metaphor. So I will be using 'colours' borrowed from the methods listed in the table using them to contribute to the 'shade' of research that (as I have argued in column 3) is needed to address the research issues and context.

This approach does not equate to a sloppy eclecticism. Not only do the various methods differ, they also contradict. The task has been to provide a rationale for an integration of method that is clear about how the aims of the research are likely to be met. As Seale notes, "the best way to see the value of some general methodological rule or procedure is to see how it works out on the ground, as it were, in the context of particular research projects." (2000, p86). And Silverman argues that "researchers have more to learn by exploring the interstices between analytic positions than by dwelling on one side of fine-sounding polarities." (1993, p55) Hence rather than try to pigeon-hole the current research into one or other methodological slot, I have argued that a methodology based initially in the co-operative inquiry method, but drawing from many of the other methods discussed in congruent, non-conflicting ways (as shown in column 3 above) is the most appropriate for the current research.

So rather than being single minded about what methods to use, it is perhaps more important to be single minded about what the research is for, and hence use methods in a flexible way contingent upon this - choice of method needs to be contingent upon research purposes, not the other way around. Research purpose can after all be unwittingly/ unknowingly constrained and altered by slavish addiction to a method. But although it is important to be 'single minded about research purpose, this does and should adapt and change as the research evolves. And this change and adaptation will require reflection and possible change to the methods employed.

Using Tesch's framework again, the current research can be seen as locating in the centre of the group of methods that she terms "Interpretational Analysis" methods (Tesch, 199, p113) as shown in figure 3 below.

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***Figure 3: Tesch's (1990) Graphic Overview of Qualitative Research***





## **Theory – Building or Description – Interpretation.**

As can be seen from this diagram, the encounter with others locates within the broad band of methods labelled “Interpretational Analysis” which, according to Tesch, share a range of common features of data analysis. These will be discussed in the data analysis section below. The encounter can also be seen to lie at the boundary between the ‘theory-building’ and ‘interpretive / descriptive’ methods. The implication of this needs exploring because as Tesch points out, the methods employed for organising and interpreting data can be very different depending upon whether theory is being constructed or not. For some qualitative researchers the goal is the sort of ‘thick description’ that Geertz describes (Geertz, 1973, p26) and these are the group that Tesch labels ‘Interpretive/Descriptive’ on the diagram above. On the other hand, the aim of any social research can be argued ultimately to be the generation of theory (Tesch, 1990, p90) and any researcher who seeks connections between their categories of data will also “seek explanation which is the same as theorising” (ibid, p85). A mid-point view would be the researchers can “establish way-stations on the road to theory such as concrete descriptions, typologies or models but there is no obligation on the part of the ethnographer to travel all the way to theory in any particular study” (Hammersley and Atkinson, 1983, p201). For the encounter with others, I intend to take this middle line leaving the extent to which descriptions may lead to themes, typologies, models, and perhaps even theory open at this stage. The balance though seems more likely to be in the ‘interpretive / descriptive’ area.

## **Research Instruments**

On this basis, we can turn attention to specific instruments for data gathering. Here again, a number of options present themselves having emerged from qualitative research practice. These include: Observation, Interviews, Focus Groups, and (more lately) Story – Dialogue.

**Observation techniques** can stem from a variety of forms such as written descriptions, video recording, photographs and artefacts and documentation (Robson, 1995). They do not require

direct interaction with the research participants but this raises questions of the trustworthiness of the data (as only the researcher is doing the interpretation) and also the ethics of its collection. A number of criticism have been made of participant observation in particular (although these may not all be relevant to non-participant observation) Silverman points out:

1. The “focus on the present may blind the observer to important events that occurred before his entry on the scene (1993, p49
2. “confidants / informers may be entirely unrepresentative of the less open participants “ (p49
3. “observers may change the situation just by their presence and so the decision about what role to adopt may be fateful” (p49)
4. observes may ‘go native’ in which case “he cannot remember how he found out or how to articulate the principles underlying what he is doing” (p49)

In the case of the current research, a number of conclusions above point clearly to a more participatory, involving data gathering than is contained within observation methods.

**Interviews** are the most commonly used qualitative instrument and “try to be interactive and sensitive to the language and concepts used by the interviewee, and they try to keep the agenda flexible” (Britten, 1999 p13). Rubin and Rubin see them as modifications or extensions of ordinary conversations but with important distinctions (Rubin and Rubin, 1995) which clearly need to acknowledge that ‘ordinary conversations’ and ‘research interviews’ are constructed for entirely different purposes and hence the type of narrative constructed and its purposes – the stories the interviewer and interviewee want to ‘bring off’ or project – will be different. Nevertheless, interviews do share some features of conversations – such as being able to match “the flow and choice of topics to what the interviewee knows and feels” (Rubin and Rubin 1995 p6) – and can



claim to be more ‘natural’ than perhaps focus groups. However, they also lack the possibility of participants having an interpretive role – they are simply providers of the data.

**Focus Groups** have become increasingly popular in the social sciences and public sector (Hancock, 1998) and are especially useful when there are limited resources, when it is possible to identify a number of people with a shared interest, and when it is possible to use group interaction as a way of gaining greater insight. Krueger argues that groups should be relatively small (6-10 people) and that several groups should be run so as not to rely on the values and opinions of only one group. Beyond these points, there are both advantages and disadvantages if the group members know each other, or if the groups are ‘pre-formed’ or not. In any case, a large amount of qualitative data can be generated (although it may not always be easy to record and transcribe) and considerable researcher skills in terms of facilitating, moderating, listening, observing and analysing are required. A key point is that each contribution is (in theory) heard by all participants and this may trigger further reflection and input on the issue. It allows participants to be involved therefore in some form of interpretation of the data. The extent to which this potential is capitalised is however open to variation. Clearly a downside is that not all participants may have ‘equal voice’ in the interaction.

**The Story – Dialogue method** has been developed by a number of qualitative researchers and in particular by Feather and Labonte (1996). This instrument sets out a detailed formula or structure for both the generation and the interpretation of the data. Participants are asked to prepare a five minute story or narrative in response to a ‘generative theme’ which is a statement prepared by the researcher aiming to illicit detailed responses on the particular research themes of interest or concern but without constraining participants to answer in particular ways. Clearly, there is a tension here to be met but if successful, the method allows each participant to have equal and uninterrupted voice. Participants meet together and read out their story. Comments from all participants are recorded and these are used as the basis of a ‘structured dialogue’, which is a way

of processing the stories to develop the sort of reflection, interaction and interpretation potentially available in focus groups. In comparison to this process being allowed to emerge ‘naturally’ with a focus group, the structured dialogue provides a technology for ensuring processing will happen in a controlled, planned and rigorous way by following a processing schema:

- **What** do you see happening here (Description)
- **Why** do you think it happens (Explanation)
- **So what** have we learned from our own experiences (Synthesis)
- **Now what** can we do about it (Action)

As such, the story-dialogue method encapsulates the advantages of both the focus group and interview whilst avoiding some of the limitations of these alternatives.

### **Choosing research instruments**

A similar decision about research instrument needs to be made as was taken above about research method. Again, rather than stick slavishly to one instrument, the story-dialogue will be chosen as the starting point as this does seem to build in some of the better features of other instruments, as well as provide some unique opportunities for giving voice, for participation, and for involving participants with interpretation and analysis as well as simply data generation. The instrument also enables the research to take on an action/change focus with the participants being encouraged to reflect on the research experience and ask and answer questions about ‘what have we learnt from this?’ and ‘so what does this mean for me/us/our profession/our organisation’. Finally, there is the added political point that the instrument has been championed by Labonte who is a generally well-known and respected figure within the health promotion world.

Given the slightly unconventional nature of this research instrument, Labonte’s championing of it may help assuage anxieties amongst the research participants, many of whom would be aware of Labonte and know his work and reputation.

That said, it may well be that for a variety of reasons, some members of the research sample may not be able or willing to take part in the story-dialogue activity, in which case, the generative

theme that will be used for participants to generate their five minute story will be adapted as a schedule for use in semi-structured interviews. Also, in later stages of the encounter, it may be that the participants will re-form in more focus group style to consider and pass comment on my own interpretation and analysis of the data, and to generate further data on emerging issues. This conforms to the technique of ‘theoretical sampling’ identified in grounded theory method, but also goes some way towards ensuring the trustworthiness of the research (to be discussed further later in this chapter.)

In summary, this consideration of the four research instruments has yielded the following

Table 14: Features of qualitative research instruments and their importance for the research.	
Data gathering instrument	Significant features for the current research
Focus Groups	Gains achieved through group interaction – participants both contribute and interpret data
Observation	Not sufficiently interactive; use of documentary sources may be helpful but only as secondary, supportive sources of data
Interviews	Provides each participant the chance to have their voice heard
Story – Dialogue.	Participants are encouraged to prepare accounts around a common theme which overtly sets out the researcher’s agenda; it provides each participant the chance to have equal voice (Gergen); gains can be achieved through group interaction; participants both contribute and interpret data; focus on action and change;

More details of the story-dialogue method are given in the Project section of this chapter, and in chapter 5. Its advantages as a research instrument to encourage participant reflexivity is discussed in chapter 6.

Sampling

Having decided upon the process to be used in the gathering of the data, we can now consider sampling issues. The central issue for the research is the experiences of being managed of health promotion specialist in the UK. As there are approximately 2000 UK health promotion specialists



practicing in around 155 departments (MacDonald and Robertson, 2000), some form of sampling will be necessary. Within qualitative research, the idea of gaining a sample that is statistically representative of the whole population is not normally considered (Pope and Mays, 1999). Rather, some form of non-probability sampling is used – the intention is to reach an in-depth understanding of the life of a particular sample rather than to generalise from this to the whole population. There are several types of non-probability sampling to consider: Quota, Dimensional, Convenience, Purposive and Snowball (Robson, 1995). These are defined in appendix 10. Issues to do with each sampling approach are identified in table 15 below:

However, for the purposes of the encounter with others, and the focus around co-operative inquiry / phenomenography / grounded theory as the main influences on research method, another factor in the choice of sample has emerged – the ability or willingness of an organisation to take part in a co-operative, action oriented way. In this case, this ‘convenience’ factor is extremely important and will have to outweigh other issues, such as sampling specialist health promotion departments that are representative of the whole population of health promotion departments at least in some dimensions. Given this ‘willingness’ factor, the sampling may then bring in other ‘purposive’ or theoretical factors like organisational position, stability or change. It will also mean that if sufficient richness of data can be generated for the purposes of description, interpretation and the beginnings of theory building, and sufficient co-operation and action engendered for the purposes of meeting the needs of the department and its members, then there would be no need to move to any second encounter with others.

Table 15: Types of sampling and their relevance to the current research.	
Sampling form	Significant features for the current research
Quota	There are a number of quotas or dimensions which, according to

Table 15: Types of sampling and their relevance to the current research.	
Sampling form	Significant features for the current research
Dimensional	MacDonald and Robertson (2000) would be seen as relevant to how health promotion specialist experience ‘being managed’ e.g. country, organisational position, size, qualifications of staff and manager, funding, degree of organisational instability, work priorities, perceived optimism, or special considerations (like being within a Health Action Zone). Clearly, there is insufficient capacity within the current research to factor in all of these dimensions into the sampling. Rather, a sample of only one or two specialist health promotion departments (and their host organisation) are considered to be sufficient in order to place the emphasis on depth, richness, meaning and action rather than representativeness.
Convenience	Although sometimes regarded as “cheap and dirty” (Robson, 1995 p141) it does have other merit (see below)
Purposive	In the current research, ‘typicality or interest’ could be choosing health promotion departments which are in transition from Trust to some yet to be determined organisational position - not only interesting but also fairly typical. Or we could chose one department in transition and compare this to one in stability. However the element of research emphasising action and change would not be served by a stable department.
Snowball	There is little scope within the research to snow-ball to other organisations. However, there may be scope to snow-ball within the organisation to generate data from people who only emerge in later stages as being of potential significance to the research.
Theoretical sampling	Perhaps one element of theory is that which argues that individual participants stories (accounts) bear some relation to more general stories, institutions or mythologies established within an organisation (Barley and Tolbert 1997). In which case, the sample should perhaps be chosen to test this theory. One way of identifying such a sample may be to use the idea of rupture (from feminist research) or crisis (from critical theory) arguing that those departments in crisis or rupture situations are most likely to illustrate features of interest than a department in relative stability.

## **Identifying the sample**

In Spring, 2000 the managers of health promotion departments in the West Midlands were involved in a project funded by the NHSE attempting to generate a Position Statement on “Health Promotion in Transition” which was an attempt to make sense of the opportunities and threats of contemporary policy changes for the future potential and quality of health promotion work. This project was facilitated by a researcher and I had a role as scribe. In the context of this work the managers were appraised of my intended research and an information sheet “A Research Project into the Management of Specialist Health Promotion Services” (see appendix 8) was made available. As a result, more detailed discussions took place with managers who expressed more of an interest. This led to further discussions with the members of two specialist health promotion departments and agreements from them to proceed. In August, 2000 I visited one of these departments to talk about the research and listen to any concerns. A number were expressed at the time and other points were captured by asking the health promotion specialists to record their thoughts, concerns and expectations about the research on printed forms that I left for completion later (see appendix 11). Of the twelve health promotion specialists in the department five returned the forms and an analysis of these together with comments as to how I felt the issues could be dealt with were returned to the department in September (see table 17 in the ‘project’ section later in this chapter). This led to a further clarification meeting in October and the agreement to proceed.

## **Trustworthiness**

Robson notes that “to come up with trustworthy answers, the analysis has to treat the evidence fairly and without bias, and the conclusions must be compelling, not least in ruling out alternative interpretations “ (1993, p372) On this line of thinking, the trustworthiness of the research is heavily dependant upon the analysis of the data. However, apart from data analysis, other aspects of the construction and conduct of the research will either contribute to or detract from its



trustworthiness, such as the reflexivity of the researcher, the knowledge base brought by the researcher to the research, the choice of sample, method(s) and instrument(s). Four main conceptual frameworks have been developed in attempts to pin point the trustworthiness of the research and different authors have emphasised one or other of these concepts differentially, or have applied them with different meanings. Chiefly, these are :

1. using judgements of the validity and reliability of the findings, its generalisability (or external validity) with respect to wider populations than the research sample, and the objectivity of the researcher
2. using judgements of credibility and dependability of the findings, its transferability to other cases or populations, and the credibility of the research process (Lincoln and Guba, 1985)
3. using these judgements, plus political judgements as to the authenticity or 'value' of the research : the 'fifth moment' in research (Lincoln and Denzin, 1994)
4. using judgements of the plausibility of the claims of research given existing knowledge, and the credibility of the claims given the nature of the phenomena, the circumstances of the research, and the characteristics of the researcher. (Hammersley, 1992)

All of the above have their respective advocates and problems. Briefly some of the problems for each of the above four points are :

1. there are types of research such as this one, where the application of criteria of trustworthiness developed out of a positivist paradigm seems inappropriate
2. credibility and other such terms can be seen as mere proxy measures for the continued application and dominance of positivist values
3. Seale feels the 'fifth moment' argument from Lincoln and Denzin (1994) spurious :  
"Research can at times be more relevant to direct political projects, at others less relevant, but its quality is an issue somewhat independent of this" (2000, p47) But although research quality might be "somewhat" independent of political considerations, I would not agree that it is 'wholly' independent.

4. This is a very pragmatic assessment but it does remind us that the theoretical and knowledge context is important. It also makes the point that what is demanded in order to support a theory is more demanding than what is required to support a description. But it tends to beg the question of what counts as criteria for judging how the nature of the phenomena, the circumstances of the research, and the characteristics of the researcher might impinge on the credibility. In this same regard, Silverman's claim that "work becomes scientific by adopting methods of study *appropriate* to its subject matter" (1993, p144) could also be said to be begging the question of what counts as 'appropriate'. Also, Silverman argues (but not fatally I think) that "if we only accept as valid those accounts which are plausible and credible, then we are unable to be surprised, and condemned to reproduce existing models of the world" (1993, p155)

Considering these points leads me to reject both the positivist criteria in 1 but also Hammersley's pragmatic alternative in 4. This leaves the Lincoln and Guba analysis possibly with the addition of the Denzin and Lincoln point about authenticity which is certainly interesting and could be useful. Lincoln and Guba argue that there are four elements to the trustworthiness of research. Firstly, the notion of **credibility** is used to consider how well the subject of the research is "accurately identified and described" (Robson, 1993, p402). Some commentators have likened this to the quantitative notion of internal validity, but without the assumption of a realist ontology. Robson suggests a number of ways of enhancing credibility :

- prolonged involvement and persistent observation
- peer debriefing (which involves exposing my analysis to colleagues through the process)
- member checks (which involves checking back my analysis with the members of the research encounter)
- negative case analysis (which involves making a determined effort to identify data that do not fit in with categories, themes and generalisations).
- using data from different sources and comparing these through a process known as triangulation.

The extent to which these tactics will be used in the encounter with others will be discussed shortly after some consideration is given to Lincoln and Guba's other components of trustworthy research. Secondly, Lincoln and Guba use the notion of **dependability** which is claimed to parallel the idea of reliability in quantitative research. Reliability means that if the research were to be conducted again, then similar results would be produced. Of course, a social constructionist perspective would argue against the possibility of doing the 'same' research again because researching the issue the first time would have unavoidably changed things so that the second round of research would unavoidably produce different results. Reliability relates to validity just as dependability relates to credibility in that research could be seen as dependable (or reliable in quantitative terms) but produce not very credible (or valid) results. Clearly if the research does produce credible (or valid) results, then it is more likely that the research is dependable (or reliable). And so enhancing the dependability of the research defaults to the same tactics as used to enhance its credibility. Within these tactics as we have seen, the idea of member checks and peer debriefing are important, not only in enhancing credibility, but also by adding some transparency to the process and as such, will help to enhance the **confirmability** of the research. Lincoln and Guba introduce this idea as a parallel to the quantitative notion of objectivity. However, the point about confirmability is not to focus on whether the *researcher* is 'objective' in the process (for the theoretical possibility of this can of course be challenged), but to focus on whether the *research process* is rigorous and appropriate, and the transparency through which this can be judged.

The fourth element of trustworthiness introduced by Lincoln and Guba is **transferability**. This relates to the idea of external validity (or generalisability) in quantitative research. Ward-Schofield identifies an increase in interest in transferability in qualitative research and sees this as a sort of rapprochement between the qualitative and quantitative traditions. However she notes that generalising, "in the sense of producing laws that apply universally is not a useful standard or goal for qualitative research." (Ward-Schofield, 1993, p207). In quantitative research, this issue is decided by the degree to which the *researcher* has ensured that the sample chosen is representative of a wider population. In the notion of transferability, the issue is decided by the degree to which



the *reader* can make judgements about how well their own cases or populations are similar to the case or population sampled in the research. This shift of onus implies that the researcher must provide adequate information about the research for the reader to make a well-informed judgement. Lincoln and Guba argue that this can be done by providing what Geertz calls ‘thick description’ (Geertz, 1973) – “a description which specifies everything that a reader may need to know to understand the findings” (Robson, 1993, p405). Ward-Schofield concurs that “thick description is necessary to allow individuals to ask about the degree of fit between the case studied and the case to which they wish to generalise, even when the fit on some of the basic dimensions looks fairly close” (Ward-Schofield, 1993, p211). Marshall and Rossman (1989) argue that this needs to include some account not just of context and data analysis, but also the theoretical framework in which the research takes place.

I trust that the discussion about trustworthiness has shown that although it is possible in some theoretical sense to make the sort of distinctions marked out by Lincoln and Guba, in practice, the tactics used for enhancing credibility, dependability and confirmability overlap considerably. In consequence, I will no longer use these distinctive terms but simply refer to the **trustworthiness** of the research (and the tactics employed to enhance this), and the **transferability** of the research (which will depend on providing the sort of thick descriptions and theoretical frameworks called for above).

Before moving on however, there are two fundamental issues that the above discussion raises. The first is that many of the tactics for enhancing the trustworthiness of the research place emphasis on the *confirmability* or truth value of the claims made by research. However, according to Popper and others since, the mark of good science is not how well claims can be confirmed or verified, but how well they stand up to attempts to disconfirm or falsify them. In other words, following Robson’s point above about ‘alternative interpretations’, and the tradition in symbolic interactionism to seek ‘negative cases’ suggest that rather than simply finding aspects of the

research which are thought to add to its confirmability, the researcher should look to aspects of the research which *challenge* : “ Some qualitative investigators present the evidence that *supports* their interpretations, unmindful of Popper’s warning that anybody can always find *some* evidence to support their view. What counts however, is whether a serious search for *disconfirming* evidence turns up anything. “ Phillips, 1987 p63). This is what Seale refers to as ‘fallibilistic research’ (Seale, 1999). However, surely the issue here is not one or the other – confirming or disconfirming – but both. The researcher needs to be mindful of ways in which the research will be likely to produce pattern, theme and consistency as well as looking at how it might produce variability, single cases and inconsistency. This is the point concerning negative case analysis highlighted by Lincoln and Guba (1985) and Kidder (1981).

A second point is even more fundamental which is whether any research placed within a relativistic ontology can ever make claims about truth : “their belief in ‘multiple constructed realities’ (Lincoln and Guba’s) which is at the heart of the constructionist paradigm, is not consistent with the idea that criteria for judging the trustworthiness of an account is possible. Relativism does not sit well with attempts to establish truth, even if the term is placed in inverted commas” (Seale, 2000, p46). Burr (1995) raises similar questions as do Cromby and Nightingale (1999). This is a difficult ontological issue that will be returned to in later chapters. For now, I do not want to argue either for or against the view that truth must necessarily stem from a realist ontology, for this issue does not necessarily impinge on our current concern – the trustworthiness of the planned encounter with others. Certainly, an acknowledgement of realism would provide some clarity to the issue and sets out a clear agenda for ensuring trustworthiness based largely on the principles of triangulation i.e. taking a number of different data snapshots of the ‘same’ thing and using the consistency between these snapshots to argue that a valid picture or image has been captured. But this position does not sit easily with the view I have argued so far – snapshots are not so much taken as constructed and people will construct different images in different circumstances for different purposes. So if the focus becomes not the ‘truth’ of what people are saying, but

interpretations of why they are saying it and what this does or does not achieve, the certainty provided by realism evaporates. However, this does not mean that there is no value in collecting and comparing different data sources (snapshots) and in the planned encounter with others, a number of different data sources will be generated and analysed. It simply means that the purpose of generating different data sources is not to triangulate one against the other to try to establish some truth independent of either. Neither is it to allow the researcher to “adjudicate between competing versions” (Silverman, 1993 p158). For as Hammersley and Atkinson point out “one should not adopt a naively optimistic view that the aggregation of data from different sources will unproblematically add up to produce a more complete picture” (Hammersley and Atkinson 1983, p199). And to adjudicate between accounts is to “remain blind to the sense of each account in the context in which it arises” (Silverman, 1993 p158). Rather the purpose of using different data sources is to engage with the richness of differently generated data and to explore how consistency (but also) inconsistency, change, reflection, irony, emotion, salience, impact and movement, can all be understood and made sense of, not only by the researcher, but also by the participants themselves.

This relates to the point raised above about the political value of research – a point referred to as the ‘fifth moment’ in research (Lincoln and Denzin, 1994) This way of thinking may well be an avenue which avoids the need as Seale and others have seen for a belief in realism to underpin the trustworthiness of research, and this will be explored further in discussions in later chapters. For now it is important to note that this view of research as action or emancipation fits in with the analysis of research methods given above. It has been linked to the idea of praxis. Praxis is “the action and reflection of people on their world in order to transform it” (Freire, 1972) and “the centre of human activity” (Habermas, 1972) and is potentially a useful concept to use in analysing and discussing the data. This idea leads us into a potentially different way of thinking about the notion of truth – one which has developed in the emancipatory methods, especially feminism. “According to this concept (praxis) the ‘truth’ of a theory is not dependant upon the application of



certain methodological principles and rules, but on its potential to orient the process of praxis towards progressive emancipation and humanisation” (Meis, 1993, p70).

## Analysing and Discussing the Data

In terms of the analysis of qualitative data, there is no clear correspondence between any of the research methods discussed above and any unambiguous recipe for data analysis. “For some approaches with a long tradition, such as ethnography or content analysis, the analysis process has become quite well defined. In more recent ones, such as collaborative inquiry, or discourse analysis, researchers are still exploring and inventing individually.” (Tesch, 1990, p77)

Furthermore, the fact that earlier in this chapter I argued that it was not possible or desirable to identify *a* single research method to meet the interests of the encounter with others, it is clear that there is no single, ‘off-the-shelf’ form of data analysis to turn to.

According to Tesch, “analysis is a complex process (involving) at least two types of operation ...the detailed examination or identification of themes, and then the determination of their essential features, or understanding, or construction of propositional statements” (ibid). Although in theory it is possible to separate these ‘data organising’ and ‘interpretation’ phases, in practice there may not be a clear separation. However, Tesch argues there may be some advantage in the distinction because being clear about the sort of ‘interpretation’ one is after will have implications or give direction to the sort of ‘data organising’ that is required. “When concentrating on description, the categories (within data organisation) are used to discover the commonalities across cases or the constituents of a phenomenon. When theory-building is the purpose of the project, relationships between / among the categories are postulated.”(Tesch, 1990, p114) As argued earlier, the encounter with others is located at the cusp between ‘theory-building’ and ‘interpretation’ which means that the data analysis employed must at least be capable of capturing ‘relationships between the categories’ even if this turns out not to be the most interesting focus or

if no clear relationships can be found. Not surprisingly, the data analysis described within the grounded theory method may suit this purpose best.

Tesch argues that *all* qualitative methods in the range from symbolic interactionism to phenomenology can be grouped under the heading of 'Interpretational Analysis' because these methods all share at least ten basic principles or practices of data analysis. Krueger (1994) identifies twelve principles of data analysis that have a large degree of overlap with Tesch's view. Both these taxonomies are discussed below together with examples of what I see as good practice drawn from specific types of data analysis or research methods.

## **Principles of data analysis**

- 1. Analysis is not the last phase in the research process; it is concurrent with data collection or cyclic.*

Krueger (1994) notes that this process requires time and that “analysis begins earlier, lasts longer and usually spans a longer period than analysis used in quantitative research” (1994, p133). In the current research, the written responses from potential research participants in the sample following an initial discussion (see Project section below) began the analysis. This was used to begin the construction of the generative theme. Similarly, the analysis of the data from the encounter with others will inform how any further encounters are to be structured.

- 2. The analysis process is systematic and comprehensive but not rigid*

In the current research, the process developed for data analysis in grounded theory research will be used. This is described in stages below. This is because the method does seem appropriate for either generating themes or generating theory. Krueger notes that to have a system for analysis “reminds the analyst of upcoming steps but also communicates to the user of the study that the analyst is attempting to minimise human error”. (1994, p127)

- 3. Attending to data includes a reflective activity that results in a set of analytic notes that guide the process*

As argued in chapter 2, reflexivity is key to qualitative research and in data analysis, the idea of ‘bracketing’ (taken from phenomenology) seems important. This is an attempt by the researcher to bracket off pre-conceived opinions and beliefs that might otherwise colour the coding and interpretation of data. Krueger argues that analysis takes special skills and that much of analysis “seems to depend on the mental makeup of the analysts. Are they open to new ideas? Are they able to step outside of their personal experience and express ideas from the vantage point of others? Are they sufficiently secure with their own feelings to allow and even encourage others to offer



divergent views? .....It is clearly beneficial if the analyst has had exposure to multiple ways of thinking and knowing." (1994, p139)

*4. Data are 'segmented' i.e. divided into relevant and meaningful 'units'*

The aim is to conceptualising the data, rather than simply to reiterate it in (essentially) descriptive, non-conceptual language. This is the eventual aim of the open coding process.

*5. The data segments are categorised according to an organising system that is predominantly derived from the data themselves*

The technique for doing this is to read through the whole data making short notes or highlighting potential points of interest (memo-ing), and recording or capturing hunches as to the significance or conceptual category that the data might eventually be related to. This technique will of course be more sensitive to some data than others depending on what I as the researcher identify as a 'point of interest'. Part of this sensitising will be driven by the reflective inquiry in chapter 2; part will stem from the experience of the structured dialogue session; part will come from my thinking about the possibilities of scripts or 'institutions' embedded within participant accounts. This latter is what phenomenographers call 'utterances'.

*6. The main intellectual tool is comparison*

The point here is not to compare data with pre-figured conceptual schemes but simply to compare data with data.

*7. Categories for sorting segments are tentative and preliminary in the beginning; they remain flexible*

This tentative coding and categorising continues until there are sufficient data gathered to confirm the integrity / identity of each category, and until dis-confirming data no longer effect or influence the category identity. This emphasis on the searching for negative cases is important because it helps keep the research in what Seale (1999) calls a 'fallibilistic spirit' preventing the researcher

from focusing solely on data that conform to the themes and categories emerging. Krueger argues "there is a tendency to selectively see or hear only those comments that confirm a particular point of view and to avoid dealing with information that causes dissonance" (1994, p129). He also sees that it is "not an indication of weakness if alternative interpretations emerge or if ...no unifying explanation (emerges). The absence of pattern in the data can be a meaningful discovery". (1994, p137). In the current research, data from all the various sources will all be used together in the open coding process. Eventually, some firmer or more secure conceptual label can be attached to each category, and some brief description composed to describe the category content. However, part of the story-dialogue tool encourages alternative explanation and so although the movement from tentative coding to a more secure conceptual label will be used, alternative conceptual labels may well need to be employed.

One way in which tentative and preliminary early analysis can be progressed into something more secure without the avoidance of 'dissonance' is to seek feedback.

Krueger identifies four sources, each of which will be employed in the current research:

<i>Feedback Source</i>	<i>Source in the current research</i>
Group Participants	The structured dialogue and the postscripts written by the participants all provide an interpretation of the story data that can be compared with that of the researcher. In addition, a follow-up event' is planned subsequent to the story-telling encounter and this provides opportunity for participants to give feedback on the 'tentative and preliminary' analysis provided by the researcher.
Co-researchers	A small group of participants are considering developing their role as co-operative inquirers and to add to the feedback
Experts not present during the generation of data	Supervisors and peers
Decision makers - "typically have the most to lose if the study is not on target" (Krueger, 1994, 138)	Not relevant

8. *Manipulating qualitative data during analysis is an eclectic activity; there is no one 'right way'*

“There is an obvious trade-off between *looseness* and *selectivity*. The looser the original design, the less selective you can afford to be in data selection. Anything might be important. On the other hand, the danger is that if you *start* with a strong conceptual framework, this will blind you to important features of the case, or cause you to misinterpret evidence. There is no obvious way out of this dilemma” (Robson, 1993, p149). One point raised by Krueger though is that the analysis should be focussed, as this "conserves resources, but more importantly, it enables the analyst to concentrate attention on areas of critical interest" (1994, p130). Hence, in the current research, the decision taken is not to start with a strong conceptual framework, but the sensitivities described above, whilst being willing to follow my own judgements about what is of critical interest and what is not. This, coupled with an active process of reflexivity (bracketing) is intended to provide a rigorous and ‘good enough’ approach to the data analysis.

Part of trying to find a 'right way' in data analysis is to acknowledge that analysis requires time and to plan for this. Also, Krueger argues that good analysis is jeopardised by delay because "the sense



of the group, the mood of the discussion, and the eagerness with which the participants talk to each other are elements (which) fade and get confused." (1994, p134). Some of this can be captured through notes and reflection taken during and immediately after the story telling event and this may help alleviate any delay in attending to the analysis.

*9. The procedures are neither 'scientific' nor 'mechanistic'*

Tesch (1990) argues that having a structured and systematic mechanism for analysing data is not the same as being mechanistic. The detailed plan of how the data analysis is to be conducted is given below. However, this is not to say that it will be adhered to slavishly (mechanistically) because ultimately, analysis needs to be sensitive to the data. Kruger argues that analysis needs to have appropriate levels of interpretation, building on description and "presenting the meaning of data as opposed to its summary" (1994, p132). Clearly if this is not happening then the method of data analysis will need to be changed.

*10. The result of the analysis is some type of higher-level synthesis.*

The conceptual categories resulting from open coding do indeed constitute a progression from description to analysis. How well this analysis makes sense is the degree to which all the data has been accounted for in the categories developed, and how clearly the conceptual label and the description of the category content resonate with the research participants (member checking). Kruger agrees that the analyst "can limit time spent on questions in which there is saturation, and use this time to seek reaction to emerging theories and insights"(1994, p135). However, another way in which they will make sense is the way that each category relates to each other – a process called axial coding (Glasser and Strauss 1967). This results in a mapping or matrix of the various conceptual categories and the relationships between them. These relationships may simply be themes common to different categories. Or the relationships may be more complex. A final move towards synthesis is to focus in on some specific area of this map as being of particular interest

(selective coding) and using this as rationale for further data gathering if necessary (theoretical sampling).

But as well as aiming to produce some higher-level synthesis from the analysis, Krueger also argues that the analysis should seek to enlighten. One way of doing this is to seek answers to what we already knew which the study confirms or challenges; what we suspected which the study confirms or challenges; and what is new that wasn't previously expected. This will be part of the analysis strategy described below. Other procedures for helping to make the analysis enlightening are described by Krueger such as the use of topologies (to provide classification systems to enable users to identify crucial parts of a larger system); continuums (to represent phenomena that are expressed in amounts or quantities); diagrams (to provide visual, symbolic images that depict relationships, flow and connections that are critical to understanding); and metaphor (to facilitate understanding by comparing - or re-framing - the topic under investigation to another more familiar object or thing (Krueger, 1994, p136).

### **Specifics of generating the data**

Within the local encounter with others, a procedure for the generation and analysis of data has been developed from the Story Telling / Structured Dialogue method proposed by Feather and Labonte (1996). Participants in the research (12 members of a specialist health promotion department in the West Midlands) were each asked to write a short story based on their experiences of being managed. To assist in the writing of these, a 'generative theme' was produced which contained elements of 'being managed' which I was interested in exploring. Some of these elements came from observations introduced in chapter 1, others from the reflexive inquiry (chapter 2). Others were drawn from initial feedback notes that I received from the participants after I had met with them to ask for their involvement in the research (these points are summarised as appendix 12).

The generative theme used was :

*I have mixed feelings about where health promotion is going in the UK, and I'm not sure these issues are well understood in the department. I also think there are some concerns about the way health promotion is understood and managed by the Health Authority and by the Trust. I'm not sure my manager, team leader or others in the department agree with or understand some of my views about how health promotion should be done.*

*All this creates tensions and situations I feel I cannot control. This leaves me with a range of feelings both positive and negative about my work and how I am managed. I have some ways of dealing with this but these can cause further problems.*

*I feel that recently there has been a lot of uncertainty and potential for health promotion to change in this organisation. My feelings about this are mixed.*

*As a rule I suspect my views on a range of things might be different to others in the department. I would like to express myself more openly but for a variety of reasons I keep quiet. I think that others would be critical of my views on all sorts of things and this shows itself in different ways. I have concerns about how people will react to this story.*

*Sometimes it feels there are things that need to be said but that these things get buried. There have been times when I have ignored some aspects of working life and pretending not to notice what was going on. Writing this story has helped me identify and clarify some issues and I hope that sharing our stories will be useful.*

During a one-day event, each participant read out their story and other participants wrote down short comments or 'memos' as a reaction to the story.



These memos were written on prepared slips of paper using the following headings as prompts.

**To .....**  
  
The main point from your story for me was .....  
  
One point I wasn't clear on was .....  
  
I agree (or disagree) with your point about.....  
  
I feel (don't feel) the same way as you about .....  
  
Your point about ..... made me think .....  
  
Your point about ..... made me feel .....  
  
Anything else

The decision to use these prompts was taken from the experience of using the story telling method in other settings (see table 17 in 'Project' section below) and concern expressed by participants about what they could say and how useful the memos were.

Following this, each participant was asked to write down their immediate reactions to the feedback that these 'memos' provided. These reactions would then be drawn upon in the writing of 'postscrips' by each participant at the end of the day. Between the story telling and postscrips, there was a 'structured dialogue' session in which participants discussed the stories and the 'memo' feedback. The participants themselves largely drove this discussion although a certain amount of 'steer' was provided by myself in order to ensure that the group considered three main questions.

These are:

- What happened during the story telling and memo writing?
- Why do you think what happened did happen?
- What do sense can you make of this?
- What do you want to do next?

The group provided answers to the first and second of these questions in a 'circle time' format where each participant in turn was given the chance to contribute. These contributions were written down in note form for later analysis. Following this, the participants entered into a more general discussion to identify a process and framework for addressing the last two questions. The outputs from this process were recorded onto flip-charts which were typed up after the session, to be used in the data analysis.

These processes for the data generation are described in more detail in a letter sent to the encounter participants prior to the event (appendix 13). However, two factors influenced a decision I made to break from the structure for data generation and analysis set out by Labonte and Feather. Firstly, it occurred to me prior to the encounter that there would be several data streams emerging – not just the stories and the structured dialogue. These other data streams include the memo's the participants write after hearing each story, and also, how participants summarise the encounter at the end – the postscripts. My judgement was that it would be somewhat arbitrary and even wasteful not to include such data streams into the overall analysis. Indeed, rather than needing to justify why these data streams are to be included in the analysis, I would have found it difficult to justify why they should not be excluded. The use of multiple data streams is well established in qualitative work to enhance the richness of the analysis and increase the strength of emerging themes and also, identify inconsistencies and contradiction.

Secondly, as it transpired in the encounter, the depth and detail emerging from the structured dialogue section was less analytic (more action centred), less rich (more sketchy) and less deep (more superficial) than I had anticipated or hoped for. In response to these two factors, I decided to expand on the data set in the original story-dialogue method to identify and include six separate



data streams arising from the encounter. These are summarised in table 16 below, together with some further justification as to why each was included. These six data streams are then set out diagrammatically as figure 4.

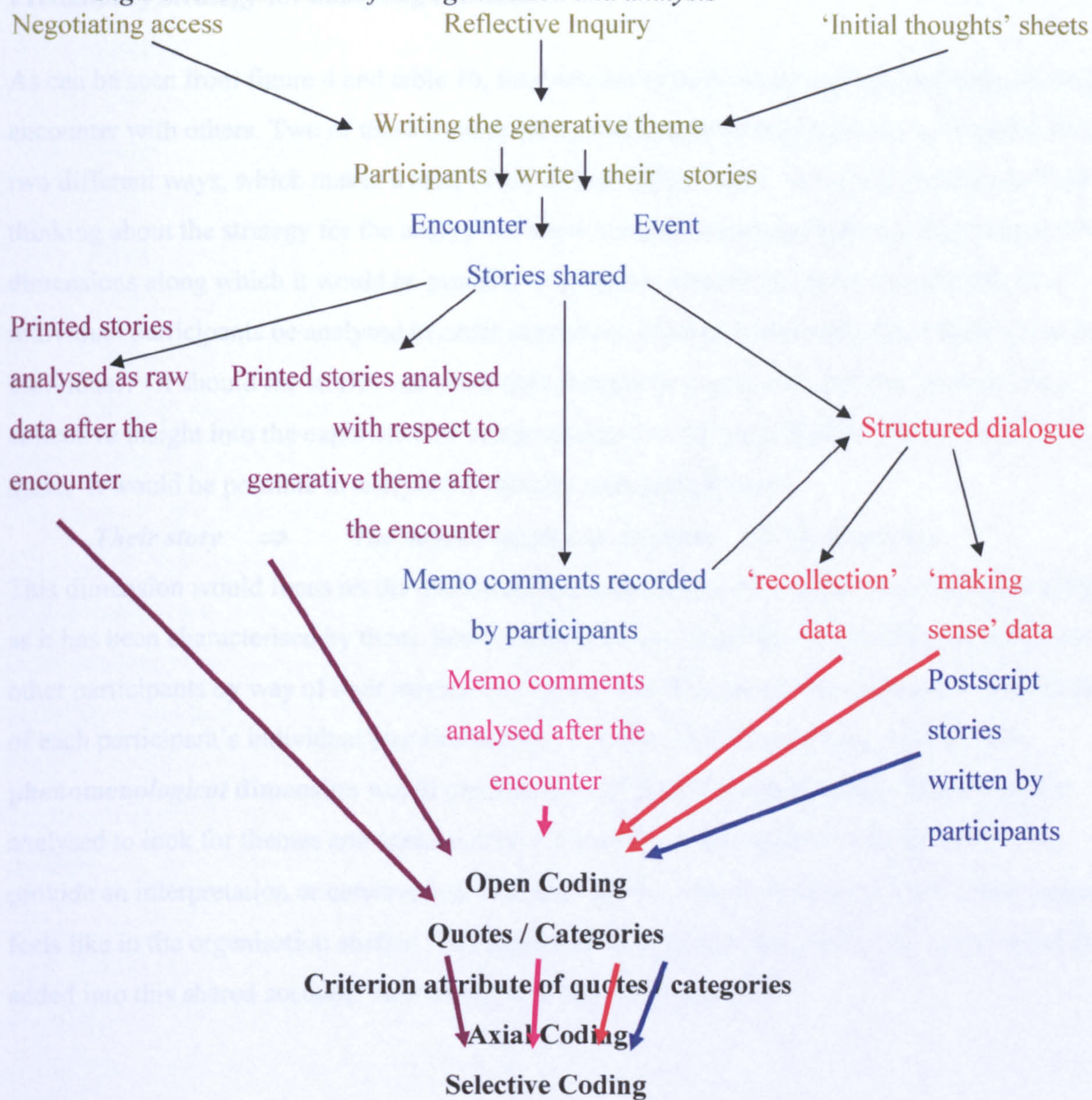
Table 16: Data streams in the research.			
Type of data	How recorded and analysed	Data stream	Justifications
Participant stories	Printed and analysed post local encounter event	1	As per the story-dialogue method
	Analysed after the encounter with respect to the generative theme	2	I decided that what participants did and did not say with respect to the generative theme was legitimate given the issues of avoidance and limits that emerged from the analysis of the stories themselves
Memos	Written by participants on ‘post-its’ and collated to the story to which they refer; analysed post local encounter event	3	Again, this data is specified by the story-dialogue method, so as its there, why not analyse it, particularly in view of the weakness of the structured dialogue session in progressing analysis by the participants themselves
Structured Dialogue	Recollections by participants of the issues to emerge from the story telling / memo writing. Comments written down and analysed after the event.	4	It seemed important to identify what participants recollected from the story telling and memos from what as a precursor to how they then analysed this. Again, the inclusions and omissions here are significant given the limits/avoidance themes to emerge



	Analysis takes places during the local encounter event by participants facilitated by the researcher; points agreed as significant recorded on Flipcharts; analysed post local encounter event	5	This is the main stream of data analysis to be specified by the story-dialogue method but a) it did not pan out to be as strong an act of analysis as may occur in other encounters; and b) it seemed remise to leave unexamined other streams of data the encounter produced;
Postscript stories written by participants at the end of the local encounter event	Photocopies of each written postscript story taken by researcher and analysed post local encounter event	6	This stream was not specified by the story-dialogue method but in common with established health promotion practice, an end of encounter evaluation seemed appropriate; it can and did yield as rich a set of data as the original stories and can also be argued to be more reflective of the emerging group ethos/consensus/ script than the more individualised stories



Figure 4: Six Streams of data generation and analysis





## **Preliminary strategy for analysing the data**

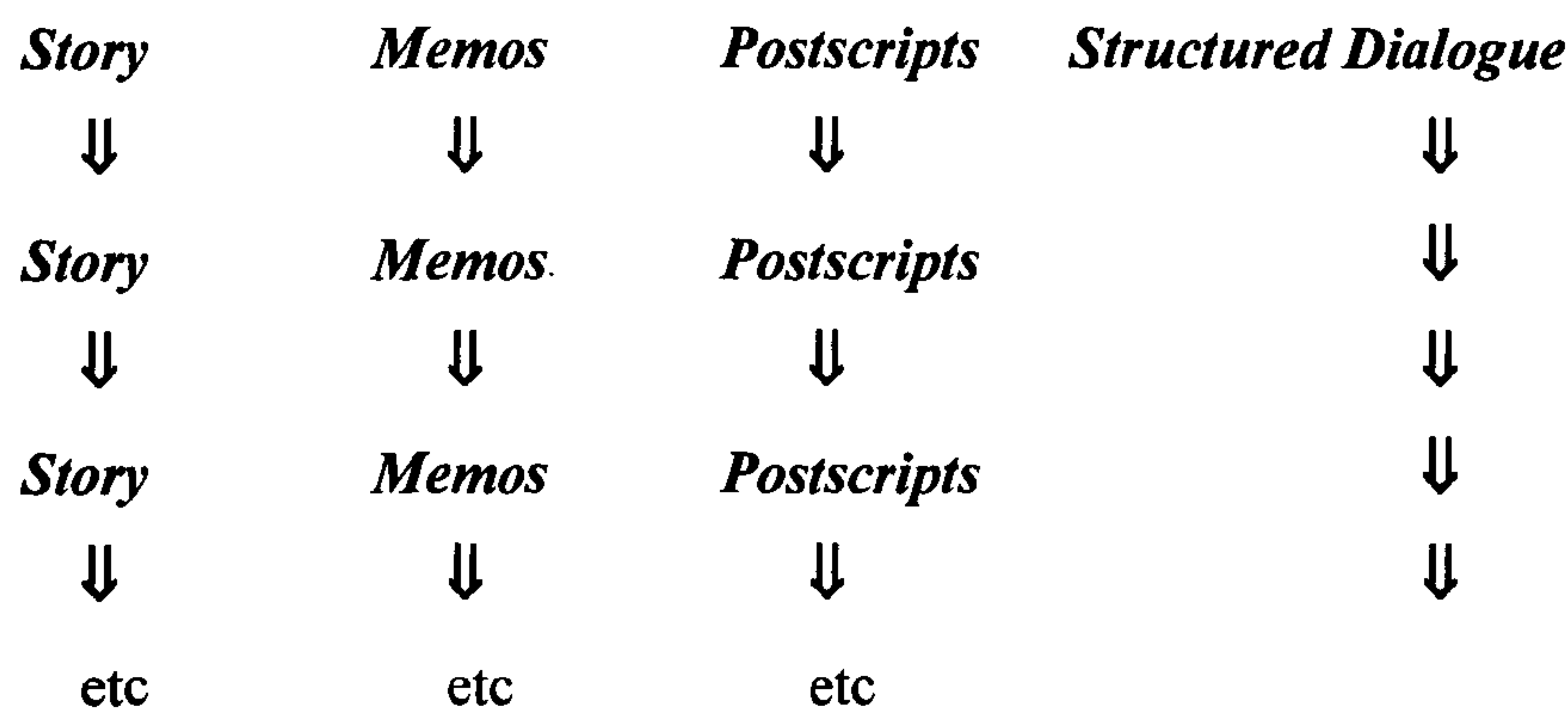
As can be seen from figure 4 and table 16, four sources of data are to be generated from the local encounter with others. Two of these sources (story and structured dialogue) are to be analysed in two different ways, which makes a total of six different data ‘lines’, or ‘streams’ to be analysed. In thinking about the strategy for the analysis of these streams, it became apparent that there are two dimensions along which it would be possible to progress. Should the various contributions of individual participants be analysed in order to produce some phenomenological insight about each individual? Or should the stories and other data streams be analysed in order to produce some collective insight into the experience of being managed of the participants? Taking the first of these, it would be possible to analyse the data for each participant i.e.

*Their story    ⇒    The memos written in response    ⇒ The postscript*

This dimension would focus on the individual participants and the experiences of being managed as it has been characterised by them. Some analysis of this experience would be provided from the other participants by way of their memos and would contribute to an interpretation or construction of each participant’s individual phenomenology. This would be the primary concern. This **phenomenological dimension** would produce a set of phenomenologies that could be further analysed to look for themes and consistencies (or possibly inconsistencies) which might then provide an interpretation or construction of a more public, shared account of what ‘being managed’ feels like in the organisation studied. The flipcharted interpretations made by the group could be added into this shared account. This would be a secondary concern.



Alternatively, it would be possible to analyse the data for each data stream i.e.



This dimension would focus on the words and categories found in the stories, and then in the memos, then in the postscripts, and finally in the structured dialogue. This **phenomenographical dimension** would identify themes and consistencies (or possibly inconsistencies) and would constitute a phenomenography or account of the organisation being studied. This would constitute an interpretation or construction of a public, shared account of what ‘being managed’ feels like in the organisation studied, and the flipcharted interpretations made by the group in the structured dialogue would form one dimension of this shared account. This would be the primary concern. Following this analysis, individual participants could then be compared to identify to what degree they veer towards or away from the phenomenographical norm. This would be a secondary concern.

Each strategy has its advantages and problems. For example, in terms of axial coding, the first has the advantage of being able to track more easily the development, consistencies or inconsistencies of each participant’s account over the encounter (i.e. relationships within participant's accounts). The second has the advantage of allowing relationships between categories to gain greater emphasis (i.e. relationships within the collective, group account). What does seem clear is that it is not possible to do both. Or at least, it would not appear to be easy to analyse (say) a story hoping to contribute to a phenomenographic account once this data has already be viewed with phenomenological intentions. Another point is that to remain consistent with the Feather and

Labonte framework, the second should be employed. To move towards a decision here, it is useful to do as Krueger recommends : “go back to the intent of the study” (1994, p141). The conclusion reached in chapter 3 was that : **“the intention for the fourth encounter of the research is to help create a set of stories about experiences of being managed and to see to what extent this includes scripts about self and self esteem, and what other scripts and institutions can be found, – and then to explore how these new stories create possibilities for change in individuals, and in the institutions in the organisation.”** Whilst the last line of this is perhaps ambiguous as to whether the individual or the organisation holds the primary focus, the rest of the statement seems to emphasis the organisation. And indeed, this was the emphasis placed during the negotiations with the organisation concerned.

Further, such an emphasis is rather more congruent with the aims of co-operative inquiry. Hence, the phenomenographical dimension will be the one employed for the analysis of the data generated from the local encounter with others.

To summarise the intended strategy for the analysis of the data:

1. The stories of each participants will be read and re-read to gain a sense of the data. Prior to this, I will write as honest account as I can about what I know of the participant, how the story was read during the local encounter, how it was received, and so on. This will, as Ravn claims, help 'bracket off' my own pre-occupations and bias from interfering with the interpretation of the data assuming that “by recognising how his values were imposed on his ‘data’, they become less so.” (in Steier, 1991,p7)
2. In reading each story, short notes or memo's will be written which identify potentially important, significant or meaningful parts or aspects of the text. This process of open coding (Glasser and Strauss, 1967) will generate preliminary categories and is not intended in identifying rigid or stable categories at this stage. When it is no longer possible to 'memo' anything further from the story, the properties of the preliminary categories will be compared ("constant comparative analysis", *ibid*) and eventually, some firmer or more secure conceptual

label can be attached to each category, and some brief description composed to describe the category content. However, this may not be possible as it must be remembered that even "the absence of pattern in the data can be a meaningful discovery" (Krueger, 1994, p137).

3. When this has been done for all stories, the process will be repeated for all the memo sheets and all the post-scripts, and for the interview transcripts for three participants who were unable to attend the story-telling event.
4. A similar but probably shorter process will also be applied to the group flipcharts. These were written by the group as a record of the interpretations they have made themselves.
5. The various labelled categories and their associated descriptions (the descriptions generated to describe the content of each category) will then be compared and any consistencies, inconsistencies or other relationships between them will be proposed (axial coding). Again, these proposals will be treated as tentative at first and may not develop into anything more stable until feedback from the participants has been sought at a second event. The various categories and the relationships between them will constitute a **phenomenography** or account of the organisation being studied. This would constitute an interpretation or construction of a public, shared account of what 'being managed' feels like in the organisation studied
6. From the network of relationships produced, a sub-section may be identified for further, more focused scrutiny. This may involve re-visiting the existing data or kick-start a further phase of data generation.

## Ethics

In the final section of the thinking phase of the encounter with the research methodology a number of ethical considerations are discussed.

'Ethics' refers to the rules of conduct, typically, to conformity to a code or set of principles.

(Reynolds, 1982) It has been claimed that those researching sensitive topics may need to be more acutely aware of their ethical responsibilities to research participants than would be the case with



the study of a more innocuous topic. (Lee, 1994) However, clearly what counts as ‘sensitive’ or ‘innocuous’ can vary and be judged in error by the researcher. This points to a need for clarity about the nature of the agreement between the researcher and the participants, and to keep to these agreements when they are reached. (Blaxter et al, 1996)

Health Promotion involves decisions and choices that affect other people which require judgements to be made of whether courses of action are right or wrong (Naidoo & Wills, 2000).

Health promotion research is not exempt from the requirement for such judgments. Many professions working with people have adopted such codes (Robson, 2002) and the Society of Health Education and Health Promotion Specialists produced ‘Principles of Practice and a Code of Professional Conduct’ (SHEPS, 1997) However, Guillemin and Gillam (2004) argue that professional codes offer little specificity to guide researchers, and Seedhouse also places external considerations as Codes of Practice on the periphery of ethical considerations.

There are many ways of considering the ethics of a situation to provide a way to clarify decision making and make the process more transparent. These are discussed in appendix 14.

Ethical approval for the research was granted through the university ethics committee. However, ethical questioning and action needs to continue on from planning for ethical soundness to ensuring this is carried through within the conduct of the research itself. The ethics committee cannot be taken with you into the actual research but the ethical principles on which approval at the procedural level was gained can be brought forward.

So further than the procedural issues about how to ensure anonymity for example, the question becomes what to do in a case when anonymity is broken. Guillemin and Gillam (2004) argue that within any research, no matter how robust has been the planning at the procedural level, there are likely to be “ethically important moments” (2004, 264). In some cases these could involve ethical dilemmas such as a researcher deciding whether to break her promise of anonymity when a research participant might be at some sort of risk if she doesn’t. Other ethically important moments are not dilemmas, but everyday aspects of ethically-involved inter-action between the researcher and the researched, for example, establishing trust, taking personal histories and details, probing

questioning, raising and then dealing with participants fears, anxieties or other negative aspects of their experiences.

Ellis gives some examples. “How might participants handle silences in the interview? How might participants respond if the interview becomes emotional?” (Ellis, 1997, p122). These are situations which some of the time can be expected and planned for, but at other times cannot be predicted. But perhaps they should still be planned for.

Planning for unexpected ethically important moments involves a researcher developing an “ethical competence... By this we mean the researcher’s willingness to acknowledge the ethical dimension of research practice, his or her ability to actually recognize this ethical dimension when it comes into play, and his or her ability to think through ethical issues and respond appropriately.”

(Guillemin and Gillam 2004, 269). They argue that this ability is built on reflexivity and that “reflexivity.... is closely connected with the ethical practice of research and comes into play in the field, where research ethics committees are not accessible” (Guillemin, and Gillam, 2004,273).

They argue that adopting a reflexive research process means a continuous process of critical scrutiny and interpretation, not just in relation to the research methods and the data but also to the researcher, participants, and the research context. The question of how reflexivity both within and after the research encounter is discussed in chapter 6.

## Project

In order to try out the chosen research instrument, four separate applications of the story-dialogue technique were undertaken. These are described more fully as appendix 15.

1. A group of final-semester postgraduate students were asked to generate a story around their experiences and learning as a result of being on the course. This was in line with the normal reflection practices on the course, and with the usual end of course evaluation
2. A group of eight health promotion specialists who had agreed to act as facilitators at a one-day workshop on health improvement and Primary Care were asked to construct a story about their experiences of facilitating groupwork

3. These eight facilitators worked with small groups of primary care workers (5-8 per group) at a one day workshop focusing on health improvement. This left me free to undertake more of the interpretation and analysis of the data. Each participant had been asked to bring with them a pre-prepared story based around a generative theme
4. Finally, nine participants at a regional workshop on the Standard One of the National Service Framework for Mental Health were asked to prepare a five minute story around a generative theme on mental health promotion

A final part of this 'project' phase concerns an initial meeting (held in August 2000) between the sample health promotion department and myself. This meeting was an opportunity for me to explain the research method and to answer any questions. It also provided an opportunity for health promotion specialists to raise any anxieties. Some were indeed raised. After the meeting, I left behind a short description of the research structure:

*Stage 1      A story – dialogue event*

- An all-day event
- The department agrees who is to be invited
- All participants prepare a short 'story' based around a paragraph which sets out some of the themes and issues of interest
- Stories are shared, audio-taped, and written feedback from each participant collected
- A 'structured dialogue' explores the themes and issues arising from the story telling – this discussion is recorded

*Stage 2      Making Sense*

- Reflection and interpretation by participants either individually or in groups
- Reflection and interpretation by the researcher



- Outcomes from the ‘Making Sense’ produced
- Structure for the next stage (the communication event) is negotiated before hand

*Stage 3            Communication Event*

- Outcomes from the ‘Making Sense’ shared with participants
- Participants at this stage must have been in stage 1
- More stories prepared and shared,
- Interviews or documentary data or made available
- More reflection and interpretation and communication of these outcomes

*Stage 4            Implications and Lessons*

- What have we learnt
- What do we need

In the event, it was not possible to stick to this plan exactly and variations are described as fully as I can in the remainder of the chapter.

I also left in the department a structured sheet of questions for the health promotion specialists to record any thoughts and concerns about the research (see appendix 11). Five (out of a possible 12) sheets were returned anonymously by post and the analysis of this is shown below.

Table 17: Comments from sample department and comments	
Comments received from members of the sample department, August, 2000	Analysis and response fed back to all members of the sample department, September, 2000
<i>One thing I don't understand about the research encounter is .....</i>	
Are we doing it in one large group (approx 12 people) or 2 smaller groups? Wouldn't benefit from everyone's stories if 2 smaller groups, but one large group may be rather daunting for some people	Most people made no comment on this issue and so I hope I can assume that the process <i>was</i> fully explained, or that people felt OK about anything they were not sure of. But if anyone has any questions about how it will work, please get in touch.  A suggestion was made to organise the encounter around two

Table 17: Comments from sample department and comments	
Comments received from members of the sample department, August, 2000	Analysis and response fed back to all members of the sample department, September, 2000
Not applicable – it was all fully explained	smaller groups rather than one large one. I think this is interesting and I can understand the benefit of working in a smaller group but I wonder if something would be lost for the department as a whole. Maybe this could be discussed within the department further, and I will talk with my supervisor about this as well.
<i>One thing I would want to be sure about before agreeing to take part</i>	
The ground rules	The need for clear ground rules was raised and I think this is very important and we will need to have a session to address these. Maybe this is best done prior to the actual event and then re-iterated at the start. One specific issue raised was about people not using any of the knowledge they gain about the opinions and views of others in any negative way either now or in the future. Another issue was a fear of ‘personal attacks’. I guess there are limits as to how these can be legislated against but at the very least they needs to be addressed in the ground rules. Such an exercise might also be useful in exploring ‘group expectations’ and seeing what agreement there is on this.
That everyone agrees workers and managers not to use information which arises during the process against people in the future	
Group agreement on expectations	
<i>One thing I would personally like to gain from the research</i>	
How a professional conducts research	Comments on this were mainly about wanting to share thoughts and feelings in an equal way, or wanting to hear how other people in the department thought and felt. There was also an element of ‘testing’ involved, for example, someone wanting to test out their ideas about the situation in the department, and
An opportunity to share my thoughts and feelings in an equal way	
Better knowledge about how others in the department feel	

Table 17: Comments from sample department and comments	
Comments received from members of the sample department, August, 2000	Analysis and response fed back to all members of the sample department, September, 2000
Honest accounts of how other people in the department feel about the present situation and the opportunity to test out my thoughts and ideas and to see how others respond	<p>maybe people testing out their understanding of their situation and each other.</p> <p>There were also some comments about learning from the research process. Also there were some comments about learning about being a better manager. I guess we can leave it to individuals to form their own impression on either of these points as we go through, or we could structure in some reflection on both for those who might be interested. Perhaps this could be discussed when we look at the ground rules.</p>
Be better able to manage well	
An understanding of the research methodology used – which is new to me	
<i>One thing I hope the department would gain from the research</i>	
Togetherness as where 'health promotion specialist' future lies	<p>There was a variety of comments here regarding feeling more cohesive / united as a team, feeling comfortable talking about the issues, feeling more positive about the future or at least, clearer about where the future for health promotion specialists lies. Some comments implied or overtly expressed that the time to reflect on these issues would be time well spent. To me it seems clear that the purpose of the exercise is not simply for people to tell their stories and leave it at that. I do think we need to build on the experiences of telling and listening to our stories so that we can all learn from the experience both for now and the future, and both individually and collectively. This will take some time which is why I think we will need a whole day.</p>
Time out to <u>reflect</u> on where we are as a department / group of people and where we are going	
Feel more comfortable talking about these issues. Feel more united as a team, and more able to discuss thoughts, concerns etc. with everyone else, in confidence. Feel more positive about the future	
Ultimately....cohesive, positive thinking! If we establish a common experience of 'being managed' that is.	
<i>One thing I think I might find difficult about taking part in the research encounter</i>	



Table 17: Comments from sample department and comments	
Comments received from members of the sample department, August, 2000	Analysis and response fed back to all members of the sample department, September, 2000
Time to consider implications of being 'honest'	<p>People expressed a range of views about this. Some said they would find the story writing difficult but the majority of comments were about the sharing of the stories. The suggestion to use two smaller groups is part of this – the sharing in small groups is different (and probably easier) than telling <i>everyone</i> you work with exactly how you feel. There was some worry about sharing views that might be different to others, or sharing views that might be 'used in evidence against you'. Again, we can address these in establishing ground rules.</p> <p>One comment which I wasn't clear about concerned the time to consider "the implications of being 'honest'". In the suggested structure, time will be needed to process the story telling experience to identify learning and consider implications. There may also need to be a revisiting of this after the first event.</p> <p>Maybe the issue of time (e.g. how much and when) needs to be discussed and agreed before we move on.</p>
Expressing some personal feelings particularly about my immediate management and that ???? ?? I choose (which I won't) to ???? that info is used in the future on a the research process is over	
Writing my story <u>and</u> reading it out in front of everyone	
Being totally honest with everyone at once! Confiding in / discussing certain issues in small groups is different to telling everyone who you work with exactly how you feel. I think it needs to be done though	
Sharing views that may be different to others	
<i>One concern about the research methodology I have</i>	
That sensitive issues or areas of conflict that may be brought out through the research process are not left unattended to	There was some concern that sensitive issues or areas of conflict that may be brought out through the research process will not be left unattended. There are two issues here. Firstly, the purpose

Table 17: Comments from sample department and comments	
Comments received from members of the sample department, August, 2000	Analysis and response fed back to all members of the sample department, September, 2000
The second time I took part in this methodology I found that people tended to write bullet points summarising your story rather than points relating to agreements / disagreements / comments they wish to make. Summary bullet points of your story are not always that helpful! (for you anyway). Maybe need to emphasis that people don't have to write comments – you can sometimes feel under pressure to find something to write.	of the research is to attend to these issues so that people can learn and move on, both individually and collectively. Secondly, if individuals do feel as if some of their concern, conflict or distress is not being attended to there will always be an opportunity for them to meet with me to talk in confidence. <i>This will not be part of the research.</i> Or it may be that you want to talk things through with someone independently and I would try to arrange this.  Some experiences people have had of the story – dialogue method reveal that the feedback people give after listening to each story can be of variable quality and use. This is a concern I share and I when I give you the generative theme (which is a paragraph designed to help you construct your story) I will emphasis the type of feedback that is most productive.
How comfortable does anyone feel about truly being honest	There were a number of comments here which echoed the discussion when I came to the department in August about how honest or otherwise the methodology would enable people to be. I guess there was some feeling that other methods (e.g. one to one interviews) might engender a more 'honest' response. The view I take is that firstly, it is debatable whether any method
How honest are people going to be, given the group situation will include their managers	

Table 17: Comments from sample department and comments	
Comments received from members of the sample department, August, 2000	Analysis and response fed back to all members of the sample department, September, 2000
<i>One issue I think the research should include or focus on</i>	will yield ‘honest’ responses and that this is a bit of a holy grail in research. Secondly, the purpose of the research is not to take some accurate ‘recording’ or copy of what each of you think and feel about being managed – each of us will have different levels of awareness and will have given different levels of reflection about this and some of you may have no clear, unambiguous image or version of your experience for me to ‘copy’. Some of us are in two minds.....Instead, I want the research to be an active process. The focus is not simply on existing accounts and experiences, but on how these can be used to learn and move on. It is an opportunity to build on strengths and weaknesses and I hope that collectively, we are not going to let anyone use this as an opportunity to put people down. (This issue of validity and authenticity in research is something we could work on at a later stage for anyone interested.) Thirdly, there is clearly a concern being expressed that there are some dynamics at work which are likely to prevent (and may already be preventing) people being ‘honest’ about how they think and feel. I would hope that if people feel this is happening they would say so, but without this (or anything else you put in your stories) being delivered or constructed as an attack on others – simply as an account of how <i>you</i> feel.



Table 17: Comments from sample department and comments	
Comments received from members of the sample department, August, 2000	Analysis and response fed back to all members of the sample department, September, 2000
Management of health promotion specialists in the current public health policy environment	<p>The issues that were raised here were :</p> <ul style="list-style-type: none"> <li>• The definition of roles within the department and openness between health promoters in this regard</li> <li>• Positive aspects of being managed and positive aspects of uncertainty and change</li> <li>• Management of health promotion specialists in the current public health policy environment</li> </ul> <p>All of these are relevant and appropriate for the research to include .The first of these focuses on the dynamics in the department at present and clearly, some aspects of the stories will capture more of this. The second I guess concerns learning and acknowledgement that may be useful both now and in the future. The third concerns the wider, national aspects of ‘being managed’ in health promotion.</p>
The definition of roles within the department and openness between health promoters in this regard	
Positive aspects of being managed and positive aspects of uncertainty and change	
<i>Other comments</i>	
I get the feeling that some people are concerned about ‘personal attacks’. Maybe need to emphasise that this exercise is supposed to benefit individuals and the department as a whole – an opportunity to build on strengths and weaknesses, not push people down.	I have responded to these points in the above.

## Making sense

This chapter has recorded my encounter with the research methodology. In the **thinking** phase, I have been able to draw out implications of the ontological analysis undertaken in chapter three for the direction and process of the next encounter. This thinking about the research methodology has concluded that no single qualitative method is appropriate to meet the aims of the current research and instead, the co-operative inquiry method is used as a starting point to which aspects of other research methods have been added. Similarly, the story-dialogue instrument has been chosen as the main approach to the generation of data to which aspects of other research instruments may be added. The approach to data analysis to be taken has been discussed and a phenomenographical approach has been decided upon, aiming to produce an interpretation or construction of a public, shared account of what 'being managed' feels like in the organisation studied. Finally, the ethics of the research have been explored and the co-operative nature of the local encounter with others has been argued to be a strong ethical foundation upon which other ethical considerations have been built.

In the **project** phase, the story-dialogue instrument has been tried out in four different cases, each with a different generative theme as a starting point, and each with a different type of audience. Different aspects of the instrument were emphasised in each try-out and this has enabled me to become more confident in the instrument and also more aware of its potential shortcomings. That said, it has not been possible to try out the instrument in a health promotion department, or to take it through the data analysis stage in any conclusive way.

The aim of this chapter has been to make sense of the research process, working from general philosophical considerations towards more practical choices about data generation and analysis. Chapter 5 now deals with the actual analysis.

## Chapter 5: A Local Encounter with others

### Thinking

The method for analysing the data generated by the local encounter with others has been discussed in chapter 4 and a strategy agreed. Overall, the aim is to create sets of data that can be used to produce an interpretation or construction of a public, shared account of what ‘being managed’ feels like in the organisation studied.

This chapter sets out the details of an encounter with a medium sized health promotion department as it was in 2001. It begins by outlining the context in which the encounter took place, the initial thoughts and reactions from the research participants, and a tracking of the origins of the generative theme that was used as triggers for the participants to construct their stories – the first stream of data.

Next, the ‘project’ phase gives details of how the encounter proceeds together with observations and comments I made at the time. This is followed by a re-consideration of the approach to data analysis.

The bulk of the chapter then details the ‘making sense’ phase of the encounter.

The analysis of each data stream forms a separate section in the making sense part of the chapter. Each of the six data streams is analysed in turn, each one analysed as far as possible from the raw data without using codes or themes emerging from other streams to aid the analysis. As a consequence of this, the analysis of each data stream ends perhaps rather abruptly, with no attempt made to summarise or make further interpretations. This task is left until all of the six data streams have been analysed - after all the individual data streams have been analysed, the emergent themes will be combined in a meta analysis whereby themes will be compared and contrasted and then grouped into a smaller number of ‘meta themes’. Finally, these meta themes will be combined into an overall story of the encounter findings.



The overall intention is to generate themes for each data stream that will be treated as provisional and emergent rather than certain and final. These streams are:

Data stream 1	Story
Data stream 2	Story with respect to the generative theme
Data stream 3	Memo
Data stream 4	Dialogue - recollecting
Data stream 4	Dialogue – accounting
Data stream 5	Dialogue – making sense
Data stream 6	Postscripts

For each data stream, the complete analysis is available from the author and an example and summary given in the main text.

**The context**

There are features of the local encounter that need to be described in order that the data and its analysis can be placed into a wider context. These features concern what I know or suspect about the health promotion department concerned, its history and organisational connections, and what I know or suspect about its members who took part in the encounter. The health promotion department taking parting the research is sited in an urban borough in the west midlands. It employs about 12 health promotion specialists organised into three team, each with a team leader. At the time of the negotiation and *Initial Thoughts And Reactions* work, there were a number of options open as to the future organisational position of the department but by the time of the story writing and encounter, the decision had been made that the health promotion department would be merged with the public health department So at the time of the research encounter, the staff were coming to terms with a likely merger. This was as a result of the establishment of a new primary care trust to take over the public health responsibilities from the health authority, which was to be wound up within this reorganisation. This represents the case in many health promotion

departments across the country. One difference is that in the case in question, the entire health promotion department was to join a public health department with a brief for public health across the entire borough including at least one other PCT. In other areas of the country, health promotion departments have been split up with staff being allocated to small public health departments within each PCT.

### **Initial Thoughts and Reactions**

The health promotion department used for the encounter was first approached in April 2000 and an initial meeting was held with them in August. At this meeting, the purpose and methods of the encounter were explained (appendix 8) and various questions asked and answered. These generally centred on two main themes,

- the issue of how information divulged in the stories might be used, particularly by the manager and team leaders,
- queries about how ‘valid’ the story data would be.

The first concern was not something I had expected but seemed to say something fairly important about how information in the department was offered, withheld, respected or put to potentially negative uses. The second concern seemed to reveal a fairly positivist attitude to research.

However, discussions at the meeting did succeed in alleviating concerns to the extent that the members of the department and the manager did agree that the encounter could go ahead. In order for any further thoughts or reactions to the proposed encounter could be voiced, and also, in order to help prepare the generative theme, I left behind a pro-forma sheet which could be forwarded to me anonymously (appendix 11). Five completed sheets were returned, and the comments from these were used to help construct the generative theme (see below) and responded to in a letter to all department members in September 2000 (see appendix 12). No further concerns were raised. In October a further letter was sent to all members of the department outlining the procedures for the day, ground rules etc (appendix 13). Consent forms (appendix 17) were also sent and collected on the day of the encounter (December, 2000).

**Tracking of the origins of the generative theme**

The generative theme consists of a range of aspects, each of which was written in order to encourage participants to address or respond to in their stories. (In the event, it was interesting to see just how many of these aspects were responded to, and to what extent, and an analysis of this takes place in table 23 below.) There were 22 aspects in total, each of which picked up on an issue or theme raised earlier in the current research. Some of the aspects related to the Initial Thoughts and Reactions work (above). Others related to themes from contemporary issues in health promotion (Chapter 1), or themes from the reflexive inquiry (Chapter 2). The origins of these aspects are shown in detail in table 18. The final version of the generative theme was circulated in October to members of the department who would take part in the encounter in December (appendix 13).





Table 18: Origins of the Generative Theme				
Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
<p>I have mixed feelings about where health promotion is going in the UK, and I'm not sure these issues are well understood in the department.</p> <p><i>Where health promotion is going Understood in the department</i></p>	<p>“At that time, and even at present, there existed no worked out theoretical base for health promotion practice (Rawson, 1992) and the practice of myself and my colleagues was largely based in a fairly unattended and unreflective way on these humanistic principles, and also on ‘what I am good at doing’ rather than ‘what would be good to do’.”</p>	<p>The tone of the reflection here was much more personal and local giving no real focus to the wider, political picture either at health authority, trust or national level.</p>	<p>“Togetherness as where ‘health promotion specialist’ future lies”</p>	<p>In a recent paper by the professional body (SHEPS) which I co-authored, five key issues were identified :</p> <p>The term 'health promotion' and the professional grouping of health promotion specialists are not mentioned in government public health policy</p> <p>There is some evidence that the skill base in specialist health promotion has been haemorrhaging.</p> <p>The capacity of the health promotion profession to set and maintain standards of practice is compromised by difficulties in resourcing the professional body</p> <p>There is as yet no national strategy or investment in health promotion workforce development</p> <p>The health promotion profession lacks two of the essential elements of professional status, namely a binding registration scheme and accreditation of a continual professional development scheme. Bearing in mind comments from the Initial Thoughts and Reactions work, it would seem a possibility at least that these issues may not be articulated or shared within the department.</p>

Table 18: Origins of the Generative Theme

Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
I also think there are some concerns about the way health promotion is understood and managed by the Health Authority and by the Trust.			“Togetherness as where ‘health promotion specialist’ future lies” “Feel more comfortable talking about these issues. Feel more united as a team, and more able to discuss thoughts, concerns etc. with everyone else, in confidence. Feel more positive about the future”	Problems with the health promotion profession at a national level inevitably transfer into a lack of understanding at local level. Nettleton and Burrows (1997) argued that health promotion services do not “fit easily into the purchaser-provider divide and that they have experienced considerable organisational change and uncertainty.”(p23) They identified four factors involved : a lack of consensus as to what health promotion specialists work should be a lack of any secure knowledge base prevailing images of health promotion and of health promotion specialists feelings of vulnerability about the future of health promotion Again, it seems at least a possibility that these issues may illicit comment from the participants.



Table 18: Origins of the Generative Theme

Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
I'm not sure my manager, team leader or others in the department agree with or understand some of my views about how health promotion should be done. <i>Agree with my views</i> <i>How health promotion should be</i>		“themes of arrogance, isolationist tendencies, resolve and assurity”	“Honest accounts of how other people in the department feel about the present situation and the opportunity to test out my thoughts and ideas and to see how others respond” “Time out to <u>reflect</u> on where we are as a department / group of people and where we are going”	A clear theme running through the Themes from Initial Thoughts and Reactions work (Chapter 4) was a sense of health promotion specialists working in isolation and finding their own direction for health promotion which was not as a rule shared with others. I wanted to prompt participants to give some articulation of this.
All this creates tensions and situations I feel I cannot control. <i>Tensions</i> <i>Control</i>		“there is evidence of a struggle or ‘battle’ relating to ‘deep and conflicting emotions’ and ‘inner turmoil and panic’ that are evident throughout but remain unacknowledged in the ‘journey’ work and the first discourse.”		It would seem reasonable to suppose that working in isolation in ways that could either be irrelevant to or at odds with the management steer provided in the department might cause some anxiety and tension. I wanted to prompt participants to comment on this.

Table 18: Origins of the Generative Theme				
Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
		“Another very strong and consistent theme is the projection or externalisation of control and responsibility.”		
This leaves me with a range of feelings both positive and negative about my work and how I am managed. <i>Work feelings</i> <i>Managed feelings</i>		“Through all the discourses until the last, there is a tendency for emotional issues to be introduced and dealt with in a neutral, un- emotive way. Emotions are more written about than communicated directly. The use of mechanistic metaphor assists in this. Thus, even though deeply emotional issues form much of the content, there is an in- congruency between this and the tone of the writing, especially in the earlier discourses.”	“The definition of roles within the department and openness between health promoters in this regard” “Positive aspects of being managed and positive aspects of uncertainty & change”	Further, I wanted participants to offer some articulation of how they were feeling within their experiences of being managed. If anxiety and tension were not there, then what emotional life did their experiences of being managed create?

Table 18: Origins of the Generative Theme				
Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
I have some ways of dealing with this but these can cause further problems. <i>Dealing</i>		<p>“When ‘blame’ arose in earlier text, his attribution of blame more implied than admitted openly.”</p> <p>“Faith in some external power emphasises the projection theme very strongly.”</p>		Here, I was interested in how participants dealt with their experiences of being managed, and whether these strategies had any common elements across the department or organisation.
I feel that recently there has been a lot of uncertainty and potential for health promotion to change in this organisation. My feelings about this are mixed. <i>Uncertainty</i> <i>Change feelings</i>			<p>“Ultimately....cohesive, positive thinking! If we establish a common experience of ‘being managed’ that is.”</p> <p>“Management of health promotion specialists in the current public health policy environment”</p>	<p>The health promotion department was entering a period of review at the time when access was being negotiated. Hence, it would be expected that participants might have something to comment on their organisational position and how this might change. Again, I wanted participants to have a chance to speak to this aspect at an emotional level.</p>



Table 18: Origins of the Generative Theme

Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
As a rule I suspect my views on a range of things might be different to others in the department. <i>Suspect difference</i>	“a few established ‘club rules’ enshrined in rhetoric”		“Better knowledge about how others in the department feel” “Sharing views that may be different to others”	Again, the working in isolation theme is behind this aspect of the generative theme. I wanted to give participants opportunity to speculate on how their own views of health promotion might be different from others in the department.
I would like to express myself more openly but for a variety of reasons I keep quiet.Express <i>Reasons I keep quiet</i>		“Another very strong theme regards denial, repression and avoidance - again seen both in the writing and in the experiences that form the subject of the text” “Although he has a need for closeness and respect, he clearly denies himself such opportunities and fear may well be involved here.”	“Time to consider implications of being ‘honest’” “Sharing views that may be different to others”	Given the strong denial theme running through chapter 2 I wondered how this might appear in the experiences of the participants. I wanted them to say if they felt unable to express themselves, and if so, what reasons they articulated for not doing so.

Table 18: Origins of the Generative Theme

Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
I think that others would be critical of my views on all sorts of things and this shows itself in different ways. <i>Others critical</i> <i>Shows itself</i>		“a denial and avoidance of detail, relationships, criticism, feedback, and achievement” “Related to the externalising control theme is the issue of authority.”		Here I wanted to explore whether any hesitancy to express themselves was explained in terms of criticism. This would then say something about how criticism is viewed and experienced in the department and comments from the Initial Thoughts and Reactions work certainly suggested a negative regard for criticism by at least some of the participants. Further, I wanted to give the participants prompt to articulate how criticism was delivered – overtly or covertly- and by what means in the department.

Table 18: Origins of the Generative Theme				
Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
I have concerns about how people will react to this story  <i>React</i>		“The main emotion to arise is fear which runs through all the discourses.”	<p>“That everyone agrees workers and managers not to use information which arises during the process against people in the future”</p> <p>“Expressing some personal feelings particularly about my immediate management and that ??? ? I choose (which I won’t) to ??? that info is used in the future on a the research process is over”</p> <p>“Writing my story and reading it out in front of everyone”</p>	Given the possibilities about criticisms above, I wanted to give participants a chance to articulate their feelings about this in relation to a specific instance, namely the delivery of the stories.



Table 18: Origins of the Generative Theme				
Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
Sometimes it feels there are things that need to be said but that these things get buried.			<p>“An opportunity to share my thoughts and feelings in an equal way”</p> <p>“Being totally honest with everyone at once! Discussing certain issues in small groups is different to telling everyone you work with exactly how you feel. I think it needs to be done though”</p>	The comments from the Initial Thoughts and Reactions work showed that for at least some of the participants, an opportunity to say things that needed to be said would be welcomed and they saw the story telling and structured dialogue in this light. I wondered how far this feeling that there are things that need to be said was shared by participants, in other words, how much a feature of the department this was.
There have been times when I have ignored some aspects of working life and pretending not to notice what was going on.		<p>“The texts show a consistent theme regarding awareness. For much of the time, there is plenty of evidence of a lack of awareness - as if he is ‘not-noticing’ what is going on as he writes, or what was going on in the experiences he is writing about.”</p>		A strong theme from the reflective inquiry in chapter 2 was the tendency or habit of ‘not-noticing’ and I wondered if participants were able to articulate a view on their own reactions to being managed i.e. whether it did include some aspects of tactical ‘not-noticing’ and to what extent this was a typical feature of participants.

Table 18: Origins of the Generative Theme

Generative theme (and aspect code )	Themes from Contemporary Issues in Health Promotion (Chapter 1)	Themes from The Reflexive Inquiry (Chapter 2)	Themes from Initial Thoughts and Reactions work (Chapter 4)	Overall rationale for this aspect of the generative theme
Writing this story has helped me identify and clarify some issues and I hope that sharing our stories will be useful.  <i>Writing</i>  <i>Sharing</i>			Various comments (see above)	The point of this was to help participants bring their stories to an end and to encourage them to reflect on what writing their story had achieved. I also wondered what participants would articulate about their feelings in looking forward to the story telling event. This might also give some view as to how the department perception about the story telling and structured dialogue event had changed or solidified since the Initial Thoughts and Reactions work. This might say something about how newly articulated thoughts and feelings develop over time within departmental dynamics.

## Project

In carrying out the local encounter, I was relieved that the negotiations to work with the department had been completed satisfactorily and that at last, the encounter was to happen. Bearing in mind the long periods in which the direction of the research was uncertain, the reality of collecting fieldwork data was a big thing for me and it felt like some sort of turning point. I recorded my thoughts about this in the research diary and these entries include worries about whether participants would prepare their stories, and also, how closely or otherwise they would stick to the generative theme. I had to remind myself that whatever happened was the reality – this was the data. Given what I knew about the department already through contact with its members individually, and also through the *Initial Thoughts and Reactions* work, it would be no great surprise if some of the tension and dysfunction that I suspected revealed themselves in the way in which the encounter actually went ahead. As it happened, three of the department members who had agreed to both the process of the encounter and its date did not take part citing other duties or priorities and this may or may not have been a reflection of some of the tensions and concerns that seemed apparent.

Paradoxically, perhaps, the annoyance I suspected some of the participants were feeling about their colleagues' absence was not something that was allowed to come out clearly or overtly – this is perhaps one weakness of the story-dialogue method in that it tends to skate over potentially strong 'here and now' issues by its concerted focus on the story telling.



## Proceedings

The proceedings of the encounter can be charted as follows:

Table 19: Proceedings and Observations for the Encounter	
Procedure and Timing	Observation and Comment
In October 2000 a further letter was sent to all of the department outlining the procedures for the day, ground-rules etc (appendix 13).	No further questions or queries arose from this.
Consent forms (appendix 17) were also sent and collected on the day of the encounter (December, 2000).	All participants readily consented to the encounter and agreed to abide by its ground rules.
The local encounter itself was with nine members of the department including its manager and two of the three team leaders. This took place in December 2000.	I noted the friendliness and companionship throughout the day and this was in some contrast to the impressions I had in negotiating access and undertaking the <i>Initial Thoughts and Impressions</i> work.
By this time decisions had been made about the future organisational position of the department (features of this decision and the manner in which it had been reached and communicated appear in the participants' stories).	This new sense of certainty may account for the above comparison.
The encounter event went to time : the nine stories and time for memo writing took 2 hours (including a coffee break);	I also noted an observation about the variety of the stories in terms of their content, their degree of 'sticking to' the generative theme and their format – there was even a poem! I noted my concern about how I was going to deal with this variety
The time for participants to view the memos and note down any reactions took fifteen minutes.	Following the various piloting of the story-dialogue method when participants had often felt uncomfortable and unsure as to what to write, I felt the need to inject some structure into the memo writing. To do this I provided A6 prompt sheets for participants to fill in their memos. Again, I noted variety in the sort of memos written and wondered what this implied for data analysis
After a short lunch (35 minutes) the structured dialogue began.	Participants knew about this stage of the encounter as it had been explained in prior communication (appendix 13).
Following the guide from Feather and Labonte (1996), four aspects of this were encouraged: What did you think happened (this morning)?	There seemed some discomfort and resistance from the participants about using this way of processing and sticking to it. At the time I was not aware of why this was so but after the encounter I realise that this response was not surprising given the rather limited

Table 19: Proceedings and Observations for the Encounter	
Procedure and Timing	Observation and Comment
<p>Why do you think what happened did happen ?</p> <p>What sense can you make of this ?</p> <p>What do you want to do next ?</p>	reflexivity that was at work in the department.
<p>To begin the first of these, participants spent some time considering some of the <i>One point I wasn't clear on was</i> ..... parts of the memos and a discussion of what had been achieved in the morning. This took about an hour.</p>	<p>The main outcomes related to:</p> <ul style="list-style-type: none"> <li>Team ideal</li> <li>Process is important</li> <li>Partial valuing</li> <li>Collective identity</li> <li>Observations</li> <li>Public health judgments</li> <li>An avoidance habit</li> <li>Needs</li> <li>Planning futures</li> <li>Resigned, daunting change</li> </ul>
<p>In terms of the second point, about three main theories came out to explain what had happened. This was quite hard going and took about 20 minutes to do.</p>	<p>These explanations were about:</p> <p>The process of the story telling, the skills people had brought to it, and the timing of the event itself in relation to the forthcoming merger with the public health department</p>
<p>Trying to address point three proved even harder with the 'future-facing' discourse overpowering anything else – there was a desire and hurry to move to the fourth point.</p>	<p>Again, the tendency to hurry into action planning rather than reflect was evident</p>
<p>To do this, about 10 minutes was spent in which the participants agreed four main areas that they wanted to work on in answer to the 'what do you want to do next' aspect of the dialogue.</p>	<p>These were: Dangers and lessons learnt</p> <p>What facilitates our process of working</p> <p>Philosophy, ethos, mission and values – what we want to foster</p> <p>New ideas for the future – a way forward</p>
<p>The participants split themselves into four groups to work on one of these headings, and flipcharts were used to record the points they wanted to make. The flipcharts were then rotated around each group so that every participants had the chance to question or contribute to the final version. This process took nearly an hour in all.</p>	<p>After the encounter event, these flipcharts were typed up within the department and a copy given to me. After reading these over and over I felt these were not particularly interpretive or analytic, but that they stood in need to further analysis. This worried me as I felt that I must have failed in my steering through of the Labonte-Feather approach. However, in time I accepted that this was not as a result of my failings but due to the overwhelming dynamic in the department around its limits, its avoidance and its hesitation to be reflexive</p>
<p>The final part of the event (which I was glad to have built in given the reluctance to articulate much in answer to the third</p>	

Table 19: Proceedings and Observations for the Encounter	
Procedure and Timing	Observation and Comment
<p>aspect of the dialogue) was for participants to write a postscript to the event. This was a chance for them to record their feelings about how the day had gone for them, and to record any further observations relating to their stories or to the feedback they had received. This took about fifteen minutes although not everyone took this long.</p>	
<p>Finally, I thanked everyone for their time and commitment.</p>	<p>I was surprised and pleased at how many comments people came up with about how much they had enjoyed the event and how much they felt they had got from it. I promised that I would get back in touch to arrange another event when I could report back on some of my interpretations, and I offered myself to help in whatever ways they felt necessary in preparing for their transition to the public health department.</p>



### **Preparing for the analysis of the data**

Following the local encounter event, the planned progression into data analysis was delayed for a number of reasons. Eventually, the data analysis for the local encounter with others began in April 2001. The impact of this gap is discussed below.

The various streams of data analysis to be completed were agreed as:

- ⇒ Analysing the stories
- ⇒ Analysing the stories with respect to the generative theme
- ⇒ Analysing the memos
- ⇒ Analysing the structured dialogue
- ⇒ Analysing products of the structured dialogue
- ⇒ Analysing the postscripts

Each of these ‘streams’ of data analysis were to be dealt with ‘inductively’, that is, each data stream was to be considered independently and not analysed through the framework of themes or constructs identified in the analysis of other data streams.

As a consequence of this, the analysis of each data stream ends rather abruptly, with no attempt made to summarise or make further interpretations. This task is left until all of the six data streams have been analysed when the emergent themes will be combined in a meta analysis whereby themes will be compared and contrasted and then grouped into a smaller number of ‘meta themes’. Finally, these meta themes will be combined into an overall story of the encounter findings.

**Mapping the data analysis**

As a guide to the analysis, the following contents list is provided:

		Begins on page	Table number	Themes to emerge
Initial analysis of each of the six data streams	1. Analysing the stories	p182	Data analysis is shown in table 20 and the summary is shown as table 21	29 themes emerged catagorised as 'major', 'minor' or 'significant'
	2. Analysing the stories with respect to the generative theme	P192	Data analysis is shown in table 23 and the summary is shown as table 24	14 themes emerged
	3. Analysing the memos	p200	Data analysis is shown in table 25 and the summary is shown as table 26. a further (meta) analysis is shown as table 27	25 themes emerged
	4. Analysing the structured dialogue	p214	This has been split into two elements:	
			Recollecting: table 29	11 themes
			Accounting: table 30	3 themes
	5. Analysing products of the structured dialogue	p214	Data analysis is shown as table 31	4 themes
	6. Analysing the postscripts	p224	Data analysis is shown in table 32 and the summary is shown as table 33	13 themes emerged

		<b>Begins on page</b>	<b>Table number</b>	<b>Themes to emerge</b>
<b>Meta analysis</b>	From the analysis of each of the six data streams, a total of 99 themes are identified. A process of meta analysis synthesises these into a smaller selection of meta themes	p233	All the 99 themes are collated in appendix 18. These 99 themes are then organised/grouped into 20 'meta themes' – which theme has been grouped into which meta theme is shown as appendix 19. The descriptions and titles of the 20 meta themes are worked out as appendix 20 and summarised on table 35.	20 meta themes are identified

Further synthesis and discussion of the meta themes and especially their relation to each other are then discussed.



# Making sense – Initial Data Analysis

## Analysing the stories

“But what makes writing about our lives social science and not a novel? How do we make sociological sense of our routines or our chaos.” (Hertz, 1997, pxvi).

In order to analysis the data from the stories, a template was developed to manage the initial open coding stages as shown :

What I know about the participant	What I wrote during the story telling	Participant alias
The participant’s story	My open coding / memo-ing	Initial categories / themes

The template was used to analyse the data from the participant’s stories, first by recording initial impressions, and then by identifying initial categories and themes. After this had been completed for all the stories, these initial categories and themes were reviewed and firmed up into more robust categories and a description of each category content was written. Twenty nine categories were decided upon from a slightly longer initial list. These final categories were then assessed in terms of its overall significance i.e. ‘minor significance’, ‘significant’, and ‘major significance’. It needs to be acknowledged here that what counts as ‘major’, minor’, or ‘significant’ is not easily or neatly definable. Rather, these judgements emerge from the analysis of the data due to factors like frequency, intensity, etc. The results of this stage of the data analysis for the ‘major significance’ categories are shown as table 20 below.



Table 20 : Analysis of stories: Major significance categories only			
	Example quotes from participants	Category description	Category Label
1	<p>I want a life as well</p> <p>They managed to agree</p> <p>This was I feel quite unique for a department to be so open</p> <p>But I worry that others may loose sight of this togetherness and become individuals achieving their own promotion goals.....</p> <p>I don't want to inflict my views or opinions on anyone else.</p> <p>it causes tensions and situations</p> <p>I try not to get too disappointed or negative which I don't see as constructive</p> <p>so I try to encourage sharing of information, knowledge and opinions both formally and informally and that they have someone to talk to</p> <p>I am open- but in a tactful way not fully able to tackle difficult issues</p> <p>Sometimes they fall to the manager to sort out so that negative feelings are aimed at the manager rather than other colleagues</p>	<p>There are a number of references pointing to limitations or boundaries of one sort or another :</p> <p>About openness (quite unique for a department to be so open, ),</p> <p>Togetherness (others may loose sight of this togetherness, ),</p> <p>What can be said (I don't want to inflict my views or opinions, whispering and speculation),</p> <p>What is acceptable (I want a life as well, situations, disappointed or negative which I don't see as constructive, conflict is avoided, but not dealt with.),</p> <p>Amount of direction (I try to encourage, consultation happens some times, but not others and conflict is avoided, but not dealt with.),</p> <p>What can be admitted (disagree I have ignored aspects, difficult to reflect on how I am managed ),</p> <p>Abilities of others (They managed to agree, not fully able to tackle difficult issues),</p> <p>Optimism (In many ways these are</p>	"Limits"



Table 20 : Analysis of stories: Major significance categories only			
	Example quotes from participants	Category description	Category Label
	<p>I disagree I have ignored aspects</p> <p>There was whispering and speculation</p> <p>I feel consultation happens some times, but not others and conflict is avoided, but not dealt with.</p> <p>I found it difficult to reflect on how I am managed or have been managed in the department</p> <p>In many ways these are exciting times</p> <p>I do understand however that we can't always have what we want in life, there are constraints for all of us at every level of working</p> <p>However not discussing how this makes us feel is not a good thing and you never know maybe in doing so we might even create the environment to come up with potential solutions</p> <p>I tend to share my feelings with a few like minded people within and outside the department.</p>	<p>exciting times),</p> <p>Support (not discussing how this makes us feel is not a good thing, share my feelings with a few like minded people within and outside the department.).</p> <p><i><b>This category is about a feeling of limits or boundaries of various sorts within the department; some are about tangible things like limits to support or what is acceptable; others are less so and are about limits to what can be said, admitted, or how directive it seems to be possible for the department to be;</b></i></p>	



Table 20 : Analysis of stories: Major significance categories only			
	Example quotes from participants	Category description	Category Label
		<i>there seems to be quite a number of these examples in the accounts - it seems to be a major significant category.</i>	
2	<p>it slowly dawned on them That this was not a contest</p> <p>They managed to agree blame</p> <p>expose myself to colleagues and as a result make me vulnerable</p> <p>having disposed of these initial feelings</p> <p>I have to play down sometimes</p> <p>The hierarchy (which some may deny exists)</p> <p>I have had the confidence to openly express my concerns</p> <p>an open, listening, communicating environment</p> <p>There was whispering and speculation</p> <p>But I don't think this has filtered down to how we work.</p> <p>I tend to share my feelings with a few like minded people within and outside the department.</p>	<p>There are references in the stories which point to a picture of a normal or default existence in the department, perhaps established and maintained through unwritten rules such as, it is normal to :</p> <p>See things as a contest</p> <p>it is not normal to :</p> <p>manage to agree, express blame, expose myself to colleagues, acknowledge or work with feelings, or share my feelings, acknowledge a hierarchy, openly express my concerns, receive information openly.</p> <p>For one person though, normality in the department did exist in friendly faces and 'open door' management and an open, listening, communicating environment but of course these two positive points could</p>	"Normality"



Table 20 : Analysis of stories: Major significance categories only			
	Example quotes from participants	Category description	Category Label
	friendly faces and 'open door' management	represent examples of limits to what can be admitted or said. <i>This category is about a feeling of what counts as normal in the department; most are about limits and this resonates with the category above; however, this is not a universal view; because of this contradiction it seems to be a majorly significant category.</i>	
3	Different levels of understanding reflect different levels of experience no one likes change, there can be resistance As the manager I have a different perspective on things probably due to trying to keep things on a constructive basis people in the department are not fully able to tackle difficult issues or receive or give criticism taking	There are a number of occasions in the stories where the writers have set out some form of rational account in order to explain People's understanding (reflect different levels of experience, <i>although it is not an easy option.</i> ), People's criticisms (Sometimes they fall to the manager to sort out so that negative feelings are aimed at the manager, <i>as this is all changing with the new structure</i>	"Rational Account"



Table 20 : Analysis of stories: Major significance categories only			
	Example quotes from participants	Category description	Category Label
	<p>it personally rather than seeing it as an opportunity to learn and improve skills</p> <p>that people in the department are not fully able to tackle difficult issues or receive or give criticism - this means that some issues around performance, and how people relate and treat each other are left unsaid or skirted around. Sometimes they fall to the manager to sort out so that negative feelings are aimed at the manager rather than other colleagues</p> <p>The autonomy, the challenge, the range of people you work and that occasionally feeling of accomplishing something.</p> <p>I found it difficult to reflect on how I am managed or have been managed in the department, as this is all changing with the new structure and co-ordinator roles. In times of uncertainty generally I think people try and control the things they can my way or working, one which I</p>	<p>and co-ordinator roles.),</p> <p>People's reactions (no one likes change, there can be resistance, In times of uncertainty generally I think people try and control the things they can),</p> <p>The manager's style (people in the department are not fully able, the way this is managed is important, there are constraints for all of us at every level of working),</p> <p>People's perceptions (As the manager I have a different perspective, ),</p> <p>People's motivations (The autonomy, the challenge, the range of people you work and that occasionally feeling of accomplishing something, one which I have put a lot of effort into developing over the past years),</p> <p><i>This category is about people giving rational accounts to explain, act as proxy excuse or blame in</i></p>	



Table 20 : Analysis of stories: Major significance categories only			
	Example quotes from participants	Category description	Category Label
	<p>have put a lot of effort into developing over the past years.</p> <p>I think that in times of uncertainty and re-structuring, the way this is managed is important – access to information – even knowing there is no news can be reassuring.</p> <p>I do understand however that we can't always have what we want in life, there are constraints for all of us at every level of working</p> <p>This is what I think health promotion should be about although it is not an easy option.</p> <p>My experience of another health promotion department with a different style of management has made me appreciate the management and opportunity I now experience</p>	<p><i>the department; most are not about the manager's approach or style but it is interesting that most of the points are from the manager and one other person; because of the complexity here and also because of the way that rational account might relate to 'avoidance', 'limits' and 'normal' categories above, it seems to be a majorly significant category.</i></p>	



**Analysing the stories – a summary**

Three major categories have emerged from the analysis of the story data, along with a range of others that appear to be significant. These are summarised as table 21 below.

Table 21: Analysis of stories : summary of the analysis.			
	Category description	Category Significance	Category Label
1	This category is about a feeling of limits or boundaries of various sorts within the department; some are about tangible things like limits to support or what is acceptable; others are less so and are about limits to what can be said, admitted, or how directive it seems to be possible for the department to be; there seems to be quite a number of these examples in the accounts	Major	“Limits”
2	This category is about a feeling of what counts as normal in the department; most are about limits and this resonates with the category above; however, this is not a universal view; because of this contradiction it seems to be a category of major significant.	Major	“Normality”
3	This category is about people giving rational accounts to explain, act as proxy excuse or blame in the department; most are not about the manager’s approach or style but it is interesting that most of the points are from the manager and one other person; because of the complexity here and also because of the way that rational account might relate to ‘avoidance’, ‘limits’ and ‘normal’ categories	Major	“Rational Account”
4	This category is about a sense of department and this does seem to be involved in many of the accounts.	Significant	“Department Tribe”
5	This category is about expression of detail and there does seem to be a reasonable amount of detail given on a range of issues in the accounts.	Significant	“Detail Expressed”
6	This category is about a lack of expression of detail and there does seem to be a reasonable amount of inexpression on a range of issues in the accounts - it seems to be a significant category.	Significant	“Detail Inexpressed”
7	This category is about expression of feeling and there seems to be only a small amount of emotional expression in the accounts.	Significant	“Feeling Expressed”

Table 21: Analysis of stories : summary of the analysis.			
	Category description	Category Significance	Category Label
8	This category is about inexpression of feeling and there seems to be a range of examples where feeling is not expressed in the accounts	<i>Significant</i>	<i>"Feeling In-Expressed"</i>
9	This category is mainly about expression of aspirational hope about the future and there seems to be only a few examples of this – which by exception may make it a significant category.	<i>Significant</i>	<i>"Future Facing"</i>
10	This category is about expression of individual mission, purpose or approach and there seems to be quite a number of these examples in the accounts - it seems to be a significant category.	<i>Significant</i>	<i>"Individual Mission"</i>
11	This category is about a feeling of predictable inevitability about the future for the department; some feel this as unalterable (pink), some as ominous (red), some as something that can be challenged (dark yellow) and some with deference (blue); there seems to be quite a number of these examples in the accounts	<i>Significant</i>	<i>"Inevitability"</i>
12	This is a small but significant category marked out by the intensity of some of the discourse used, albeit limited to two people.	<i>Significant</i>	<i>"Loss / Waste"</i>
13	This is a small but significant category marked out by the detail and argument of some of the discourse used, albeit limited to two people.	<i>Significant</i>	<i>"Reflection"</i>
14	This category is about people using rhetorical devices in their stories to act as proxy description (especially the poem), accusation , admonishment or criticism of un-named people or processes department; because of the way that this might relate to 'rational account' 'avoidance', 'limits' and 'normal' categories above, it seems to be a significant category.	<i>Significant</i>	<i>"Rhetoric / Metaphor"</i>
15	This small category is about people using tact or mild manipulation in the life of the department; as with the 'rational account' category, it is interesting that most of the points are from the manager and one other person; because of the sensitivity here and also because of the way that this might relate to 'rational account', 'rhetoric', 'avoidance', 'limits' and 'normal' categories above, it seems to be a significant category.	<i>Significant</i>	<i>"Tacticians"</i>



Table 21: Analysis of stories : summary of the analysis.			
	Category description	Category Significance	Category Label
16	This category expresses a range of negative emotion about moving into the public health department; especially in relation to the lack of detail given about reasons for the move (see above) this is a significant category.	<i>Significant</i>	<i>“Unrest”</i>
17	This category represents some important value statements about the current situation, a manager's approach, health promotion and ways of working; because the majority are aspirational rather than comment about current experience and because of the resonance with other categories (rational account, rhetoric) these statements of values as vehicles for implied criticism make it a significant category.	<i>Significant</i>	<i>“Value Expressed”</i>
18	This category represents some important statements where values are implied or related but not articulated or explored; as with other categories (detail inexpressed, and feelings inexpressed), these issues may be explained as simply lack of attention to detail or judgements that further explanations were not required; however, taken together with other categories, this may represent a significant category.	<i>Possibly significant</i>	<i>“Value Inexpressed”</i>
19	This category represents some interesting statements about working together which come mainly from one person; however, taken with the ‘Team’ and ‘Individual mission’ categories (above) the lack of greater comment about joint working may mean this is a significant category.	<i>Possibly significant</i>	<i>“Working Together”</i>
20	This category may be more a point of possible interest than anything else – it is not a much-used.	<i>Minor</i>	<i>“Role”</i>
21	This category is about possible avoidance of issues like what is happening in the department, or how someone feels about being managed.	<i>Minor</i>	<i>“Avoidance”</i>
22	This category is about control although this concept does not seem to be particularly central to the accounts - it seems to be a category of minor significance.	<i>Minor</i>	<i>“Control”</i>
23	This category is about overt criticism although this concept does not seem to be particularly central to	<i>Minor</i>	<i>“Criticism”</i>

Table 21: Analysis of stories : summary of the analysis.			
	Category description	Category Significance	Category Label
	the accounts - it seems to be a category of minor significance.		<i>Expressed</i>
24	This seems to be a category of minor significance.	<i>Minor</i>	<i>"Criticism Un-Expressed"</i>
25	This category is about the use of cynicism and this form of rhetoric does play a part in the accounts, especially one of them - it seems to be a category of minor significance.	<i>Minor</i>	<i>"Cynicism"</i>
26	This category is about expressions about the nature of health promotion and this seems to take only a small space in the accounts - it seems to be a category of minor significance.	<i>Minor</i>	<i>"Health Promotion Mission"</i>
27	This category is about being a part of the health promotion collective tribe and there seems to be only a small amount of expression in the accounts - it seems to be a category of minor significance.	<i>Minor</i>	<i>"Health Promotion Tribe"</i>
28	This omission may or may not represent a significant category.	<i>Possibly not significant</i>	<i>"Teams"</i>
29	This is a small and probably not significant category except in that it raises interesting questions about why structure was not addressed more.	<i>Possibly not significant</i>	<i>"The Hierarchy"</i>

**Analysing the stories with respect to the generative theme**

The second line of data analysis is to make some observations about the relationship of the story to the original generative theme. To assist this, I have coded the various segments of the generative theme as follows in table 22.

Table 22: Generative theme coding into aspects.	
Generative theme	Aspect
I have mixed feelings about where health promotion is going in the UK, and I'm not sure these issues are well understood in the department.	1. <i>Where health promotion is going</i> 2. <i>Understood in the department</i>
I also think there are some concerns about the way health promotion is understood and managed by the Health Authority and by the Trust.	3. <i>Trust</i>
I'm not sure my manager, team leader or others in the department agree with or understand some of my views about how health promotion should be done.	4. <i>Agree with my views</i> 5. <i>How health promotion should be</i>
All this creates tensions and situations I feel I cannot control.	6. <i>Tensions</i> 7. <i>Control</i>
This leaves me with a range of feelings both positive and negative about my work and how I am managed.	8. <i>Work feelings</i> 9. <i>Managed feelings</i>
I have some ways of dealing with this but these can cause further problems	10. <i>Dealing</i>
I feel that recently there has been a lot of uncertainty and potential for health promotion to change in this organisation. My feelings about this are mixed.	11. <i>Uncertainty</i> 12. <i>Change feelings</i>
As a rule I suspect my views on a range of things might be different to others in the department.	13. <i>Suspect difference</i>
I would like to express myself more openly but for a variety of reasons I keep quiet.	14. <i>Express</i> 15. <i>Reasons I keep quiet</i>
I think that others would be critical of my views on all sorts of things and this shows itself in different ways.	16. <i>Others critical</i> 17. <i>Shows itself</i>
I have concerns about how people will react to this story	18. <i>React</i>
Sometimes it feels there are things that need to be said but that these things get buried.	19. <i>Buried</i>
There have been times when I have ignored some aspects of working life and pretending not to notice what was going on.	20. <i>Not-noticing</i>
Writing this story has helped me identify and clarify some issues and I hope that sharing our stories will be useful.	21. <i>Writing</i> 22. <i>Sharing</i>



Using these aspect codes, the story data is analysed in table 23, and summarised in table 24. Table 23 below shows a selection of the analysis performed on the story data with respect to five of the 22 coded aspects listed above.

Table 23: Analysis of the stories with respect to the generative theme by aspect		
	Analysis of the story with respect to the generative theme by participant	Comment, and <i>initial</i> relationship to Story Categories / themes
How health promotion should be	implies less resource should go on cure and prevention and more on ‘my topic area’ not addressed Not addressed implicit values about working with others on their own agenda and Discrimination in any way, shape or form is unacceptable tackling the root causes of ill health not addressed mentions working together to achieve our goals ; go against the tide and depart from always doing things using the old ways, not being prepared to push the boundaries and try out new and challenging ways of doing things. This is what I think health promotion should be about although it is not an easy option. Observes that There was broad agreement that health promotion interventions that aimed to solely change behaviour would have less impact than those aiming to influence policy but doesn’t say if she agrees with this or not	How health promotion should be :  Varied tangential references on this aspect of the Generative Theme. This could reflect the Detail Inexpressed category, and also the Value Inexpressed category. It might also relate to the Future Facing theme because ‘should be’ invites (perhaps) this sort of vision, in which case, it is interesting that there is only one articulation of this. It may also relate to the Health Promotion Mission category.
Tensions	not addressed except that supported by my manager may mean she feels insulated from tension implies there are tensions caused	Tensions :  Given the limited detail with respect to the aspects about



Table 23: Analysis of the stories with respect to the generative theme by aspect		
	Analysis of the story with respect to the generative theme by participant	Comment, and <i>initial</i> relationship to Story Categories / themes
	<p>because Health promotion is a difficult concept for others to understand and appreciate The story deals with tensions arising from the consultation process rather than any disagreement about how health promotion should be done <b>not mentioned but says health promotion is going from an open, listening, communicating environment</b> I agree it causes tensions and situations <b>not addressed but says there were whispering and speculation</b> <b>Not addressed</b> seems to acknowledge there are tensions but says . I sometimes wish that my colleagues had also had that experience to compare with – the grass is not always greener on the other side!</p>	<p>what health promotion should be, it is not surprising that tension arising from possible differences of opinion about what health promotion should be have not been articulated. The tensions that are mentioned are more implied than given in detail and seem to relate more specifically to internal department issues. This could relate to the Avoidance, the Limits, and the Normality categories.</p>

The results of the analysis of the story data with respect to the various aspects of the generative theme (in bold) are identified in table 24 below. Where it seems appropriate, some tentative linking has been suggested with the themes to emerge from analysis of the story data above. At this stage, it is best to leave these suggested links as provisional until all of the data streams have been analysed.



Table 24: Summary of the analysis of the stories with respect to the generative theme by aspect.		
Comment, and <i>initial</i> relationship with respect to Story Categories / themes	Significance	Code
<b>How health promotion should be :</b> Varied tangential references on this aspect of the Generative Theme. This could reflect the Detail Inexpressed category, and also the Value Inexpressed category. It might also relate to the Future Facing theme because 'should be' invites (perhaps) this sort of vision, in which case, it is interesting that there is only one articulation of this. It may also relate to the Health Promotion Mission category.	Significant	Lack of consistent view of health promotion
<b>Agree with my views</b> Not surprising given the limited detail expressed about what health promotion should be, there is still less on whether the participants felt that other members of the department agreed with their views on this. This could be in keeping with either the Health Promotion Mission category or the Individual Mission category.	Minor	Uncertain of others' views
<b>Tensions :</b> Given the limited detail with respect to the aspects about what health promotion should be, it is not surprising that tension arising from possible differences of opinion about what health promotion should be have not been articulated. The tensions that are mentioned are more implied than given in detail and seem to relate more specifically to internal department issues. This could relate to the Avoidance category, the Limits category and the Normality category.	Significant	Implicit tension
<b>Control :</b> Not much reference to this aspect of the Generative Theme and this is in keeping with the Control category.		
<b>Work feelings :</b> There are varied references to this aspect. Two give very positive information about how they feel about their job. Two others express specific worries and two have quite strongly expressed points (but with not much detail on feelings) about the consultation	Significant	Expressed feelings about work



Table 24: Summary of the analysis of the stories with respect to the generative theme by aspect.		
Comment, and <i>initial</i> relationship with respect to Story Categories / themes	Significance	Code
involved in the restructuring. These references relate to both the Feeling Expressed category and the Feeling Inexpressed category. The overall limited responses might relate to the Limits category and the Normality category.		
<b>Managed feelings :</b> The references here are mostly by implication than anything direct. Three imply they are happy with how they are managed. Two imply criticism specifically to do with consultation and the restructuring. One seems to avoid the issue which in itself could be an implied criticism. The references here are in keeping with the Feeling Inexpressed category, the Criticism Inexpressed category, and possibly the Avoidance category.	Significant	Avoided feelings about management
<b>Dealing :</b> There are very few references to how the participants deal with whatever emotions they have about their work or being managed. This could reflect the Avoidance category, the Limits category and the Individual Mission category. Those that are given relate to different categories (Working Together category, Tactician category, Normality category or Individual Mission category) and there is no clear pattern.	Significant	Limited emotional disclosure
<b>Uncertainty :</b> There are a range of references in response to this aspect of the Generative Theme. Some are more future-facing whilst others reflect on the certainties of the present. Some see some change as necessary (we have to change with the times), some see positive signs (light at the end of the tunnel) but most seem wary (unrest as we move into the unknown). This relates to the Future Facing Category, the Unrest category, and possibly the Limits category.	Significant	Future uncertainty

Table 24: Summary of the analysis of the stories with respect to the generative theme by aspect.		
Comment, and <i>initial</i> relationship with respect to Story Categories / themes	Significance	Code
<b>Change feelings :</b> As with the last aspect, the emotions expressed here tend to be more negative than positive. However, as well as those who did not address this, three do not express much emotion openly but give a <b>rational account</b> or point to people we are trying to serve feel like. This may reflect the Feeling Inexpressed category as much as it does the Feeling Expressed category. Again, this may relate to the Limits category and Normality category.	Significant	Negative feelings about change
<b>Suspect difference :</b> Not a great deal of reference for this aspect. Those differences in views that might be there are more implied than stated. Again, this may reflect the Feeling Inexpressed category, the Limits category and the Normality category.	Minor	Uncertain of others' views
<b>Express :</b> These references point to limited expression of any opinion about whether they would 'like to express myself more openly'! This may show there are limits to what can normally be expressed in the department (and if so, relate to the Limits category and Normality category).	Significant	Limited expression
<b>Reasons I keep quiet :</b> Given that there is little comment in response to the 'like to express myself more openly' trigger in the Generative Theme, it is not surprising that there is little comment on what holds people back. The two reasons given are (not wanting to appear destructive) and (needing an arena to legitimate reflective practice) relate to the Limits category and maybe the Criticism Inexpressed category.	Significant	Limited expression
<b>Others critical :</b> Very little comment about whether the participants felt that others would be critical of their views. This seems important pointing perhaps to a taboo about criticism. This would reflect the Criticism Inexpressed category, Limits category and Normality category.	Significant	Criticism avoiding



Table 24: Summary of the analysis of the stories with respect to the generative theme by aspect.		
Comment, and <i>initial</i> relationship with respect to Story Categories / themes	Significance	Code
<b>Shows itself :</b> Not surprisingly, there is little on how criticism shows itself. This again supports the view that criticism seems taboo (the Criticism Inexpressed category). but could also reflect the Detail Inexpressed or the Avoidance category.	Significant	Criticism avoiding
<b>React :</b> No participant offered any comment on how others might react to their story. This could be about avoidance or it could be that it is not normal in the department to express such things. If so this relates to the Criticism Inexpressed category, the Limits category and Normality category	Significant	Criticism avoiding
<b>Buried :</b> Few acknowledgements that ‘things get buried’ which may itself be burying something! Given the strength with which two participants refer to this, it seems likely that burying is normal and this would relate to the Criticism Inexpressed category, the Limits and the Normality category.	Significant	Criticism avoiding; burying is normal
<b>Not-noticing :</b> Given that few seem to acknowledge that burying goes on, it is not surprising that no-one admits to using ‘not-noticing’ as a way of doing this!	Significant	Not-noticing
<b>Writing :</b> Only two references to what writing the story has done. The point relating this reflection to her MSc study is interesting as this could mean that this too has not been shared in the department. This would relate to the Rhetoric category.	Minor	Not sharing
<b>Sharing :</b> Limited reference to sharing from the stories which reflects a trend about limits, normality and Individual Mission category.	Minor	Not sharing

**Analysing the memos.**

The strategy for data analysis for the encounter is to focus on the dialogue and discourse ‘alive’ within the health promotion department. Hence, I did not choose an approach to analysis which would focus on each participant and the sort of memo feedback given to that participant. Whist it might be interesting to see what features there may be in the memo feedback for each individual participant, the over-riding aim is to see what general points of similarity and difference arise in what participants expressed in response to the subject matter raised by the stories, and how these expressions were made. Hence, I wanted to do an analysis which identified significant aspects of discourse and/or themes which are being used in the memo feedback, in more general ways than just by and for specific individuals. To this end, the memo data for each participant (written by the other 8 participants) was collated under each of the memo prompt lines, and an analysis carried out. An example of this analysis is given below (table 25).



Table 25: Analysis of the memo data		
Participant 2		
Prompt line used in writing the memos	Comments recorded on memos under this prompt.	Analysis: what the participants expressed about this participant's story, by prompt.
1. The main point from your story for me was .....	<p>Making a decision about what is right for your future, and the support and help that is required to do this.</p> <p>That although new to the work, you felt supported</p> <p>A fresh perspective on what health promotion is to someone new.</p> <p>That you felt supported</p> <p>Positive outlook and willingness to learn</p> <p>No conflict with management</p> <p>The business of health promotion is learning curve for you and perhaps for all of us.</p> <p>How difficult it can be when you first come in to health promotion – I remember that well when I started in health promotion!</p>	The main thrust of the comments are about the support received (or at least lack of conflict), through an acknowledged challenging learning curve. The 'fresh perspective' comment is isolated but underscores peer support for the story-teller.
One point I wasn't clear on was .....	There were no comments under this prompt	
2. I agree with your point about.....	<p>We are supported in working autonomously by peers and managers and to develop professionally</p> <p>Uncertainty</p> <p>The learning opportunities that come via peers, networking with others.</p> <p>Autonomy, but this can lack focus or feeling you have to do everything</p> <p>The frustrations of under-funding.</p> <p>More money being spent on cure than prevention</p>	<p>Two comments concern under-funding,</p> <p>but the rest focus on the linked issues of autonomy</p> <p>and peer support. The tensions between these are not noted.</p>

Table 25: Analysis of the memo data			
Participant 2			
Prompt line used in writing the memos	Comments recorded on memos under this prompt.		Analysis: what the participants expressed about this participant's story, by prompt.
3. I disagree with your point about.....	There were no comments under this prompt		
4. I feel the same way as you about .....	Frustrated about lack of funding and money going into cure, but I see this as a challenge to work in innovative ways and to change practice; we will never have enough money. Being frustrated sometimes Being new to health promotion and the wider complications of change		Not many points here and non the same. One reconstructs frustration as opportunity.
5. I don't feel the same way as you about .....	Lack of resources		The only dissenting comment concerns funding.
6. Your point about ..... made me think .....	Resources and lack of funding	About my experience of short-term funded projects – I hope we do not go back to that.	Variety of points made but the thinking these prompts are all reflective and appreciative of one or other aspect of the current situation
	Working across agencies	Yes, it is taken for granted now; it hasn't always been like that.	
	Support for professional development within the department		
7. Your point about ..... made me feel .....	Peer support	Valued.	The comments mainly focus on having support but also mentioned are having freedom, being well managed but in a state of uncertainty.
	Having the freedom to manage your work	Encouraged me because I value the same	



Table 25: Analysis of the memo data			
Participant 2			
Prompt line used in writing the memos	Comments recorded on memos under this prompt.		Analysis: what the participants expressed about this participant's story, by prompt.
	Being well managed	We are lucky and privileged to be able to say that	The responses are all reflective of encouragement and appreciation. Most are couched in particularly emotional language or are comments owned by the commentators.
	Uncertainty	We are all in the same boat	
	Feeling supported by peers and management and that you are able to develop your own work	Encouraged that the balance is right in the department	
	Feeling supported	We should appreciate this and build on it	
8. Anything else	I would like to think that I am able to support people and its good to acknowledge and appreciate each other for this. It is good that this department values and encourages this way of working. An honest account – including flashes of what I felt when I initially started in health promotion		Only two comments, one portraying empathy about starting out in health promotion, the other validating values of support and appreciation.

Following this, the analysis of each participant’s memo feedback has been collated, firstly by combining the analysis for each prompt together. This collation for one of the prompts (the ‘main point’ prompt) - is shown as table 26 below.

Table 26: Collation of the analysis of the memo data	
Memo prompt	Collation of the analysis of the memos written from this prompt
<b>The main point from your story for me was .....</b>	Most of the points identify lack of consultation as the issue; one goes a little further and expresses what could be a new realisation how much involvement did we have. Another - good that you are asking these questions - seems to imply questions of this sort are not normally asked. All of the points bar one do not question the story teller's account – the exception is Not feeling consulted.
<b>The main point from your story for me was .....</b>	The points pick up on three distinct themes. One concerns the health promotion philosophy and the need to show what this is and can be. One is agreement that process is important. The other is about feeling disempowered, lacking influence and being Pawns in the system.
<b>The main point from your story for me was .....</b>	The comments centre on the difficulty and complexity of doing health promotion, and the need to work together, and share experience and skills yet understand our limitations.
<b>The main point from your story for me was .....</b>	The main thrust of the comments are about the support received (or at least lack of conflict), through an acknowledged challenging learning curve. The 'fresh perspective' comment is isolated but underscores peer support for the story-teller.
<b>The main point from your story for me was .....</b>	The main thread through these comments is about an acknowledgement of the difficult decision facing the manager on behalf of the department, and an empathy with her about this, and about managing the department without 'real support'. There is also an element of appreciation in this ('trying to do your best').
<b>The main point from your story for me was .....</b>	The main content to be identified is frustration and being daunted by change. The tone is mainly accepting or agreement with one clear exception
<b>The main point from your story for</b>	Almost all of the points refer to concern, uncertainty or fear about moving from one management system to another. Some show empathy - How difficult a time you had in public health, others are about what might it mean for us? One is



Table 26: Collation of the analysis of the memo data	
Memo prompt	Collation of the analysis of the memos written from this prompt
me was .....	ambivalent – Returning to a working environment where you weren’t happy is worrying.  The point concerning Things being a paper exercise is different though.
The main point from your story for me was .....	Most points express a positive aspect e.g. appreciation, encouragement, hopeful, useful.
The main point from your story for me was .....	The points tend to focus on and acknowledge the emotional experience of the story-teller but also convey some judgement or appraisal - An honest view; I think you underestimate; you should not apologise for that

It is worth noting from Table 26 that in general terms :

- a) There are a large range of issues included in the memo responses.
- b) Under the ‘I agree’ prompt, there is considerable expression of agreement with the story teller
- c) Under the ‘I disagree’ prompt, there is very little in the way of overtly expressed disagreement with the story teller
- d) Under the ‘not clear’ prompt, there are very few instances where the listeners have said they were not clear with what the story teller was saying
- e) Under the ‘I don’t feel’ prompt, there are very few instances where the listeners say they do not feel the same what as the story teller

However, the main observation from the above table is that the collated analysis spread over a range of issues. Also, some of the issues identified in response to this particular memo prompt also occur under other prompts. Hence, some other form of meta-analysis of the memo data is going to be needed.

Deciding on what form of meta-analysis of the memo data proved difficult. On the one hand, there are comments that occur within these data that are similar yet have been generated in response to

different prompts. For example there are many points relating to health promotion but these don't just occur as responses to one single prompt, but to a range of others. So for example, if I wanted to look at what participants were saying about 'health promotion' in their memo responses, I would have to look across the range of memo prompts from 'main point' to 'agreement' to 'made me think' etc. On this basis, it would seem best to desegregate the data from the memo prompts to which they are responses and then search for themes within this desegregated stream.

On the other hand, the prompts can be argued to be significant in themselves in that they represent aspects of departmental interaction such as agreement and disagreement. On this basis, it would seem best to keep the data aggregated and look the main points of agreement, disagreement etc. In the end, the former option was chosen. This was because although the memo prompts do represent ready made themes or categories, these are few in number and I felt that this would exclude substantial amount of potentially rich data from the analysis. And indeed, it is worth noting that under the 'disagree' prompt there are only four responses, yet when looking at the data in its desegregated form, many more examples of responses can be found which exhibit some form of disagreement.

To carry out the meta-analysis of the memo data, the various points of analysis in the second column of table 26 were read and re-read and words or terms that seemed relevant to the purpose of understanding what 'being managed' feels like in the department concerned. These were then highlighted and used as codes for initial, provisional categories or themes. The entire spread of these categorised or coded points of analysis were then sorted by their code. Once comments sharing a code were grouped together, it was possible to produce a collated description of each category / code. In the process of doing this, some points from the initial analysis needed to be moved (or sometimes copied) into a different category from the one they had initially been assigned to. It was also necessary on several occasions to return to the initial memo data in order to capture the context from which a particular interpretation has been made in the analysis. The results from this meta-analysis are shown in table 27 below.



Table 27: Meta analysis of the memo responses data		
Description of category	Major or minor significance	Category Name
<p>The analysis of the memo data identifies a range of statements that have been interpreted as examples of ‘acknowledgement’ in the analysis. The samples of this analysis in the left- hand column show something of the frequency with which the term ‘acknowledgement’ or ‘acknowledge’ was felt to be needed in this analysis. Bearing in mind that each of these samples of analysis are collated here from across the whole range of memo prompts, each analysed at different times, it seems acceptable to assume that this interpretation has emerged from the data rather than the data being forced into the interpretation. So it seems that acknowledging aspects of the stories of others occurs quite frequently in the memo responses. For the most part, this seems to reflect an accepting, supporting or even empathising within the memo responses.</p>	Major	1. Frequent, supportive acknowledgment
<p>There are a number of occasions where the memo feedback seems to be saying that action of some sort is needed. Usually, this is proactive action. The detail though is not given about what exactly needs to happen e.g. ‘find ways’. That is there seems to be more clarity about the end than the means.</p>	Major	2. Need for action

Table 27: Meta analysis of the memo responses data

<p>The analysis of the memo data produced several examples of responses that have been interpreted as agreements with the storyteller. There is very little in the way of overtly expressed disagreement with the storyteller. The agreements that are expressed seem to be about issues or points external to the department.</p>	<p><b>Major</b></p>	<p><b>3. Externally-targeted agreement</b></p>
<p>There are ranges of memo responses that have been interpreted in the analysis as being appreciative of some aspect of what the storyteller has said. This tends to be more an appreciation that the storyteller has brought something out into the open that is normally hidden, rather than e.g. 'I appreciate your point but....'</p>	<p><b>Major</b></p>	<p><b>4. Appreciating issue-raising</b></p>
<p>There are a large number of points in the memo responses where disagreement is expressed. This is interesting and rather surprising because only four points recorded under the prompt headed 'disagree'. This may imply that disagreements, if expressed at all, are not done overtly but through other means. Indeed, given that many of the disagreements are with the manager's point of view, there are no overt points of disagreement recorded in the participants' memo responses to her. The nature of the disagreements are not really about matters of fact (except e.g. whether</p>	<p><b>Major</b></p>	<p><b>5. Disagreed perceptions</b></p>



Table 27: Meta analysis of the memo responses data		
consultation did or did not take place) but more about perception e.g. ‘seems to see things differently’. There is also the sense of disagreement that is about someone not accepting (or believing) the feelings and experiences of another.		
The memo responses show a number of points of empathy. Most of these are directed to two participants but one (about starting health promotion) is more general.	<b>Major</b>	<b>6. Current of empathy</b>
The memo responses contain a number of references to how the storyteller is feeling. Most are supportive or empathetic and there is only one example where someone (the manager) questions the feelings of the storyteller. The response themselves largely express an empathy, but are not particularly emotional in themselves. The main reference is to frustration, although there are a few references to hope and anxiety. There were only isolated expressions of emotion under the ‘I feel..’ prompts but these too mention frustration, anxiety and hope.	<b>Major</b>	<b>7. Shared frustration, partial anxiety, a little hope</b>
There are a large number of memo responses discussing health promotion. Some of these are about health promotion as a way of working and dealing with others – a philosophy; a special-ness; that doing health	<b>Major</b>	<b>8. Health promotion as an entity</b>

Table 27: Meta analysis of the memo responses data		
promotion changes you – but there is not much specificity about any of this. Some are about organisational positioning for health promotion, or concern funding. Some are about health promotion being difficult and complex and that this is not understood by other health workers.		
A repeated feature of the memo data are references to a valuing of working together as a team	<b>Major</b>	<b>9. Team working</b>
A number of the memo comments are about change or rather, that certain structural changes in the department are more superficial than actual, and that whatever changes happened, these have to be compared against other, larger variation that ‘still needs working on in the department’.	<b>Significant</b>	<b>10. Surface change</b> <b>11. Need for change</b>
There are only a few examples from the memo responses of expressions of concern. Only one of these is about department and the rest are all referring to concern about preserving autonomy and quality of the work into the future	<b>Significant</b>	<b>12. Preserving autonomy</b>
A number of the memo responses identify lack of consultation as an issue	<b>Significant</b>	<b>13. Lack of consultation</b>



Table 27: Meta analysis of the memo responses data		
There are a few examples in the analysis of the memos where ‘the department’ is mentioned. These tend to focus on a need to preserve certain aspects of the current department namely being well managed, having useful colleagues, working with a social model of health, feeling confident, being self-motivated. All this could be summarised as ‘a way of working’.	<b>Significant</b>	<b>14. Preserving a way of working</b>
There are a number of memo responses which concern the future for the department. The call for monitoring may imply a guardedness about the future, as does ‘what might lie ahead’	<b>Significant</b>	<b>15. Guarded future-facing</b>
Quite a few of the memo responses value opportunities to share and learn from each other. But against this, there is also a feeling that this is limited or prevented because experience is not allowed to be heard in the department	<b>Significant</b>	<b>16. Missed opportunities to learn from experienced others</b>
The analysis of the memos identifies a valuing of reflection, either personal but particularly about processes in the department. There is more than a hint that this questioning is not a normal practice	<b>Significant</b>	<b>17. Valued but infrequent reflection</b>
There are a few references in the memo data of ‘our’, ‘ourselves’, ‘our own’ and it interesting to consider who this refers to – the whole department, the health promotion	<b>Significant</b>	<b>18. Ownership</b>

Table 27: Meta analysis of the memo responses data		
specialists not including managers. Or health promotion more generally. It is not clear which of these applies. What is also here is an expressed perception of a shared power or resource or responsibility		
There are a few mentions of support in the memo data but not many which may be surprising. In a way, this may be a sign more about autonomy than a need for support.	<b>Significant</b>	19. Autonomy rather than need for support
Uncertainty about the future seems to be a significant theme within the memo data	<b>Significant</b>	20. Uncertainty
There are a few memo responses that imply that most people care about health promotion, but not equally so.	Minor	21. Unequal care
A number of the memos complain about not being involved and being unable to influence, both within the department, and outside	Minor	22. Lack of internal and external influence
The analysis of the memo data identifies a number of points of optimism but also pessimism, but with no obvious or clear-cut acknowledgement of this tension	Minor	23. Unacknowledged optimist-pessimist tension
A couple of the memos have an outward-facing focus, but this is not a particularly strong feature of this data	Minor	24. Outward-facing
A couple of the memos use the metaphor of	Minor	25. Pawns in the system



Table 27: Meta analysis of the memo responses data		
the department as a pawn in the system – one which implies that its work is not greatly valued, and that it can be moved around at will		

The memo data has produced a range of themes comparable in number to the analysis of the story data itself. It is clear that there are some overlaps and similarities. However, at this stage it is probably best not to search for these further, but to proceed with the analysis of the remaining data leaving the comparison of themes drawn from different data streams till the end of the chapter.

**Analysing the Structured Dialogue Data**

Following the round of story-telling and memo-writing, participants were given the chance to build on the story work towards some form of synthesis or making sense. In Labonte and Feather’s work, this process is given a fairly clear structure and this had been communicated to the participants beforehand (appendix 13). Throughout the planning and build-up to the encounter, I had felt concerns about the structured dialogue. In particular, I had recorded in my research journal that I was worried about:

- How to structure the session without imposing?
- How well will the participants take this on themselves?
- What is my role in this?

This structure consists of four questions which are given below. For the sake of clarity, I have labelled each of these as separate stages of the structured dialogue:

Table 28: Structure of the Structured Dialogue	
Questions considered	Stage of the structured dialogue
What happened during the story telling and memo writing?	Recollecting
Why do you think what happened did happen?	Accounting
What do sense can you make of this?	Making sense
What do you want to do next?	Action planning

**Recollecting**

In the encounter, the recollecting stage of the structured dialogue took about twenty minutes and I noted that this felt like hard work. I wrote down the comments from this stage in note form and corrected and amended these directly following the encounter. In retrospect, it would have been useful to tape record this dialogue but I had decided against this because I felt that the products or outcomes from the making sense and action planning stages of the structured dialogue would be written down by the participants and would act as a sufficient record. In reality, some fairly significant points were made in the recollecting phase and it would have helped improve the dependability of the analysis if the data for this had been taped and transcribed.



I had decided to put some suggestions in place for the first of these in order to provide some structure to this recollecting stage. There were four headings I put up on flipchart which repeated what they had already seen in the pre-encounter briefing (appendix 13). These were:

- *Nobody* said, felt, agreed, disagreed etc
- *Some people* said, felt, agreed, disagreed etc
- *A lot of us* said, felt, agreed, disagreed etc
- *Everybody* said, felt, agreed, disagreed etc

In the event, this structure was not really adhered to and has not been used to drive the analysis. As I mentioned earlier, the dynamic in the group at this time was very action – oriented rather than reflective. This is wholly consistent with the lack of reflexivity, avoidance, limits, and other related themes that have emerged from the data analysis thus far.

Following similar methods of data analysis as used for the other data streams, the ‘recollecting’ data was coded and worked into themes. This is summarized as table 29 below.

Table 29: Summary of the analysis - recollecting data from the structured dialogue		
Making sense	Significance	Themes
Three references in the dialogue data are about the members of the department being a team, and the need to hold on to team ideal, team belief, and team identity. This last tends to contradict others points about department identity needing to come to an end. This seems to be a significant theme.	Significant.	Team ideal
Three references are made about the importance of process and the need to make time for this. This seems a significant theme	Significant	Process is important
Three aspects of the dialogue data seem to indicate that consultation is a fairly strong and robust norm within the department. It would appear that set against this norm, the lack of consultation on the merger made	Significant	Inconsistent consultation

Table 29: Summary of the analysis - recollecting data from the structured dialogue		
<b>Making sense</b>	<b>Significance</b>	<b>Themes</b>
some participants feel fairly unhappy.		
There are a number of references to participants being valued by each other, of the need to keep on 'valuing ourselves', and (in contradiction) some cases where people had felt undervalued. This is probably a significant theme.	Significant	Partial valuing
There are a couple of references to 'the department not only as an entity, but also as something providing identity – one that is seen as coming to an end. Although not numerous, the tone of the data suggests this is still a significant theme.	Significant	Collective identity
There were a couple of 'college worker' type observations in the dialogue data. These amount to observations about what had happened during the story telling – observations that participants had been honest, that the memo's had been supportive, that challenges had been raised that these were appreciated by participants.	Minor	Observations
There were a number of references in the dialogue data to the public health department with which the health promotion department was soon to merge. There were claims or judgments that the public health department is completely different, could not be changed, that consultation was not the norm, that they work in isolation as 'loose cannons' with no common philosophy, and didn't have 'the skills'.	Major	Public health judgments
There are three references to avoidance in the dialogue data. People's concerns are avoided rather than being	Major	An avoidance habit



Table 29: Summary of the analysis - recollecting data from the structured dialogue		
Making sense	Significance	Themes
<p>addressed, criticism is avoided and things are discussed in private to avoid raising them in public.</p> <p>This seems a very significant category. It is as if avoidance is part of the habit of the department.</p>		
<p>There are numerous identifications of need of one form or another.</p> <p>Some refer to needs to preserve existing things such as the systems the department already has to provide support, reduce barriers, its structures, ethics, open door management and ways of working.</p> <p>Others refer to new needs which are fairly specific – the need to review, to sell the department, and to create systems to reduce barriers.</p> <p>Others refer to needs which are aspirational and are not particularly specific about how these are to be met – the need to avoid misunderstandings, share feelings, make time for process, be proactive, address concerns, and sanction constructive criticism.</p>	Major	Needs
<p>There are a significant number of references to the future in the dialogue data. A lot of these express a consensus (but not unanimous) view that the future needs to be planned for, and that it holds opportunities, uncertainties and dangers. Not only because of the frequency of comment, but also their interesting contrast between hope and danger, this is a major</p>	Major	Planning futures

Table 29: Summary of the analysis - recollecting data from the structured dialogue		
Making sense	Significance	Themes
theme.		
Change is raised on several occasions, and commented upon as a general, abstract issue even though it seems likely the change people are referring to is the future merger of the department with public health. The consensus seems to be that change cannot be avoided or resisted. It is seen as a kind of growing up – the department coming of age – but there is a sense of loss about this as well as a fear.	Major	Resigned, daunting change

### Accounting

From the ‘accounting’ stage of the structured dialogue, a small range of comments were recorded. A summary showing only the significant themes to emerge is shown as table 30 below.

Table 30: Summary of the analysis - accounting data from the structured dialogue		
Making sense	Significance	Coding
Two points mentioned the process and time devoted to the story-telling had helped influence what was included in the stories and memos. It was as if this mechanism validated the process of sharing and created a space and vehicle for ‘dealing with the negative’ and would be needed again in future.	Significant	Process
There was a suggestion that the health promotion skills held by the participants contributed to what had happened.	Significant	Skills
The view was expressed that the future was closer to the present than the past and that this made a difference to what had been shared and discussed in the stories. For some participants, there was not much past of relevance to this.	Minor	Timing



**Making sense and action planning**

Following the first two stages of the structured dialogue, the participants were encouraged to work towards a synthesis of the issues and make decisions about what they wanted to do in response.

The participants decided that they would divide into groups and work on four headings as follows:

- The dangers we face and the lessons learnt
- Infrastructures and systems that we need to keep to facilitate our process of working
- Our philosophy, ethos, ways of working and mission
- New ideas to put into place

It seemed to me that these overlapped to a considerable degree but decided to let the participants run with this categorization as they had come up with it. The participants split into groups each working on one of the headings and flipcharted their interpretations. These were then typed up after the event and the analysis of this data is shown in table 31.

Table 31: Analysis of the making sense data from the structured dialogue				
Heading	Main points	Analysis	Significance	Theme
The dangers we face and the lessons learnt	<p>Avoid misperceptions which can lead to conflict</p> <p>Understand our new remit</p> <p>Be honest about consultation</p> <p>Conflict never dealt with</p> <p>Maintain togetherness and support</p> <p>Share experience and knowledge</p>	<p>These are all fairly clear statements about dangers experienced in the past not being taken into the future.</p> <p>The interesting point is about conflict – the clear, unambiguous statement that at present, ‘conflict is never dealt with’, and the implication from the first line that conflict should be avoided. It’s as if the department wants to find ways of dealing with its conflict but still thinks of conflict negatively, rather than something positive.</p> <p>The main message seems to be ‘don’t rock the boat’.</p>	Major	Avoid conflict



Table 31: Analysis of the making sense data from the structured dialogue				
Heading	Main points	Analysis	Significance	Theme
Infrastructures and systems that we need to keep to facilitate our process of working	Budget delegated Monitoring Co-ordinators, advisors and clerical staff working together; whole staff meetings Recognition of all skills in the department Easy access to manager Knowing who to go to Systems (study, annual leave, objective setting, recruitment, deputising, induction, communication) Accountability, information on staff whereabouts Working group approach Facilities (IT support and equipment, library, photocopying, storage, training room, kitchen, hospitality, accessibility)	The main message here seems to link infrastructures and resources available to members of the department together with a sort of democratisation which involves both responsibilities (accountability, monitoring) as well as valuing (working together, recognition of skills, collective engagement). This speaks more about democracy than hierarchy.	Major	Democracy

Table 31: Analysis of the making sense data from the structured dialogue				
Heading	Main points	Analysis	Significance	Theme
Our philosophy, ethos, ways of working and mission	Shared working, partnerships, teamworking Clarity of roles Validation of skills Listening approach Not being misunderstood Open door ethos and practice Articulation of what health promotion stands for Combining what we do now with public health	The main point here seems to be about openness (clarity of roles, listening, open door) and what might be called the products of this openness (team working, sharing, not being misunderstood, articulating health promotion).	Major	Valuing openness



Table 31: Analysis of the making sense data from the structured dialogue				
Heading	Main points	Analysis	Significance	Theme
New ideas to put into place	<p>Visioning workshops for merger; shared vision</p> <p>Avoid ‘them and us’ scenario; merge on equal basis; build on positives from both sides; moving forward together</p> <p>Joint structure</p> <p>Skills mix</p> <p>Learn from people already at public health</p> <p>Build on existing relationships</p> <p>Swot analysis</p> <p>Share good and ineffective practice</p> <p>Explore why practice is good or ineffective; monitoring</p> <p>Support networks</p> <p>Time and space (for reflection and discussion)</p> <p>Identify career paths</p> <p>Visual map of how our systems (not structure) work</p> <p>Not loosing our way and becoming subsumed by public health</p> <p>Develop health promotion interest group</p>	<p>Most of the points here are about wanting to see a genuine merging of the health promotion and public health departments (shared vision, moving forward together, joint structure, mix skills, share good practice).</p> <p>However, there is also an element of wanting to be prepared (learn from people already there) and influence (show them why we think practice is either good or ineffective, how our systems work, time and space for reflection). More than this, there are elements of not letting go (not loosing our way, health promotion interest group). So this seems to be about a guarded approach to the merger, being prepared to share but also, being ready to hold on to existing</p>	Major	Guarded / reserved approach to merger



Analysing the postscript data

The postscripts were analysed in a similar way to the stories. Each one was read and re-read and points of interest or potential significance were highlighted and then copied onto a table which grouped similar points together. After this had been done for all the postscripts, the categories emerging in the table were reviewed and a category description and name applied. In addition, the beginnings of a map showing relations between the categories was developed as a way of testing whether some of the emerging categories needed merging with others, or whether they stood in themselves but were closely related to other categories. Examples of some of the categories generated in this way are included below.

Table 32: Analysis of the postscript data: example themes			
Quotes from the postscripts	Analysis and category description	Category significance	Category name
Concerns have not gone away; hope my comments will give food for thought; unaware of the effect of job titles before; helped to allay fears and assumptions; hope that the team recognise we need to deal with the negative/conflict as well as the positive/consensus; glad we will have a marker to review our progress; hopefully I will not be worried to air my concerns; today I had an opportunity to dispel my fears about	Key points in this category are : Concerns, Allay Fears Assumptions, Hope, Glad, Hope, Worked through, Dispel fears, Clarification, Looking forward, Dealt with, Satisfied  The two themes of this category seems to be around a) <i>dealing with</i> (working through, allay, satisfaction, clarification, dispel,) without any strong	Major	Dealing with, and hope



Table 32: Analysis of the postscript data: example themes			
Quotes from the postscripts	Analysis and category description	Category significance	Category name
speaking out; worked through what I believed to be a conflict issue; clarification of the issue around stigma of role title helped; look forward to forthcoming developments; surfacing some of those bubbling issues; many of the issues identified in my story have been dealt with; now feel satisfied	flavour of resolution, and b) <i>hope</i> (glad, looking forward), without any strong flavour of optimism; some guardedness, hesitancy or unspecified concerns.		
Overall; there is a need to ask again in 12 months time; unless you have worked in that type of structure ...; quite valuable; a pleasant surprise; this will only work if department support is given to the process, something that wasn't initially there but maybe due to a lack of understanding on both sides; I know there were things I could have said in my story; it was a shame I had to endure	Key points in this category are : Ask again, How do they know, Quite valuable, surprise it worked, Department support not always there, Both sides, Could have said but didn't, Shame it took the encounter to get an acknowledgment of the issue  The theme here seems to be a hesitancy or guardedness serving to	Major	Guardedness



Table 32: Analysis of the postscript data: example themes			
Quotes from the postscripts	Analysis and category description	Category significance	Category name
the frustrations earlier on to get to the stage where I asked my team leader to meet with myself and a co-ordinator to clarify roles; this came out at the end of the day and now feel satisfied; hope the togetherness feeling doesn't get lost; still feel it will though;	<b>temper the positivity expressed in other categories.</b>		
<b>Feel not as isolated; even more supported</b> ; feeling encouraged; saddened; happy; relaxed, enthused, motivated; more comfortable and trusting of others; sorry some people were not part of the process; annoyed about this; I guess I want to draw a line under the past; glad, hope; pleased by supportive comments; no longer feel undervalued; now feel satisfied; felt supported and heartened; relieved that we all	<p>This category is about expressed emotion. These fall into three categories :</p> <p><i>Don't feel as isolated, undervalued</i></p> <p><i>Do feel encouraged; saddened; happy; relaxed, enthused, motivated, pleased, satisfied, supported, relieved;</i></p> <p><i>Feel more supported, comfortable,</i></p> <p><b>The theme seems to be that a mixture of emotions have existed in the</b></p>	Significant	Feelings



Table 32: Analysis of the postscript data: example themes			
Quotes from the postscripts	Analysis and category description	Category significance	Category name
share similar concerns	department (isolated, undervalued, supported, comfortable). After the encounter, people seem to feel more consistently positive.		
Public health; this is the first time I've had some opportunity to do something positive about our imminent move; I wonder if today hadn't happened, would we have been this involved. My guess is not!; my fear of not talking openly about contentious issues came from somewhere	This category centres around specific issues raised in the postscripts and not relevant to other categories. The theme seems to be cynicism both about the future in merging with public health, but also about the way the department is now regarding involvement and talking openly.	Significant	Cynicism



A summary of analysis of the postscript data is shown in table 33 below.

Table 33: Analysis of the postscript data: summary			
	Analysis and category description	Category significance	Category name
1.	Range of worries about the encounter but nothing very specific – even the ‘vulnerable position – was a comment made in hindsight;	Significant	Reflections on concerns before the encounter
2.	an implied need for the encounter to happen	Significant	Expressions of need for the encounter
3.	Mixed responses	Minor	Reactions to memos
4.	This category seems to show that participants have chosen to reflect on the encounter in their postscripts, and that these reflections are mainly positive	Significant	Positive about the encounter
5.	Concerns are about those who have not taken part in the encounter, not much about the department as a whole and how it will fare	Significant	Concerns after the encounter
6.	<p>Key points in this category are :</p> <p>Concerns, Allay Fears Assumptions, Hope, Glad, Hope, Worked through, Dispel fears, Clarification, Looking forward, Dealt with, Satisfied</p> <p>The two themes of this category seems to be around</p> <ul style="list-style-type: none"> <li>• <i>dealing with</i> (working through, allay, satisfaction, clarification, dispel,) without any strong flavour of resolution, and</li> <li>• <i>hope</i> (glad, looking forward), without any strong</li> </ul>	Major	Dealing with, and hope



Table 33: Analysis of the postscript data: summary			
	Analysis and category description	Category significance	Category name
	flavour of optimism; some guardedness, hesitancy or unspecified concerns.		
7.	<p>Key points in this category are :</p> <p>Ask again, How do they know, Quite valuable, surprise it worked, Department support not always there, Both sides, Could have said but didn't, Shame it took the encounter to get an acknowledgment of the issue</p> <p>The theme here seems to be a hesitancy or guardedness serving to temper the positivity expressed in other categories.</p>	Major	Guardedness
8.	<p>Key points in this category are :</p> <p>Positivity, Mobilise, Collective action, Common understanding, General feelings of doubt, Move beyond the negative, Methods of moving forward, Keen to work together, To move forward</p> <p>People sense that a shared feeling of doubt, negativity and conflict has been replaced by common concerns, understanding and positivity, and a keenness and commitment to mobilise, work together move forward.</p>	Major	Collective mission?
9.	This category centres around comments made about other	Significant	Seeing others

Table 33: Analysis of the postscript data: summary			
	Analysis and category description	Category significance	Category name
	<p>participants, but not generalising to the whole department.</p> <p>It is a fairly wide range of mainly positive comments, not shared or expressed by everyone.</p> <p>Seeing others as having feelings, voicing concerns, hearing me, having similar issues, needing reassurance and information, dealing with the positive/consensus, avoiding the negative/conflict, uncomfortable with change</p>		as...
10.	<p>This category centres around issues and values that are being judged by individual participants to be shared by the whole department. The category represents a small range of positive judgements about the department. It may be significant that these expressions are not generalised – they come from the manager and one of the team leaders.</p>	Significant	Judgements about the whole department
11.	<p>This category is about expressed emotion. These fall into three sub-categories : <i>Don't feel as</i> isolated, undervalued <i>Do feel</i> encouraged; saddened; happy; relaxed, enthused, motivated, pleased, satisfied, supported, relieved; <i>Feel more</i> supported, comfortable,</p> <p>The theme seems to be that a mixture of emotions have existed in the department (isolated, undervalued, supported, comfortable). After the encounter, people seem to feel more consistently positive.</p>	Significant	Feelings



Table 33: Analysis of the postscript data: summary			
	Analysis and category description	Category significance	Category name
12.	This category is about expressions of colleague-ship. The theme seems to be about a tangible , maybe emergent feeling of colleague-ship in the department., tempered with some guardedness e.g. ‘feeling’, seem to share, feels the togetherness will get lost, concern about colleagues not in the encounter	Significant	Guarded colleague-ship
13.	This category centres around specific issues raised in the postscripts and not relevant to other categories. The theme seems to be cynicism both about the future in merging with public health, but also about the way the department is now regarding involvement and talking openly.	Significant	Cynicism

The analysis of the postscript data shows a range of worries about the encounter but nothing very specific. There is some expression of a need for the encounter to happen. Participants have reflected on the encounter and most of their comments are positive. Any concerns raised openly are about those who have not taken part in the encounter, not much about the department as a whole and how it will fare. The prominent themes are

- ⇒ a process of dealing with issues, but without any strong flavour of resolution, and
- ⇒ a sense of hope, without any strong flavour of optimism.
- ⇒ a hesitancy or guardedness serving to temper the positivity expressed in other categories

⇒ a sense that a shared feeling of doubt, negativity and conflict has been replaced by common concerns, understanding and positivity, and a keenness and commitment to mobilise, work together move forward.

Participants made a range of observations about their colleagues that did not generalise to the department as a whole. It is a fairly wide range of mainly positive comments, not shared or expressed by everyone. In comparison, there is a much smaller category that centres around positive features and values that are being judged by individual participants to be shared by the whole department. It may be significant that these generalisations are not expressed – they come from the manager and one of the team leaders.

A range of emotions are expressed, falling into three categories : *Don't feel as, Do feel, Feel more*. The theme seems to be that a mixture of emotions have existed in the department (isolated, undervalued, supported, comfortable). After the encounter, people seem to feel more consistently positive.

One category is about expressions of colleague-ship. The theme seems to be about a tangible, maybe emergent feeling of colleague-ship in the dept., tempered with some guardedness. Finally, one category centres around specific issues raised in the postscripts and not relevant to other categories. The theme seems to be about cynicism, both about the future in merging with public health, but also about the way the department is now regarding involvement and talking openly.

## Making sense – Meta Analysis

### **Combining the categories / themes from the analysis of each data stream**

Combining the categories or themes identified in the various data streams is a form of axial coding (Glasser and Strauss 1967). This results in a mapping or matrix of the various conceptual categories and the relationships between them. These relationships may simply be themes common to different categories and grouping these together leads to the creation of larger 'meta themes' which need to be re-described and named. Or the relationships may be about how these meta themes relate to each other. A final move towards synthesis is to focus in on some specific area of this map as being of particular interest (selective coding) and using this as rationale for further data gathering if necessary (theoretical sampling).



At this point it needs to be acknowledged that the process of synthesis and meta analysis would have been potentially much stronger, richer and more robust had it been conducted collaboratively with the research participants involved in the encounter. However, despite my best efforts, it proved impossible to re-convene the whole group to do any post encounter collective review, member-checking or further analysis. Although all 9 participants were invited only three turned up. I do not know why this was so except that there was quite a gap between encounter and analysis (which was unavoidable from my point of view) and by that time, some participants had moved to other jobs. In addition, all the participants had moved into a merged department with public health colleagues and could possibly have moved on intellectually and emotionally from the encounter. In thinking about how to perform any meta analysis, one point that concerned me was that each data stream was generated at different times of the day and as with all methods of research, the process of generating the data will necessarily change it. In other words, expression from the early part of the data gathering event may well have changed by the end. Hence one approach to the synthesis of these different data streams is to try to track progression through the day to see how things had changed.

However, another approach is not to focus on change, but on consistency. This would try to identify aspects of the department's make up that was consistent throughout the day and hence, potentially robust and enduring. Of the 'change' or 'consistency' options, it is the latter which is my main interest and fits in more with aim of the research. However, given that the timing at which data was generated may have *some* implication for its interpretation, each theme has been given a number which could be used to identify which data stream it was generated from.

To progress the axial coding, the various themes / categories arising from the six data streams were collated into a single table and then printed off. This resulted in 99 themes/categories and these are shown in appendix 18. As can be seen from the summary in table 34, the number of each theme is an identifier for the data stream from which it was generated:

Table 34: Themes from each data stream			
Table / data stream	Data stream	Numbers of themes	# of themes per data stream
Table 21 Data stream 1	Story	1-29	29
Table 23 Data stream 2	Story with respect to the generative theme	29-43	14
Table 25 Data stream 3	Memo	43-68	25
Table 29 Data stream 4	Dialogue - recollecting	68-79	11
Table 30 Data stream 4	Dialogue – accounting	79-82	3
Table 31 Data stream 5	Dialogue – making sense	82-86	4
Table 32 Data stream 6	Postscripts	86-99	13

All of the 99 themes were then collated into a single table (appendix 18), printed off and cut into individual slips of paper – one for each of the 99 themes. These were then selected randomly, read and compared to themes already selected, and then placed in such a way that similar themes were put close to each other, and dissimilar ones further away. This process resulted in similar themes being grouped together into larger and slightly broader meta-themes. The number of meta themes, their provisional nature and working title changed as the procedure went on. In the end, 20 meta themes were created and given a code which acted as a short-hand for the provisional title of the meta theme. The themes listed in appendix 18 were then re-coded using these codes and then sorted by the code to collate the 99 themes into the 20 meta themes. This is shown as appendix 19. Finally, the theme descriptions within each meta theme were used to construct a synthesised description / characterisation of the meta theme, and final title decided upon. This was done by collating each theme description and then interpreting the overall meaning and balance within the



meta theme by reference to the frequency of themes and also their significance (a weighting was given : major = 3, significant = 2, minor = 1; so a meta theme composed from one of each of the three levels of significance would be weighted as  $(1 \times 3) + (1 \times 2) + (1 \times 1) = 6$ ). I recognise that this isn't a particularly sophisticated way of weighting the significance of each theme as judgements about significance have been made over time and are at least in some way relative to other themes being judged from that data stream. It also may seem rather incongruent within an essentially qualitative piece of research. However, at this stage, I felt it important to find some way of assessing the overall significance of each meta theme and doing this inductively from across the 99 themes proved almost impossible and certainly very unsystematic.

So on balance, this crude numerical weighting at least provided some systematic consistency, as well as something that was capable of producing judgements about significance that were transparent and capable of being challenged or revised.

Comment was also made as to the extent that the meta theme remained consistent through the encounter, or what changes took place. This was not always easy to do, especially for relatively insignificant or weak meta themes, or even in strong meta themes if the frequency of their constituent themes is low. Often searching back through the data streams from which themes were constructed was necessary in order to establish whether change had taken place through the encounter.

Also within this process, terms relating to other meta-themes were noticed and highlighted (in bold).

This synthesis is shown as the right hand column in appendix 20. This table was also re-sorted during this process in a way that reflected some (but not all) of the relationships between the meta themes. This sorting was done using a 'meta theme code' which is shown in the left hand column of the table in appendix 20. The titles and codes of the 20 meta themes to emerge (and their re-ordering to reflect some of the relationships between them) is shown in table 35. This is followed by a summary of each of the 20 meta themes, their final titles and descriptions.

Table 35: summary of the 20 meta themes			
Code	Title	Weighting	Significance
L	Limits	20	Very strong
Fe	Feelings expressed or hidden	13	Fairly strong
A	Avoidance	9	Significant
Bw	Bearing witness	3	Low significance
Cr	Criticism	12	Fairly strong
Ta	Tacticians	9	Significant
D	Democracy and otherwise	10	Significant
C	Consultation	4	Low significance
Au	Autonomy	9	Significant
Hp	Nature of health promotion	17	Strong
F	Future	15	Strong
H	Hope	7	Low significance
Fa	Future action	6	Low significance
Aa	Agreement and appreciation	15	Strong
Ci	Control inevitability	10	Significant
Cy	Cynicism	9	Significant
V	Valuing	8	Significant
O	Collective identity	12	Fairly strong
T	Team working	12	Fairly strong
R	Reflection	8	Significant



## Summary of the synthesis of the meta themes.

### *Limits*

On balance, this is strong meta theme. (weighting = 20)

This meta theme is about a feeling of limits or boundaries of various sorts within the department.

This is not a theme that changed through the encounter. The theme here seems to be a hesitancy or guardedness serving to temper the positivity expressed in other categories.

There is evidence that one factor working to enforce some of these limits was “wanting not to appear destructive” which itself says something about how **criticism** a) has its limits in the department, and b) may well be seen (or participants feel it will be seen) as destructive. The point about limits to how directive it is possible for the department to be probably relates to the way that direction is limited by **autonomy**. There was comment that the story dialogue encounter had lifted the lid on some of these limits and had provided a legitimate stage upon which things could be expressed that otherwise would not be. Participants found the encounter valuable and were “surprised it worked” which again supports the idea that normally, this open expression does not work in the department.

“Shame it took the encounter to get an acknowledgment of the issue”

### *Feelings expressed or hidden*

On balance, this is a fairly strong meta theme. (weighting = 13)

This meta theme is about expression of feeling. This is a meta theme where the issue of timing and change is significant. From the story telling data at the start of the encounter, there are significant limits as to the emotion being expressed. However from the memo responses and later, rather more emotion is expressed.

The theme seems to be that a mixture of emotions have existed in the department (isolated, undervalued, supported, comfortable) but were not expressed in the story data. After the encounter, people seem to feel more consistently positive.

### *Avoidance*

On balance, this is a significant meta theme. (weighting = 9)

This category is about possible avoidance of issues. When references are made, these are mostly by implication than anything direct. This avoidance is to some extent more about public rather than private expression:

But avoidance whether in public or private seems to be part of the habit of the department. I don't think this theme changes through the encounter. The main message seems to be 'don't rock the boat'.

### *Bearing witness*

On balance, this is not a very significant theme. (weighting = 3)

This meta theme is about making observations about each other or the department. There are few and isolated examples. Some of these comments are more implied than overt indicating that overt bearing witness is **avoided** or at least, there are **limits** on what can be said. This theme does not change through the encounter.

### *Criticism*

On balance, this is a fairly strong meta theme. (weighting = 12)

This meta theme is about making criticisms about each other or the department. There are few and isolated examples and so there is no sense of this theme changing through the encounter. Some of these comments are more implied than overt indicating that overt criticism is **avoided** or at least, there are **limits** on what can be said. I don't think this meta theme changed through the encounter.

### *Tacticians*

On balance, this is a significant meta theme. (weighting = 9)

This meta theme is about the participants use of tactics in their department dealings with each other. The theme indicates that although there is a general avoidance of **bearing witness** or making **criticism**, people work outside of the departmental **limits** by using a small range of tactical



devises. There are no examples of this theme from data streams generated later in the encounter which suggest a change to the theme.

### *Democracy and otherwise*

On balance, this is a significant meta theme. (weighting = 10)

This meta theme refers to what might be called democratic values and tendencies within the department. Examples which indicate this tendency are few and far between.

The meta theme is a covert expression of democratic values that is both embedded in the departmental rhetoric and expressed as an aspiration. This relates to isolated points in the data which refer to responsibilities which might be expected as a part of a democracy package (accountability and monitoring of staff), and also to the **team working** meta theme in terms of working together, recognition of skills, and collective engagement. This link also implies that a greater sense of democracy emerged towards the later stages of the encounter.

### *Consultation*

On balance, this is a fairly insignificant meta theme. (weighting = 4)

This meta theme is relatively insignificant in terms of frequency although it does relate to other meta themes especially **democracy**.

It would appear that set against this norm, the lack of consultation on the merger made some participants feel fairly unhappy. There are too few themes here to judge whether any changes to the meta theme occur through the encounter.

### *Autonomy*

On balance, this is a fairly significant meta theme. (weighting = 9)

This meta theme is about expression of individual mission, purpose or approach. There are a number of these examples in the accounts. The constituent themes emerge early on during the encounter and diminish towards the end.

### *Health promotion*

On balance, this is a strong meta theme. (weighting = 17)

This meta theme is about expressions about the nature of health promotion. There are three sub-themes:

⇒ Health promotion as a movement

⇒ Health promotion as an entity (but there is not much specificity about any of this)

⇒ Health promotion as an organisational activity

Although most of the themes have emerged from the earlier parts of the encounter, there are also some from the dialogue and post-script data which suggests the meta theme remains fairly consistent through the encounter.

### *Future facing*

On balance, this is a strong meta theme. (weighting = 15)

This meta theme is about how participants refer to and see the future, particularly in respect of their imminent merger with the public health department. The future was closer to the present than the past for the participants, that is there was a tendency to look to the future rather than dwell on the past. However, this is not unanimous for although many comments are more future-facing others reflect on the certainties of the present. But there is also a more pessimistic side.

Perhaps not surprisingly given this mixture of uncertainty and aspiration, there is inconsistency in how participants saw change. Some see opportunities to change others don't.

So the meta theme about future facing involves both a feeling of optimism but also uncertainty, a consensus that the future needs to be planned for, of wanting to be prepared (learn from people already there), but an inconsistency about accepting change and letting go of present certainties.

The strength of this meta theme increases and the amount of inconsistency decreases through the encounter.



### *Hope*

On balance, this is a fairly weak meta theme. (weighting = 7)

This meta theme is about expressions of hope but also limits or contradictions in this. So the meta theme about hope also includes some guardedness, hesitancy or unspecified concerns. There is no obvious or clear-cut acknowledgement of the tensions (or at least the contradictions) here. Themes about hope occur throughout the encounter, but especially earlier on.

### *Future action*

On balance, this is a fairly weak meta theme. (weighting = 6)

This meta theme is about a numerous identifications of a variety of needs, usually, this is seen as requiring proactive action. Themes about need tend to emerge more overtly in later parts of the encounter.

In all cases, there seems to be more clarity about the end than the means - the detail though is not given about what exactly needs to happen e.g. 'find ways', action of some sort is needed

### *Agreement and disagreement*

On balance, this is a fairly strong meta theme. (weighting = 15)

This meta theme is about agreement, acknowledgment and appreciation. It is telling that most of this did not arise in the story telling but later on, especially through the memo data where feedback was specifically sought.

In distinction to this, there are a large number of points in the memo responses where disagreement is expressed, but not in response to the prompt headed 'disagree'. This may imply that disagreements, if expressed at all, are not done overtly but through other means.

So the meta theme is about agreement and disagreements being expressed mainly in legitimised circumstances, and even then, disagreement only surfaces through indirect means. There does though seem to be an aspiration about allowing agreement and disagreement to be expressed more overtly and routinely.

### *Control and inevitability*

On balance, this is a fairly significant meta theme. (weighting = 10)

This meta theme is about the balance between a sense of control and a sense of inevitability. Only a few themes relate to the former although there are also a number of themes about a **need** for proactive planning for the future. The majority of themes relate to an inevitability.

So the meta theme is about inevitability, not simply that the merger will happen, but that change will be required. There is a range of negative emotion about this but also some participants are acting as **tacticians** and constructing rational accounts about the changes. The theme changes through the encounter from a sort of ill-defined, resigned fatalism to something approaching an acceptance and a gain of control. It is seen as a kind of growing up – the department coming of age – but there is a sense of loss about this as well as a fear.

### *Cynicism*

On balance, this is a significant meta theme. (weighting = 9)

This meta theme is about cynicism. It is marked out as being fairly covert, not expressed by everyone and only early on in the encounter, but done so fairly intensely by those who do express it.

### *Valuing*

On balance, this is a significant meta theme. (weighting = 8)

This meta theme is about valuing each other and various aspects of the department. There are though only a small number of these overt value statements. Other references to values are more about aspiration

So the meta theme is about expressions of value which are mainly aspirational and not a particularly strong part of the departments experience. It tends not to change through the encounter.



### *Collective identity*

On balance, this is a fairly significant meta theme. (weighting = 12)

This meta theme is about a sense of collective identity which relates both to health promotion, and to the department. It is the department identity that comes through most strongly. The nature of this theme seems to change through the encounter to a point where this identity becomes more human, less abstract involving mutually caring, a shared sense of responsibility - summed up as colleagueship.

The theme seems to be about a tangible, maybe emergent feeling of colleague-ship in the department, tempered with some guardedness e.g. 'feeling', seem to share, feels the togetherness will get lost, concern about colleagues not in the encounter

### *Team working*

On balance, this is a fairly significant meta theme. (weighting = 12)

This meta theme describes a fairly consistent aspect of collective identity namely, being part of a team with a shared way of working. The theme has changed through the encounter to become more future facing, more robust and displaces feelings of uncertainty and fear which tend to dwindle through the encounter.

This category is about expressions of colleague-ship. The theme seems to be about a tangible , maybe emergent feeling of colleague-ship in the department., tempered with some guardedness e.g. 'feeling', seem to share, feels the togetherness will get lost, concern about colleagues not in the encounter

### *Reflection*

On balance, this is a significant meta theme. (weighting = 8)

This meta theme relates to reflexivity in the department. This is again aspirational rather than embedded in the department life. The main shift through the encounter relates to an increasing valuing and legitimising of reflexive thinking.

## Making Sense

Having summarised each meta theme, the task now is to bring them together into an overall story. So what follows represents a summary and synthesis of the story to emerge from the data, a final making sense. It incorporates each meta theme, the significance of each, and the relationships between these. Meta themes are shown in bold.

There have been and continue to be **limits** to what can be said in the department: **criticism** and **bearing witness** are off-limits, **feelings** are not generally expressed. There is an associated **avoidance** and **cynicism**, and an acknowledged lack of **reflexivity**.

Many things remain at the taken for granted, unspecified, and unspoken level. There is a sort of embedded rhetoric for example about **democracy**, **valuing** and **consultation** that doesn't always get acted out or is vulnerable to being over-ridden or diminished. There is more emphasis on aspiring to have these things rather than a certainty about their current existence. Similarly, there is a lack of specificity about what **health promotion** as an entity and **team working** actually means to the department.

Within this scenario, staff become individual **tacticians** and place high regard on their **autonomy** (which serves to generate another form of limit – that of specificity about what **collective identity** means to the department).

Thoughts of the merger focus on the recent past individual experience, ill-defined resigned fatalism, pessimism, or **hope** for a better future together with a holding on to the present.

**Reflexivity** through the story dialogue methodology has enabled and legitimised **emotional expression, bearing witness, valuing, criticism, democracy, consultation and agreement and appreciation**. These require reflexivity. Reflexivity has translated **hope** and uncertainty into **future-facing** and **future action** based on an identification of needs and a sense of **control** – even if these lack any great specificity as yet. It has helped re-establish and begun to specify a **collective identity** and it provided some detail and specification to the **nature of health promotion** and what **team working** is about. It began to turn these things from the taken for granted and assumed, to the specified and agreed. The department have judged that reflection needs to happen but maybe they don't as yet see that curtailing the reflection moves things back to the taken for granted and assumed.

Clearly, other interpretations can be placed on the meta themes. For example, there could perhaps be a scenario based on the strongest meta themes (Future, Agreement and appreciation, Nature of health promotion, and Limits). Or it would be possible to construct an account of the encounter using the strongest theme only (limits) as the central, organising meta theme. However, either of these would produce only a partial picture and not one that fully represents the interactions between these strong meta themes and others of even minor significance. Also, there are a number of supporting reasons why reflexivity can be emphasised.



1. Firstly, there is the issue of the special place that collective dialogue and reflexivity have within the story-dialogue methodology employed in the encounter. This methodology was chosen not simply as an instrument for the generation of data, but as central to the ethic of the co-operative inquiry method that was selected for a variety of reasons set out in chapter 4. And beyond the remit of formal research, there is an important area to explore about how such a methodology might be used to facilitate and legitimise reflexivity. This claim is critiqued in chapter 6.
2. Secondly, there is an issue about how scripts, patterns and conventions do come alive and get sustained to create reality within organisations. This was a particular interest in the encounter as I was interested not only in change through the encounter, but also the consistency that gave an insight into some of the scripts and patterns operating within the department concerned. Clearly, some of these scripts and conventions were well established in the department (especially the notion of limits) and clearly, there were some evident costs to these scripts and conventions going unchecked. So the question might be whether there is a role for collective reflection in organisations in order to uncover, evaluate and reconstruct these potentially damaging scripts.
3. Thirdly, there is an important point about what part collective reflexivity has at some point played in helping to produce the numerous and varied comments about health promotion that occurred through the encounter and were combined to form the second most significant meta theme. Conventions, patterns and scripts clearly do enter into public discourses through all sorts of ways other than deliberate reflexivity. However, it is interesting to consider just how issues that surfaced through the encounter like health promotion as a way of working, a way of dealing with others, a philosophy, a special-ness have entered into the health promotion discourse and whether some form of collective reflexivity amongst a succession of health promotion workers has been involved.
4. Fourth, there is a point about the role of reflexivity in professional practice. Much has been made of the notion of the reflexive practitioner (Schon, 1983) and the notion of praxis. In some professional development provision for health promotion specialists and practitioners, the practice of reflexivity has been emphasised although this is not a widespread pattern (MacDonald and Smith, 2001). And in recent developments in public health standards, (Skills for Health, 2004), the

process of reflection as a professional competence has been marginalised and almost ignored (MacDonald, 2003). So in terms of discussing the relevance of the encounter for health promotion more generally, the issue of reflexivity could be seen as central.

5. Next, there is the issue of reflexivity as the driver of the social construction of competing realities, the mechanism of sorting between different nested narratives, ambivalent or contradictory world-views, of people 'being in two minds' (Stainton Rogers, 1991) For in health promotion as a professional activity, there clearly are competing versions of realities at work (as was shown in chapter 1). There is still ongoing tribalism between two competing cultures and professional groupings (public health and health promotion) and this suggests competing narratives are vying for attention. And when specialists and practitioners from each 'tribe' are brought together within common organisational arrangements, especially PCT Public Health departments (as was the case with the department in the encounter) there is very likely a need to find ways to help ameliorate between apparently incongruent or incompatible narratives.

6. Lastly, the thesis so far has used reflexivity and commented upon it in terms of both reflexivity about health promotion, and reflexivity about research. Hence it seems legitimate to use this as a linking theme throughout the thesis and explore the benefits of using reflexivity as central to the overall interpretation I am making. Also it seems appropriate to explore the need for reflexivity in health promotion in the future.

Each of these six aspects will be considered in the next chapter.

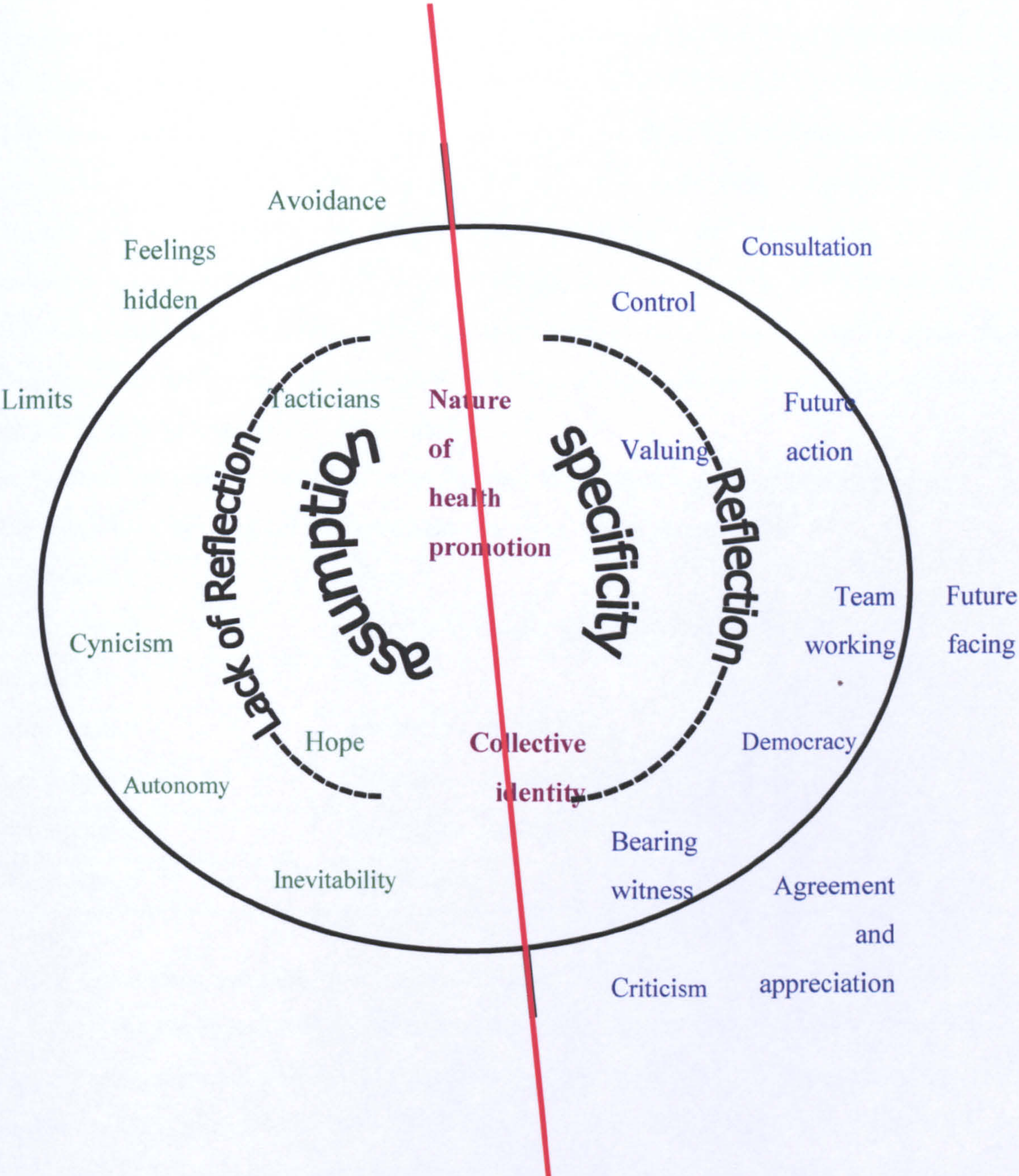
But perhaps the most important support for my interpretation based on reflexivity comes from member checking. This took place some months after the encounter when the data analysis had been completed. It ought to be pointed out though that of the nine participants in the encounter, only three turned up for the follow up event. This obviously places limits as to the credibility that the member-checking process was designed to achieve. However, without going into a large amount of detail, the various meta themes were explained to three of the participants (individually) and in each case, the ensuing discussion centred around reflexivity in the encounter and the need for it to be maintained in the department. One participant went further than this and pointed to a more general need for reflexivity in health promotion in the future.



Following the data analysis and the member checking, this centrality of reflexivity was positioned in relation to the other meta themes in the diagram below:



Figure 5 - The Axis of Reflexivity







# Conclusion to the encounter

This chapter has set out the details of an encounter with a medium sized health promotion department as it was in 2001. It began with a ‘thinking’ section which outlined the context in which the encounter took place, the initial thoughts and reactions from the research participants, and a tracking or the origins of the generative theme. The ‘project’ phase gave details of how the encounter proceeded together with observations and comments I made at the time. This was followed by a re-consideration of the approach to data analysis. The bulk of the chapter then detailed the ‘making sense’ phase of the encounter. Each of the six data streams has been analysed in turn, each one analysed as far as possible from the raw data without using codes or themes emerged from other themes to aid the analysis.

The intention has been to generate themes for each data stream that have been treated as provisional and emergent rather than certain and final. These streams were :

Data stream 1	Story
Data stream 2	Story with respect to the generative theme
Data stream 3	Memo
Data stream 4	Dialogue - recollecting
Data stream 4	Dialogue – accounting
Data stream 5	Dialogue – making sense
Data stream 6	Postscripts

For each data stream, an example and summary given in the main text. After all the individual data streams had been analysed, 99 themes were combined in a meta analysis whereby themes were compared and contrasted and then grouped into a smaller number of ‘meta themes’. From this 20 meta themes were identified and described. Finally, these meta themes were combined into an overall story of the encounter findings. This has been represented as a diagram called the ‘axis of



reflexivity’ and a key conclusion has been the centrality of low reflexivity in the life of the department, and its significant role in the encounter itself.

This chapter has represented the encounter stage of Rowan’s research cycle. It has shown how the encounter was brought about, how it was conducted, how data streams were created and how these were analysed. Section 5.13 above summarises the outcomes of this analysis. However, Hertz has argued that the reflective researcher “actively constructs interpretations of his or her experience in the field and then questions how these interpretations came about” (1997, p viii, 7), and in the following chapter, a critique of the research process is given with particular emphasis on ‘how the interpretations came about’. The chapter will also form the next phase of the Rowan research cycle and will move from a ‘making sense’ of the research towards a communication of its most significant messages and stories.

## Chapter 6: Making Sense of the Total Research

### **Reflexivity in this discussion of the research**

This chapter reflects back on the encounter with the health promotion department but will also include reflection on the whole of the research included in this thesis – all the various cycles described in earlier chapters. This reflection will include issues to do with the processes undertaken through the research, as well as a focus on the research outcomes and the ontological issues that I have encountered.

According to Mcbeth, “reflexivity begins with skepticism toward how we have been doing things all along. Reflexivity recommends an inquiry into the very possibilities of our unreflective knowledge and practices, and in this way, the reflexive move is an aggressive one for bringing more of an unsettled field into view” (1999, 36).

Reflexivity is accomplished through “detachment, internal dialogue, and constant and intensive scrutiny of ‘what I know’, and ‘how do I know it’ ... The reflexive ethnographer.....actively constructs interpretations of his or her experience in the field and then questions how these interpretations came about” (Hertz, p viii, 1997).

At the end of the last chapter, a summary of ‘what I know’ from the encounter with others was given and this was represented as the ‘axis of reflexivity’ at the end of that chapter. The point Hertz is making though is that that I must not only identify and discuss ‘what I know’ from the research, but also reflect on ‘how do I know it’ and this involves reflexive thinking about how the data was generated and how interpretations were made. Further, I think it is also important to add a third question regarding the nature of this knowledge, that is, ‘what it is to know’.



Six areas for further discussion were identified in chapter 5. These were:

1. Reflexivity throughout the thesis.
2. Reflexivity and the encounter with others.
3. Scripts embedded in organisations.
4. Scripts in health promotion.
5. Reflexivity and competing realities in health promotion.
6. The need for reflexivity in health promotion.

The present chapter will deal with each of these in turn. However, perhaps it is important to be aware that different sorts of reflexivity may be needed to deal with these questions as well as to remember from chapter 3 that the characterization of ‘reflexivity’ in the literature “is far more diverse than a single, or several, positions can account for” (Mcbeth, 2001, 35). One seemingly important distinction has been made by Mcbeth who described two separate if related phases of reflexivity as ‘positional’ and ‘textual’. The first being reflexivity which “leads the analyst to examine place, biography, self, and other to understand how they shape the analytic exercise”. Marcus (1994) seems to split positional reflexivity into two:

- 1) self critique including reflection on the researchers’ personal quest. I will call this ‘**quest reflexivity**’.
- 2) what Marcus calls ‘objective reflexivity’ – but I would prefer to refer to it as ‘**trust reflexivity**’ – designed to preserve and perhaps improve the empirical quality of the analysis

Further to these, another aspect of reflexivity can be identified. Wasserfall describes this as a “continuous checking on the accomplishment of understanding”. (Wasserfall, 1997, p151). This is reflexivity which compares ‘what I know’ from the research with the context (organisational, political, professional, ethical) in which the research sits. I have called this ‘**contextual reflexivity**’.

Finally, Mcbeth identifies ‘textual reflexivity’ which “leads the analyst to examine and then disrupt the very exercise of textual representation” (2001, 35). For me, this reflexivity is needed to examine and disrupt, not just the textual products of an investigation, but also the ontological

claims about what it is to know something. I have called this, ‘**ontological reflexivity**’. This relates to what Marcus calls reflexivity as ‘politics of location’. It involves the questioning of the epistemological assumptions brought into the research location, specifically how these may be taken through into interpretation and representation that “might be relieved of gendered, cultural, rational, and still other hegemonies and centricities” (Mcbeth, 1999,36). In this respect, this form of reflexivity derives to a great extent from feminist work.

I believe this is a useful categorisation of reflexivity types - quest reflexivity, trust reflexivity, contextual reflexivity and ontological reflexivity, which goes beyond those of other authors. Using these distinctions, three sections for this chapter can be identified as shown in table 36:



Table 36: Reflection categories on the research process and products				
Chapter section		Main focus		Type of reflexivity
1. Reflexivity throughout the thesis. 2. Reflexivity and the encounter with others.	Research process	Reflexivity is needed to review the process of generating ‘what I know’ and this is Mcbeth’s ‘positional reflexivity’ – it is concerned with process.	How do I know	Quest reflexivity and Trust reflexivity
3. Scripts embedded in organisations. 4. Scripts in health promotion.	Research outcomes	Also, we need to reflect on what the research has produced – that is, ‘what I know’ and how this relates to the broader health promotion tradition and discourses the encounter and I sit within. Mcbeth doesn’t mention this as separate from either positional or textual reflexivity. Perhaps it could be called ‘contextual reflexivity’ because we are interested in reflecting on how the research products make sense or correlate to the wider health promotion discourses.	What I know	Contextual reflexivity

Table 36: Reflection categories on the research process and products				
Chapter section		Main focus		Type of reflexivity
5. Reflexivity and competing realities in health promotion. 6. The need for reflexivity in health promotion.	Research ontology	Finally, we need to move into questions Mcbeth calls ‘textual reflexivity’, that is, what sort of thing has been produced – is it knowledge, or understanding, judgment or prejudgment and what is it to know anything.	What is it to ‘know’	Ontological reflexivity

### Reflexivity throughout the thesis.

Reflecting on the research process needs to focus on some of the specific features of how the research was conducted. This will include observations about the cyclical nature of the research, the legitimacy of using the self as data, and how the research has influenced and changed me all of which I think relate to my quest to do a certain type of research within the social constructionist paradigm. Also, it will cover specific points about the story-dialogue method, and reflection on factors I feel have influenced and changed the research so application of ‘trust reflexivity’ will be needed here.

#### The research cycle

Before entering the first cycle of the research, I was inside a state of ‘not thinking’, that is, not noticing, thinking or reflecting on matters to do with my job, with health promotion. However, I think this was a short-lived period and many things that I have written about in chapter 1 irritated my cosy sense of being and kicked off my entry into the project of trying to make sense of the theory and practice of health promotion – in Rowan’s word, “practice seems to be inadequate, I become dissatisfied, a real problem has arisen” (1981, 98). As was clear from chapter 1, this



making sense could not be easily (or sensibly) separated from trying to make sense of my personal theory and practice, even if this lagged somewhat behind.

However, this movement around the first cycle did not proceed neatly through from encounter to making sense to communication. The process was both interrupted by the problems I was having in being managed and the consequent disciplinary action. So without ever completing the first cycle and gaining a more secure sense of being regarding health promotion, I had been shaken awake into a different sense of being – a sense of ‘being managed’. As I described in chapter 1, this was a confrontation which had to happen in order for a “contradiction to be overcome before movement (could) take place to the next point of the cycle.” (Rowan, 1981, p99). The extent to which this contradiction was faced up to at the time was limited and the extent of my ‘making sense’ was minimal. Again, the cycle was interrupted and unfinished. Only some months later when I felt more comfortable in my sense of ‘being managed’ did any re-thinking occur, and this is described as the ‘journey’ and ‘managing’ papers discussed in chapter 2. This was the project and encounters represented as a third cycle of the research.

Moving on from these encounters in the third cycle, the making sense and communication are pretty much as reported in chapter 3 and followed on more or less sequentially from the encounter. So in distinction to cycle one and two, the third cycle of the research was completed and led from the initial ‘being managed’ to a sense of ‘personal being’ – one in which I was becoming less critical, more aware and more accepting. However, the tranquillity of this new ‘personal sense of being’ was not matched by the still unresolved sense of being around health promotion theory and practice, and it was not until much later on when in actually writing the first chapter, some progress towards making sense of health promotion was made. (And this process continues later on in the present chapter).

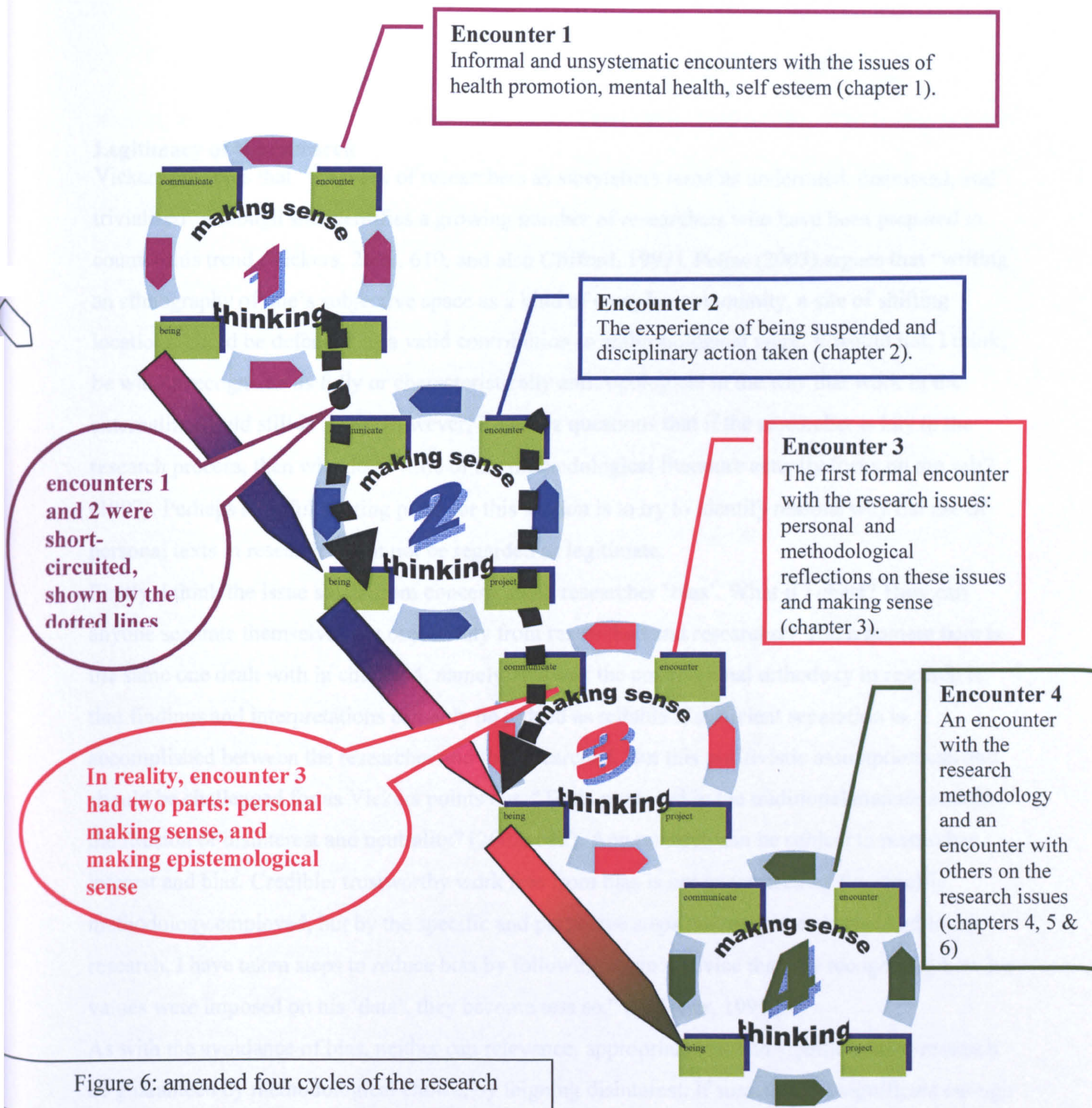
Nor was my tranquil ‘personal being’ matched by any similar sense of ‘philosophical being’ as now another ‘real problem had arisen’, that is, wanting and needing to make epistemological sense of the first two cycles. And so, the third cycle of the research became a double cycle, with encounters and making sense taking place at both the personal and the epistemological level. So the third cycle achieves a sense of ‘personal being’ and a sense of ‘epistemological being’ that

made sense, felt sorted, ordered, comfortable, adequate, acceptable, tranquil, calm, satisfied, secure.

But this process led to me becoming aware of discomfort, inadequacy, unsatisfactory in yet another sense of being – this time a sense of ‘researcher being’. Here again, another real problem had arisen - how could the experiences so far be made legitimate against the orthodoxy of academic research? This question was put to specific test by changes within the department supervising my research. My sense was again an ‘inadequacy and dissatisfaction’ with conventional research. The ‘real problem’ was how to legitimise my experience as robust and acceptable research. This led to the thinking and encounter with research methodology charted in chapter 4 – beginning the fourth cycle of the research. This cycle then went on through the encounter with the health promotion department, and the subsequent making sense described in chapter 5.

I have found that theorising the research in terms of the Rowans cycle model very illuminating in that it helps simplify and articulate complexity. The downside is that even so, the complexity of at least my research experience was rather messier than the model could cope with in the neat, uninterrupted and unproblematic representation introduced as figure 2 in chapter 1. This diagram is repeated below but I have added some additional comment and dotted lines to try to illustrate the points made above.







### **Legitimacy of the research**

Vickers observes that “the work of researchers as storytellers remains underrated, dismissed, and trivialized” although she identifies a growing number of researchers who have been prepared to counter this trend (Vickers, 2002, 610, and also Clifford, 1997). Pelias (2003) argues that “writing an ethnography of one’s subjective space as a kind of complex community, a site of shifting locations, could be defended as a valid contribution to anthropological work. It would not, I think, be widely recognized as fully or characteristically anthropological in the way that work in the externalized field still is” (88). However, Reinharz questions that if the researcher is key to the research process, then why do so little of the methodological literature actually focus on the self? (1997). Perhaps a useful starting point for this section is to try to identify reasons why the use of personal texts in research might not be regarded as legitimate.

Firstly, I think the issue stems from concern about researcher ‘bias’. What if I cheat? How can anyone separate themselves out objectively from researched and researcher? The argument here is the same one dealt with in chapter 4, namely, that the conventional orthodoxy in research is that findings and interpretations can only be judged as reliable if sufficient separation is accomplished between the researcher and the researched. But this positivistic assumption can and should be challenged for as Vickers points out, “Texts produced in the traditional manner sustain the illusion of disinterest and neutrality” (2002, 612). Any research can be subject to researcher interest and bias. Credible, trustworthy work free from bias is not guaranteed by the specific methodology employed, but by the specific and purposive steps the researcher takes. And in my research, I have taken steps to reduce bias by following Ravn’s advice that “by recognising how his values were imposed on his ‘data’, they become less so.” (in Steier, 1991,p7)

As with the avoidance of bias, neither can relevance, appropriateness and significance of research be guaranteed by methodological choice, by feigning disinterest. If something is significant enough about my experience for me to want to research it, then why am I necessarily partisan? Every researcher is prone to this sort of partiality. Why chose to study one aspect of social experience rather than another? Why for example look at the psychology of an experience rather than its sociology? The issue is not that the researcher is partisan in his or her choice of topic and theoretical framework, but whether he or she is aware that she is conceptualising, framing,



selecting and theorising in a certain way and not in others. This calls for reflexivity in research (as was argued in chapter 3) – an active awareness of one’s theoretical, methodological and ontological assumptions, and a willingness to accept that other theorisations could be made. Bochner (1997) argues that it is rare to find a productive scholar whose work is unconnected to his or her personal history” in Vickers, 2002, 618).

Related to this issue is the argument that no satisfactory research findings can be gained from only a sample of one. Again, this is to mistakenly apply to the researching of human experience positivist assumption and judgement about how significance of findings supposedly relate to (quantitative) sampling. Significance of qualitative research cannot be judged from sample size, but only by the quality of meaning created.

A second issue regarding the legitimacy of using personal experience and text in research probably derives from a worry about disclosure. This is a real concern but it is not a methodological one. For me, this issue arises when I write about such things as my fear, my disciplinary hearing, my worry about being ‘found out’ as not a ‘proper’ researcher. What will people think? In my experience, pathological critics (McKay and Fanning 1992) are seldom silent on such revelations. This issue also extends to the weaknesses, frustrations, set-backs and sheer difficulty of doing research. Hollway (1989) amongst others criticise researchers who smooth all this out in their writing up. Smith (1999) gives some insight into why this happens – that researchers who tell it like it is “run the risk of ostracising themselves from peers, restricting career opportunities, and becoming ‘emotionally naked’ to friends and colleagues” (Vickers, 2002, 615).

A third issue regards charges of self-indulgence - a concern that research will be used for self-indulgence, or therapy – not the ‘proper’ reasons why research should be done. But again, what is accepted or rejected as appropriate and acceptable reasons for doing research is not unproblematic or uncontested. These decisions take place in political contexts. Why is self-healing, self awareness any less proper than other more politically acceptable, orthodox (and masculine?) forms of research? Another aspect to this view about ‘proper’ research is an assumption that doing autobiographical research is not only self-indulgent but easy. Anyone who has done this knows the fallacy of this argument. Both Smith (1999) and Vickers (2002) admit to the pain of the work - a pain that clearly comes through their stories and the recounting of them.

Having dealt with some of the criticisms of doing personal ethnography, I'd like to explore some of the positive benefits.

Firstly, positivist research emphasizes difference between researcher and researched partly on methodological grounds and partly I think on appeals to power and authority. Co-operative inquiry in distinction, tries to minimize distinctions between the researcher and the researched and although there are limits to this regarding the final 'authorial voice' of the researcher, other distinctions can be seen as weak and artificial. For participant and researcher alike, both have experience of the field being researched, both can gain from the research (e.g. as therapy, as social change, as personal growth) both can be interesting, both are actors in the same research act. So given these similarities, then "If we are prepared to acknowledge that another's experience is important, why not our own?" (Vickers, 2002, 616) Vickers also argues that if as researchers we are prepared to ask another to risk exposing his or her life implies that we might at least be prepared to do the same.

A second reason for the use of personal experience as data relates to a desire for consistency – it takes the act of questioning the orthodoxy of research practice a stage beyond arguments about qualitative and quantitative study. It is not just about the methodology of the research but its emotionality. Emotion is squeezed out if we let it and a sure way to do this is to shut ourselves out from our own emotional experience within the research. Bochner argues that "we do a good job of protecting our secrets, although many of us are increasingly troubled by the loss of excitement and liveliness that follows" (Bochner, 1997, p. 433). Bochner (1997) described the alienated academic workforce—the blank faces of colleagues who have given up and stopped caring. Vickers (2002) argues we need to find the strength of our voice—our story - to bring the personal self back into the academic conversation. "It is worse for our readers. Keeping the personal voice out frequently means that our work is underread, dry, inaccessible—and boring." (Vickers, 2002, p612)

A third reason might be an obligation to tell it like it is. Academics may be among those best equipped to speak out, "to share, to de-victimize the victim, to de-silence the wrong doing, to lift the veil on the unspeakable and the undiscussed" (Vickers, 2002, 613). The argument here is that



very often our “privileged” place as researchers carries with it an obligation to give of ourselves. And this cannot be achieved by creating and maintaining distinctions between subject and object. Because subject and object are inevitably inter-twinned, both have to be explored through the research. This argument is not just about the impossibility of objectivity but more about the possibilities lost if personal data is excluded. About only a partial story being told. Despite the risks of distortion, good stuff comes out. And in doing so (and doing it well) we are laying bare our own lives to a point where there can be no fantasy about what we imagine and no distortion of our experience – whereas creating fantasy and distortion about the experience of others is rather easier to accomplish.

## Reflexivity and the encounter with others.

In the last chapter, the use of the story-dialogue method saw the generation of a considerably rich data about the health promotion department taking part in the story/dialogue encounter. However, it has been argued that as researchers, we often do not consider how the research process is experienced by participants except perhaps in either ethical terms or in ways their experience impacts upon the emergent narratives. We ought to ask what participants gain from the process, and also, what researchers can learn from participants’ perceptions of that process.

So what personal gains did the participants see as coming from using the story/dialogue method? The analysis of the structured dialogue data (chapter 5, section 5.9) identified a range of positive comments which read like growth and learning points for the department concerning:

- The dangers we face and the lessons learnt
- Infrastructures and systems that we need to keep to facilitate our process of working
- Our philosophy, ethos, ways of working and mission
- New ideas to put into place

Similarly, the analysis of the postscript data (chapter 5, section 5.10) shows some expression of a need for the encounter to happen. Participants have reflected on the encounter and most of their comments are positive. The prominent themes were

- An acknowledgement of the story/dialogue method as an appropriate way of dealing with issues, (even if there was no strong flavour of resolution)

- An acknowledgement that a sense of hope had emerged, (even if this did not contain any strong flavour of optimism)
- A sense that a shared feeling of doubt, negativity and conflict has been replaced by common concerns, understanding and positivity, and a keenness and commitment to mobilise, work together move forward.

Atkinson (1998) has given several “valuable benefits” (p25) from sharing a life story, although he is referring to stories of greater scope than those presented in this research:

1. a clearer perspective on personal experience, bringing greater meaning to one’s life
2. greater self knowledge, stronger self image and self esteem
3. cherished experiences and insights are shared with others
4. joy, satisfaction and inner peace is gained
5. sharing is a way of purging or releasing burdens and validating experience – it is central to the recovery process
6. sharing helps create community and show we may have more in common than we thought
7. stories can help people see their lives more clearly and differently
8. others will get to know and understand us better
9. sharing gives us a better sense of how we want our stories to end, or how we could give it the good ending we want. By understanding our past and present, we also gain a clearer perspective on our goals for the future. (1998, p25)

I would claim from the evidence of the postscript and story-dialogue data that at least some of these were products of the research encounter, particularly the points about insight, community and future.

However, as previously mentioned, it was not possible to extend this benefit-checking into the planned follow up event as few of the original participants turned up.

What seems to be happening for the department is movement across the axis of reflexivity from left to right. However, this represents movement for the participants as a collective and we have no evidence recorded for specific views of the individuals, other than one or two comments in the



postscripts. In hindsight, it would have been useful to have been more specific about this both at the time and in more detailed follow-up work.

It is interesting to reflect on whether such positive results are inherent within the story/dialogue method, or are equally, or more, a product of the researcher – respondent relationship.

This issue has been raised by Ellis (1997) in discussing ‘interactive interviewing’. In this, she asserts there is an acceptance of the significance of the relationships between respondents and researchers e.g. gender, power, class, race and ethnicity. This accepting was I’m sure, present in the relationships with the research participants. This entails what Lewis and Meredith have called ‘double subjectivity’. That is, “how participant’s attitudes, feelings, and thoughts affect and are affected by the emerging reciprocal relationship (Ellis, 1997, p123) –

Ellis notes that when paying attention to the relationships within the research, she has found in her interactive researching that respondents have commented on the “personal understanding they have gained from the research, and the therapeutic value of writing for each other as an audience.”

(Ellis, 1997, p145) Similarly, Vickers notes that

Even when intimate details and painful emotions are explored, narrative interviews are usually regarded as cathartic and affirming for the participant” (Vickers 2002, 616). Josselson argues that some respondents even regard it as a luxury to talk about themselves to an interested listener (Josselson, 1996, p. 66). Participation in research is argued to result in respondents feeling that they have had an opportunity to make a contribution to knowledge (Agronick & Helson, 1996, p. 80-85). Similarly, the act of writing and sharing can also be cathartic. Nye (1997, p. 439) wrote about the importance of writing as a healing process.

This issue of therapy is interesting as it means, as Ellis points out, a questioning of hard-and-fast boundaries between therapy and research. Just as Reason and Rowan (1981) argued for research to be a tool for social action, and change, then interactive research may become a tool for individual therapy and change. And just as the methodology for social change needs to be appropriate to its aims, so too we need an appropriate methodology for research to have a therapeutic component.

Ellis identifies some of the components of research if it is to have the potential for this therapeutic component. The extent to which the research encounter with the health promotion department met these conditions is discussed in table 37 below.

Table 37: Conditions for research to be therapeutic	
Therapeutic component(Ellis, 1997)	Extent to which the research encounter met these conditions
It needs to start with a commitment to the “interactional construction of meaning” (p123).	This was certainly the case from my point of view – see chapter 4
It needs to entail responsiveness between interviewers and interviewees that almost becomes role exchange.	Participants preparation of their stories and their willingness to stick with the encounter through the day are some evidence of this.
It needs to involve self-disclosure on the part of the researcher who must listen empathetically, identify with participants and respect them as emotional beings.	The self disclosure issue is difficult and has been discussed further below. In terms of empathy and respect, some evidence from the postscript data would indicate that this had been achieved. e.g. the category that seems to show that participants have chosen to reflect on the encounter in their postscripts, and that these reflections are mainly positive
Emotions and personal meanings need to be legitimised as topics of research, and researchers must take the opportunities the research offers for self-conscious reflection.	It isn’t easy to say where this legitimisation came from. Some of the story telling was very guarded on the subject of emotions although other stories probably did more than I to open up emotional discourse as legitimate in the encounter. Later data shows more emotionality than earlier on.
Perhaps, they may also need to research with those with whom they have already established a relationship. (Platt, 1981)	As has been pointed out, various relationships between myself and some members of the department already existed.



Aside from this issue about researcher – respondent relationship, are there any special features of the story/dialogue method to construct and legitimise overt reflexivity?

These might include:

- Honesty from the researcher about what he or she wants to discuss
- Time for participants to think and prepare
- Equal voice, which communicates respect from the researcher to the participants. The researcher relating his or her own story would help in eroding clear distinctions of powerful researcher versus manipulated participants.
- Explicit ground rules which in combination with equal voice treats everyone with equal respect and has the potential to minimise or neutralise overt action and influence between participants based on power or hierarchy
- Participants involved in the interpretations and analysis, not just the data generation also helps erode this polarity
- The potential (or possibly the likelihood, as in this research) that participants will work collectively to plan action based on their new-found shared insight, shared community and shared future.
- The postscript exercise (not in the original method set out by Feather and Labonte (1996) also helps individuals reflect and develop, and again, this underscores the researchers respect and care for their individual well-being, as well as the participants as a collective group .

There does seem therefore to be evidence from both the participants in the encounter, and my own reflections upon it that the story/dialogue method does seem to engender or facilitate a collective reflexivity that (as in the case of the department) may have been hidden or through a variety of processes and scripts, was purposely limited or resisted. There is though, nothing I can find in the literature about experiences of the story/dialogue method in either the quality of the researcher-participant relationship, or the level of reflexivity attained, or the degree of positive outcome of the method for individuals or the group.

However, other instances of therapy as a consequence of the research process can be found. For example, Oritz (2001) reports on the unintended therapeutic benefits for his research participants during an extensive round of “sequential interviewing” (2001, 192). Factors that Oritz identifies in his research as helping to facilitate the therapeutic process included:

- The sequential, repeated flow of interviews over a long time period
- The circumstances of the participants and the creation in their minds of the researcher as therapist
- The gradual withdrawal of participants’ defensive and denial mechanisms.
- The researcher’s mood
- The common grounds between interviewing and therapy such as the listening skills involved, respect, treating participants as experts, treating participants as collaborators, or in Rubin and Rubin’s term “conversational partners” (1995, 11) the lack of judgementalism, the collaborativeness of the process and the inclusion of both past and present experience – much of this underscoring Ellis’s points above.

Outcomes, according to Oritz, can include “cathartic opportunities for self-evaluation and introspective opportunities for self discovery” (ibid), for self-disclosure and emotional unloading. However, none of this was expected or predicted by participants at the start.

But for the researcher, outcomes also include added insight into the data and how and why it is being constructed. Oritz says he became “more sensitized to the taken-for-granted meanings and to feelings common to the [participants’] experience of living in their closed world” (2001, 196). However, he also acknowledges there has to be “emotional work” on his part although he doesn’t go further into this.

Perhaps the most interesting and relevant point is what Oritz describes as “evocative denial” (2001, 199). This is when his participants “actively avoid feeling or certain feelings or work on not feeling in their effort to cope..... As a process of conscious denial, this form of emotion prevention emphasizes a preventative stance toward that which [the participants] defines as stressful. I also found that evocative denial is a twofold process that includes both reality denial and emotion denial (2001, 199). This idea has resonance with the research encounter as some of the significant meta themes were about avoidance, limits, feelings hidden and tacticians. I think then,



that some of the movement from evocative denial to ‘the gradual withdrawal of participants’ defensive and denial mechanisms’ in Oritz’s work is also visible in our encounter – the movement across the axis of reflexivity. It is worth noting that there was a similar parallel movement for me from denial to reflexivity in chapters 1 and 2, and how this movement was accelerated through the first two encounters.

### **Reflecting on the story-dialogue method**

I have just argued that the story-dialogue method as a way of generating data has particular advantages regarding the encouragement and legitimisation of reflexivity.

I found that it does provide possibly unique opportunities for giving voice, for participation, and for involving participants with interpretation and analysis as well as simply data generation. The instrument also enabled me to take on an action/change focus with the participants being encouraged to reflect on the research experience and ask and answer questions about ‘what have we learnt from this?’ and ‘so what does this mean for me/us/our profession/our organisation’.

However, the method does have its weaknesses and also, given the dynamic nature of the structured dialogue session, I found it increasingly difficult to remain true to the intended participative nature of interpretation and analysis of experience and data.

In the event, two of the six data streams did go beyond the generation of data into the analysis by the participants. Of these, one was more a matter of recollection, the other more action planning and in both, participants seemed eager not to dwell on reflection and analysis and anxious to move on to action planning. This is entirely consistent with one of the main findings – the ‘death’ of reflexivity in health promotion, the limits and avoidances that were active in the department. But in addition, it must be remembered that the research strategy was planned as emergent and organic, not a fundamentalist clinging to one method. Following Seale I still agree that the best way to see the value of a methodological rule or procedure is to see how it works out on the ground (2000, p86). I argued that a methodology based initially in the co-operative inquiry method, but drawing from many of the other methods discussed in congruent, non-conflicting ways is the most appropriate with a willingness to reflect on the processes and adapt and change as appropriate. This is what, in the end, I have done.

In particular, there are good reasons for going beyond the data generation forms in the original story-dialogue method and to include other data streams as I have described. In terms of each data stream I would argue:

- Stories: what participants did and did not say with respect the generative theme is legitimate given the issues of avoidance and limits that emerged from the analysis of the stories
- Memo's: again, it seems arbitrary and unjustifiable to ignore this data, particularly in view of the weakness of the structured dialogue session in progressing analysis by the participants themselves
- Recollection: it seemed important to identify what participants recollected: the inclusions and omissions are significant given the limits/ avoidance themes to emerge
- Structured dialogue: a) did not pan out to be as strong an act of analysis as may occur in other encounters; and b) seemed remiss to leave unexamined other streams of data the encounter produced; c) the use of multiple data streams is well established in qualitative work to enhance the richness of the analysis and increase the strength of emerging themes and also, identify inconsistencies and contradiction
- Postscripts: some form of end of encounter evaluation seemed appropriate; it can and did yield as rich a set of data as the original stories and can also be argued to be more reflective of the emerging group ethos/consensus/ script than the more individualised stories

Adapting the story-dialogue method and including this wider set of data streams seems to me to be a legitimate move in the research process and has resulted in a stronger, richer and more dependable product. Taking each data stream as a segment, disaggregated from the whole allowed a closer scrutiny to take place. Perhaps the distance in time and place between the encounter and the data analysis assisted in this. I found that I have not felt any need at all to try to use (or abuse) the data to prove any particular point or other. Rather, I have felt a desire to produce what Schwandt calls the "best account as [a] practical agent" as is possible. (1999, 452). And for this to happen, the key concept and process of reflexivity needs now to be applied to a consideration of the research process in more detail. I think one specific gain for me from the encounters has been the ability to stand back and be critical of my own work.



### **Selves in the research**

The discussion above seems to me to be aspects of what I have called ‘quest reflexivity’. I now want to turn to the use of reflexivity to critique the process of the research more closely. This will be a shift or reflexive emphasis from quest reflexivity to trust reflexivity.

Reinhartz though makes a point that this reflexivity cannot simply come from a researcher’s single, unchanging perspective because the researcher occupies ‘many selves’ through the course of a research encounter. These ‘selves’ can be grouped as:

- Researcher-based selves
- Brought selves
- Situationally created selves

To this list, we might also add a fourth – leaving selves, which will have relevance when we address issues of the researcher as a communicator of research outcomes to audiences other than the informants.

I will use these four headings to review and extend the positional reflexivity that happened during and after the encounter, and the impact this had on the research as a whole. Within this, I’ll try to include all three of Marcus’s categories of reflexivity – personal quest, objective/trust reflexivity, and politics of location – although the last of these will feature more towards the end of the chapter.

#### *Researcher-based selves*

There may be many such selves involved in research from organiser, academic, conductor, and evangelist, for example. For me however, I realise that I was very uncertain of my ‘self as researcher’ at the start of the encounter. I had no strong sense of self as a researcher, rather, as I recorded in my diary at the time, I held a “*troubling feeling of anxiety and uncertainty*” in the planning of the encounter. Were the participants going along with my request to do the research because I was known to them and had a certain sort of authority and power over at least some of them (the minority who were my current and ex-students)? Or were they keen to engage with the research because it was promoted as something that would enable them to acknowledge and address issues that were of concern at the time? Or were they being ‘persuaded’ into participating in the research by whatever influence and power the sponsor had over them? Or were they simply

going along with a researchers' whim or complying with the mythology that to be engaged or a part of research is in some sense special, privileged or important? And if this was the case, what would they think of me when they 'found me out'.

As things transpired, I think their motivations for agreeing to the encounter probably contained aspects of all of these explanations. However, for me, the most significant thing going on was a fear of failure, a fear of being found out as unprepared, incompetent or not credible as a researcher. Fear was a clear and strong theme from chapter 2 of this research and this emotion as a would-be researcher was entirely consistent with it.

Another researched based self is one that is created by the negotiations that go on between the potential researcher and the potential participants, usually through an intermediary or sponsor. (Reinharz, 1997). This is the person – in my case the head of the health promotion department – with whom negotiations were made to give permission and sanction for the research to go ahead. This involves the sponsor as a sort of gatekeeper between the researcher and the potential participants. The sponsor in her dealings with the potential participants creates a specific and possibly partial version of the researcher – the 'sponsored self'. Reinharz points to one example where the role of the sponsor can, through her reporting to the researcher, distort the view that the researcher ends up with of the participants' perception of the research. So the 'sponsored self' can both see and be seen by the potential participants in a way he or she may have no control over. In the case of our encounter, the work we did with participants prior to the encounter (see appendices 11 and 12) to some extent by-passed these potential problems. However, I still entered the encounter unknowing the likely impact of how the research had been set up in the minds of the participant, and what sort of sponsored self had been constructed for them.

Related to this is what Reinharz calls 'temporary member' influence which is basically a worry or concern I had about how seriously the participants might treat an outsider parachuting into their world for only a very short time – "the question arises as to how much a community will invest in a temporary member." (1997, p13)



### *Brought selves*

This relates to types of self the researcher brings to the encounter. In this regard, Schwandt (1999) following Godamer (1989) make an important point that “understanding and interpretation are not acts of an individual conscious mind but enactments, performances, or a kind of praxis. Moreover, the starting point for understanding and interpretation is not the autonomous individual self and his or her self-examination. Rather, the starting point is the tradition in which the interpreter stands.” (Schwandt, 1999: 454)

This issue about myself not just as an individual researcher, but also as a part of the tradition in which both the encounter and myself sit has significance for what took place in the encounter, what was constructed and how. It also has significance for what in the end we can say about the overall understanding gained or created from the encounter and its interpretation and I’ll return to this towards the end of this chapter.

Being part of the tradition being researched has advantages identified earlier (chapter 5) but also may work to blinker or limit what I see, what I hear, what I understand in the encounter. But rather than see this as problematic, I think it has to be taken as inevitable and simply part of the deal. Researchers outside of the health promotion traditions would not see, hear and understand the same things or in the same way, but they would not be doing ‘my’ research, but theirs.

Brought selves can be articulated as the set of scripts the researcher has which are carried into the encounter. For me, these include scripts or selves around ‘teacher-facilitator’, ‘co-worker’, and ‘lecturer-course director’.

The ‘teacher-facilitator’ self related to confidence gained from my skills and experiences in this role, set against a usual anxiety I have when some of the participants also have these skills and experience. The ‘co-worker’ self related to the fact I had worked with one of the participants on developing a paper and capacity building work in one specific area of health promotion. The ‘lecturer-course director’ self related to my having been in this role with some of the participants

as current or ex students. What relates these selves to the participants is the issue of power and authority.

Michalowski refers to this as ‘ethnographic privilege’, a term which describes the privileged position of the researcher in terms of his or her control and influence over the generation of the research data, and its subsequent analysis. Michalowski points out that a strong reaction to early ethnography was a concern with the power and influence of “unexamined, privileged biographies” (1997: 50). There are perhaps three ways in which the inevitable influence of this authorial voice (Seale, 1999) was identified and controlled in the research:

- Varied ways of constructing data, especially the postscripts which allowed participants to respond in a more open-ended way than in the initial story-telling
- Participants involved in the analysis and interpretation through the structured dialogue
- Member checking of my own analysis after the encounter

Overall, my judgement about the influence of this researcher privilege on the interpretation was that it had no strong distorting or diverting influence. Indeed, the opposite may well have been the case. Michalowski raises a possibility that researcher privilege can be used to advantage. Drawing from feminist ethnographies, this uses reflexivity as a way of using the privilege to “confront and reframe the power imbalances between the ethnographer and the informants” (1997, p51). For the encounter with the health promotion department, using the values and processes of co-operative enquiry and being transparent about this did I feel, help with this confronting and reframing as to some extent at least, the participants felt they were not simply victims of the research but active participants within it, including how experiences were related, received and interpreted. In particular, they did move away from passive participants and into the researcher – interpreter role, thereby “transforming or fracturing” that privilege (Michalowski, 1997: 51)

Another aspect of this stems from the researcher standing at a privileged position between two cultures – “decoding the host culture and recording it for the home culture” (Michalowski, 1997: 50) and the issue here is the influence not of the participants, but the audiences who eventually get to hear about the research. This aspect is discussed further below.

Ceglowski identifies another aspect of brought selves that I had thought of at the time of the encounter but had not consciously rehearsed or prepared for. This is that although researchers bring



skills and talents associated with the research process, this “does not prepare us for the task of developing relationships with those at the research site.” (2000: 100). This brings us to a discussion of reflexivity regarding selves created within the enquiry itself.

### *Situationally created selves*

To an extent, the differentiation between Reinhartz’s types of selves is somewhat artificial. And certainly aspects of both researcher selves and brought selves impact on the nature of situationally created selves. Hertz talks about the moment when situational selves begin to be created. Of the participants he says “In plain talk, they ‘size us up’ in order to situate us. The interaction between their locating us and our own subject positionality produces a unique account” (Hertz, 1997 p xi.). So how was I ‘sized up’ by the group and how did this impact or influence what was said and how? As has been identified in the data, an initial anxiety about the encounter must have influenced this ‘sizing up’ However, I do have no real evidence to judge how participants created my ‘self’ at the start or indeed throughout the day, except that aside from issue related to the structured dialogue (discussed above) I have recorded in my diary no feelings of discomfort, or disconnectedness with the participants. I felt ‘normal’ and feel they saw me as my ‘normal’ self as well.

However, this should not obscure the very real issues of power, gender and the ethics of the research encounter. Again, some of this – the issue of power - has been discussed above. The gender issue is also relevant. At the time of the encounter, the department had four male members and 11 female. The nine participants were all female. Clearly the issue of gender and power between myself and the participants is potentially significant but I’m not sure how. I’ll return to this when considering issues of ‘textual reflexivity’ later in the chapter.

For me, the more significant point was whether something in the gender issue was behind why all four of the male department members did not volunteer as participants in the encounter. But I don’t have any explanations for this.

The encounter when it arrived went well from the beginning. The disquiet and anxiety that I had expected to be around and to be directed at me seemed to be replaced by an implicit criticism of

those other members of the department who had not turned up for the day. This was not expressed very overtly or clearly, but given my knowledge of and relationship with some of the participants, I am fairly sure that this covert criticism was around.

As the day progressed, two main points of some concern and discomfort for me can be identified. The first of these was the decision I made during the story-telling not to tell a story myself. On one level, such a decision could be easily justified as I was not part of the department and that the generative theme was not wholly relevant to my circumstance. But on the other hand, enough of the generative theme was relevant and the reason I chose not to include myself in the story-telling round was not based on this level of argument. Instead, there was an issue for me about whether my telling a story would be seen as appropriate by the participants. Would they accept me telling a story because they might see it as willingness and a desire to reduce or blur the researcher-researched divide? Or would they see it as indulgence – the sort of thing when the use of disclosure by facilitators and teachers is inappropriate and counter productive because it assumes a degree of relationship and mutual engagement which may not be there? Without knowing how they would see it, and without feeling confident or sure enough of my positioning to negotiate this, my reaction was to avoid any inappropriate use of disclosure as this might a) remove the focus from them and their issues, and b) re-establish a discourse between us of lecturer-students which I had taken pains to disengage from for the encounter.

So I think it fair to say that one consequence of me not doing a story myself was a lost opportunity to promote a type of blurring between researcher and respondents. What I felt was that instead, it created distance that set a tone for the rest of the encounter. However, I don't think this was particularly damaging as I felt the relationship we had enabled me to be accepted as having a certain clear if arms length role in the encounter – a sort of 'college worker' in Belbin's terms who was sufficiently outside the department that observations from some point of impartiality and neutrality could be made and accepted (Belbin, 1993). It maybe helped establish a team response in the dialogue section that might not have emerged otherwise.

The second instance was the way that the dialogue session developed. A tension I felt was between a desire to follow more or less explicitly the processing set out by Feather and Labonte, and a desire to respond to the energy and activity that emerged. In retrospect, what happened was that I



allowed the momentum being built up by the discussions and the beginnings of a newfound team-ness to dictate the pace. This meant we moved perhaps too quickly to the 'what next' section of the processing without perhaps an appropriate length of time being spent on the 'why' and 'what have we learnt' sections. In looking at the flip chart analysis, is there a sense of the department wanting to move quickly to articulate solutions to problems they still had not adequately grasped, come to terms with or fully accepted. Was rushing for solutions part of a tactic to deny the specifics or the depth of the problems? And if so, what was the cost of this, and was I party and validator of this because either a) I felt there was a limit as to how far I could control their interpretation and application of the story/dialogue method, and/or b) felt that my own analysis of the various data streams would uncover or capture what maybe was being lost in this rush to the end of the dialogue processing.

A third aspect of 'situational selves' concerns the influence of place on the participants constructions during the day. Hoong Sin (2003) amongst others notes that there is a 'dialectic relation' between the place of the research and the construction of knowledge and identity within it. This relationship can have two aspects to it. One that the place can yield detailed information about the way that participants in research construct their individual and social identities.

Anderson calls this the 'co-ingredience of place and human identity' (2004:254). The other is how these 'place-related selves' impact on the relationship between the researcher and the participants. Anderson also argues that making geographical context more explicit within qualitative research methods will yield greater understanding of the participants and their world.

This is something I had not considered at all. The encounter was held within a training area frequently used by the participants – they were on home territory. This was perhaps significant. Firstly, the participants were probably more likely to be reproducing the same or similar constructions and language as was normally experienced in the daily work of the department – and this is fortunate and I had not considered what impact the use of a different venue for the encounter might have had. Secondly, this may help to explain part of why the participants were keen and eager to enter into the structured dialogue session – the training area and its attendant materials (flipcharts etc) perhaps created a familiarity the participants were happy to move in phase with.

However, although there does seem some tenability to this explanation, I think it played a minor part – there were other stronger reasons more consistent with the meta themes of avoidance and future facing that played a part in this, as discussed above.

### *Leaving selves*

How did “listening to and asking questions of another’s plight lead to a greater understanding of one’s [my] own” (Ellis, 1997: 122)? As Reinhardt puts it, “What did the field reveal, what did I become?” (Reinhardt, 1997: 4) Following on from earlier points there are several aspects of my own understanding which by reflecting ‘on my own personal quest’ (to re-use Marcus’s terms again) which I have gained through and following the encounter.

As reported earlier in the chapter, I have found that I have not felt any need at all to try to use (or abuse) the data to prove any particular point or other. Rather, I have felt a desire to produce what Schwandt calls the “best account as [a] practical agent” as is possible. (1999: 452). Why would I do this? For many instrumental reasons I think I could have written a more formulaic and less rigorous and reflective sixth chapter than the one presented here. I think this relates back to notions of fear and inadequacy recounted earlier in the thesis. The fear of ‘being found out’, of ‘not being a ‘proper’ researcher’ did not evaporate after the encounter but drove me through the rigours of the data analysis, and drives me still.

Another learning relates to the relation of personal reflection – what Hayano (1979) and others have termed ‘autoethnographical’ accounts, that is, using my own accounts and texts as legitimate data within the overall enquiry. Earlier in the chapter I discussed some of the arguments for and against this. But for me personally, doing the data analysis and in particular in writing this chapter and the personal reflections such as in chapter 2, seem less ‘other’ and more integrated into the both the thesis as a whole, and into qualitative research as a whole. Some of these two points will be returned to later in the chapter. For now, I want to turn to the first part of Reinhardt’s quote, ‘what did the field reveal?’



## Summary of this section

In this section I have drawn distinctions between different aspects of reflexivity in research, and developed a categorisation which goes beyond those of other authors. I called these different aspects quest reflexivity, trust reflexivity, contextual reflexivity and ontological reflexivity. I applied reflexivity about my quest as a researcher and the trustworthiness of the research. I argued that theorising research in terms of the Rowans cycle model helped simplify and articulate complexity even though the complexity of my research experience was rather messier than the model could cope with. I then dealt with some of the criticisms of doing personal ethnography and also explored some of the positive benefits, for example, trying to minimize distinctions between the researcher and the researched; the need to find the strength of our voice; the need to bring the personal self back into the academic conversation; and an acknowledgment of possibilities lost if personal data is excluded. The research thus challenged boundaries between the orthodoxy of research based on assumptions about subject and object dualism. The research also questioned the hard-and-fast boundaries between therapy and research. In terms of the story/dialogue method, I argued that it does seem to engender or facilitate a collective reflexivity that (as in the case of the department) may have been hidden or through a variety of processes and scripts, was purposely limited or resisted.

In terms of reflecting on the process of the research (trust reflexivity) I followed Reinharzt's observation that the researcher occupies 'many selves' through the course of a research encounter. I argued that the potential problems arising from arriving as a researcher into the participant's world did not arise. Although a 'temporary member' I was also part of that world and the expectations, aspirations, negotiations that led to my researching the department did not create difficulties. Indeed, as Michalowski argued, researcher privilege can be and was used to advantage to confront and reframe the interpretive repertoires in the department. Using the values and processes of co-operative enquiry and being transparent about this did I feel, help with this confronting and reframing to some extent at least, and the participants felt they were not simply victims of the research but active participants within it. I considered tensions and implications of not telling a story myself in the encounter, and of my decision to depart from the processing set out by Feather

and Labonte in order to respond to the energy and activity that emerged. I concluded that I made the appropriate decision in these cases. One issue I had not considered was the influence of place on the participants' constructions during the day. However, I don't think this had any serious negative impact. In terms of what I left the encounter with, I realised that I have not felt any need at all to try to use (or abuse) the data to prove any particular point or other. Rather, I have felt a desire to produce the best account as a practical agent as is possible. Doing the data analysis and in writing this chapter have seemed less 'other' and I feel more comfortable and confident in the researcher role and my competence within it.

## **Scripts embedded in organisations.**

Having considered some of the issues relating to the research process, I would now like to turn attention to some of the outcomes. The task here is to apply contextual reflexivity to the research outcomes. Stainton Rogers argues that the research process is one of dislocation "to extract out of chaos some kind of systematic conjunction of ideas which conceptually 'hang together'" (Stainton Rogers, 1991: 134). The task now she argues is to relocate the meta themes back into their cultural and social contexts. One such context can be characterised as the specifics of the organisation in which the health promotion department was located. Another is the wider health promotion canvas in which the department and the encounter are set against. The details of these contexts and how they relate to the meta themes to have emerged will be the focus of this section and the next.

### **Repertoires and scripts**

I have maintained throughout the research a focus on the relevance and interest of inter-personal interaction and how scripts and 'language games' act out in things like personal experiences of 'being managed' and the sort of inter-personal behaviours (such as 'limits' and 'cynicism') seen in the department in the encounter. This interest stems from a view mapped out in chapter 2 that individuals and their actions are a lot less influenced by personal agency, choice and free will and rather more by circumstance, social and organisational process and other external determinants. Similarly, in chapter 3 I looked at my own experiences of being managed in the same light – placing emphasis on the interaction between individual agency and external context.



The idea of scripts and repertoires as metaphors to account for human interaction is powerful and appealing. It offers the possibility of finding a middle path between the highly individualised accounts provided by cognitive psychology, and the rather dehumanising accounts of behaviourism. I think it also mirrors Giddens ideas about structuration.

The notion of scripts was introduced by Perls and can also be found in Berne's work on transactional analysis (Berne, 1964). Schank (1977) has also used the idea of scripts as a way of accounting for human perception. More recently, Potter and Wetherall (1987) have introduced the idea of 'interpretive repertoires' as "recurrently used systems of terms used for characterising and evaluating actions, events and other phenomena" (Potter and Wetherell, 1987:149). Such terms that constitute interpretive repertoires are of a limited range and are used in particular stylistic ways, often as metaphor and figures of speech. My understanding of this in relation to the encounter is that the meta themes can be thought of as interpretive repertoires each consisting of a number of terms or scripts. For example, the 'criticism' meta theme can be seen as an interpretive repertoire consisting of a limited number of scripts – mainly covert and by implication. Another way of looking at this is that scripts are specific moves in a language game (Wittgenstein, 1958). If during the encounter, participants were to some extent acting out scripts belonging to sets of interpretive repertoires; it could be asked where did the participants' interpretive repertoires come from? Various explanations may apply to this question. One answer is that they came solely from the research process itself. That is, the themes emerged as constructions and were not pre-existing. However, although the themes to come out of the encounter clearly are constructions (to some extent arbitrary and other constructions could have been made depending on the details of the research process), there is also the argument that people's social actions (including their social actions as research participants) are to some extent 'determined' by the available interpretive repertoire. That is, there is a repertoire that is fairly constant and enduring, which has been identified, re-enacted or possibly modified through the encounter. The question I'd like to address is where this repertoire came from and to what extent reflexivity can be seen to be at work to create and re-create these interpretive repertoires.

Some of the origins of some of the interpretive repertoires identified in the encounter could be related to broad cultural, political, organisational issues like government policy regarding health

promotion, new managerialism and NHS organisational culture. These broad areas of influence might merit some further attention and specifically, I think the influence of government policy is especially interesting (this is dealt with as appendix 21). However, although there are hints in the democracy, consultation, autonomy and control, and inevitability meta themes about influences such as new-managerialism, NHS culture, forms of hierarchy, oppression and marginalisation, these are not strong or explicit. There does not seem to be any specific reflexivity about any of these influences or issues. Or rather, of more major significance is reflexivity regarding other interpretive repertoires – particularly regarding health promotion.

## Scripts in health promotion.

As well as the organisational influence and context, another context and another set of influences are the interpretive repertoires and their associated scripts operating within health promotion more generally. One particularly interesting aspect of this is the way that ‘collective identity’ of the department seemed to relate more to a ‘sense of department’ rather than a ‘sense of profession’. However, this sense of department can be argued to derive heavily from understandings and meanings about health promotion held in the department rather than from any organisational origin. By this I mean that collective identity did not seem to relate strongly or directly to the host organisation, or to health promotion as a discipline or professional activity with a clear and identity-giving set of consistent theory and principles. Rather, the sense of identity related to the department and the aspects of health promotion philosophy (way of working, valuing others, etc.) that it aspired to portray.

So the intention here is to explore how the various meta themes relate to and have been influenced by the wider health promotion discourses. If to some extent the research participants were actors playing from a repertoire of health promotion scripts, where did these originate and how are they reinvented and perpetuated?

Although much was said about ‘health promotion’ in the encounter, it can be seen from the bold in column 1 of this extract from table 38 there was not very much specificity about what health promotion was thought to be about:



Table 38: Themes within the ‘health promotion’ meta-theme.		
Theme descriptions	Significance	Theme name
This category is about expressions about the nature of health promotion and this seems to take <b>only a small space</b> in the accounts - it seems to be a category of minor significance.	Minor	“Health Promotion Mission”
Where health promotion is going : There is <b>not much detail given here</b> , which is in keeping with the Detail Inexpressed category. This lack of mention is also in keeping with the Health Promotion Mission category.	Significant	No health promotion detail
Understood in the department : Largely <b>not addressed except by the manager</b> . This again is probably in keeping with the Detail Inexpressed category but could also reflect the Individual Mission category	Minor	Understanding of health promotion

Table 38: Themes within the ‘health promotion’ meta-theme.		
Theme descriptions	Significance	Theme name
<p>How health promotion should be :</p> <p><b>Varied tangential references</b> on this aspect of the Generative Theme. This could reflect the Detail Inexpressed category, and also the Value Inexpressed category. It might also relate to the Future Facing theme because ‘should be’ invites (perhaps) this sort of vision, in which case, it is interesting that there is only one articulation of this. It may also relate to the Health Promotion Mission category.</p>	Significant	Lack of consistent view of health promotion
<p>Given the <b>limited detail</b> with respect to the aspects about what health promotion should be, it is not surprising that tension arising from possible differences of opinion about what health promotion should be have <b>not been articulated</b>. The tensions that are mentioned are more implied than given in detail and seem to relate more specifically to internal department issues. This could relate to the Avoidance category, the Limits category and the Normality category.</p>	Significant	Implicit tension



Table 38: Themes within the ‘health promotion’ meta-theme.		
Theme descriptions	Significance	Theme name
There are a large number of memo responses discussing health promotion. Some of these are about health promotion as a way of working and dealing with others – a philosophy; a special-ness; that doing health promotion changes you – but there is <b>not much specificity about any of this</b> . Some are about organisational positioning for health promotion, or concern funding. Some are about health promotion being difficult and complex and that this is not understood by other health workers.	Major	Health promotion as an entity
There are a few memo responses that imply that most people care about health promotion, but not equally so.	Minor	Unequal care
There was a suggestion that the health promotion skills held by the participants contributed to what had happened.	Significant	Skills

One could ask that given the strength of feeling about preserving ‘health promotion’ through the impending merger of the health promotion department into the public health department, why isn’t what health promotion stands for more clearly expressed? And does this lack of expression represent a lack of thinking about these issues - a taken-for-granted-ness and a lack of reflexivity? Is this lack of specificity about what health promotion is about representative of a wider health promotion discourse at the time of the encounter? These questions are addressed in the remainder of this section and the next.

### **Health promotion scripts and their life in the encounter**

In the encounter, little specificity was given regarding the nature of health promotion as expressed by the participants. Rather, the strongest themes in this were around health promotion as a set of values and a way of working involving democracy, autonomy and collective identity. In contrast, many health promotion practitioners have engaged in detailed written debate about the nature of health promotion – both its nature as a practice and way of working, its theory and main conceptualisations, and also its nature as a movement, philosophy and a community, especially the relationship of this community with others, particularly public health. This section will explore how each of these aspects of discourse about health promotion - theorising it and philosophising about it – relate to the encounter and its meta themes.

#### *Theorising 'health promotion'.*

There have been numerous attempts to provide an inclusive, comprehensive model of the health promotion enterprise (Rawson, 1992). Many of these attempts can be seen as being both *descriptive* of health promotion practice and *taxonomic* in that they attempt to categorise this practice into a number of types. The defining features of these categories have been different. Perhaps the most influential and well known of these models or taxonomies are given in table 38 below.

There has been a considerable amount written in advocacy, challenge or defence of the various health promotion models. (An analysis of strengths and weaknesses is given as appendix 22).

Rawson points out that in comparing different models, taxonomies or typologies of health promotion, there are two aspects that are helpful in the analysis. One is the extent to which the mapping represents models or approaches as *eclectic*, that is of equal value. The other is the extent to which the mapping is *iconic*, that is, remaining at a descriptive representation of activity. Both of these issues are significant I think in terms of the encounter with the health promotion department. Both can be seen to be at work within the meta themes to emerge.

Dealing with the issue of eclecticism first, many of the models state or imply that the various approaches of health promotion they describe or account for have something of an equal status or value. On this view, it is up to each health promoter to decide which approach is appropriate to the



circumstances in which they work and the needs of the target group. This eclectic view has been criticised in the French and Adams typology on a number of grounds. Part of the argument is that the ethics, supporting theory and evidence for some areas of work e.g. behaviour change is very weak compared with the ethics, supporting theory and evidence for a more structural approach. (French and Adams, 1986; Adams and Armstrong, 1995) Furthermore, some approaches, such as public campaigns can be said to be basically inconsistent with, or anti-thetical to, the aims, methods or ethics of other approaches, to the extent that the one can have a contaminator effect on the other. As Rawson points out, “In the absence of any higher order theory showing how the various models (he means approaches) are integrated to the same overall purpose there is ... the constant danger of contradictory practice” (1992: 211).

Eclecticism is something that can be seen in the encounter, although there are limits. On the other hand, concern with autonomy in particular, implies that participants do want to apply an eclectic acceptance of varying forms of health promotion within the department’s work. On the other hand, the concerns about the public health ‘tribe’ do not sit well with a totally eclectic view of all approaches being equal.

It seems that the participants’ eclecticism can stretch only so far but excludes the medical/public health approach to health promotion. The boundary here that emerged in the encounter relates to the ‘ways of working’ values that emerged. However, I think it is interesting that this is a fairly un-reflected and questionable view. For example, at least some health promotion approaches (focusing around behaviour change, for example) are closer to the medical approach than the participants seem to think. They appear happy to live with this inconsistency.

Mixed up in this un-reflected inconsistency is the issue of what conceptualisations of ‘health’ are being assumed and employed. Again, this is not something that participants have referred to in any clear way. Again, we have a conceptualising of ‘health promotion’ in the encounter based on health promotion as a movement, as an entity, as a way of working etc., and not based on any clear articulation of what sort of ‘health’ is to be promoted.

In the health promotion literature however, this issue of the nature of ‘health’ is dealt with more specifically, and this is discussed in table 39 below.

Table 39: Health promotion models and their treatment of ‘health’ and the medical approach to health promotion.	
Tannahill (1985)	Even though he mentions ‘wellbeing’, Tannahill’s model of three inter-connecting circles seems to embrace a notion of ‘health’ that is essentially medical i.e. based on disease prevention and risk-factor reduction. Even his ‘health education’ circle involves a risk factor focus (although he does add in ‘health-oriented health education’ in later years (Tannahill, 1990)
Beattie (1980)	Beattie identifies the influence of authoritarian power in some aspects of health promotion (health persuasion and legislation) as opposed to more negotiated approaches (community development and counselling). This authoritarianism clearly relates (if not confined to) medical power and as such, he is pointing out one specific difference between the public health and health promotion way of doing things.
Tones (1981)	In his initial ‘four approaches’ model, Tones is quite critical of what he calls the ‘preventative approach’. Like Beattie, he acknowledges an “unethical coercion” arising from health promotion’s role as “handmaidens to the medical model” (1981, p117). In later versions, Tones supports two WHO reports that assert that the medical profession has a relatively marginal role in health promotion. He supports Kickbush (1981) in advocating a



Table 39: Health promotion models and their treatment of ‘health’ and the medical approach to health promotion.	
	move from ‘authoritarian’ to ‘supportive’ health education. His revised model (1986 p10) very much sidelines the relevance of the medical preventative approach.
Ewles and Simnet (1985)	Ewles and Simnet identify five health promotion approaches including a ‘medical approach’ which is seen as an equal partner with the other four approaches. No attempt is made to criticise this eclecticism. The medical approach sets out to promote health by reducing risk factors through medical intervention such as monitoring, screening and treatment.
French and Adams (1986)	Whilst Tones and Ewles and Simnet made distinctions between the educational, the health persuasion and the medical approaches, French and Adams lump these together implying that their similarities outweighed their differences. They include “administrative and legislative change” (p72) in this category. A better rationale for this is given in Adams and Armstrong (1995) who label this medico, behavioural, legislative category as ‘individualism’.
Caplan and Holland (1990)	Caplan and Holland identified four paradigms of health promotion, which are constructed from two central differences between health promotion and public health. (This is discussed further later on). On the one hand, public health seems to take on board the medical or pathogenic model of ‘health’ borrowing from medicine all the scientism and objectivity that goes with it, and this is coupled with a value system which assumes that people like

Table 39: Health promotion models and their treatment of ‘health’ and the medical approach to health promotion.	
	doctors and medical staff in general have a right and a legitimacy to undertake judgment, prescription and persuasion in order to bring unhealthy citizens back into the norm of objectively understood health. This is the traditional or functionalist paradigm. On the other hand, health promotion seems to take on board a more variable, relative and subjective view of health, coupled with a firm belief in voluntarism and the need for people to address and tackle social systems that are damaging to health rather than simply accept their (functionally defined) role as ultimately responsible for their health. This view (or rather variations of it) occupies the interpretivist, the humanist and the structuralist paradigms. Caplan and Holland and especially Caplan (1993) are keen to criticise the functionalist paradigm and urge movement into the others. In this sense, they are explicitly pointing the way for health promotion towards non functionalist, non medical territory.
Ottawa Charter (1986)	The Ottawa Charter builds on a number of WHO pronouncements on health promotion, some of which specifically downplay the usefulness of the medical approach in health promotion. Ottawa argues for a re-orientation of health services and asserts that “The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.”
MacDonald and O’Hara (1998)	In their Ten Element Map of Mental Health Promotion and Demotion, MacDonald and O’Hara specifically criticise and reject



Table 39: Health promotion models and their treatment of ‘health’ and the medical approach to health promotion.	
	any version of mental health promotion based on the pathogenic model of mental health. They criticise the objectification which has accompanied the medicalisation of mental health and argued for a much more relative model which takes into account individual, cultural and social variations in meanings and experiences of mental health.

With the exception of Caplan and Holland and MacDonald and O'Hara, other models do not address the issue of the nature of ‘health’ directly. Instead, the focus is a criticism of the medical approach to health promotion, especially issues to do with power, ethics and coercion. So perhaps in the encounter, it is these aspects of the medical approach that participants are reacting against, rather than any clearly different understanding of the nature of ‘health’. I do think there is some evidence for this in which case there does seem to be at least some congruence between the department’s discourse in the encounter, and the wider health promotion discourse as expressed in its literature. This evidence relates to the ‘agreement and disagreement’ meta theme, and also ‘control and inevitability’, ‘collective identity’ and ‘democracy and otherwise’ meta themes. This unreflected nature of ‘health’ can be seen as an example of how unreflected theory was at work in the department. In none of the meta themes does any sort of theory of health promotion get a mention. This relates to the distinction that Rawson (after Warr, 1980) makes between *iconic* models that simply seek to mirror or account for current practice, and *analogic* mappings which seek to provide some “analogies or metaphors used to assist our understanding about nature and may have no direct counterpart in reality.” (Rawson, 1992) Thus iconic models of health promotion remain at a descriptive, a-theoretical, practical level. In comparison, analogic models or mappings of health promotion attempt to illustrate some broader or higher theoretical framework which is can account for and make sense of practice, i.e. in which practice can be located and better understood. Such models or mappings are capable of accounting not just for current practice, but also capable of pointing out different possible approaches or ways of working.

In terms of the health promotion discourse seen in the encounter, I wonder whether there is something of relevance here – do iconic models relate to a desire simply to describe and hence preserve the status quo, whilst analogic models more specifically point out weaknesses, strengths and future opportunities and thus act as an agency or advocate of change? Do iconic models contribute to a vagueness and ambiguity in health promotion discourse about the nature of health promotion, and does the response of the participants in the encounter signal some concurrence with this – a happy acceptance of ambiguity, contested, elusive, inconclusive and unarticulated? Is their avoidance of specifying any detail about its territory (relying instead on general ideas like ‘a way of working’) a tactic to avoid change?

My guess is that some of this avoidance may well be going on given the relatively high weight given to the general ‘avoidance’ meta theme. Holding on to a categorising or modelling, even if only in a general, ambiguous, iconic way seems to be expressing a feeling or need to defend both the territory and ownership/status within it (if we map out what’s ours, others will keep off). Holding so closely to a differentiation between the ‘health promotion’ and ‘public health’ ways of working yet so ambiguously and eclectically to their conceptualisation of health promotion seems to indicate that participants in the encounter do have in mind some conceptualisation that parallels the distinctions made in the literature (criticisms of the medical model; eclecticism about the nature of health promotion). Although this is not enough to show that the participants’ views had been directly influenced by the literature, perhaps it does fit in with an idea of elements of the health promotion discourse once created in the literature being filtered down and embedded in the participants’ own discourses. But if they are borrowing from the wider health promotion discourse (however it was created), the effect is only of a partial and unreflected absorption - a willingness to remain with vagueness and ambiguity, to remain with general distinctions only. Aware of distinctions even if only in the vaguest of terms but perhaps grateful that they have been made (the ‘hope’ meta theme) and concern that the public health tribe will not recognise them. Was rushing for solutions in the story/dialogue part of the encounter part of a tactic to deny the specifics or the depth of the problems? This all seems to point to a view that the reflexivity that is so transparent within the health promotion literature of the 1980’s and early 1990’s is not as active within the department. The reflexivity that produced ideas and values about ways of working etc. does not



seem to have a job once these scripts have been embedded into the participants' interpretive repertoires.

In contrast, public health discourse seems reluctant to engage in debate around health promotion approaches - for example, Tannahill's impatience with the spread and expansion of the term 'health education' to a point where "it has so many meanings as to become meaningless" (1985:167). I find no discussion of this in any of the main medical journals. Perhaps there is a sense in public health discourse of there being no significant distinctions to be made, that public health embodies a single invariable 'tried and tested', 'scientific' approach. Perhaps public health's lack of understanding of health promotion and its distrust or impatience with health promotion's philosophising stems from the view that there is no other way of promoting health other than through public health's approach. Rather than concern itself with questions about what health promotion is, public health seem to be more interested in 'does health promotion work?' (O'Connor-Fleming and Parker, 2002)

If this view exists within public health, it is not unique. The cherished autonomy of the participants and their avoidance of confrontation also points to an isolationist mindset – even if a different order from public health's'. This trend may also be seen in the health promotion literature. In no published work on health promotion models – with the sole exception of French and Adams, (1986) - have the authors acknowledged, referenced or even mentioned any other model that had already been published. Why is this?

That these various attempts to provide a theorisation of health promotion have done so with little reference to each other might reflect a variation and eclecticism in the field – people are happy not to have a firm model, happy to have a menu to choose from to suit their own values and experiences? So what does this say about reflexivity? Does the reluctance in the literature to critique other models imply some form of isolation, some tribalism, some unwillingness to move outside of one's own experiential world view to accommodate others? And is an emphasis on reflexively making sense of experience contributing to this isolationism? It seems to me that the dynamics within the health promotion department approaching its merger with public health had contrived against reflexivity.

### *Philosophising health promotion.*

I also think that this lack of reflexivity was not confined to the more theoretical aspects of health promotion. Even the aspects of health promotion focusing on its philosophy, values and principles were more accepted as taken-for-granted than reflected upon until the encounter itself. For example, some of the key ideas and values of health promotion such as empowerment and victim blaming were not utilised specifically in the encounter – rather the more abstract principles that empowerment and victim blaming relate to have been packaged up into the amorphous ‘way of working’ themes. However, it could be argued that these terms have become iconic or talismanic in health promotion and seem to me to be in the same vein as ‘way of working’. Seeing where these ideas have come from, how they have developed and how they are sustained and perpetuated may help to understand where this ‘way of working’ repertoire came from for the encounter participants and how it continues to operate. A discussion of how some of these key health promotion ideas relate to the encounter is given as appendix 23.

More generally, during the 1980’s and 90’s, a range of articles were written in the health promotion literature regarding the philosophy of health promotion. A short sample of these articles is:

Catford J & St Leger L 1996 Moving into the next decade – and a new dimension? **Health Promotion International** v11 n1 pp1-3

Ewles L 1993 Paddling upstream for 50 years: the role of health education officers. **Health Education Journal** v52 n3 pp172-181

French J 1990 Boundaries and horizons, the role of health education within health promotion. **Health Education Journal** v49 n1 pp7-9

Green L & Raeburn J 1988 Health promotion. What is it? What will it become? **Health Promotion** Oxford UP v3 n2

Kickbush I 1981 Involvement in Health Care: A social model of health education. **International Journal of Health education** xxiv (suppl) 4

Tannahill A 1985 What is Health Promotion? **Health Education Journal** v44 n4 pp167-



Tannahill A 1990 Health Education and promotion: planning for the 1990's **Health Education Journal** v49 n4 pp194-198

Tones BK 1981 Health Education: prevention or subversion? **Royal Society of Health Journal** v3 pp413-416

Tones BK 1986 Health Education and the ideology of health promotion: a review of alternative approaches. **Health Education Research** v1 n1 pp3-12

Tones BK 1993 Changing theory and practice: trends in methods, strategies and settings in health education. **Health Education Journal** v52 n3 pp125-139

WHO 1984 **Health Promotion: A discussion document on the concept and principles.** Working group, Copenhagen.

It is interesting to ask why there was such an intensity of debate during this time. Clearly, ideas were developing in other parts of the world that were having an influence on health promotion in the UK. Could this 'preoccupation' with self-analysis be due to the challenge of assimilating and taking on board new ideas? In particular, the coining of the term 'health promotion' by Mark Lalonde in 1974, and the subsequent 1986 Ottawa Charter perhaps led to considerable UK debate about the meaning of health promotion and its relation to health education. As the list of articles above shows, there does seem to have been a need for the health promotion community in the UK to work out its identity, with the term 'health education' being stretched so wide as to include government policy and community development, and the term 'health promotion' only starting to gain what was to become fairly universal currency by the mid 1990's. Even by 1985, some were commenting rather negatively that "Health promotion is very much an 'in' term at present. Unfortunately it has acquired so many meanings as to become meaningless." Tannahill, 1985, p167. Green and Raeburn also ask why definitions of health promotion "evoke so much quibbling and controversy? (1988, p152)

So, although it seems to be the case that at least some members of the UK health promotion community were reflecting on the overall nature of the activity they were engaged in i.e. the nature of 'health promotion', other reactions were possible – particularly, entrenchment into older meanings. An important question is: was this reflection the preserve of a few academically minded

health promotion thinkers, and was this entrenchment the preserve of a few traditionally minded practitioners? Or was there a wider application and exemplification of this reflexivity?

Factors which suggest a wider reflexive pattern among health promotion practitioners may include :

- The growing number of postgraduate course in health education and health promotion 3 in the 1970's up to 27 by 1993 (Ewles, 1993)
- The influence of David Schön's work on the reflective practitioner (1983)
- Tones (1993) use of Kolb's (1984) Experiential Learning Cycle
- The development of the HEC's Health Education Certificate course
- The publication of the Ewles and Simnet book in 1985
- The level of debate and discussion through the 1980's at branch meetings of the professional organisation (SHEPS)
- The movement of professionals such as teachers and counsellors into health promotion jobs bringing with them ideas like child and person centeredness, (Hopson and Scally 1981, Anderson 1988), empowerment (Tones, 1981) and the humanist values of respect, empathy and being yourself.
- The "growing disillusionment and impatience of the public with conventional medical approaches to health" (Green and Raeburn, 1988: 152, and Graham, 1986)
- Some disillusionment and questioning following the Kirby Report "missed opportunity" (Ewles, 1993, p175) and more reorganisation throughout the 1980's.
- The 'professionalisation' debate in the 1980's

One thing that is noticeable from this literature is that although some of the themes emerging from the encounter are reciprocated in the literature, other themes are not. For example, health promotion values (referenced in the encounter) are specifically identified and discussed in the literature, whilst other issues from the encounter (specifically, health promotion as a way of working) are not. That is, strong themes around values are well documented in the literature whereas themes around health promotion as a way of working (such as an emphasis on partnership, working with people (voluntariness, [Society for Public Health Educators, 1976] starting where people are at, building capacity through others) are not that well documented. From this I think it



can be argued that reflexivity in health promotion is not confined to the journals and just a few more academically minded writers but is a wider phenomenon in the health promotion community. Or at least, was.

So although not comprehensively recorded, there is some evidence that a wider spread of questioning and identity-seeking, of reification of key concepts and values was happening amongst health promotion workers on the ground during health promotion's formative times between 1970 and 1990. However, it was a lack of reflexivity that typified the state of the department in the encounter. Could it be that reflexivity in health promotion had had its day by 1990? And if so, what dynamics within health promotion maybe at work to bring this about?

This seems to me to be important because of all health promotion's special-ness and uniqueness of its contribution to the population's health, it is perhaps its ability to reflect on the taken-for-granted which has been its greatest strength and asset. And if this is the case, is reflexivity in health promotion going to be necessary in the future – and what are its chances? My theory on this is that post Health of the Nation), reflexivity in health promotion can be seen to have waned. The last significant paper on health promotion theory and philosophy was in 1993 for example - which itself called for a renewed reflexive analysis (Caplan, 1993). If this 'end of reflexivity' theory is right, has this happened as the chief causality in an engagement between the health promotion and public health movements which started at that time and which continue today in terms of integrations and mergers between the theories of both movements and their operational practices on the ground? The next section explores this theory and explores how reflexivity fairs when competing versions of reality meet.

### **Summary of this section**

From this brief look at some of the health promotion literature and how some of this is reflected in parts of the encounter discourse, some tentative conclusions can be drawn.

Firstly, models of health promotion seem to have played a part in mirroring, perpetuating or constructing differences between public health and health promotion, and the themes from the encounter do a similar job. But the substance of the encounter themes is not anywhere near as specific or detailed as the differences brought out in the 'models' literature, for examples, in relation to the nature of 'health'. This implies that either health promotion literature has had little

impact in constructing the scripts of the health promotion workers in the encounter, or only that *this* aspect of the health promotion literature (these attempts to model and differentiate) have had little impact. Or that the impact has been selective, filtered and only partially embedded in the participants' discourse. I think that this 'embedded-ness' had become 'taken-for granted-ness', and that ongoing reflexivity was not happening in the department at the time of the encounter.

Secondly, models seem to have played a part in mirroring, perpetuating or even constructing arguments about eclecticism in health promotion. And similarly, there seems to be a tolerance of other approaches in the participants' discourse, but there are limits to this. It specifically does not extend far enough to embrace the medical approach. The participants do not articulate in detail any criticisms of 'the medical model' or approach – rather the criticism is at a more general, unspecific level.

Thirdly, authors of models seem not to follow conventional academic protocol in acknowledging, referencing or even mentioning other work to model health promotion. Does this imply that the health promotion territory is not homogenous but divided into camps? And does this literature mirror, perpetuate or construct these camps? Certainly, I remember some animosity between, for example Tones and Adams. Authors represent different backgrounds and live in different institutions. The participants represent different backgrounds and live in different autonomous areas of health promotion work.

Lastly, judging from the 'self-questioning' nature of health promotion literature, and various developments to health promotion's professional and academic structure during the 1980's and early 1990's, reflexivity seemed to play a major role in health promotion repertoires of this time. Yet at the time of the encounter, reflexivity was not a major feature in the department's repertoires – rather, it seemed to have been replaced by the unreflected acceptance of reified ideas and values about health promotion. The conditions to allow any reflexive re-examining of this were not alive and well within the department at the time of the encounter. So could it be that reflexivity in health promotion had had its day by 1990? This 'end of reflexivity' theory is certainly questionable but it seems important to explore it further given the argument that of all else that health promotion has to offer to population health improvement, it is its unique willingness and ability to reflect on the taken for granted that is paramount.



The aim of the next section is to explore this theory further, especially in the context of health promotion's differences with public health.

## Reflexivity and competing realities in health promotion.

Some of the meta themes from the encounter (the future-facing theme, the hope theme, the inevitability theme) convey fear and apprehension about merging with a public health department:

*There were claims or judgments that the public health department is completely different, could not be changed, that consultation was not the norm, that they work in isolation as 'loose cannons' with no common philosophy, and didn't have 'the skills' – description of the public health judgements theme.*

Joining public health is seen as a threat to existing values and practices as expressed in various other meta themes (collective identity, team working, autonomy, democracy and control). One issue here is not whether or not the public health department in question actually was as the health promotion participants perceived, but that this perception did exist and came out strongly in the meta themes. One question is where this perception came from and whether it is representative of a more widely held adherence to what I have called the 'two tribes' discourse within health promotion. This is a discourse which seeks to create distinction and differentiation between the health promotion and public health 'tribes' as if they are fundamentally different, share non or little common philosophy, ontology, method or language. It is a discourse which seeks to prioritise difference over similarity. It is a discourse that was being used considerably in the encounter, and one that has gained acceptance and even orthodoxy more widely in health promotion. But it is one that I want question.

### **The creation and reification of the 'two tribes' discourse.**

The meta themes from the encounter create a sense of the health promotion department being at risk and potentially under attack. This is probably not an isolated example as the UK health promotion literature of the 1990's and beyond also identifies a sense of marginalisation, risk and threat (Adams, 1993; French and Hilditch, 1995; Rogers, 1995; French and Milburn 1997; MacDonald and Robertson, 2000).

Adams noted that the split between health promotion units located at that time in Health Authorities and Trusts was about even and that over three quarters of departments had experienced changes in their organisation following the NHS reforms of the early 90's. Morale was low and relationships with departments of public health seen as very variable. "Clearly it is important to improve complementary working between health promotion specialists and public health doctors." (p5). At the time, many people in health promotion felt this call to engage more fully with public health was akin to sleeping with the enemy. In spite of (or because of) this antagonism towards public health, most respondents felt optimistic about the future of specialist health promotion. Adams argued that health promotion specialist were "an essential resource for the government to acknowledge and build upon if the national public health strategy is to be realised and substantial promotions are to be made in the nation's health by the year 2000 and beyond." (p5) – a view that it took twelve years to become closer to mainstream thinking (e.g. the Department of Health's 'Shaping the Future' project). But again, I'm not sure that health promotion workers saw their value in such strategic terms. Rather, the predominant view seemed to be about vulnerability and uncertainty about the future of health promotion in the face of widespread organisational change (Nettleton and Burrows 1997).

In 1995, French and Hilditch produced empirical data which supported this sense of marginalisation and vulnerability. They reported that the funding available for specialist health promotion work is on average £1.23 per head of population. Of this, only 80p was 'core' funding, that is, not including ring fenced or fixed term monies. The range of expenditure was from 32p to £5.15 per head. (French and Hilditch, 1995). This report when presented to the 1996 Health Promotion Managers Conference served I think to both confirm and create in delegates and the wider audience that read the report, that health promotion was very much the minnow in the NHS sea and that in terms of national strategy, health promotion was merely a tokenistic gesture.

By 1996, French and Milburn noted a change in organisational location. Now, most specialist health promotion services were located in Trusts, except in Scotland where change in that direction seemed likely. Practice had been significantly affected by the NHS reforms, services seemed to be merging and large numbers of staff were on short-term contracts. Funding was uncertain with many services experiencing cuts and "being seen as 'easy targets when Trusts or Purchasers are



financially squeezed.” MacDonald and Robertson (2000) raise interesting aspects of how specialists health promotion services have changed in periods following the introduction of national strategies for health improvement (Health of the Nation, 1992; Our Healthier Nation, 1998).

An important point about these three reports is that practicing health promotion specialists and managers undertook them. Perhaps their significance is not so much what they said but why they were undertaken and published. By this I mean that to certain sections of the health promotion profession, health promotion was either in need of defence against stronger forces, or promotion to sceptical or unconvinced constituencies with the NHS.

This sense of being under attack was again identified in 1997 by Nettleton and Burrows, who, in a more qualitative review, argued that health promotion services “have experienced considerable organisational change and uncertainty.”(p23) They identified four factors involved:

1. prevailing (negative) images of health promotion and of health promotion specialists
2. a lack of consensus as to what health promotion specialists work should be about
3. a lack of any secure knowledge base
4. feelings of vulnerability about the future of health promotion

All of these factors are reiterated by the encounter:

1. there is only a little specific data on negative images of health promotion existing outside the department, and none regarding how the public health department saw health promotion. However, the overall sense of the meta themes is that health promotion is and will be misunderstood by public health.
2. The lack of consensus about what health promotion should be about is evident within the health promotion department and seen in the lack of specificity about the nature of health promotion.
3. There was no data about the knowledge base for health promotion, only references to values. There is no reference to the nature of health for example, or any specific theories of how health promotion works.

4. Clearly, there is vulnerability expressed in the meta themes about the future of health promotion within the merged public health department.

This sense of health promotion being at risk, misunderstood, under attack etc. seems to me to go beyond tactical and technical disagreements about how to promote the public health. To the participants too, these issues are not superficial but seem to relate to deeper assumptions and beliefs. This is not just about different sets of workers in the health promotion and public health worlds disagreeing about how to achieve the same objective, rather a more fundamental disagreement about what McLeroy calls the 'theory of the problem' (McLeroy, 1994).

Perhaps the most significant attempt to articulate fundamental difference between approaches to promoting health has been the 1990 Caplan and Holland paper. This consisted of a four-paradigm mapping constructed from two intersecting dimensions: beliefs about the nature of health, and beliefs about the nature of society. At the one end of the 'beliefs about health' dimension lies a belief that health is an objective state and that a person's health can be restored to this clearly definable objective position. At the other end is the belief that health is situated, relative and subjectively experienced and understood. Along the 'beliefs about society' dimension, lies a belief that society is well ordered, legitimate and consensual whilst at the other end is a belief that society is chaotic, in need of radical change and in constant struggle and conflict. This creates four quadrants (figure 10) which Caplan and Holland argue represent four distinctly different paradigms of health promotion. (Appendix 24 maps out how various issues to do with health promotion such as health, the health worker, targets, methods and outcomes differ in each of the four paradigms).



*Figure 7: Caplan and Holland mapping of health promotion.*

Both Caplan and Holland (1990) and Caplan (1993) point to the fundamental differences between paradigms. “Each quadrant represents a major paradigm to the understanding of health and the practice of health education/promotion. It also provides the necessary concepts with which to assess more deeply and fundamentally what the differences are” Caplan, 1993, 151).

A similar argument has been made by MacDonald and Smith (2001a). Basing their analysis on Caplan and Holland and also quoting Labonte and Robertson (1996), they argue that *fundamentally* different views and assumptions are at work within the broad health promotion and public health

field about how the world works – what people are like, how they react, behave, are influenced – issues of rights and power. They argue that what we have here are competing ontologies – competing sets of realities – something fundamental not simply methodological.

There is a tendency in MacDonald and Smith and also Caplan and Holland to see different ontologies as ‘sealed’ paradigms – you are either a functionalist or not – if you are ‘in’ one paradigm, you don’t just not understand the others, you don’t share their language, their basic assumptions about reality.

This type of argument is probably suspect. On the one hand it may well be that the paradigms do represent very different ways of seeing and acting in the world. It can be argued for example that seeing the task as ‘prevention’ is fundamentally different from seeing it as ‘promotion’. On the other hand, pigeon-holing people within one paradigm or another is a questionable argument as it makes an essentialist assumption that people are neither inconsistent nor contradictory, that people cannot live with more than one worldview. Rather, as I argued in chapter 2, people can be in two minds and can negotiate and navigate their way around inconsistency in their thinking. And I think it is the role of reflexive thinking to uncover such inconsistency and ask people to give some thought to its implications. Reflexivity is not about asking people to reflect on inconsistency and ‘choose’ one or other paradigm contingent upon circumstance (I think that the idea of ‘choosing’ to be positivist or not represents fairly sloppy eclecticism). But it is about asking them to re-examine assumption and belief and re-consider and possibly reject beliefs upon which the inconsistencies rest.

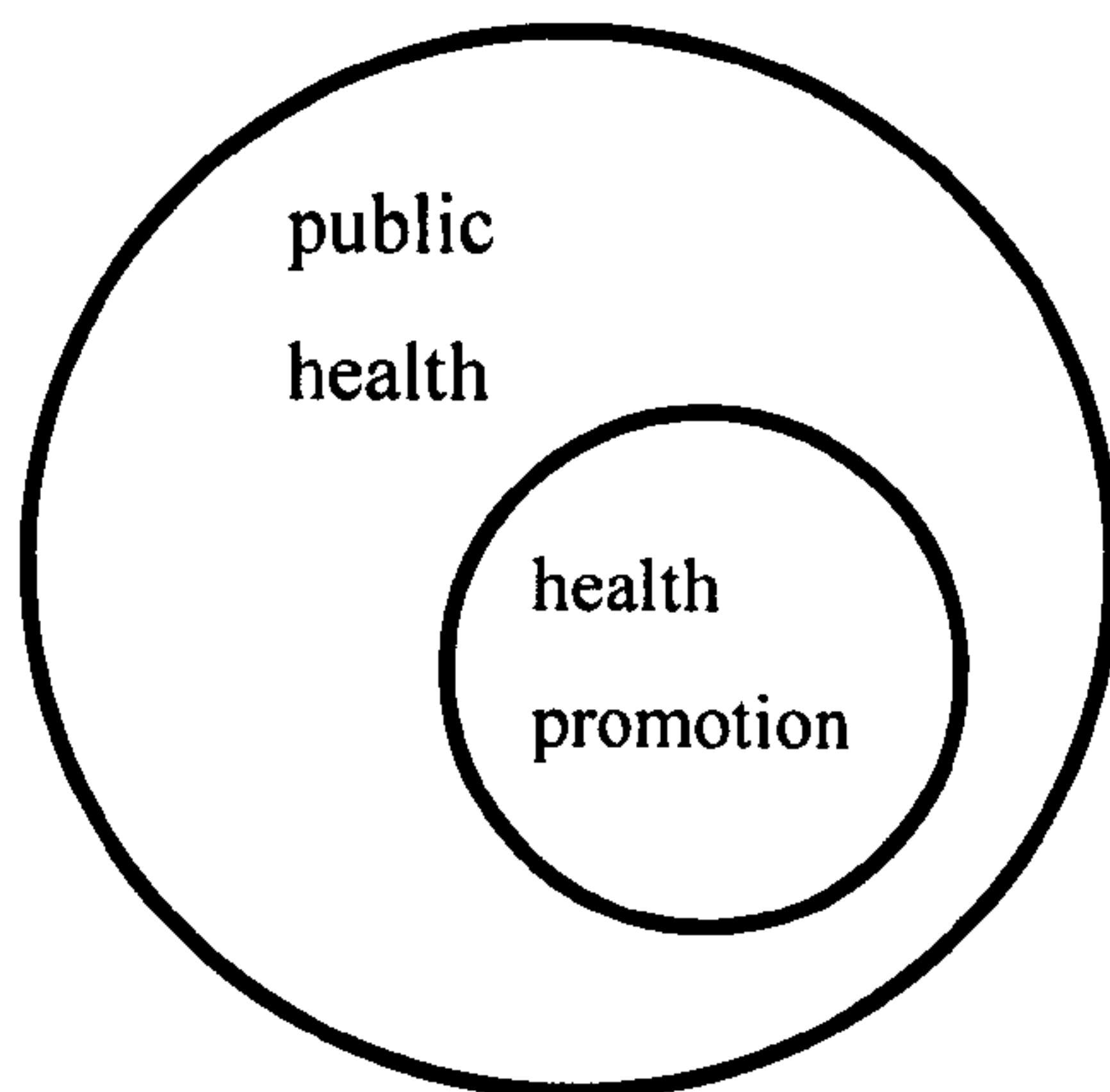
This type of argument about sealed, non-translatable paradigms probably both theorises as well as perpetuates a ‘them and us’ distinction between health promotion and public health – a ‘tribal’ analysis of difference. Terms like ‘territorial war’ and ‘inter-tribal conflict’ were in heavy usage at the Health Promotion Managers conference in 1998, for example. I think this is also evident in the encounter – participants articulated their differences with public health as ‘them and us’. Again, perhaps the tactic of emphasising difference is thought to help preserve - health promotion wanting to see itself as different, special and ‘other’ in order to survive.

One argument to emerge from the 1998 health promotion managers conference was that this account of public health occupying territory essential different and ‘other’ to health promotion



seldom presents as an opposition between equals (French, 1998). Rather, public health is seen being higher up the professional hierarchy - a view which was commonplace in the field through the 1990's and implicit in the CMO report (1999) (and in the various White papers) of health promotion as a much smaller (and, possibly in government eyes, irrelevant) operational subset of public health medicine (figure 8).

*Figure 8: Typical English relationship of public health medicine to health promotion in operational and funding terms*



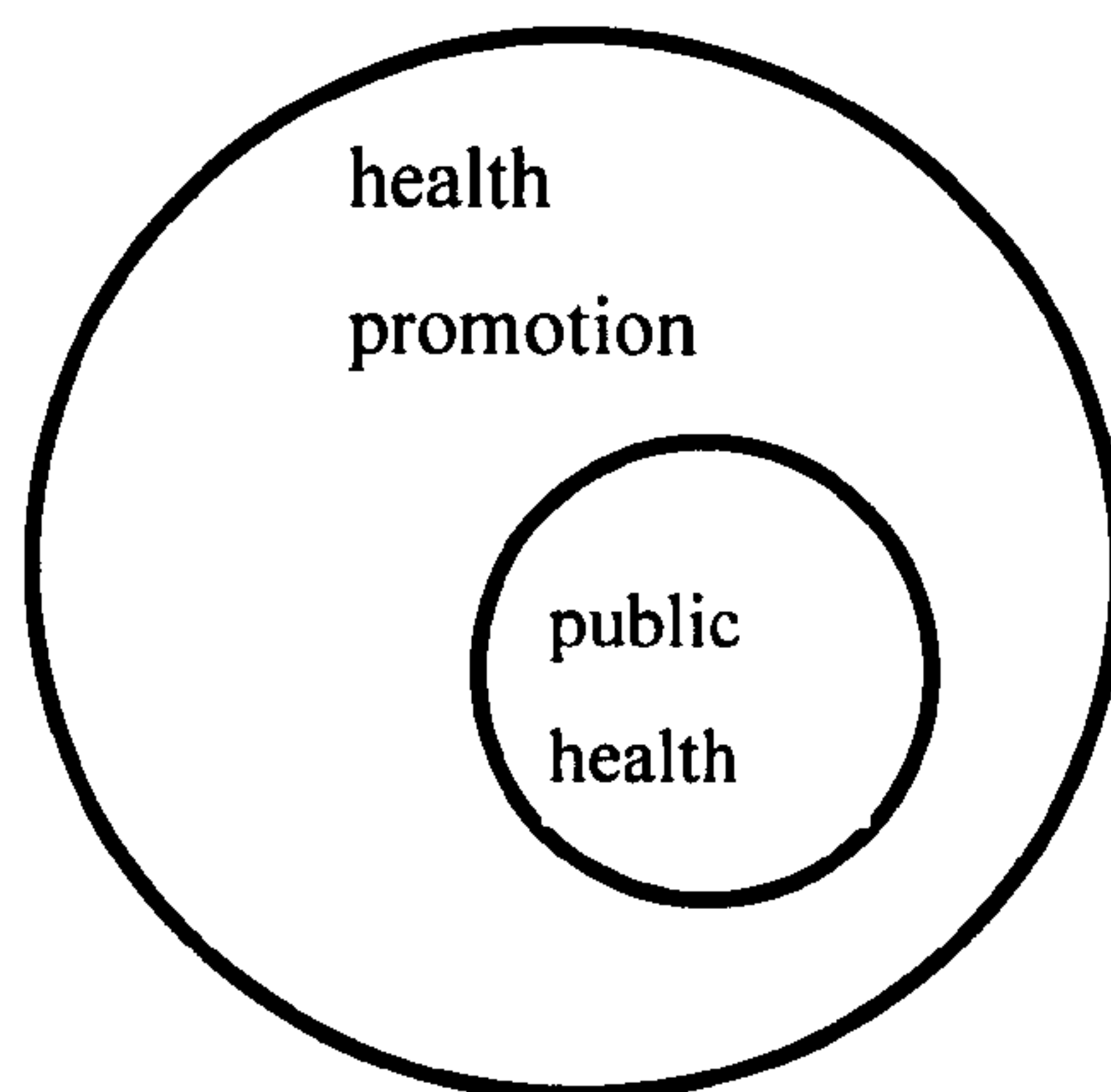
This perception of health promotion being swallowed by the larger and more powerful public health department was clearly evident in the encounter as many of the meta-themes concur with this image, and with a fear and anxiety of being released from the safe ‘circle’ of health promotion into the wider unknown of public health.

However, in terms of numbers of workers, figures obtained by Pat Dark within the recent “Shaping the Future of Health Promotion” project, show there to be around 600 public health specialists and consultants compared with over 2000 health promotion practitioners and specialists in England and Wales. (Griffiths and Dark, 2005)

And in terms of conceptual ground, the perspective articulated by health promotion of a more holistic, salutogenic, integrative, systemic, and socio-economic account of health and its determinants (Dalgren and Whitehouse, for example) than the mainly reductionist, pathogenic, additive and bio-medical account articulated in Caplan and Holland’s functionalist paradigm and also taken for granted by many medically-trained doctors working in public health departments. So numerically and conceptually, public health could be seen as the smaller operational subset, as indeed it is regarded in much of the rest of Europe (French, 1998):



*Figure 9: Relationship of public health medicine to health promotion in conceptual terms*



The argument here is to note that organisational positioning does not seem to match with the conceptual ground being covered. However, perhaps the most significant point here is that the analysis shown in figures 8 and 9 both theorises and re-manufactures perceptions of significant difference, incommensurate territory and otherness.

However, there are problems with this. On the one hand, there are practical, instrumental and political disadvantages for health promotion to get itself stuck in the entrenchment of this ‘two tribes’ discourse. But perhaps of greater significance is that the whole conceptualisation of ‘two tribes’ is open to question.

#### **Questioning the ‘two tribes’ construction.**

Adherents to the ‘two tribes’ discourse seem to be following the Foucauldian notion of dominant and subverted traditions, paradigms or discourses. On this analysis, public health represents the dominant paradigm, the powerful, influential and well resourced - the orthodox discourse whilst health promotion represents the subverted, powerless, under-resourced and suppressed. However, I do not think it as simple as this. Another way of seeing things is that the more important and significant dominant discourse is the two tribe perception – the emphasis of difference over similarity; the subverted one is the idea that public health and health promotion share more than their difference – multidisciplinary public health.

Working (at least initially) along the multidisciplinary line, MacDonald and Mussi (1998) argued for a more sensitive and impartial analysis based on the sorts of competencies, theoretical understandings and principles of practice that they felt are needed to make significant improvements to population health. They argued that the task is to focus not so much on what

various professionals doing health promotion activity is called, but to focus on what this activity is or should be like (MacDonald and Mussi. 1998, see appendix 25)

In some ways, MacDonald and Mussi's work conforms to the sentiments beginning to be expressed at the time by a minority within health promotion of a need for difference and diversity within a wide multidisciplinary public health 'skill mix', and it certainly anticipates more recent developments in this regard. Their paper, when delivered, was praised by some because they felt it led a way out of this two tribes discourse. However, it was also criticised by others who felt it continued to make too much of tribal difference rather than search for and identify similarity. As one of the authors, I now think that the paper did not offer a reframing, but instead remained within and conformed to a 'them and us' discourse - it still argued for an essential difference between health promotion and public health. In this sense, it still was representative of the dominant two tribes discourse and as such, was not a particularly reflective analysis. And I think now that this failure to adequately reflect was symptomatic of health promotion in the late 1990's. Compared with the rise of reflexivity during the 1980's and early 90's (as discussed above) the entrenchment into the two tribes discourse represents reflexivity's demise.

So I think the biggest criticism of the 'two tribe' discourse is that it signalled or at least accompanied a curtailment of reflective thought in health promotion. Reflexivity stops when it has created things and ways of seeing which then, for whatever reason, constrain us to see in accepting rather than reflecting ways, and this is what I think was happening in health promotion at the time – a translation from reflection into reification. Although remnants of reflexivity were hanging around and being used as defensive tactics in exchanges within the two tribes discourse, in general, the tactics were more practical and instrumental. Health promotion's reflexivity shut down and the pragmatics of becoming creative tacticians within unfriendly territory took over. In times of uncertainty and perceptions of threat, perhaps reflexivity was sacrificed in order to keep a job. Hence, a lack of reflection and lack of a willingness to continue to deconstruct 'health promotion' existed and this also meant that 'public health' also remained un-reflected and un-deconstructed. Having reified the health promotion tribe, reflexivity died and there was little further attempt to discover inconsistencies and follies within the tribe. There was little attempt to discover or create common ground and language outside the tribe. None was made in the encounter.



I think this retreat from reflexivity into a pragmatic acceptance of the orthodox position (i.e. the ‘two tribes’ construction of the health promotion and public health world) has been and probably continues to be problematic for health promotion. Whilst mainstream health promotion seemed content to protect and recreate the two tribes worldview, a minority – the multidisciplinary public health movement – were identifying these costs and loss of opportunity if health promotion continued to emphasis difference over similarity. They argued that there are features of health promotion practice which bear close resemblance to public health. Despite the boundary and tribalism issues discussed above, I want to illustrate these similarities and show them to be sufficient to seriously challenge the two tribes conceptualisation. The languages and ontologies of each ‘tribe’ may be different but at the same time, they share common features.

### **Shared features of health promotion and public health**

In order to illustrate these similarities, I want to use a description of the functionalist paradigm from Caplan and Holland’s model:

In the **functionalist** paradigm, the **overall vision** concerns the treatment of individuals or illness prevention aimed at individuals. **Health** is identified within a bio-medical, pathogenic model as the absence of illness and as an ideal, objective condition. The **targets** for intervention are seen recipients (the patient) or someone at risk of illness. The **worker** assumes authority over the patient by virtue of professional status and knowledge. **Participation** is not a predominant feature and interventions are illness-centred and encourage individuals to comply. The **aim** of health development is to prevent illness or restore health of individuals through **methods** such as behaviour change, risk avoidance and coping skills. The issue of **inequalities** may not be addressed. The **outcomes** relate to improving the technical performance of the health service and increasing health gain defined in terms of lower mortality and morbidity for individuals and are not focused on **social systems**. **Power** is held by the worker, and interventions are dependent on the worker and tend to lack **sustainability**. **Goals** are predetermined by the worker and are unlikely to be set within an integrated strategic framework. (MacDonald and Harrison, 1997)

This paradigm describes an essentially medical and paternalistic approach to a vision of health based on the pathogenic theory (i.e. health is the absence of illness). Many in health promotion would argue that their work does not belong in this paradigm and indeed Caplan and Holland (1990) and Caplan (1993) argued that the correct health promotion emphasis should be outside this functionalist thinking. However, whether they accept it or like it, I would argue that much contemporary health promotion practice remains functionalist, as does public health practice even though the language and rhetoric of both sometimes deny this:

The **overall vision** still concerns illness prevention aimed at individuals. Both in health promotion and in public health, the focus is on individuals rather than populations. Both tend to base their practice unquestioningly on epidemiology that is based on individual rather than population risk factors. Even immunisation is just lots of individuals.

Population based epidemiology has had a marginalised and suppressed history with public health through the later half of the 20<sup>th</sup> century (Blane, 1996).

**Health** is largely identified as the absence of illness or increasingly, as the absence of risk and as an ideal, objective condition. Health promotion may argue they deal with something less pathogenic but there is very little articulation of what this might be. Antonovsky's writings is the best exception to this but this work is relatively unknown within health promotion and public health discourses. In the present political reality, health promotion workers need to frequently conform to the illness prevention agenda.

The **targets** for intervention are still seen as recipients (the patient) or someone at risk of illness, rather than anything structural. Neither health promotion or public health have articulated any sets of indicators of structural change, for example.

The **worker** in public health largely assumes authority over the patient by virtue of professional status and knowledge. Although this may be less so within health promotion, practitioners may find themselves constrained in their attempts to work in fully participative and empowering ways.

**Participation** is not a predominant feature in public health. Although health promotion shies away from the idea of compliance, it may not yet fully embrace a participative approach.



The **aim** of health promotion and public health is still to prevent illness or restore health of individuals through **methods** such as behaviour change, risk avoidance and coping skills.

The issue of **inequalities** may well be talked about but are not addressed in any significant way because the targets for both public health and health promotion remain as individual rather than structural.

The **outcomes** still tend to define health gain in terms of lower mortality and morbidity for individuals and are not focused on healthy **social systems**.

**Power** is predominantly held by the worker, and interventions are dependent on the worker and tend to lack **sustainability**.

**Goals** are still mostly predetermined by the worker and are unlikely to be set within an integrated strategic framework.

Evidence for this analysis can be found in a number of places (MacDonald and Robertson, 2000; MacDonald and Smith 2002; Choosing Health, 2005; Griffiths and Dark, 2005) as well as the themes from the encounter which show no clear specificity about any of what health promotion should stand for and what would mark it out from public health.

### **Health promotion in two minds**

From this brief reflection on recent practices within the public health and health promotion tribes we find there is more common ground than may appear to be the case judging by the two tribes discourses. Because at least some minority sections within health promotion and public health have shown that there can be interaction and negotiation between the ‘health promotion’ and ‘public health’ languages, and that they share some practices and assumptions, it seems clear that at least some health promotion people share more ‘public health’ assumptions than they would admit to, and vice versa. Health promotion practice still shares many features with public health practice. For a variety of reasons (and these may well have increased since the early 1990’s) health promotion have operated by and large with a health improvement agenda in many ways identical to public health’s. Not all public health is functionalist and not all health promotion stands outside of functionalism.

Indeed, perhaps the most significant and important distinctions are not at any professional level, but do concern differences between functionalist, preventative practice, and non-functionalist (interpretivist, humanist, and possibly structuralist) promotional practice.

Emphasising similarity though should not be done at the expense of noticing these differences. The analysis of Caplan and Holland and others has an unequivocal logic to it and creates a strong case that the four health promotion paradigms do in fact make logical sense and further (as I argued with Smith in 2000) are incommensurate and sealed. You are in one or the other. You cannot choose to be functionalist or structuralist, or whatever – it’s what you believe in (about knowledge, health, social power etc) that matters and you don’t choose beliefs. But on the other hand, I have argued that health promoters and their practice are not as unequivocally logical as the Caplan and Holland model implies. Rather than stuck in one paradigm, practitioners seem able to inhabit more than one, even if this entails inconsistency and contradiction between rhetoric and action, for example. Reflexivity is needed, not to position one’s practice one side or other of constructions around ‘health promotion’ or ‘public health’ professional labels, but around the ontological and methodological details of philosophy and practice as Caplan and Holland make clear.

I don’t think it is surprising then that health promotion practitioners find themselves in two minds about their practice. Reflexivity in practice seems unable in recent to differentiate between arguments about ontology and methods (prevent or promote, for example), from arguments about professional territory.

And many people think and believe one thing and act and do another for a variety of reasons ranging from compulsion to denial to un-noticed inconsistency:

Table 40: Dealing with contradiction in health promotion practice		
Compulsion	Denial	Un-noticed inconsistency
Practitioners reflect on their practice	Practitioners do not reflect sufficiently on their practice	Practitioners do not reflect at all on their practice
They acknowledge	They are in denial about	They do not notice the



inconsistencies and contradictions between their philosophical aspirations or beliefs and their actual practice	the inconsistencies and contradictions between their philosophical aspirations or beliefs and their actual practice	inconsistencies and contradictions between their philosophical aspirations or beliefs and their actual practice
They have to live, have to get on with the job and do so either in silence or making their discomfort known.	They create strategies to deny there is a problem. 'We can't be idealistic; we have to move with the times' etc.	They are guided more by dictate than their own professional judgment – operatives perhaps, rather than professionals. (see also section 6 below)

And furthermore, there maybe variations on this theme – practitioners like all of us can be ‘in two minds’ and be aware of their compulsion in some circumstances yet be in denial when in others. So my point here is that this is rather more than people being dishonestly inconsistent and saying they are x when they are in fact y. It’s also about whether the notion of sealed paradigms accurately reflects an appropriate way of seeing the world. I would argue that the evidence from the encounter is that in this department at least, health promotion staff are not consistent and consistently rule-following beings. Paradigms exist only in as much as they have been created and offered as one (logical, unequivocal) view of the world. In reality, people apply and misapply this construction, negotiate and interpret their way around, not noticing, living with, putting up with, feeling uneasy about or wanting to challenge some of the inconsistencies this interplay frequently produces. This follows closely the arguments made in chapter 3 about the weaknesses of some essentialist and realist assumptions built into the positivist worldview. Rather than accept that people follow essentialist patterns of belief, thought and action, I argued that a social constructionist worldview is a more appropriate and accurate reflection of people’s behaviour which is not the planned end product of peoples individual thought processes, but is rather the product of social interaction, interpretation and negotiation. This is what I think we have seen in the my own experiences discussed in chapter 3 and in the encounter with the health promotion department – people acting

out and negotiating transactions around the variety of repertoires available. In such situations when a professional life of inconsistency and contradiction become the norm, professionals become actors not noticing, denying, or living with either silent acceptance or outspoken criticism of their situation.

Indeed, Thorogood (1995) has argued that health promotion discourse *does* retain internal contradictions and inconsistencies, specifically, a supposed concern for empowerment and choice (features of Caplan and Holland's interpretivist and humanist paradigms) whilst retaining aspects of control (functionalist paradigm). Grace similarly notes discrepancy between a desire to serve and to provide (interpretivist and humanist) with a habit of planning, change and control (functionalist) (Grace, 1991). Further, Sharrock and Iedema (2004) argue that these discrepancies are based on health promotion's inability to outgrow modernist assumption about determinism. Kelly and Charlton also point to health promotion's inability to factor in complexity; to reconcile both subjectivity and objectivity in discourse about health; and to provide adequate accounts of its impacts and effects that go beyond simple causal and linear models.

Rather than expressing any unease with its contradictions and inconsistencies, health promotion has in the main I think adopted the 'two tribes' construction as unproblematic and lived within its reified existence fairly unquestioningly.

Reflexivity has been claimed to be central to health promotion consciousness – (Caplan 1993 and Seedhouse 1997). Yet I think there is evidence from the encounter and from the analysis in this section that this centrality is under threat, or worse, that reflexivity is in retreat.

### **Summary of this section**

I have tried to show that in distinction to the high level of reflexivity during the 1980's and early 90's, reflexivity has been replaced by reification – by an unquestioning acceptance of the two tribes orthodoxy which has argued, constructed and reified a worldview of health promotion and public health based on difference, tension and conflict. I have tried to show that we have seen an articulation of competing ontological realities result in an emphasis of professional difference over methodological similarity.

Many health promotion practitioners have engaged in detailed written debate about the nature of health promotion demonstrating a commitment to reflexivity amongst at least some health



promotion practitioners up until the mid 1990's. But to what extent can widespread reflexivity amongst the broader health promotion community be seen after that? In the case of the department in the encounter, the impression is of only partial reflexivity and also partial absorption - a willingness to remain with vagueness and ambiguity, to remain with general distinctions only; a willingness to live with ambiguity and contradiction about what health promotion stands. For example, it is values and ways of working that participants were most specifically defending rather than any specific theory or principles of health promotion; it was aspects of the medical approach that participants were most specifically reacting against, rather than any clearly different understanding of the nature of 'health'. There seemed to be an active avoidance and denial going on (given the relatively high weight given to the general 'avoidance' meta theme) and a subsequent diminishment of reflexivity. I have tried to argue that I think this is symptomatic of a wider 'death of reflexivity' in health promotion.

So whatever level of active reflexivity there has been in health promotion in the past, perhaps the encounter has shown this historical feature of practice was not particularly vibrant by the end of the 1990's. Instead, it seems that certain themes in health promotion such as a way of working etc., and certain key terms like 'the medical model' have become fairly well embedded and reified into the language of the participants in the encounter. It is as if the reification process had produced end products which became iconic or talismanic within a set of professional circumstances in which increasingly health promotion saw themselves as a tribe under threat, and which has encouraged the construction of fairly firm tribal boundaries. It was a fear of having to move outside the health promotion comfort zone and across the boundary to live in the territory belonging to the public health tribe which emerged in the encounter. Some of these tribal boundaries do seem to exist such as the distinctions between medical models and social models of health, between prevention and promotion, as discussed above. Also, there are ontological distinctions between the positivism embraced by medicine and the social constructivist perspective embraced by some in health promotion (as discussed in chapter 3). Further, reflexivity does seem to have played an important part in constructing the health promotion discourses and seems to be valued still, if not always practiced.

# The need for reflexivity in health promotion.

The last section has argued that reflexivity is no longer the force it once was within health promotion and that its general demise is illustrated by the specific case of the health promotion in the encounter.

The implications of this decline of reflexivity for health promotion in the future are considerable and include:

- Adherence to the rhetoric of difference especially professional has opened health promotion to the charge of elitism and arrogance and maintenance of artificial power and income differentials
- Entrenchment in the two tribes mind set has closed off or hindered searches for common values, language and standards of practice. And hostility to the ‘other tribe’ has led to a failure to acknowledge change and progress within the public health movement (the abandonment of the term ‘medicine’ from the Faculty of public health, for example, and its commitment to defined specialists (including health promotion) within the voluntary register scheme.
- Retreat and entrenchment into ‘old agenda’ health promotion which has and is failing to deliver better public health and reductions in health inequalities
- Failure to articulate a new health promotion agenda – its values, principles and theories.

If these are some of the costs of maintaining and recreating the two tribes worldview of health promotion and public health, there are many arguments (including some of those discussed above) that point to a continued need for reflexivity in health promotion in order to challenge this predominant orthodoxy.

It is needed to dereify some existing constructions of and theories of health and health promotion, and also to acknowledge that health promotion practitioners and practice have not fully escaped some of its current inconsistencies and contradiction. The final section of this chapter argues for a continued need for reflexive thinking to unpack these issues.

As identified at the end of chapter 5, the various meta themes to emerge from the encounter can be grouped as shown in table 41 below.



The table shows that during the encounter, there was a movement from the right to the left hand side of the table, i.e. movement marking a return of reflexivity. Earlier in this chapter I examined some of the reasons for this, including the specific role of the story/dialogue method in fostering greater reflexivity. The left hand side of the table shows some of the costs to the department of letting reflexivity go into decline. The right hand side shows some of the gains they experienced when reflexivity was given license to revive.



From this, I think it is possible to make a somewhat case for the importance and special place of

Table 41: Grouping the meta themes.	
<b>Reification, lack of reflexivity</b> ↔ <b>Reflexivity and de-reification</b>	
<b>‘Department behaviour’ meta themes</b>	<b>‘Department aspiration’ meta themes</b>
<b>Limits</b>	<b>Bearing witness and Criticism</b>
<b>Feelings hidden</b>	<b>Feelings appreciated</b>
<b>Cynicism</b>	<b>Agreement</b>
<b>Avoidance and Hope</b>	<b>Confronting and Future facing</b>
<b>Tacticians</b>	<b>Democracy</b>
<b>Autonomy</b>	<b>Team working</b>
<b>Inevitability</b>	<b>Control and Future action</b>
<b>Nature of health promotion</b>	
<b>Reification, lack of reflexivity</b> ↔ <b>Reflexivity and de-reification</b>	
An unreflected, unspecific and inconsistent account of health promotion. Instead, there were appeals to a more general sense of health promotion as a philosophy, as a special entity and a way of working.	Health promotion more reflectively, specifically and consistently accounted for. Appeals to theory, evidence and principles.
<b>Collective identity</b>	
<b>Reification, lack of reflexivity</b> ↔ <b>Reflexivity and de-reification</b>	
A rather dim and unfocused awareness as to what the department was like and how it was working.  Limits to what can be said and done and no one publicly bearing witness to any of this	A firmer, more specific and identifiable sense of team identity and department colleagueship.  Greater sense of openness and ability to confront, criticise and bear witness to processes.



From this, I think it is possible to make a provisional case for the importance and special place of reflexivity that has existed in health promotion thinking, and the need for its resurrection. Further arguments from section five can also be used to support this need and I want to discuss these now.

### **The professional – operatives argument**

In section 5 above I argued that in situations where practitioners do not reflect at all on their practice, they do not notice the inconsistencies and contradictions between their philosophical aspirations or beliefs and their actual practice, and they are guided more by dictate than their own professional judgment – operatives perhaps, rather than professionals. One issue here is the extent to which active reflexivity can be used to make a distinction between ‘professionals’ who use reflexivity and ‘operatives’ (or bureaucrats) who do not. However I don’t think this is a fair argument as it seems to confuse ‘professional’ with ‘professionalism’. Operatives who are doing their job well but without any sort of reflection on what they are doing are not necessarily lacking professionalism. Professionals who use reflexivity in their work are not necessarily doing a good job. The point about reflexivity is that it adds to the professionalism with which we undertake our work and that it is important to all. The argument that reflexivity is the sole providence of ‘professionals’ is spurious and elitist.

Another example of a similarly elitist and spurious analysis was a distinction between public health (as strategic professionals) and health promotion (as implementers and operatives) made in the Chief Medical Officer’s report on strengthening the public health function (2001). However, this distinction was not based on any ability to reflect – indeed, no clear rationale was given for why it was felt to be needed. Nonetheless, at the time this distinction did accurately reflect and reinforced the status quo position of disparity of power and resources between public health and health promotion workers. Despite criticism of this hierarchy by those who saw it as artificial and based on class, elitism and spurious authority (MacDonald and Learmonth, 2000), it maintained its presence in arguments about occupational standards for public health and also as part of the ongoing two tribes discourse. Not until there was an abandonment of this discourse as exemplified in the Griffiths and Dark report (2005) was there the beginnings of an authoritative acceptance that health promoters could be strategic and public health operational, as well as vice versa. It envisaged four levels in a career ladder beginning with ‘assistant practitioners’, through to

‘practitioners’, ‘senior practitioners’ and finally ‘specialists’. A description of these is given as appendix 26. This report then seems to be a good example of how reflexivity can be used to deconstruct older orthodoxies and reconstruct different understandings of distinctions between strategic and implementation work which does not equate either with only one or other professional group.

### **Skill mix and specified competences**

In section 5 above I argued that entrenchment in the two tribes mind set has closed off or hindered searches for common values, language and standards of practice. Similarly, hostility to the ‘other tribe’ has led to a failure to acknowledge change and progress within the public health movement (the abandonment of the term ‘medicine’ from the Faculty of public health, for example, and its commitment to defined specialists (including health promotion) within the voluntary register scheme.

The development of the national occupational standards for a multi-disciplinary public health was seen by some as a way of bringing into multi-disciplinary public health some of the values and principles of health promotion, including its reflexivity. Work within the Health Promotion in Transition project in the West Midlands (Douglas and MacDonald, 2001) and nationally by SHEPS (SHEPS, 2002) proceeded along these lines. However, working with the draft set of ten standards available in 2001, MacDonald and Smith (2001b) identified gaps within these and identified a need for three additional standards to incorporate the reflexive element of health promotion practice. These were:

- 11. Acting in situations without precedent, to think ‘outside of the box’. This includes the ability to reflect; to adopt a problem solving approach; to think creatively; to move beyond critical thinking, to questioning taken-for-granted knowledge.
- 12. Underpinning assumptions about health. This includes the ability to deconstruct knowledge and to understand and accept health as a social construct.
- 13. The nature of the professional role including questioning paternalistic assumptions and developing the personal reflective awareness and competence to champion and engage in public health work based on partnership.



All of these are based on reflexive skill and some but not all were built into the final set of standards (see appendix 27). However, the treatment of reflexivity in the standards is still fairly cursory rather than being centrally and specifically identified.

The developments mentioned here lay the foundations for an equalisation between health promotion and public health professions in terms of the common application of the national standards to both, the availability of the voluntary register to both, and the proposed changes to examination, qualification and career structure that will apply to both (Griffiths, 2005). However, the jury is still out as to whether these developments also represent a sea change in the conditions in which reflexivity can once again thrive as a foundational feature of health promotion thinking and practice.

### **Old and new agendas**

In section 5 above I argued that a consequence of lack of reflexivity in recent health promotion has led to retreat and entrenchment into 'old agenda' health promotion which has and is failing to deliver better public health and reductions in health inequalities. Similarly, this lack of reflexivity has meant a failure to articulate a new health promotion agenda – its values, principles and theories.

This argument that health promotion is stuck into an old, functionalist agenda was also made by Harrison (1998) and developed by Harrison and MacDonald, (1998). They argued that the predominant vision for improving health was the functionalist idea of waiting for people to become ill and then using conventional health services to fix their problem. They saw and several weaknesses with this old agenda which are set out as 28.

Current UK policy seems ignorant of much of this argument. The Choosing Health white paper places emphasis on 'making the healthier choice the easiest choice' which is to reinvent Tones' original idea twenty years later. Whether it likes it or not, public health and health promotion practice is being led by policy based on twenty year old theory and although protestations to the contrary are sometimes made, the predominant practice in health promotion maintains its basis in this old agenda and hence shares a lot of assumptions, principles and theory about population health gain with traditional functionalism. My own reflection on these issues was for a long time limited by my adherence to the two tribes orthodoxy. Only by reflecting on the similarities of the

way that both health promotion and public health are currently undertaking the task of improving population health was I able to make any progress. In abandoning the two tribes mindset and being prepared to identify similarity rather than focus on difference, I was able to identify the following features of the current health promotion and public health agendas, all of which are weak or questionable. These features are:

- Targeting individuals rather than populations
- Pathogenic (illness) model rather than a salutogenic model of health
- Compliance led rather than based on real participation
- Dependency on the professionals rather than working for sustainability through local resources
- Inequitable targeting of health promotion methods rather than any planned strategy for the reduction of structural inequalities
- Additive rather than integrative
- Short term project focus rather than building over longer terms robust social systems to support health
- Evidence as proof is inappropriately sought rather than a focus on other forms of rigor

In contrast, I have argued for a new health promotion agenda which replaces the above with a different set of emphases:

- Targeting social systems –
    - Think about the people ‘waiting to be ill’
    - Not wait for people to become ill before society intervenes
    - Focus on the systems in which those ‘waiting to be ill’ are living lives now
    - Invest in of the cumulative effect of systemic interventions
  - Salutogenic (health) model
    - Not think of health as just the absence of illness
    - Not think a simple, culture-free definition of health is helpful or possible
- (MacDonald, 1992; MacDonald and O'Hara, 1998)



- Acknowledge that ‘health’ is not an objective state but a subjective process, and that meanings of ‘health’ will shift and changed depending on communities, circumstances and culture. (Caplan and Holland, 1990)
- Not focus only on determinants of *illness*
- Focus on elements that strengthen & maintain *health*
- Concepts like *Generalised Resistive Resources*, and *Sense of Coherence* are central to a salutogenic view (Antonovski, 1979, 1996)
- Develop indicators of *health*
- Participatory
  - Accept that partnership is vital but difficult
  - Not think that empowering others mean losing power
  - See ‘participation’ as a spectrum of possibilities
  - Strive to move along the spectrum from mere tokensim to real and meaningful delegated power
- Sustainable
  - Challenge interventions that perpetuate dependency on professional resources
  - Ask how sustainable is a proposed intervention
  - Think in long term time-scales and rigorously evaluate links between the impact of an intervention and the longer term health outcomes to which it should contribute
  - Question interventions that are over-dependent on one or two ‘product champions’
  - Examine the continuing professional development needs that the shift from dependency to sustainability implies
- Equitable
  - Acknowledge inequalities in current provision and in health outcomes
  - Embrace the goal of reducing inequalities in health
  - Assess current and future public and organisational policy for its impact on health, and on inequalities
  - Focus on risk-producing systems not individuals with ‘risk factors’
  - Target the causes on inequality, not its symptoms

- See health, equity and social cohesion as inter-related (Wilkinson, 1996)
- Integrative
  - Not expect major improvements in population health from a few isolated projects
  - Think systemically, systematically and strategically about improving health
  - Not tag health development onto the status quo
  - Not simply assume that all projects and interventions are congruent or compatible
- Build Social Systems for Health
  - See population health improvement as medium and long term investment
  - Promoting health is about *being* a healthy society, not just doing health development *in* society.
  - Audit existing and future policy & systems to assess their health impact
  - Look to systems not symptoms, and especially, look to the inter-relations and dynamics between social systems
  - “*Build in the intervention into the permanent context of everyday social systems*”  
Grossman & Scala (1993)
- Evidence as reasonable-ness
  - Question the utility of applying positivist notions of proof and certainty in health promotion
  - Acknowledge that an unproblematic, comprehensive evidence base does not exist.
  - Recognise that transfer of practice from one place to another will not guarantee success.

Many of these shifts to a new health promotion agenda require substantial shifts in thinking regarding the nature of the ‘problem’, conceptualisations of ‘health’, assumptions about power and relationships with others, and assumptions about how people, communities and their health interact. Even at postgraduate level, I have known and read the work of students unable to undertake the reflexivity required to take on board these shifts of thinking. So I would argue that without renewed commitment to reflexivity in practice, health promotion will remain stuck in old and ineffective health agendas.



### **Lack of personal reflexivity – why did I need an enemy?**

Lastly in this section, I want to return to reflexivity at a more personal level. In chapters 2 and 3 my reflexivity identified several personal issues around power, fear and authority. Looking back, I think that certain predispositions, learnt behaviour / embedded personal scripts brought into certain personal and professional settings created a need for an enemy. These issues made it harder for me to notice what experiences I was having and to engage with these in any straight-forward way. In trying to make personal sense of the experience portrayed in the various papers analysed in chapter 2, I summarised myself as:

someone who is in deep emotional turmoil; who often lacks awareness and frequently doesn't notice features of his experience; who is beginning to recognise a struggle and tension within himself; who begins to make some progress to resolve some of these issues; **who frequently projects responsibility for his experiences onto others and at times even expresses a 'desperate faith' in some external force**; who is trying to regain or internalise control; **who has a difficult relationship with authority; who sees himself as a victim**; who denies and represses his emotional life and avoids criticism, feedback and detail; who procrastinates on action unless or until it becomes 'necessary' as defined or dictated by some external control; who represses blame, especially blame of his parents; **who has developed a way of articulating and constructing his experiences in a repressed, un-emotive fashion; who is frightened of such things as authority, others with power over him**, criticism and emotionality; who has both faith and distrust in himself; who is developing some response-ability and has moved through a progression from rejection, dis-empowerment and powerlessness to some forms of empowerment.

The parts in bold most clearly I think relate to my own orientation to 'public health'. I think I needed them as an enemy in order to reinforce my self belief as a victim, perpetuate my belligerent relationship with authority, and to carry on constructing accounts of my experiences as someone repressed by external and uncontrollable forces. It was easier to transfer my fear of authority into the construction of an enemy than it was to look inwardly at the origins of this fear. Looking back through the thesis, and particularly the current chapter, I have begun to realise that it has only been because I have allowed my own personal reflexivity to grow and expand that I have subsequently

been able to deconstruct the notion I have held of public health as an enemy tribe. Paradoxically perhaps, this has happened at a time when I am no longer engaged in postgraduate health promotion teaching. So although I have argued for the need for reflexivity in health promotion at the professional, theoretical and political levels discussed above, there is also a need to allow reflexivity to flourish at a more personal level as well. Similarly in the encounter, it was I believe only through the legitimatisation of personal reflexivity through the story/dialogue method that any further professional and theoretical reflexivity could happen. This belief in and commitment to personal reflexivity has been central to my own personal development through my career in health promotion, and also in my work as a lecturer and course director.

### **Summary of this section**

In this section I have explored the continuing need for reflexivity in practice aiming to promote health. This reflexivity is firstly needed to clearly disentangle questionable constructions of difference between professions from legitimate constructions of difference between methodology and practice. It is also needed to reconstruct a health promotion agenda that actually has some chance of making substantial improvements to population health. I have briefly set out what I see as some of the main features of such a new agenda.

I have discussed how changes to professional practice and professional development such as the national occupational standards and the voluntary register provide real scope for deconstructing the two tribes discourse and possibly, for the increase of reflexivity in practice. But there are both worrying as well as encouraging signs. I have also argued that reflexivity is not the sole feature of ‘professional’ practice and that in any case, distinctions between ‘professional’ and ‘practitioner’ in some of the government discourse is unhelpful and implies a questionable hierarchy.

Lastly, I have tried to apply reflexivity at a personal level – at my own pre-occupation with the two tribes discourse, and my own need to an enemy. This has reminded us of some of the issues in chapter 1 at the beginning of this reflexive journey.



## Return to Being

The thesis began with an account of health promotion as I experienced it in practice from the mid 1980's onwards. I reflected on these experiences and also upon health promotion theory. In chapter 2 I gave an account of my personal experience of being managed in a health promotion department, focusing on a specific issue of conflict and trauma. This account was built around reflective analysis of my experiences and a number of themes emerge relating to the way these accounts were written, their language and devices; the social and psychological processes being acted out in these experiences; and the emotional tapestry that these experiences can be seen to be built around. I argued that central to this was the role of reflexivity (and the lack of it) in mediating, minimising and creating these experiences, and also its role in my analysis of them. Using the notion of cyclical research taken from **Rowan (1981)** I construed these experiences as forming the first step of a research process within which the role of reflexivity was again highlighted. I then saw a need to undertake in chapter 3 a detailed analysis of the reflexive process through which the analysis of my experience had proceeded. This brought into the discussion ideas about alternative assumptions about reality, social constructionist perspectives, and the need for reflexivity to be a central feature in research. Implication of this for widening the research focus from the micro level (myself as data) to the meso level (a small health promotion department in England) were discussed. The need to remain true to reflexive principles in the conduct of the research fed through into decisions about its methodology at all levels. For example, the decision to centre around co-operative methods of inquiry, the decision to encourage reflexivity in the research participants, and decisions about how to analyse the data.

A co-operative research encounter with the health promotion department generated six streams of qualitative data. The main instrument used – the story/dialogue method – was constructed using themes that emerged from chapters one and two. These streams included individually written stories of health promotion specialists, the feedback they gave each other in response to these stories, the action plans generated by the department as a whole, and individually written postscripts at the end of the encounter. Each stream was analysed separately using techniques drawn from grounded theory research. Themes emerging from the analysis of one data stream were not used as categories or filters for the analysis of the next – in each stream, data was treated for

what it was, with considerable effort given to bracketing off and letting the data speak for itself. I think this required significant personal and reflexive skills as a researcher – skills which are not frequently acknowledged as being required.

The separate analyses were then compared and combined to produce overall meta-themes which tell a collective story of the hidden scripts and conventions operating in the health promotion department at the time. This collective story includes limits to what could be said in the department. There was an associated avoidance and cynicism, and an acknowledged lack of reflexivity. Many things remained at an unspoken level. There was an embedded rhetoric about democracy, valuing and consultation that was vulnerable to being over-ridden or diminished. There was more emphasis on aspiring to have these things rather than a certainty about their current existence. Similarly, there was a lack of specificity about what health promotion as an entity and team working actually means to the department. Within this scenario, staff became individual tacticians and placed high regard on their autonomy.

Using the story-dialogue research method facilitated and legitimised reflexivity amongst the research participants and this enabled emotional expression, bearing witness, valuing, criticism, democracy, consultation and agreement and appreciation to emerge during the later part of the encounter. These *require* reflexivity. Reflexivity in the encounter translated hope and uncertainty into future-facing and future action based on an identification of needs and a sense of control. It helped re-establish and specify a collective identity and it provided some detail and specification about nature of health promotion and team working.

The use of the story/dialogue method to encourage reflexivity was discussed at the start of this current chapter, alongside discussions about how the operation of reflexivity in the research encounter and afterwards contributed to the quality and trustworthiness of the research. I called this ‘trust reflexivity’ – reflecting on ‘how I know’. A broader, more systemic and less technical aspect of reflecting on ‘how I know’ was also identified as ‘quest’ reflexivity’ and this was used to delve into the standing, humanity and probity of the research as a whole including its origins, its bias, its conduct and its values.

Moving on from these two aspects of reflective thinking, I discussed some of the meta themes that emerged from the encounter in relation to changes and movements in contemporary health



promotion in England. This work represents what I identify as contextual' reflexivity – reflecting on 'what I know' in the broader context within which that knowledge emerges and makes sense against. This work touched on the origins, current life and meaning of 'health promotion' discourse. The significant role of reflexivity in health promotion, as well as a probable demise of reflexivity in recent years was discussed. Moving on from this, the discussion turned to the creation, reification and impact of 'tribal' discourses in health promotion and public health. These discourses were argued to be essentially based on difference and I showed this to be both questionable and damaging. It called for yet another aspect of reflective thinking – 'ontological reflexivity' which focuses on 'what it is to know'. I argued that the collective taken for granted knowing built around tribal discourse points to a demise of reflexivity in recent health promotion. I argued that adherence to this 'way of knowing' and the closing down of reflexivity has led health promotion open to charges of elitism and arrogance. It has closed off or hindered searches for common values, language and standards of practice and has led to a failure to acknowledge change and progress within the public health movement. Moreover, it has meant entrenchment into 'old agenda' health promotion - an agenda that has and is failing to improve population health - and a failure to articulate a new health promotion agenda – its values, principles, theories and evidence. I think these discussions and the analysis they are built upon are significant. There are significant things I now know as a result of undertaking the research and writing the thesis. At the end of the last chapter, a summary of 'what I know' from the encounter with others was given and this was represented as the 'axis of reflexivity' at the end of that chapter. I argued that I must not only identify and discuss 'what I know' from the research, but also reflect on 'how do I know it' and this involves reflexive thinking about how the data was generated and how interpretations were made. Further, I said that it is also important to add a third question regarding the nature of this knowledge, that is, 'what it is to know'. These three reflexive questions – 'what do I know', 'how do I know it', and 'what is it to know' were used to form the structure for the chapter. At its end, I now want to summarise the place or 'being' where we have reached in relation to these reflexive questions.

### **How do I know. *Quest reflexivity***

I argued that theorising research in terms of the Rowans cycle model helped simplify and articulate complexity. I then dealt with some of the criticisms of doing personal ethnography and also explored some of the positive benefits, for example, trying to minimize distinctions between the researcher and the researched; the need to find the strength of our voice; the need to bring the personal self back into the academic conversation; and an acknowledgment of possibilities lost if personal data is excluded. The research questioned the hard-and-fast boundaries between therapy and research. In terms of the story/dialogue method, I argued that it does seem to engender or facilitate a collective reflexivity that (as in the case of the department) may have been hidden or through a variety of processes and scripts, was purposely limited or resisted.

I think the use of ‘quest’ reflexivity in research and especially in co-operative research is significant and needs at least as much emphasis as technical issues of research design and procedure. I think the thesis stands up as a rigorous and coherent piece of work which remains true to the values and principles that the development and application of quest reflexivity has created. I think I have established the legitimacy of the thesis as an appropriate integration of the meso and the micro into a coherent whole and as one that makes legitimate, appropriate and insightful use of the researcher’s own experience as significant data. I now know that ultimately, the value of research is not dependant upon its technical operation but on the probity of the research quest and the quality of the reflexivity embedded, directing and constructing the research.

### **How do I know. *Trust reflexivity***

In terms of reflecting on the process of the research (trust reflexivity) I argued that the potential problems arising from arriving as a researcher into the participant’s world did not arise. Although a ‘temporary member’ I was also part of that world and the expectations, aspirations, negotiations that led to my researching the department did not create difficulties. Researcher privilege can be and was used to advantage to confront and reframe the interpretive repertoires in the department. Using the values and processes of co-operative enquiry and being transparent about this did I feel, help with this confronting and reframing to some extent at least, and the participants felt they were not simply victims of the research but active participants within it. In terms of what I left the



encounter with, I realised that I have not felt any need at all to try to use (or abuse) the data to prove any particular point or other. Rather, I have felt a desire to produce the best account as a practical agent as is possible. Doing the data analysis and in writing this chapter have seemed less 'other' and I feel more comfortable and confident in the researcher role and my competence within it

### **What I know *Contextual reflexivity***

Although there are hints in the democracy, consultation, autonomy and control, and inevitability meta themes about influences such as new-managerialism, NHS culture, forms of hierarchy, oppression and marginalisation, these are not strong or explicit. There does not seem to be any specific reflexivity about any of these influences or issues. Or rather, of more major significance is reflexivity regarding other interpretive repertoires – particularly regarding health promotion. Models of health promotion seem to have played a part in mirroring, perpetuating or constructing differences between public health and health promotion, and the themes from the encounter are similar. The impact has been selective, filtered and only partially embedded in the participants' discourse. I think that this 'embedded-ness' had become 'taken-for granted-ness', and that ongoing reflexivity was not happening in the department at the time of the encounter. Models also seem to have played a part in mirroring, perpetuating or even constructing arguments about eclecticism in health promotion. And similarly, there seems to be a tolerance of other approaches in the participants' discourse, but there are limits to this. Does this imply that the health promotion territory is not homogenous but divided into camps? The participants represent different backgrounds and live in (and perpetuated) different autonomous areas of health promotion work. Judging from the 'self-questioning' nature of health promotion literature, and various developments to health promotion's professional and academic structure during the 1980's and early 1990's, reflexivity seemed to play a major role in health promotion repertoires of this time. Yet at the time of the encounter, reflexivity was not a major feature in the department's repertoires – rather, it seemed to have been replaced by the unreflected acceptance of reified ideas and values about health promotion. This 'end of reflexivity' theory is certainly questionable but it seems important to explore it further given the argument that of all else that health promotion has to offer

to population health improvement, it is its unique willingness and ability to reflect on the taken for granted that is paramount. At all times in health promotion history in the UK, this reflexivity has been important and the need to tackle orthodox assumption and taken for granted 'knowledge' is ever present

### **What is it to 'know' *Ontological reflexivity***

I have tried to show that in distinction to the high level of reflexivity during the 1980's and early 90's, reflexivity has been replaced by reification – by an unquestioning acceptance of the two tribes orthodoxy which has argued, constructed and reified a worldview of health promotion and public health based on difference, tension and conflict. I have tried to show that we have seen an articulation of competing ontological realities result in an emphasis of professional difference over methodological similarity. In the case of the department in the encounter, the impression is of only partial reflexivity - a willingness to remain with vagueness and ambiguity, to remain with general distinctions only; a willingness to live with ambiguity and contradiction about what health promotion stands. I have tried to argue that I think this is symptomatic of a wider 'death of reflexivity' in health promotion.

Instead, it seems that certain themes in health promotion such as a way of working etc., and certain key terms like 'the medical model' have become fairly well embedded and reified into the language of the participants in the encounter. It is as if the reification process had produced end products which became iconic or talismanic within a set of professional circumstances in which increasingly health promotion saw themselves as a tribe under threat, and which has encouraged the construction of fairly firm tribal boundaries.

It was a fear of having to move outside the health promotion comfort zone and across the boundary to live in the territory belonging to the public health tribe which emerged in the encounter. Some of these tribal boundaries do seem to exist such as the distinctions between medical models and social models of health, between prevention and promotion. Also, there are ontological distinctions between the positivism embraced by medicine and the social constructivist perspective embraced by some in health promotion. But positivism still underpins a good deal of health promotion thinking; many of its goals are still focused on prevention; for many, the operative model of health



is still the medical. So these distinctions are not unproblematically aligned to professional groupings as I had once thought.

In ending this thesis I am conscious of the ground I have personally covered, and also the time it has taken. The thesis began with my entry into a career in health promotion and it ends with my leaving it. I can identify and value the progression from my earliest thinking about health promotion to where I stand now. But I am saddened that health promotion has not made similar collective progress. Indeed, practice seems now to be embedded in outmoded and discredited thinking and there seems to be a survivalist instinct to keep things this way. Perhaps early in its career – and mine as well – health promotion saw itself as outside of orthodoxy and on the verge of creating a new health agenda. Reflexive thinking and practice were then as fresh, ambitious and expanding as they are now stale, jaded and declining. As a result of the work in this thesis, especially in its last chapter, I am becoming aware of how perceived tribal difference has helped curtail any further health promotion ambition in this regard. (Unreflective new managerialism and irrational government policy have also played their part). Strong streams of ethical, social justice and empirical evidence and argument have increasingly been pushing at the margins, fighting to get heard above the tribal din to find a central place in all government and professional thinking about improving population health. Indeed, with changes of government and policy a decade ago, it seemed we had got there, only to find that now nothing really has changed at all. I am glad though that I have been able to chart a journey through health promotion – as a movement and as my career and I'm glad I have gained a sense of ending. I have been able to use the thesis as a vehicle for understanding both myself and my profession and feel I have been able to bring together in the thesis a great deal of the thinking and analysis I have developed and applied through my health promotion and academic life.

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## Appendix 1 – the ‘managing’ paper 1 – analysis

In the first paragraph, the discourse begins with the writer providing some scene setting information, delivered in a fairly neutral tone. He goes on to say that *“At that time I had no experience of doing specialist health promotion work...”* which could be a bit self-deprecating - surely, he must have had some applicable experience otherwise he wouldn't have got the job. The term *“gained some insight into what the profession was about”* shows no sense of excitement, expectation or any other emotion about entering a new profession. It is a very neutral term. The next sentence gives no detail about what these early days in a new profession were like. Instead, he moves in with a rather abstract construction, a sort of reflexive conceptualisation:

*“ I think a significant feature of these beginnings in health promotion was a blend of intuitive sense of assurity built on skills and insights I had gained from successful previous careers, coupled with insecurity about my knowledge of health promotion and my ability to do the job.”*

Clearly this reflection is retrospective : he uses *“I think”*, not *“I thought”*. So it is questionable how aware he was at the time of this ‘blend of assurity and insecurity’. That he values this reflection as *“significant”*, again raises questions about this being a significance he identified at the time, or only in retrospect. If this is only identified in retrospect, then it says something about something having significance not being noticed at the time. Perhaps what he is doing here is using the term *“significant”* as a marker on the reflection as if he is pointing the reader to a conceptualisation he particularly favours, and away from any other interpretation which could have been put on detail - if he had presented any. Given the discourse is intended to be about ‘Being Managed’, some detail about this might have been expected. It is as if he wants to set the scene conceptually before letting any of the detail show. Within this piece of reflexive conceptualisation, the term *“intuitive sense of assurity”* is interesting, firstly because he contradicts the claim that intuition is the source of his assurity by also claiming it to be *“built on skills and insights I had gained from successful previous careers.”* And secondly, because an intuitive sense of assurity might point to something more resilient and less prone to undermining. This is one area where further questioning in an interview situation, or via some other tool might prove worthwhile: - is the use of *“intuitive”* trying to bolster something to look bigger / stronger than it is? - is it a case of arrogance which he admits to twice further on in the discourse? But in any case, the use of *“intuitive”* doesn't seem to fit in with a picture of insecurity, fear and denial exhibited throughout the rest of the discourse. Unless of course he is insecure and is fearful about his intuition to the extent of denying its significance.

The term *“assurity”* is perhaps odd. It is not a common word and he doesn't explain what he means by this. But neither does it seem an accidental or idle usage. Given the level of reflection evident in the discourse, it could be seen as



a very purposeful usage : creating a very specific and unambiguous conceptualisation in a measured or planned way.

*"Insecurity about my knowledge of health promotion and my ability to do the job"* also seems to be a purposeful usage. The objects of the insecurity are quoted as knowledge and ability, but perhaps these only point to part of the picture. Surely to be insecure, there must be something else going on – perhaps a fear of not knowing, or of not being able. Indeed there is evidence to support this interpretation later in the discourse. *Fear* is mentioned three times, and *frightened* twice. And in the next sentence, fear is given a more specific object :

*"These competing senses - of assurity and insecurity – developed pretty much in parallel, that is, in a non integrating way and this trend was maintained partly out of my own arrogance, and partly because I was frightened by criticism."*

This is another measured construction, admitting a lack of integration of two opposing trends or forces. The term *"competing"* could be important but he doesn't say anything about how this competition shows itself. The terms *"non integrating way"* and *"this trend"* suggest a state of affairs he is reasonably happy with - they are both neutral - there is no sense of conflict or even discomfort. The term *"trend"* also implies a lack of control as if this non integrating co-existence just happened. The terms *"...my own arrogance"* and *"I was frightened by criticism."* are of a different order to each other. The first implies again a lack of control - a self-deprecating judgement about himself - something he always has. The later is more accepting and more specific - the owning of an emotion at that time perhaps, or at least a reflective acceptance that this was going on for him at the time, even if he did not recognise it at the time. Perhaps another case of 'not-noticing'. The 'arrogance' theme continues in the next sentences :

*"The sense of arrogance -or at least, superior knowledge – was not helped by the general incompetence that E., the manager exhibited in his knowledge and practice of health promotion. This judgement about management incompetence was being made by other more experienced people in the department but it was one I was all too ready to latch into because it deflected or diluted criticism of my own work."*

Here it is somewhat downplayed, firstly by the use of *"sense of"*, and second by the reference *"or at least, superior knowledge"*, and thirdly, by the implication that due to *"management incompetence"* the arrogance was acceptable or excusable. The terms *"all too ready"* and *"latch into"* are interesting. The first implies a sense of relief to accept the judgements that colleagues were making about the manager. The second is a very descriptive, physical term implying that this relief was built on an unquestioning acceptance. Both terms underscore



the focus of the sentence - that he was happy about the manager's incompetence because it diverted criticism of himself - but also, these terms give some insight into the relief and near desperation that underpinned this.

### Summary of paragraph 1

This first paragraph is measured, neutral and fairly unemotive. Where potentially emotive issues are included - such as *arrogance*, and incongruence between *assurity* and *insecurity* - these are dealt with in a purposeful, measured way, at a fairly abstract level. Little in the way of detail is given. Indeed, a theme beginning to emerge here is one of 'not - noticing' what is going on. The sense of conflict one might expect to accompany the assurity and the insecurity of which he speaks is not evident. Indeed, it seems as if he is not troubled by any tension here - or at least, none he has admitted to here.

The inconsistencies around the use of *intuitive*, the incomplete picture regarding the object(s) of his insecurity, and the downplaying of the issue of arrogance, point to perhaps a deeper layer of meaning not yet overtly revealed. Terms like *my own arrogance*, *all too ready* and *latch into* give some indication as to what a deeper layer might contain - something perhaps about the basis of arrogance founded in fear of criticism. As if assurity and insecurity are acting as shadows or fronts for arrogance and fear.

The second paragraph begins with a meeting with a new manager.

*"I went out of my way to point out the range of activities I was involved in - thinking he would be impressed by my grasp of a wide range of health promotion knowledge and competencies. It never occurred to me that he might feel threatened by all this - but much later I remember coming to agree with colleagues who put forward this analysis. I remember not getting any feedback on what I had said, but also being too scarred to ask for any."*

Here, the term "*out of my way*" is interesting - as if giving this information to a new manager is somehow a bother - an inconvenience. Perhaps this implies that he already perceives the new manager's presence as unwelcome - perhaps as unwarranted interfering. This perhaps introduces an isolationist aspect to his experiences at that time. The term "*it never occurred to me*" is an admission of a lack of insight at the time. The reference to "*not getting any feedback*" introduces an important focus - his relationship to feedback. Here it is interesting that feedback should crop up - is he saying that he wanted feedback? But also he admits to being too scared to ask for it. The (mis)spelling of *scared* as *scarred* is interesting - does it point to his being scarred by previous feedback ?

In the next sentence "*The fear emphasised the insecurity but also strengthened my resolve to make my own judgements, do my own thing and do it well*", is an attempt to account for a number of things. Firstly, that the fear of criticism emphasised his insecurity - but it is not clear what "*emphasised*" means here. If



it means that through fear he was more aware of his insecurity, it seems also to be the case that he acted as if insecurity was not an issue i.e., by resolving to *"make my own judgements, do my own thing and do it well"*. And he also says that it was the fear that fuelled this resolve, as well as emphasising his insecurity. So it looks as though the resolve wins out over the insecurity, i.e. the fear has a greater influence on the resolve than the insecurity. But he does not go into why this might be. Clearly, the other option of the insecurity winning out is just as possible, but he doesn't seem to see this. Maybe there is something else going on to translate his insecurity into additional motivation for resolute action. Is fear doing this - in which case fear of insecurity, fear of criticism or fear of something else; or in his eyes, is another need being met ? This way of accounting for the 'isolationist resolve' - as a need being met - is returned to later on in the paragraph.

In the same sentence, the term *"strengthened my resolve"* adds weight to the notion that the resolve had already been set - that his mind about the new manager had already been made up. The term *"wide range of health promotion knowledge and competencies"* conflicts fairly sharply with the general picture of *"insecurity about my knowledge of health promotion and my ability to do the job"* painted in the first paragraph. There is no sense of 'still having something to learn' - no humility - a sense of arrogance again. The fact that it never occurred to him that the impression he was creating might be perceived as threatening is important. What is going on in him here? On the one hand he may simply be unaware of the effect his 'arrogant' presentation of competencies is having. On the other hand, he may simply not care about this. A third option is that he sees the effect but construes this as the managers fault, not his own. That is, he **externalises** it - puts it into the realm of responsibility of the manager, and only over time (*"much later I remember"*) does he slowly come to an acceptance of how unrealistic it was to expect the manager not be threatened - to accept that he had a role in how the manager responded - that he had some responsibility for this. It is as if he didn't notice this about himself at the time - another case of 'not-noticing' perhaps. The terms *"make my own judgements, do my own thing"* suggest an isolationist tendency which fits into the picture of 'isolationist - resolve' that is emerging. A few sentences later, after describing the poor relations between other staff and the manager (another example of externalising - he appeals to the judgements of others rather than own up to, rely on and put forward his own) he says :

*"I think it is significant that I cannot now recall any specific instances - except for when he took out disciplinary proceedings against me (this is returned to in discourse five below). I think this is because at the time, I found it easier to account and interpret experiences in terms of personalities rather than focus on the specific issues".*

This again fits into the 'not noticing' theme, in this case, not noticing the impact his behaviour was having on his manager. His explanation as to why this is



*significant* is made at a generalised, abstract level. The term *"found it easier"* doesn't show responsibility for the judgement. Again, there is a distraction away from his role and influence in the situation - a 'not noticing' what he was specifically doing. Again, a question of motive is raised here - what is driving this 'not noticing' tendency - what need is being met here? Perhaps it is that by noticing his role and influence in the situation, by accepting what was happening, he would also have to accept some responsibility and face up to the consequences e.g. the effect on the manager. So is 'not noticing' a way of escaping a moral obligation - a responsibility. Or is 'not noticing' better seen as a deficiency - a lack of response-ability.?

The next section is :

*"I don't know if other people dealt with things in this way, or whether they were more able than me in dealing with the specific issues by either confronting it or accepting it and moving on. But I don't think there was much confronting or accepting. It seems to me that very little was done to challenge him. I do not know other peoples reasons for this. For me, the issue was fear"*

The terms *"I don't know"*, *"I don't think"*, *"It seems to me"* and *"I do not know"* all add to this picture of a person in isolation because he seems to be guessing what was going on for other colleagues - as if he never asked them. There is a parallel here with *"I remember not getting any feedback on what I had said"* which occurs early in the second paragraph and refers to the lack of feedback after his first interview with the manager. Did he ask for any? Perhaps he was scared of finding that colleagues were *"confronting it or accepting it and moving on"* or that something was being *"done to challenge him."* The sentence *"I don't know if other people dealt with things in this way, or whether they were more able than me in dealing with the specific issues by either confronting it or accepting it and moving on."* does show some understanding of the alternative strategies available in dealing with conflict, but he doubts whether any of these were being used to challenge the manager. It seems clear that he at least does not challenge, as the term *"For me, the issue was fear"* acts as an admission of this. And of course fear is brought in here to account for his lack of challenge. But again, this is downplayed - not *"I was really scared"*, or *"I was frightened of him"*, but *"the issue was fear"* Continuing from the last quote, he says :

*"I was very frightened that this man would use his power against me by stopping me developing my work along the lines I wanted. Again, I don't think I would have been able to cope with criticism of my work."*

This at least does add some ownership to the emotion. Clearly from this, he identifies the manager as having power, but not only is he identifying a fear that the manager would *"use his power against me"*, he is also acknowledging or



predicting the effect this would have : *"I don't think I would have been able to cope with criticism of my work."* In other words, the object of his fear is not so much fear that the manager would (try to) stop him, but fear that he wouldn't be able to respond - to argue his case - a fear that he would be powerless - a fear of losing control - of being controlled. However, he doesn't go into this - he doesn't say why he thinks he wouldn't be able to cope with such criticism although the rest of the paragraph works up to an explanation. Neither does he say anything about what 'not coping' would be like for him. Instead, he returns to the theme of assurity and insecurity, and frames (by the repeat of the word *"Again...."*) the issues about fear of the manager's power and his inability to cope with criticism, within this theme :

*"Again, I was not dealing with the opposing senses of assurity and insecurity. I suppose I was developing a headstrong committed belief in the rightness of my work whilst recognising but not addressing a very deep insecurity that it could be criticised. For instance, I would place supreme efforts into setting up a project - forging my own way -determined to make it work even if I still had questions about its rationale."*

The meaning of the term *was not dealing with* isn't clear. Was he at the time even recognising these 'senses', let alone not dealing with them? Clearly there is a possibility he was not recognising them then, but he does not say so now. In a similar vein, the term : *"I suppose I was ...."* is a retrospective reflection - (it compares with the use of *"I think"*, in the first paragraph) - so presumably at the time he may not have construed his actions in this way. But he doesn't say. The point here is the nature of the constructions he is using now to account for his experiences then : *"the opposing senses of assurity and insecurity"* These are abstract notions and either avoid or are (perhaps more accurately) being used to avoid a) any detail about the experiences then, or b) the fact that he doesn't recall / or didn't notice at the time, the detail of his experiences then. The second of these fits in with the 'not noticing / not witnessing' theme from above. The use of *"I suppose .."* could be another pointer to his 'not noticing' things at the time. It is also very weak - not a forceful admission. He could have said "I didn't notice it then but now I realise that ....." instead of *"I suppose....."*. But there are two 'not noticing' going on here - not noticing *then*, and not noticing *now* that he didn't notice things then.

The term *"headstrong committed belief in the rightness of my work"* repeats the theme of 'resolve' as does *"place supreme efforts"* and *"forging my own way"*. But he is saying that this 'resolve' is developing *"whilst recognising but not addressing a very deep insecurity that it could be criticised"* Here at least then, he is claiming that at the time he did notice something, that is, *"a very deep insecurity"*. So it is not so much another case of 'not noticing' but of 'noticing the insecurity but not addressing it'. He doesn't say anything more about this - for example, how he felt about the insecurity; or why he was *"not addressing"* this; or whether he was even aware at the time that he wasn't dealing with it. Perhaps



the first two of these examples make the third more probable, that is, that he is not aware of his not addressing - not aware of what his own lack of response-ability was in reaction to the insecurity he felt.

Going back to the two uses of the word "again" in *"Again, I don't think I would have been able to cope with criticism of my work."* and *"Again, I was not dealing with the opposing senses of assurity and insecurity"* - is he inadvertently conveying here some sense of inevitability? More overtly, the use of this construction is to account for or at least link the criticism of his work with *"the opposing senses of assurity and insecurity"*. He seems to acknowledge that there is something else at work because he goes on to say:

*"Indeed, in hindsight, I would criticise much of the work and I can now accept that this headstrong submersion was being driven by a need for achievement and significance..."*

This is a more positive force at work than the fear / insecurity theme mentioned so far, and also more positive than the 'isolationist - resolve' theme. And he is constructing an explanation / reframing his fear of criticism and his arrogant resolve as need for achievement

*"that had been cut off twice in recent years - once when I left industry, and once before when I left teaching - both occasions leaving behind something that I was good at and defined who I was. I needed to believe I was right."*

This gives an historical dimension that has not been mentioned thus far. The term *"cut off twice"* is very strong, descriptive, but also externalising as if he was not responsible for these endings. Coupled with the luke warm reasons given about joining the profession at the start of paragraph one, this possibility - that he had left these jobs against his own freewill - or as if someone else had the power in the decision - could be relevant. He talks about leaving *"something that I was good at and defined who I was."* and this mirrors his *"need for achievement and significance..."* But the first could be seen as simply a personal, subjective judgement, whereas the second may point to the judgement of others - a more objective assessment. 'Achievement' and 'significance' are both personal judgements yet they are set in a social framework, requiring of some external viewpoint whether delivered directly or not. It is not clear whether it is the internal or the external judgements of success/achievement and significance that he wants. In what follows, the next sentence points more towards a need for an internal, subjective favourable judgement.

*"I needed to believe I was right. But then, any management criticism would only serve to steel my resolve - if he could find fault, then his judgement about this,*



*like it is about everything is wrong, therefore I'm right. It was very important for me not to be criticised by someone for whom I had no respect."*

The rejection of management criticism also blocks the door to any external validation of achievement and significance, so again, it looks as if the internal subjective assessment is the one that counts. The use of *"It was very important for me not to be criticised by someone for whom I had no respect."* Clearly shows that he is only going to accept external judgements about achievement and significance on his own terms. The 'isolationist - resolve' theme backs this up. However, he leaves this statement in mid-air and doesn't say at this stage why his need has arisen to respect people in order to be able to acknowledge their criticisms.

### **Summary of paragraph 2**

In this second paragraph we see the 'isolationist resolve' theme emerging - his mind being made up about 'unwarranted interference'. Early in the paragraph we are left with only a partial account of where this resolve is being driven from, and how it squares with the 'insecurity' theme introduced in paragraph 1. A pointer to a need for achievement and significance being met by this 'isolationist resolve' is introduced, and so too possibly is a new object of his fear - a fear that he would be powerless - a fear of losing control - of being controlled. The 'not-noticing' theme surfaces again but this time, we see a different aspect - i.e.. not noticing something about himself at the time. The possibilities that this 'not-noticing' is because he is escaping responsibility, or that he has no response-ability are raised.

In the third and final paragraph, he recalls a time after he had moved to a new job :

*"As the months past after moving jobs I would remember things that had happened and be surprised at how bad they had been - not the trauma of the disciplinary - but before then; not seeing what was going on, and not seeing that I was dealing with things in ways that belittled the situation, minimised or denied its negative effects, and disempowered me in the process. In my new job, I found that details that had been pushed to the back somewhere suddenly resurfaced saying something about how bad it was but being pushed back or shrugged off as if I didn't want to look too closely; as if I didn't want to notice anything about me in the situation. It was all about what a bastard he had been.*

Again, the 'not-noticing' theme is there in both forms : the not seeing what was going on, and the not seeing how he was dealing with the situation. However, the rest of the paragraph raises the possibility that this 'not-noticing' is not simply



a neutral, passive characteristic. The term "*belittled the situation*" suggests something more like 'minimising' - more like an active process. And also, the word "*belittled*" suggests it has an evaluative aspect as well. In the same sentence, "*minimised or denied its negative effects*" suggests he is only now aware that at the time he was minimising or denying *negative* effects, not positive ones. So is the minimising only selective? The consistency of the 'not noticing' theme perhaps suggests that he was minimising the positive as well - a more general pattern of minimising. Further on, the phrase "*details that had been pushed to the back somewhere suddenly resurfaced*" echo the absence of detail noted from first paragraph. But more than this, the phrase "*pushed to the back*" perhaps reframes his 'not noticing' as a fairly intentional act - not simply an absence, or being an unobservant participant. Does this mark a pattern of a more active denial of detail and of his own actions at the time - a denial of responsibility to avoid his lack of response-ability? The use of *minimised or denied* would imply this. The phrase "*shrugged off as if I didn't want to look too closely; as if I didn't want to notice anything about me in the situation.*" is also suggestive of an active, purposive process - similar to how phrases in the first paragraph were purposefully constructed to create a minimalist conceptual picture absent of relevant detail. The isolationist - resolve theme in paragraph two is also suggestive of purposive behaviour. The final sentence repeats the links with externalising / personalising seen in paragraph two.

### Summary of paragraph 3

In the third paragraph, the 'not-noticing' theme repeats but this time as something more than a passive, neutral process of unattending. A fairly general, active and evaluative form of 'not noticing' is emerging.

**In summary**, we see that there are deep and often conflicting emotions in the writing and **fear** is clearly a major emotion coming throughout the discourse. Yet the tone of the writing conveys a distant, cool detachment. The tone and the content are discordant, incongruent, as if he has chosen a way of portraying the content at a level he can deal with - with **detachment, at a distance, impersonally**. This mirrors the detached, depersonalised behaviour shown in the text. The text is full of instances where he is 'not-noticing' what is going on, where he lacks awareness and insight. As if he is not aware what is going on because he is not **attached** to what is going on. He shows that he does not deal with issues and this is because his 'not-noticing' is a strategy of **repression** that he has developed for 'not-noticing' they exist. The closest he gets to personalising behaviour is through **arrogance** and **projection**. Taking these in turn, he is arrogant about his work - he resolves upon activity and behaviour in an arrogant way which is blinkered, isolationist and which actively, purposively minimises and denies detail. The arrogance and all the dis-attachment that goes along with it are strategies for **denial**. Another strategy seems to be **projection**, that is, the projection of his responsibility for events onto others. He **externalises** responsibility, agency and control by locating these things with others. He projects onto others what he denies for himself. The very mechanistic language adds to this sense of projection and externalisation of control as well as his general lack of agency in dealing with situations and people. A significant



example of this mechanistic language is the term 'driven'. He is **driven** so that as a result, he denies agency and attachment and he externalises control and responsibility. And he seems to be driven by both fear and need : by **fear**, particularly fear of criticism, and a **need** for a subjective, internal belief that he is achieving and significant. His actions are measured and purposeful in response - in avoiding the fear and meeting the need. The arrogance, denial and isolationist strategies seem to be there, - as is his avoidance of feedback and criticism - to avoid any possibility arising that achievement or significance were not in reality being attained. The projection strategies seem to be there to absolve him of any responsibility – any blame - if achievement or significance are not attained.

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## Appendix 2 – the ‘managing’ paper 2 analysis - summary

In summary, in terms of style and structure, he now introduces the terms without hesitation - terms that have been ‘bubbling under’ the previous part of the text are now brought in with an emphatic construction repeating the formula used in “*Authority and power*”, “*Victim and power*” and “*Distrust and fear*.” There are other powerful lines such as “*(it) feels more like internalising worthlessness*” which is strongly emotive - but only in an abstract way and again, the writing is a depersonalised, mechanistic construction performed in hushed and neutral tones. The mechanistic theme continues and the imagery repeats earlier references to weight, being put down, and other mechanistic references in the *Journey* paper. His writing is predominated by abstraction. He doesn’t go further to explore these links. Instead, he moves off tangentially - an avoidance. In this discourse, there are a number of points which fit in with themes emerging from discourse 1. These are the use of **mechanistic metaphors** such as “- *an abrasiveness, a defensiveness, a distancing*” which echo themes identified in Discourse 1. Also, the notion of **avoidance** which, although not mentioned specifically in Discourse 1, could be seen in his avoidance of detail, not asking for feedback, not wanting to find out from colleagues how they were feeling etc. The **projection / externalising control theme**, is here very strongly, as is his reference about “*being a victim*”, which echo a reference in discourse 1 but which, even in the current discourse, he moves tangentially away from this theme. Also, the reference to **fear and the fear of criticism** returns, as well as issues to do with the **projection of responsibility** onto authority. Finally, he is again using the text as a medium to ‘**work issues through**’, as he did earlier in the first discourse. And in addition, we see some new points emerging from discourse 2. Firstly, we see a **tendency or willingness to question**. A range of questions are used in the text pointing to or identifying uncertainty, and posed in such a way as to represent attempts to seek answers. So there appears to be a new willingness (at least in the context of writing the discourse) to confront difficulty and tension. However, this needs to be set against the reluctance / avoidance identified in the opening sentences which themselves echo strong themes emerging from the first discourse and the journey paper. Secondly, we see a **range of tensions or contradictions** for example, between the need for the respect and approval that authority can confer, and his tendency to avoid authority - perhaps as a defence against approval being denied. There are **evidence of uncertainties** such as examples of both awareness and confusion; as much uncertainty as realisation; a hope that something is true, rather than a firm conviction. Also, there is a **need for closeness** to, and respect and feedback from authority implicit in the text such as the need not to “*feel foolish*” which were seen in Discourse 1. But of course, in both discourses he writes about instances where he denies opportunity for his need for favourable opinion to be met. Another new theme is that of **blaming** which is repeated on several occasions. for example “*blamed her for this*” (which is also of course another projection). In one place he is implying here - but not openly admitting - that he feels it was his mother who was responsible for his “*being kept down - being put down*”. Thus he seems content to imply blame but is not responsible enough to



admit he holds it or to direct it overtly. Also, this points to his mother's influence is important in understanding these issues. Another new aspect is **using the text** in a way to create an illusion. It is as if he is using the term "I let myself" to create an illusion that he is a) realising that he has behaved in certain ways to 'become' depowered and b) that he has chosen or allowed this behaviour to happen. The illusion serves to locate responsibility with him, yet in fact, the use of "*become depowered by H.*", clearly shows he still locates the responsibility with the other person. Although he doesn't use the term in the discourse, there are a number of places in the writing where the notion of a '**script**' might be useful in the analysis. One examples is "*the more empowered I let myself be*" which is as if he is saying 'I am like this but I behave like that' - as if he is admitting he is not being genuine - as if he is following a script rather than acting out his own. rather than ad lib , rather than taking responsibility. And it is a script he doesn't want to follow. Another example is his talk about "*learning to be a victim*" which may imply an even more firmly established way of being that perhaps he doesn't acknowledge, and which again could be thought of as script-following behaviour. At another point he talks about "*the responsibility is met - the action complete - I carry it off*" and the idea of following a script would again make sense here - he follows the script through, acts it out ("*the action complete*") , but then has no ability ("*panic*") when the lines run out. But although he seems to be acknowledging that there are various scripts at work in his behaviour, he does not recognise their status **as scripts**. Finally, there are a number of examples in the text where the themes seem to mirror other themes from elsewhere in the text or from the first discourse. For example, "*want to be small*" and "*not wanting to be seen*" relates perhaps to his reference to his "belittling" people and situations in Discourse 1. Similarly the "*not wanting to be seen*" may relate to the "not seeing / not noticing" theme identified in Discourse 1. Also, themes relating to his actions with others such as avoidance, depersonalisation and distance can be seen to mirror themes relating to himself such as denial, mechanistic thinking and unawareness. And his reference to climbing mirrors his writing : he moves between his abstract and emphatic anchorages sometimes following a given line but without much faith in its outcome, sometimes without even awareness of the line being taken, or the features on the way, sometimes going off tangentially.

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## Appendix 3 - Some Assumptions About the Nature of Attitudes

When research is constructed in terms of questions about people's attitudes, a number of assumptions are being made about what attitudes are and how it is possible to gain information about them. For example, in research aimed at finding out what people think about risk and how risk is significant (or not) in their lives, it would not be uncommon to develop research tools to ask questions about people's 'attitudes to risk'. Similarly, we could construct research into people's 'attitudes to their job', or 'attitudes to health promotion' etc. In posing such questions, the following assumptions about the nature of 'attitudes' seem to be made:

- that people do have attitudes and beliefs about risk (their job, health promotion, and other things).
- that these attitudes and beliefs remain fairly constant or stable irrespective of the situation people are in.
- what people tell a researcher (through an interview or questionnaire etc.) is some form of accurate, reliable representation, copy or recording of the attitude or belief that is assumed to exist.
- these attitudes and beliefs are pre-formed and pre-exist activity or behaviour in any given situation; they prefigure and predetermine this behaviour; behaviour is in some sense driven by these attitudes.

All these assumptions can be questioned. They are all based on philosophical positions variously known as positivism (of different types), scientism, naturalism or empiricism. Although I do not wish to imply unanimity between these concepts, I have used 'positivism' as generic term in what follows, in order to point out some of the main shared features of these various positions.

### **Positivist Assumptions on Researching Attitudes**

Positivism is a fairly long established, traditional philosophical position in which almost all mainstream science is located. The main assumption about the world that are held by positivists are:

- a. there is a single, objective, existing reality that exists independently of any observer and is 'out there' waiting to be discovered; this is a realist view when thinking about the physical world, and also an idealist view when talking about people and the social world. The assumption that attitudes and beliefs pre-exist behaviour is an idealist assumption.



- b. knowledge can be gained about this single, existing reality by the strict separation of the object of research from the researcher. This dualism is maintained by various methodological techniques in the belief that it is possible - in theory at least - to conduct an objective inquiry uncontaminated by the value system of the researcher.
- c. The most appropriate and trustworthy way of maintaining this subject – object dualism is to reduce the aspect of reality to be examined into clearly defined variables. These variables are assumed to be context-free to the extent that they are uncontaminated by any other variable except those included in the research. Hence the ideal research design in this positivist view is an experimental one which keeps all the factors in a situation constant except two: one that is manipulated (the independent variable) and one that is thought will change due to the manipulation (the dependant variable).

These three main assumptions can be summarised on the table below under the headings of ontology (assumption a); epistemology (assumption b); and methodology (assumption c).

Table a1: Comparing Positivist and Social Constructionist Paradigms		
	<b><i>Conventional (or Positivist) Paradigm</i></b>  <b><i>(e.g. most quantitative work)</i></b>	<b><i>Social Constructionist Paradigm</i></b>  <b><i>(e.g. most qualitative work)</i></b>
<b>Ontology</b>	single reality universal truths cause - effect	multiple realities local and specific truths
<b>Epistemology</b>	subject-object dualism value-free inquiry	subject and object interrelated creation of inquiry process
<b>Methodology</b>	hypothesis testing context-free variables	hermeneutic and dialectic interaction and synthesis

(from Labonte and Robertson 1996)

(Note : although this two - paradigm analysis does account for a number of fundamental distinctions in research, I do not think they account for them all. In particular given that the focus is on knowledge, it says nothing about values i.e. the values about research that

the researcher brings to it. This seems to me to be too important to leave out and I need to return to this in later chapters.)

I think we do need to be aware of how deep seated some of these philosophical assumptions can be. It is certainly not a case of 'choosing' one paradigm for one research purpose, and another paradigm for something else. Rather than 'choice' it seems to be more like the beliefs researchers hold and enact about how things are or should be. There is an ethical point to this: in doing research, we are all doing our best within whichever 'paradigm', 'mindset' or 'philosophy' we hold and these basic ideas are sedimented into us through socialisation processes just like everyone else. Everyone can get stuck into their own way of looking at the world and it's not necessarily their fault that they see things as they do. So it is no use thinking that differences and disagreements are really there because of 'a clash of personalities'. What we all need to do is to look beyond this level to try to understand where 'people are coming from' rather than to reject both them and their way of seeing things out of hand. It seems clear then, that everyone involved in research needs to be aware of which philosophical paradigm their theories and practice are based on, and whether any inconsistencies (e.g., use of qualitative methods in a rigid positivistic ontology) are acceptable or problematic. Here again then, there is a need for reflexivity in all research.

There is though an alternative orientation to these observations. Rather than thinking of these different paradigms psychologically as 'deep seated assumptions', we could view each paradigm as a discourse, to use Foucault's term. On this view the positivist paradigm can be seen as the dominant discourse with the social constructionist paradigm seen as marginalised discourse competing for what Gergen would call 'voice'. And within this account, it is not an impossibility for people to 'be in two minds' about these paradigms and be able to converse and construct their accounts out of each discourse. These general issues about discourse are returned to later in this section, and the specific issue of competing discourses about ontological paradigms returned to in a later chapter.

### **Social Constructionist Assumptions on Researching Attitudes**

As can be seen from table a1, the positivist paradigm on the left has been compared with the social constructionist paradigm on the right. On the social constructionist view a completely different set of ontological, epistemological and methodological assumptions are made:

- a. There is no one single reality. Rather there are multiple realities. The reality of a situation as I see it and experience it will necessarily be different from the reality of the 'same' situation seen and experienced by you. This is because our backgrounds, experience, theories, principles, emotions, perceptions etc. are unique to ourselves. Although we share some features of experience (as we must if we are ever communicate about it), the



experience of reality will be different sometimes majorly, sometime only subtlety.

b. Because the nature of an experience is fundamentally dependant upon who is having the experience, the subject and the object are inextricably interrelated. Instead of inquiry ever being able to be value free, any inquiry will necessarily be coloured by the values of the researcher. The task then is not to sanitise researcher values from having an impact on the researcher but to be clear and open about what these values are, and also to be clear and open about their likely impact on the research. This idea was introduced in chapter 2. The researcher does not claim to be able to take data from a situation without impacting upon it. Rather the researcher creates a specific research situation (by her choice of methods, tools etc. and the way these are applied). On this view the product of the research is not seen as an objective copy of an independent reality, but as a construction of a particular and specific version of reality.

c. Given the above, the task of research is seen as the creation or interpretation of the meaning of that reality by those who are involved. This includes both the research and the researcher. The outcome of the research is seen as a negotiated product (a dialectic) produced by synthesising a range of interacting data sources.

## Appendix 4 – Philosophical origins of social constructionism

Social constructionist arguments although recent are not new and I feel it important to locate the origins of social constructionist thinking to earlier philosophical developments, particularly the work of Wittgenstein and later 'ordinary language' philosophers such as Ryle and Winch. This is because, as Trigg points out "the work of the later Wittgenstein has had a vast influence in the field of social science" (Trigg, p209) – an influence though that with the exception of the work of Trigg and Shotter, seems to have gone rather unnoticed in contemporary social science writing.

So in relation to words like 'love' and 'hate' which, in the common sense view, seem to be referring to some private entity, Ryle (1949) has argued that terms like 'I hate' are not used to give the listener facts about the speaker, nor are they based on self observation of inner states. "Rather, they are part of the behaviour characteristic of being in that state" (Passmore, 1978,p593). Ryle here is following Wittgenstein who discusses the issue using the example of pain. Even if someone no longer cries and moans as would a child but instead says 'I am in pain', this simply replaces the crying and moaning, it is just another variety of pain-behaviour. As Passmore notes, "certainly we cannot presume that whoever makes such an assertion must be 'describing a state of mind'" (Passmore, 1957, p432). Wittgenstein makes a similar point about 'intelligence' that this, like many psychological words do not name private, inner experiences, but act "merely as a handy abbreviation for a family of propositions.....the function of the word 'intelligence' is to describe human behaviour, not to name an entity". (Passmore, 1957, p445). This shift of emphasis from a verb to a noun (from an action to an object) serves to make possible the idea that emotions and other 'hidden' personality 'variables' are in some sense precursors to our behaviour (point c)). But as Ryle (1949) has put it, there is no logical need to rely on such 'ghosts in the machine' for our explanations of human behaviour.

Regarding the last point above (point d)), Burr argues that there is widespread recognition that we are not as coherent and congruent as the common sense view of personality holds. If we can 'be in two minds' it is at least possible that each of these 'minds' will not be in agreement or congruency with the other. With its emphasis on reductionist methodology, and essentialist concepts like 'attitude', psychology does all it can to iron out such variability to the exclusion of much that is interesting and perplexing about human life. And Burr points out that even psychology has "found it necessary to come up with hypothetical structures and processes (e.g. role conflict, denial, cognitive dissonance and so on) precisely because our experience of ourselves and each other is just the opposite of coherent." (Burr, 1995, p26). These 'hypothetical structures' are clearly designed to help account for such 'variations', but (probably) more importantly, to mark them as 'aberrations' and 'disfunctions' thereby helping to maintain and perpetuate the common sense 'norm.'



## Appendix 5 – The philosophy of language

In his 'Philosophical Investigations' Wittgenstein argued that words compared more to tools than to labels in that "the functions of words are as diverse as the functions of these objects" (Wittgenstein, 1958 # 8). So rather than words having specific meanings, almost as some people have very specific professions, we should think of words as workers "with a variety of jobs, but no rigidly defined responsibilities." (Passmore, 1957, p425). The reason for this is that the meaning of words cannot be separated from the uses to which they are put and he used the term 'language – game' to describe this: "I shall also call the whole, consisting of language and the actions into which it is woven, the 'language-game'" (Wittgenstein, 1958 # 7). In other words, in different contexts, different words do different jobs and hence create different meanings. Woolgarth terms this feature of language 'indexicality' (Woolgarth 1988) which means that meaning alters with the context of their use. As Potter and Wetherall put it, "The vast majority of expressions are indexical. That is, their sense and reference are settled by looking at features of their context or occasions of use" (1987 p23).

Given this, Wittgenstein recommends that in dealing with philosophical problems, these are solved, "not by giving new information, but by arranging what we have always known" (Wittgenstein, 1958 #116). On this view, philosophy "explains nothing, analyses nothing – it simply describes" (Passmore, 1957, p426). So, when striving after 'the' meaning of a word, "one must always ask oneself : is the word ever actually used in this way in the language-game which is its original home? What we do is to bring words back from their metaphysical to their everyday use" (Wittgenstein, 1958 #109), something he elsewhere termed as "going back to the rough ground."

Hence, the Wittgensteinian position later adopted within the social constructionist view is that words serve specific **functions**. And the task of a researcher sharing these social constructionist views is to help interpret language to show the uses to which it is being put - to help show what is being built up by the language, or what is going on in the language-game being investigated. These are not easy positions to grasp but they illustrate what Potter and Wetherell describe as "perhaps the first successful step in discourse analysis, the suspension of belief in what one normally takes for granted as we begin to think about how a practice is constructed and what it assumes rather than seeing it as a mere reflection of an unproblematic reality." (1987, p xx)

As we have seen, the idea of language as names reflects such an unproblematic view. But for Wittgenstein, 'naming' is one of a number of possible language-games. Instead of our experience being 'named' and described by language, the social constructionist view is that "language itself provides us with a way of structuring our experience of ourselves and the world, and that the concepts we use do not pre-date our language but are made possible by it." (Burr, 1995, p33) The example given is that it is now very hard to think of people in ways that avoid the mind-body split introduced by Descarte. Just because we find it

hard to think of an alternative to this dominant conceptualisation does not mean that an alternative conceptualisation could have endured (as it has done in eastern cultures, for example). This relation between the structure of our language and how we use it to construe and structure our experience is pointed out by Saussure (1974) in his theory of structural linguistics. Improvements to his thinking which take into account how the meanings of words change over time, and also Wittgenstein's point about words (signifiers) having a number of possible meanings have created a *poststructuralist* account which has "an insistence upon the shifting, transitory and contestable nature of the meaning of language, and therefore of our experience and identity" (Burr 1995, p44)



## Appendix 6 – Mead and reflexivity in psychology

One of the earliest calls for some form of reflection in psychology came from GH Mead. Mead's conception of 'reflective intelligence' was an "essentially problem-solving", pragmatist one - (Reck, 1964, pxxiii). Baldwin notes that "when socially living humans began to use arbitrary symbols for communication and originated early languages, they created tools that made possible the emergence of one of the most advanced levels of consciousness and intelligence, which Mead described as "reflective intelligence"" (Baldwin, 1986, p16) This reflective intelligence was for Mead clearly social in origin - an 'inner conversation' as Mead called it made possible through the socialisation of individuals into social language systems: "This mental process then, is one that has evolved in the social process of which it is a part" (Mead, 1936, p381). For Mead, this socialisation is not the same as blind habit: "social control from the 'me' does not operate via unthinking obedience to society. People know their duties and their rights and use reflective intelligence to select the best path of action, as they see it from their particular perspective on the social process." (Baldwin, 1986, p119) This makes the important claim that people are reflective beings - the significance of which is returned to below.

This reflective intelligence is also "much more efficient than the trial-and-error behaviour seen in lower species" (ibid) and for Mead, its fullest development is to be found in the scientific method, which is "a technique which is simply doing consciously what takes place naturally in the evolution of (life) forms" (Mead, 1936 p371) and hence, "Reflective consciousness....puts our own thought and endeavor into the very process of evolution" (Mead 1899 p5) This emphasis on evolution arises out of Mead's criticisms of dualism : "evolution provided a means for unifying mind and body" (Baldwin, 1986, p33)

Mead's espousing of the scientific method in general unsurprisingly encompasses the espousal of scientific method in psychology. According to Baldwin, this is call for "an objective, scientific approach to human conduct, placing humans *in* nature rather than above nature", (1986, p46) was part of Mead's search for a unified theory and his rejection of "introspective psychologies favored by dualistic thinkers". (ibid) This reflects an overall approach "from the outside to the inside focusing at a much more sociological level than the individualistic and introspective psychologies that assume the primacy of the mind and undervalue the importance of social experience for the development of verbal and mental processes." (Baldwin, 1986 p48)

Mead's rejection of dualism and introspection is important because at first sight it stands at odds with his call for reflexivity - or at least the sort of reflexivity having an introspective base. The rejection of introspection is because it leads to solipsism, and because introspection as a process to produce knowledge is treated as unproblematic and is not itself called into question. By the idealist

philosophers that espouse it, it is held outside and immune from those aspects of reality being investigated. For Mead this was unacceptable for he wanted to bring about a unified worldview, rather than maintain a dualistic one : "it is not justifiable to demand of psychology that it regard all sensuous objects as psychical because analysis has shown them not to be objective, while in the same experience other sensuous objects are necessarily regarded as objective." (in Reck, 1964 p35)

The rejection of dualism was because it led to solipsism, and because it left the study of consciousness outside objective, scientific method : "Once mind is returned to its rightful place in the body (which in turn is located in its social and physical environment), it is clear that it can be studied naturalistically, using the objective methods of the natural sciences" (Mead, 1936) He feels that "It is certainly curious that, while the long struggle of modern reflection has brought the world of knowledge into the experience of the self, the theory of the peculiar experience of that self should have no place in the doctrine of reflection." (ibid) So Mead is calling for the inclusion of 'peculiar experiences of the self' within the realm of objective study undertaken by the application of 'reflective intelligence' as described above. So reflexivity for Mead was a call for inclusivity, as well as a view that 'reflective intelligence' was of prime importance in the methods of such an inclusive study.



## Appendix 7 – Reflexivity implications for the research

On the fairly limited version of reflexivity implications include reflection on questions like :

- Who owns the research
- What is its purpose
- What is the researcher's agenda
- What is in it for me
- Who gets to see the research product
- What responsibility for dissemination does the researcher have?

Regarding the second type of reflexivity involving ontological, epistemological and methodological assumptions about people and the psychological and social realities they inhabit, implications include reflection on questions like :

- Which ontology dictates the focus of the research
- Which epistemology dictates its scope
- Which methodology dictates its process
- Who controls it and agrees the rules
- Who chooses who to research, and what is their role in the research
- What assumptions are being made about the impact of the researcher on the research
- What sort of actions are taken on this
- What is the methodological and ethical relationship between the researcher and the researched ?

Regarding the third aspect of reflexivity, that is, reflexivity in everyday talk, implications include reflection on questions like :

- What assumptions about being human are being made
- Are individuals seen as autonomous selves or social beings
- What (if any) is the place of autonomy and agency within a social constructionist account
- What is being assumed about the nature of things like attitudes, beliefs, behaviours, talk

- Is language used as a description of these things, or is it actively constructing an account?

Regarding the fourth form of reflexivity, namely the use of the social scientist as his or her own source of data. implications questions like:

- What data should I continue to collect about myself
- What form should this take
- How should it be shared/communicated/analysed
- How significant should this source of data be compared with other sources in the research
- How should it be integrated with other data sources?



## Appendix 8 – A Research Project into the Management of Specialist Health Promotion Services.

I am interested in the experiences that health promotion specialists are having of 'being managed'. This includes not just experiences to do with immediate line management, but also how specialists are managed within their organisation, and within the current public health policy environment. As well as health promotion specialists, it could also include health promotion managers' experiences of 'being managed'.

The immediate purpose of the research will be as part of my PhD studies. However, I imagine there will be a range of benefits to the individuals, health promotion departments and organisations taking part. Individuals would gain a better understanding of management processes and how they react to these; they could also gain a better understanding of where each other are coming from on a range of issues that have to be managed in the department; the health promotion department could gain from a greater awareness of the problems being faced by those doing the managing and the individuals being managed; organisations could gain an insight into their conventions and culture, and how health promotion fits into these (or not!). I would also hope that the research would inform the current debate on specialists in public health.

I am looking for two health promotion departments who would be willing to take part in the research. It would be important that all the department and the employing organisation are in agreement for it to go ahead although nobody would be forced to take part. Those invited to participate in the research would be health promotion specialists, health promotion managers, the line manager(s) of the health promotion manager and maybe other people in the organisation with a responsibility for monitoring, evaluation or strategic direction of specialist health promotion services. Ideally, those taking part would form a 'research partnership' and be involved in helping to analyse and interpret the information and to decide how the results of the research can be made best use of.

The research is being supervised by Professor Jane Springett and will be based on methodology that has been developed and tested by Ron Labonte. This involves creating a structured process to enable each participant in the research to tell his or her stories about being managed in an open, non-judgmental way. Once the initial data has been collected, it is hoped that a research partnership can be formed which will be involved in further analysis, interpretation and dissemination. Obviously, the ethics of this research is of paramount importance and all participants and their contributions will be anonymised or aggregated. The only instance where this may not be the case would be if an individual agreed to their contribution being made more publicly available. Written groundrules will be negotiated and agreed prior to commencement.

It may be possible to use the research as part of (or a trigger for) team building work in your department, especially if you are involved in a merger or other re-

organisation. Aside from the actual research, I would be very willing to help facilitate such a process. Obviously, time commitment is a key consideration. This will depend to an extent on the size of the department and how many staff want to take part (and to what extent). Initially however, Labonte uses a two-day event as the main data-gathering tool. There may then be follow up meetings and interviews which may not involve all the department.

For more information, please contact me on 0121 331 5497 or [glenn.macdonald@uce.ac.uk](mailto:glenn.macdonald@uce.ac.uk)

Glenn MacDonald, School of Health and Policy Studies, UCE



## Appendix 9 - An analysis of 15 qualitative methods

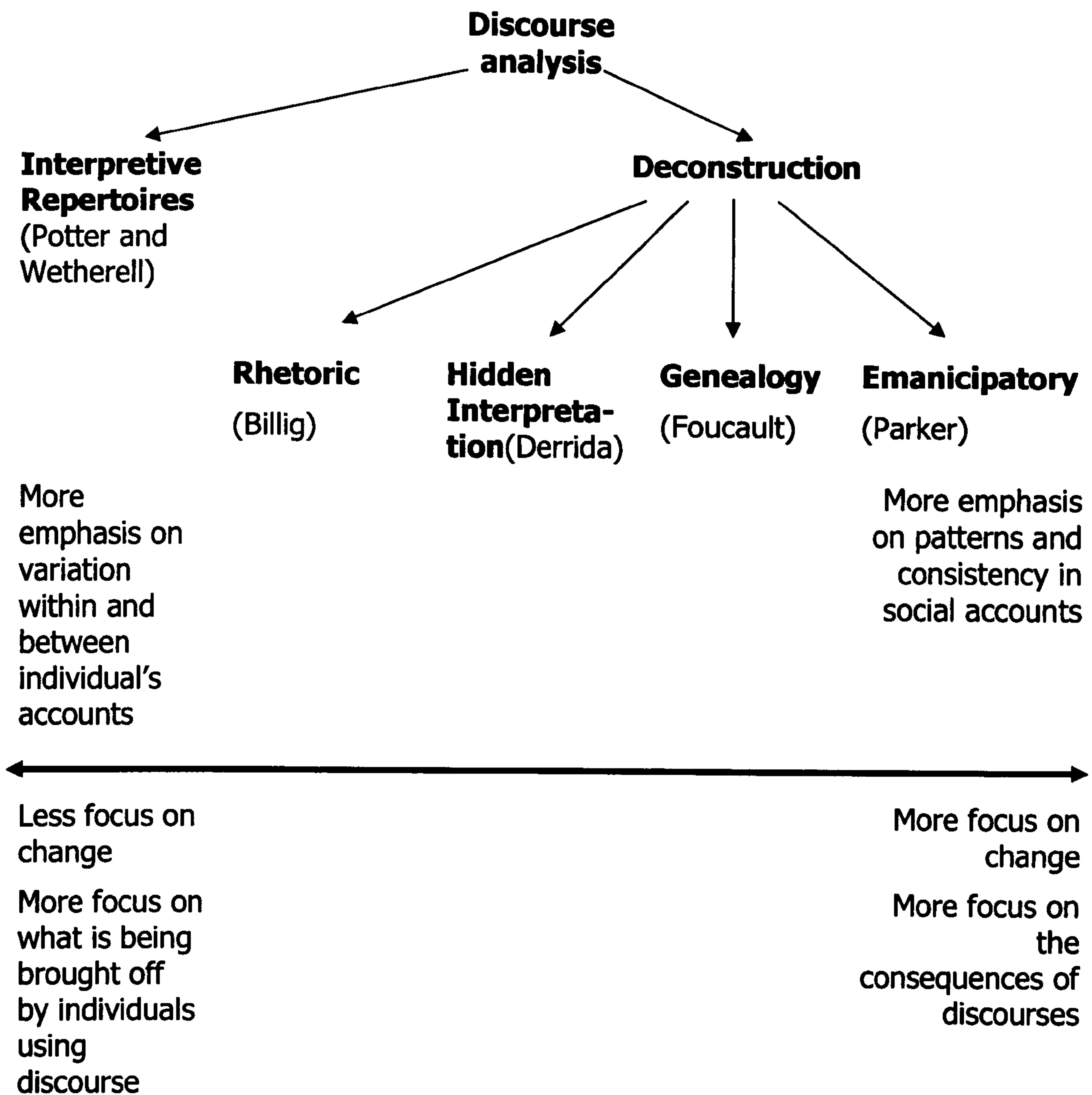
To provide some structure for this discussion, I will use Tesch's classification.

### Research methods focused on the characteristics of language

These include Content Analysis, Discourse Analysis, Ethnoscience, Symbolic Interactionism and Ethnomethodology. (Some would argue that the latter two are not methods as such but as theoretical perspectives or analytic traditions. However, I think the sense of 'method' used by Tesch is broad enough to subsume such niceties of distinction). Of these methods, the first two have a focus on language as communication. **Content Analysis** has a reasonably long tradition and focuses on the *content* of communication by observing the frequency with which terms are used but including the "categorisation of words and phrase according to their meaning, the determination of word usage through content extraction, and even the limited use of artificial intelligence" (Tesch, 1990, p26). This method assumes though that words and phrases do have a meaning and has been argued in chapter 3, multiple meanings of similar terms can occur in texts which simply categorising or counting will not uncover. In contrast, Potter and Wetherell in their championing of **Discourse Analysis** argue that analysis of texts needs to focus on the process of the communication, i.e. what people are doing with the texts that they construct. They argue that social scientists should not be concerned with meaning, either in individual (phenomenological) terms or in social (ethnographic) terms, but with the various moves that people make in the language they use. This has been referred to as the 'death of the author' because pieces of texts are manifestations of the prevailing and available discourses and *these* should be the focus of our investigations, not the individual 'author' or user of these discourses. "We should not be tempted to look inside the heads of particular individuals for their origin" (Burr, 1995, p171). Parker calls discourses 'trans-individual' (Parker, 1992). Potter and Wetherell (1987) use the term 'interpretive repertoires' rather than 'discourse' in an attempt to underline the importance of the 'prevailing and available discourses', rather than anything to do with the phenomenology of individual speakers.

However, this attention to discourses as functional moves in language is not consistent amongst all who use or support discourse analysis. As Silverman notes, discourse analysis describes a heterogenous range of social science research (Silverman, 1993, p120) and this is to some extent at odds with Tesch's location of discourse analysis as having a unified focus of the process of communication. This range can be illustrated as figure 4.

Figure a1: forms of discourse analysis



As opposed to the identification of discourses as functional moves drawing from a stock of repertoires, the 'deconstruction' group focus on the identification or revealing of how particular versions or constructions of reality are located in and perpetuated by certain (often dominant) pieces of discourse. For example, Billig (1987) sees accounts people give as being largely constructed using rhetorical devices. Such accounts "are suffused with our attempts to persuade each other of the power of our arguments" (Burr, 1995, p165) and a deconstruction of such accounts would be to reveal the powers (and rhetorical devices) of persuasion at work. By 'rhetoric' here, Billig is not using the usual pejorative sense of the term except insofar as certain forms of rhetoric, embedded in discourse could be revealed to be fulfilling some persuasive purpose that the listener had hitherto been unaware of. A discourse analysis focusing on rhetoric is an analysis which "explores the meaning of a piece of discourse by locating that discourse within its context of controversy" (Billig, 1990, p52).



For Derrida (1974), the deconstruction in discourse analysis aims not to point out rhetorical devices used in argument but “how texts contain ‘hidden’ internal contradictions, and by making the absent or repressed meanings present for the reader, showing how we are led by the text into accepting the assumptions it contains.” (Burr, 1995, p165) Burr reports Squire’s example of the deconstruction of psychology texts to show how the passive language of research reports obscures the activity of the researcher. (Squire, 1990).

The third form of deconstruction within discourse analysis stems from Foucault’s (1972) notion of ‘genealogy’ which “concerns itself with tracing the development of present ways of understanding, of current discourses and representations of people and society, to show how current ‘truths’ have come to be constituted, how they are maintained and what power relations are carried by them. (Burr, 1990, p166)

Clearly, the differences between these forms of deconstructive discourse analysis are subtle, although the differences between the rhetorical and the genealogical camps has been defended Billig, 1996). Burr (1995) identifies a number of problems with the set of ‘deconstruction’ approaches within discourse analysis, for example, can any simple or common sense theme within language be termed a ‘discourse’? And what gives the researcher the right to give voice his or her choice of marginalised discourse? These are interesting issues and will need to be revisited in later chapters.

**Ethnomethodology (or Ethnography)** has its roots in anthropology and means ‘portrait of people’. Its focus is on language as it relates to cultural interaction (Tesch, 1990, p 22). Through involvement with the group, the ethnographer “seeks to provide a written description of the implicit rules and traditions of a group” (Robson, 1993, p148). Often, this type of method is thought of as being a long-term, resource demanding approach although this not need be the case. Silverman points to two theories underlying the various forms of ethnographic study : interactionism and ethnomethodological ethnography. **Symbolic Interactionism** (the former) is concerned with “identity and symbolic order” (Silverman, 1993, p47) because humans “live in a symbolic environment as well as a physical environment, and they act in response to symbols as well as to physical stimuli” (Jacob, 1987, p27). The symbols are “the language and actions of others (Tesch, 1990, p23) and hence the interactionist researcher “is bound to view research itself as a symbolic order based on interactions” (Silverman, 1993, p47). The latter (ethnomethodological ethnography) is a method epitomised by Sacks who criticises interactionism and any ethnographers (and presumably, phenomenologists – see below) who “are still trying to picture how people see things” and “describing culture from the members’ point of view” when what ethnographers should be doing is “focusing on what is observable” (Maynard, 1989, p130). The argument here, according to Silverman is that he sees “a



danger that if ethnography reduces social life to the definitions of the participants, it becomes a purely 'subjectivist' sociology which loses sight of social phenomena" (1993, p54) Clearly, the object of this criticism has close resemblance to phenomenology. However, I'm not sure this is a real problem or danger – people's 'definitions' can only be socially grounded; there can be no 'private language' (Wittgenstein, 1957). Where people get their definitions and stories from is the point of the current research and the assumption is that there are social sources of these stories that actors take from, bring off and re-tell as their own. Silverman does not do a good job either in identifying the flaw in interactionist ethnography, or in saying how other forms of ethnography fare any better. Indeed, he seems to imply that some form of participant observation is required but then criticises Denzin's espousal of participant observation as harbouring the sins of interactionism!

This is a shame because there is clearly an issue here : should the current research focus on what people say or what they do. But as Potter and Wetherell (1987) point out very forcefully, saying is doing! Hence, although "one cannot reason from a native's (participants) answers (talk) to his normal categories or conscriptions" (Moerman, 1974, p66) (in other words, although one cannot generalise or make interpretations from what participants say about being managed to their 'actual' behaviour in being managed), this does not show that merely observing establishes anything other than the researchers' initial theories and frames of reference. And the point or focus of the current research is not some pre-existing reality called 'the psychology / experience / dynamics of being managed' but the *accounts* people give. That is, their *accounts* are the focus, not the experience. This follows more closely the social constructionist line and brings in the ontological issue about reality. Silverman takes a realist view which argues that there is or are realities that can be accessed by a researcher through ethnomethodological techniques (whatever these might be). And hence what can thus be accessed can be compared with what participants say about this reality. Silverman wants us to "eschew the pursuit of 'meanings' in favour of the study of 'practices'." (p31) claiming that "social practices rather than perceptions are the site where common sense operates : the focus is on what people are doing rather than upon what they are thinking" (p37) In my case, 'what they are doing' is participating in a research project. They are interacting in a structured way with the structure (at least in part) imposed from outside. They are telling their stories of social practices rather than being seen (observed) in that social practice. I have to admit to being torn here between an inclination to follow the Potter and Wetherell account, and the 'common-sense' view espoused by Silverman (and also Seale, 2000) that there is a reality that can be observed against which participants' accounts can be checked. But maybe this does not need to be sorted out this side of the encounter. However, this issue does raise questions about whether reliability can ever be assured in research, or whether triangulation can ever have any meaningful place in helping to verify accounts. These issues are returned to in the **trustworthiness** section later in this chapter.



**Research methods that focus on the discovery of regularities**

These include grounded theory, phenomenography, collaborative research, emancipatory research and naturalistic inquiry. Tesch makes a distinction between the discerning of patterns (to which the last four methods belong), and the identification of elements and exploration of their connections (to which the method of grounded theory belongs). **Grounded Theory** was developed by Glaser and Strauss (1967). The emphasis is on letting theory emerge from data rather than imposing pre-existing theory onto it. An example is how theories of grieving have been developed out of qualitative research into this experience (Hancock, 1998). This process is guided by the idea of ‘theoretical saturation’ : “no additional data are being found whereby the sociologist can develop properties of the category” (Glasser and Strauss, 1967, p61). This is a useful principle as it helps provide a rationale for an end-point in data gathering. Another feature of grounded theory work is the simultaneous collection and analysis of data using a process called ‘constant comparative analysis’ whereby data is transcribed and analysed as soon as it has been collected in order that emerging ideas and themes can be included in subsequent rounds of data gathering. There are four elements to this process :

- 1. Incidents in the data are coded into categories
- 2. There is an integration of categories and their properties’
- 3. A point of theoretical saturation is reached where “no new properties of categories appear and no new interactions occur” (Seale, 2000 p97)
- 4. A theory is written – “the categories and their interactions provide chapter headings and the coded data provide plentiful illustrative examples” (Seale, 2000, p97)

There have been a number of well known advantages and criticisms of grounded theory approaches. Those most salient for the present research are summarised on the next table:

Table a2: Strengths and weaknesses of Grounded Theory methods	
Strengths	Weaknesses
The approach legitimates an alternative to positivism in social science research. It espouses and to some extent validates the interpretivist / social constructionist principle that the researcher should not be blinkered by a pre-existent set of theories from which to analyse data – rather, the	The emphasis on theory generation has meant that the possibility or desirability of <i>testing</i> social theory has been overlooked (Seale, 2000). It is also clearly not possible for the researcher to have no pre-existent theory as to some extent, ‘all observation is theory-soaked’ (Popper, 1959). Hence there is an issue about the extent to which pre-existing theory is specified and used overtly in order to guide the generation and analysis of data.

Table a2: Strengths and weaknesses of Grounded Theory methods	
Strengths	Weaknesses
researcher should 'listen to the data' and let theory derive from it rather than be used to restrict its collection or constrain its interpretation	
Provides a robust and credible research scheme which provides validation of qualitative methodology in the face of (at the time) a hegemony of positivist, quantitative method	Many people (Bryman, 1998, Silverman, 1998, Melia 1996,) have criticised various items of research performed under the 'grounded theory' banner which do little to develop the researchers own theorising and remain at a descriptive level of "members' common-sense categories" (Seale 2000, p96). As well as the use of the 'grounded theory' banner to legitimise otherwise inadequate research, others have also claimed that it has been applied to too broad a range of research when in fact, it may not be applicable to all (or indeed many) research circumstances (Brown, 1973) – although this criticism is more telling when applied to what Seale sees as a "common dependence" on observation and interview method, than when applied to <i>analytical</i> method such as constant comparison
Provides a clear, step-wise procedure for the researcher in the generation and interpretation of qualitative data	Can be seen as too mechanistic / prescriptive, especially in its later versions (e.g. Strauss and Corbin, 1990), and the emphasis on coding as the first stage of data analysis is unhelpful (Coffey and Atkinson, 1996) as it leads to the data being "fragmented and decontextualised if discreet segments are coded and grouped with others under invented categories" (Seale, 2000, p103). Other approaches to data analysis (such as discourse analysis (Potter and Wetherall, 1987) focus on "subtle and various meanings" which may be lost in the coding process. As Atkinson notes, "the disadvantage of coding schemes is that, because they are based on a given set of categories, they furnish a powerful conceptual grid from which it is difficult to escape" (1992, in Silverman, 1993, p39)
Argues that social research can produce theory	Places too much emphasis on the development of <i>theory</i> perhaps at the expense of simply marking out the 'discerning of patterns' (the distinction Tesch makes above). In the context of the current research, it may be that the discernment of patterns is appropriate and sufficient without the need or indeed



Table a2: Strengths and weaknesses of Grounded Theory methods	
Strengths	Weaknesses
	the possibility of moving on to develop theory.

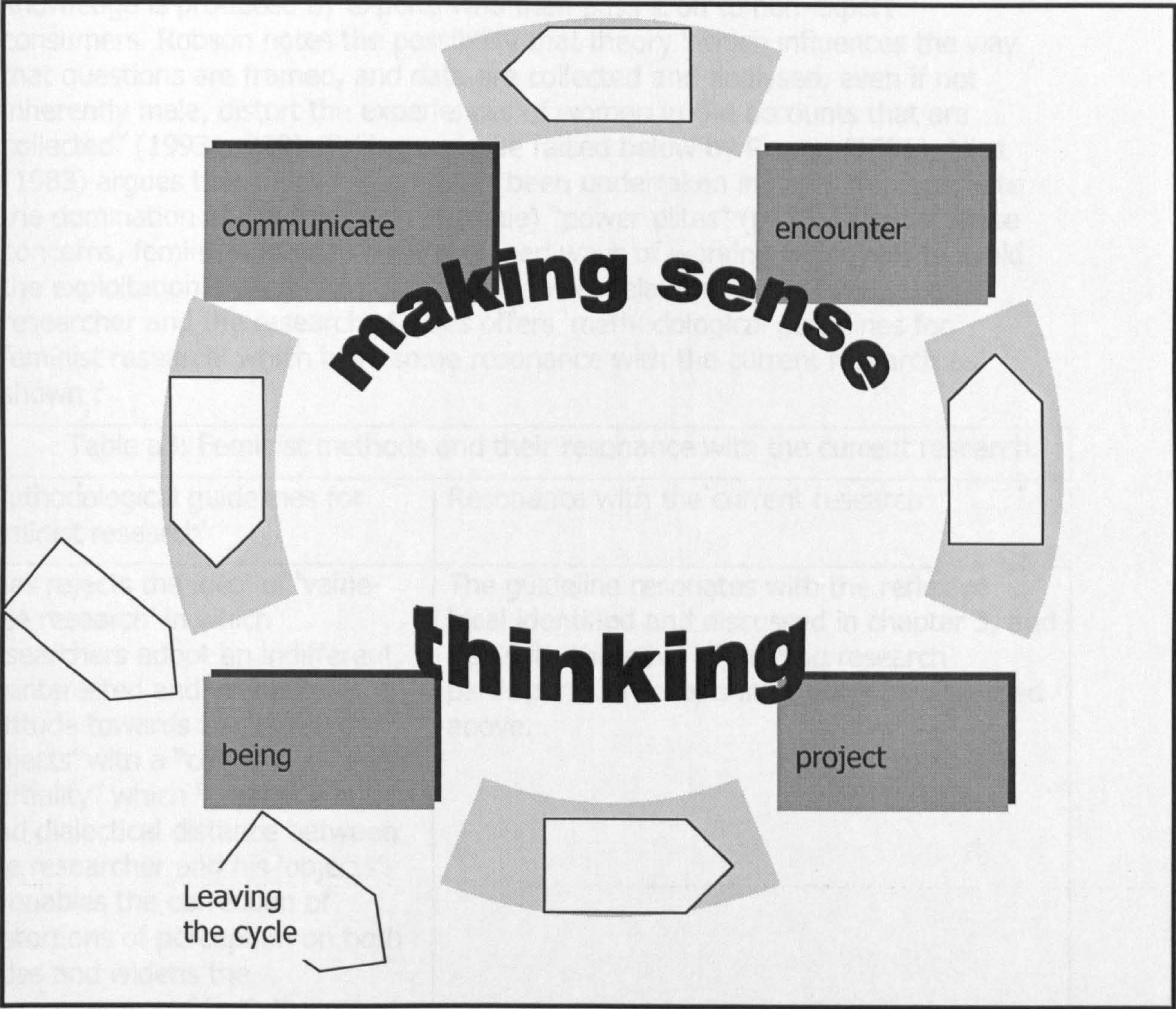
Seale concludes that the method of grounded theorising “should be understood within the predominantly scientific context in which it was created; yet researchers working within more contemporary paradigms can benefit from attention to the methods that it emphasises” (Seale, 2000, p105) Again, this supports Maslow’s plea for research not to be stuck slavishly to method but (in Tesch’s metaphor) to create ones own shade from the colours available. And one important ‘colour’ is clearly grounded theory.

If the search for theory is not always appropriate in social research and the discernment of patterns is important enough in itself, one little-known research method focuses on the discernment of pattern in how people conceptualise their experience. **Phenomenography** “is a research method for mapping the qualitatively different ways in which people experience, conceptualise, perceive, and understand various aspects of, and phenomena in, the world around them.” (Marton, 1986, p31) In the context of the current research, this would mean a focus on how health promotion specialists explain their experiences of being managed and how these explanations might change. However, I do not feel that the phenomenogarpthers goal of simply mapping out explanations of phenomena to be sufficient and this brings in the desire for social (and possibly personal) action, development or change as a stated intention of the research.

An important ‘colour’ (recalling Tesch’s metaphor) which does address this issue of action has been identified in chapter 1. In **Co-operative Inquiry** or Collaborative Research, the central tenant is that research should be a co-operative process with ‘participants’ becoming partners in the research rather than mere ‘subjects’ of it. Research should therefore be done with people rather than on them. The implication of this method (‘new paradigm’ as Reason and Rowan describe it might be over-stating the case) is that there are certain ethical as well as methodological issues that research needs to engage with, not least of which is the issue of alienation (of the researcher, of the participants, of the research product). There is also the (related as Rowan sees it) issue of the purpose of the research – to maintain the status quo, or to trigger social change, and on the whole, my inclination follows the co-operative inquiry preference for the latter. The ethical focus on participation is also one I judge to be of particular importance given the health promotion setting for the research and its professional commitment to participation established in its Code of Conduct (SHEPS, 1998). In addition, Rowan has argued cogently for an approach to research which remains true to its essentially messy, dynamic and non-linear nature. Rowan (1981) compares a traditional, linear approach to research with a cyclical approach that he sees as “a dialectical process of



engagement with the world.” (Rowan, 1981, p98). Within the cycle, there are several phases as were set out in chapter 1, fig 1 repeated here.



Tesch argues that various forms of action research, co-operative inquiry, and **Emancipatory Research** are closely related in that they all seek the discovery of regularities in language as expressed as deficiency or in terms of ideology, and to trigger action on these issues. Perhaps the major contributor to emancipatory research has been **Feminist Research**. Robson notes in the past twenty years, “feminist commentators and researchers have made a convincing case for the existence of sexist bias in research” (1993, p63). Eicher (1988) lists seven sources of sexist bias in research and given that in the current research, myself as a male researcher will be working in the main with female participants, there may well be issues that need to be taken on board. These are considered further in the **ethics** section later in this chapter. However, as well as the points about sexist bias in research, a significant area of feminist thinking concerns a critique of the possibility of objectivity in research. For example, Keller (1985) “shows how objectivity has been equated with masculinity, leading to an assumed requirement that to be objective



requires a distancing and detachment both emotionally and intellectually.” (Robson, 1993, p65). Fee (1983) also questions a similar assumption that knowledge is produced by experts who then pass it on to non-expert consumers. Robson notes the possibility that theory “which influences the way that questions are framed, and data are collected and analysed, even if not inherently male, distort the experiences of women in the accounts that are collected” (1993, p289). Taking an issue raised below by Rowan (1981), Mies (1983) argues that much research has been undertaken in order to perpetuate the domination and legitimation of (male) “power elites” (p123). Against these concerns, feminist research has developed ways of working which aim to avoid the exploitation arising from differential power relationships between the researcher and the researched. Mies offers 'methodological guidelines for feminist research' which have some resonance with the current research as shown :

Table a3: Feminist methods and their resonance with the current research.	
'Methodological guidelines for feminist research'	Resonance with the current research
Mies rejects the ideal of 'value-free research' in which researchers adopt an indifferent, disinterested and alienated attitude towards the 'research objects' with a "conscious partiality" which "creates a critical and dialectical distance between the researcher and his 'objects'. It enables the correction of distortions of perception on both sides and widens the consciousness of both the researcher and the 'researched'. (1993, p68)	The guideline resonates with the reflexive ideal identified and discussed in chapter 3, and also with the ethic of treating research participants in co-operative ways as discussed above.
Mies argues that "research which so far has been largely an instrument of domination and legitimation of power elites, must be brought to serve the interests of the dominated, exploited and oppressed groups, particularly women" (ibid). This re-orientation is referred to as one from a 'view from above' to a 'view from below'.	This guideline resonates with Denzin and Lincoln's (1994) point about political value and authenticity in research (see the trustworthiness section below.) Whether the 'objects' of the current research (health promotion specialists) would see themselves as "dominated, exploited and oppressed" is open to debate but there is a prima facie case that in funding terms at least, there is some degree of marginalisation and suppression (French and Hilditch, 1995; MacDonald and Robertson, 2000). And whether or not the 'above and below' metaphor is applicable, the

Table a3: Feminist methods and their resonance with the current research.	
'Methodological guidelines for feminist research'	Resonance with the current research
	current research is at least committed to assisting some members of this professional group to gain expression to their voice, or display to their own 'view'.
Mies argues that the uninvolved 'spectator –knowledge' version of research (Maslow, 1966) must be replaced with "active participation in actions, movements and struggles for women's emancipation" (op cit p69)	Mies also makes the point already alluded to in chapter 3 that "many data gathered by these (view from above) methods are irrelevant or even invalid because the hierarchical research situation defeats the very purpose of research : it creates an acute distrust in the 'research objects' who feel that they are being interrogated". Clearly the intention of employing a more participative and potentially emancipatory method like co-operative inquiry is to replace the experience of interrogation with one of trusting contribution.
<p>Similarly, this emphasis on the change of the status quo "becomes the starting point for scientific quest" (op cit p70)</p> <p>Mies also extends this point by arguing that only when "there is a rupture in the 'normal' life of a woman – a crisis such as divorce, the end of a relationship, etc. – is there a chance for her to become conscious of her true condition" (op cit p71)</p>	<p>This guideline reflects the view that "if you want to know a thing you must change it" and resonates with Reason and Rowan's arguments about making research more orientated toward social change and less alienating by becoming more participative and co-operative (see below). It also relates (again) with Denzin and Lincoln's (1994) point about political value and authenticity.</p> <p>Whether the proposed participants in the current research – health promotion specialists – (many of whom are women) are at a point of 'rupture' or 'crisis' is, like the possibility of their being "dominated, exploited and oppressed" is again open to question. However, this is a very clear possibility in that a mixture of growing opportunity and optimism (fostered from certain elements of the current policy environment), and growing threat and pessimism (fostered by other elements of that policy) could well be characterised as a crisis or rupturing. This resonates with some of the emotion of being managed that was given account in chapter 2. It also resonates with ideas of critical theory</p>



Table a3: Feminist methods and their resonance with the current research.	
'Methodological guidelines for feminist research'	Resonance with the current research
	(discussed further in the sampling section below).
Consistent with the emphasis on change and emancipation described above, Mies also argues that "the research process must become a process of 'conscientisation' (after Freire, 1970)" (op cit p72) This assumes that "individual problems (are) an expression and manifestation of oppressive social relations " (ibid) which the oppressed are not aware of or who hold 'false consciousness' about.	Following points above about health promotion specialists as possible candidates for "dominated, exploited and oppressed" status, a further question relates to their consciousness of this possible condition. This resonates with Rogerian reflection in chapter 2 that 'the more I accept, the more I change'. It also relates (again) to critical theory ideas about enlightenment, empowerment and emancipation (see below)

Related to these demands of feminist research, is the focus taken in writings on **critical social science** and **Critical Theory**. Fay argues that "for a social theory to be critical and practical as well as scientifically explanatory,....conditions must be met." (Fay, 1993, p36). He argues that these conditions are :

1. there must be a crisis in a social system – this relates to the point about 'rupture' in feminist research and resonates again with the context in which health promotion specialist are working at present.
2. this crisis must be at least in part caused by the false consciousness of those experiencing it – whether such 'false consciousness' exists remains to be seen. There seems to me a danger of a researcher prejudging on this and setting out to further his / her own agenda through the 'finding' that members of a particular group 'suffer' from the false consciousness hypotheses
3. this false consciousness must be amenable to the process of enlightenment – again, this is not an issue able to be answered prior to the research but it may emerge as a possibility from within the research process.
4. such enlightenment leads to emancipation in which a group, empowered by its new-found self understanding, radically alters its social arrangements and thereby alleviates its suffering – and again, the degree of change in social arrangements will be up to research participants to

decide for themselves. And there is also an issue about *personal* change that ought not to be brushed aside.

A final research method aiming for the discernment of patterns in language is **Naturalistic Inquiry** which focuses on these patterns as exhibited in the socialisation of a group. The term 'naturalistic inquiry' was first used by Willems and Raush (1969) and by Denzin (1970). Tesch notes that although first thought of as a particular qualitative method, "by 1985 it had become the 'naturalistic paradigm' (Lincoln and Guba, 1985, p36)". However, when thought of as method, its distinctive feature concerns the role of the researcher as "the major form of data collection device" (ibid) and this provides an important acknowledgement of the power and "authorial voice" (Seale, 1999) contributed by the researcher to the research.

### **Research methods that focus on the comprehension of the meaning of text/action**

These include phenomenology, case studies, and hermeneutics.

**Phenomenology** involves describing the way that people's situations, experiences and concepts 'fit' into their world, or not. It attempts to explore the gaps or lack of 'fit' and to develop understanding by clarifying or illuminating how situations and experiences are being understood, rather than trying to provide definitive accounts or explanations. As such, its focus is very much individual perception and omits reference to how these perceptions might be shared in a group, or to what social origin such perceptions might relate. This recalls the criticism of symbolic interactionism and any ethnographers "are still trying to picture how people see things" and "describing culture from the members' point of view" (Maynard, 1989, p130). The danger, according to Silverman is losing sight of social phenomena (1993, p54). In terms of the current research, I certainly do not want to lose sight of the social origins of phenomena such as experiences of being managed. This desire moves the emphasis away from simply the discerning of themes, commonalities and uniquenesses (according to Tesch) and into interpretation. The research method known as **Hermeneutics** literally means 'interpretation' and originated in the study of theology documents. More recently, the focus has developed to one where "a single event is understood (interpreted) by reference to whatever it is a part of" (Polkingthorne, 1983, p22) and "the analysis moves back and forth between individual elements and the whole text in what is called a hermeneutic cycle (Tesch, 1990, p68). A particular emphasis is the historical context of which every experience single event is a part. Closely related to hermeneutics but without this emphasis on history or context is a **Case Study** which, according to Robson is a 'strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence'. (Robson, 1997 p 146). It is "the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances." (Stake, 1995, pxi). Two approaches to the design of case studies have been developed : precise questions are



established at the outset of the research where data gathering and analysis is focused towards finding answers, and a broader approach using open questions which can be progressively focused as the research moves on. Case studies can also vary in terms of scope or range (individual, community, organisation etc) and also focus (events, structures, roles, relationships). Case studies “are valuable where policy change is occurring in messy real world settings” (Keen and Packwood, 1999 p51) – a situation pertaining to the position of health promotion at this time. Some of the criteria for a good case study according to Yin (1989) include the completeness of the information, sufficient evidence and effective representation. For some writers, the ‘case study’ has come to subsume and draw from a range of “naturalistic, holistic, ethnographic, phenomenological and biographical research methods”. (Stake, 1995, pxi, Robson, 1993).

According to Edwards and Talbot (1997) strengths and weaknesses of the case study approach are

Table a4: Strengths and weaknesses of case study methods	
Strengths	Weaknesses
It allows in-depth focusing on shifting relationships	It can be an unwarranted intrusion into the lives of others
It captures complexities	It is situation and time bound
It allows a focus on the local understandings and sense of participants in the case	It requires carefully collected, high-quality data that is time consuming to collect
It provides readable data that bring research to life and are true to the concerns and meanings under scrutiny	The researcher can become so immersed in the case that data analysis becomes difficult.

Seale (2000) also makes the point that generalisation is an issue : “Although some case studies are of intrinsic interest, in most cases it is an advantage to try to generalise the relevance of qualitative research findings.” (p118). This is picked up again in the discussion of sample theory later in this chapter.

**Research methods that focus on reflection**

These include reflective phenomenology and heuristic research. Both would be what Tesch calls unstructured and holistic. Both relate to the idea of becoming a connoisseur which is “the art of appreciation” (Eisner, 1976). In Heuristic Research, the study is not done in an intellectual or academic manner, but “becomes an integrative, living form where the researcher is being involved, committed, interested, concerned and open to intuitive visions, feelings, (and) sensings” (Moustakas, 1981, p212) In Reflective Phenomenology this is taken further with the researcher “not relying on ‘data’ i.e. the experiential accounts of others, but on his or her own contemplation” (Tesch, 1990, p70). Clearly, the

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reflective analysis presented in chapter 2 is related to these methods although it is interesting to note that far from being unstructured or indeed, un-academic, this work achieved levels of reflective phenomenology using fairly structured techniques borrowed from discourse analysis. I argued strongly in that chapter for the place of reflexivity in all research. Once again, this emphasises that in choosing research methods, it may not be wise to pigeon-hole into just one 'box' within a categorisation such as that provided by Tesch. And as was argued in chapter 3, there is a need for reflexivity in all research and this needs to be continued into the next phase, whatever method or 'palette' of methods is used.



## Appendix 10 – Types of qualitative sampling

In **Quota sampling**, the aim is to be statistically representative by obtaining representation from various elements of the whole population. For example, from the whole population of specialist health promotion departments, issues like staffing, funding, organisational position etc, can be identified as representative. Similarly, **Dimensional sampling** is an extension of the quota principle - the various dimensions thought to be of importance are incorporated in the sampling in such a way that at least one representative of every possible combination of these factors or dimensions is included. In comparison, **Convenience sampling** involves no attempts at dimensional or quota representation, Instead, it identifies people who are nearest or the most convenient to act as respondents. Robson (rightly I think) considers this to be the least satisfactory method of sampling. **Purposive sampling** (which is often used in case studies) involves the researcher selecting respondents in regard to their typicality or interest. Following up one purposive sample and using these as 'informants' to introduce new sections of a population to the research is known as **Snowball sampling**. Further to these, Glasser and Strauss (1967) have introduced the idea of **theoretical sampling** whereby a sample is chosen on the basis of theory generated by a preceding phase of the research, and clearly this has links to both purposive and snowball sampling.

## Appendix 11 - Initial Thoughts and Reactions

After hearing about the proposed research encounter, it would be helpful to gather your thoughts and feelings at this stage. This may help to address any concerns and also help me in the process of writing the 'generative theme'. Thank you, Glenn MacDonald.

Perhaps you could fill in a few of the points below (no need to do them all!)

One thing I don't understand about the research encounter is

One thing I would want to be sure about before agreeing to take part

One thing I would personally like to gain from the research

One thing I hope the department would gain from the research

One thing I think I might find difficult about taking part in the research encounter

One concern about the research methodology I have

One issue I think the re should include or focus on



## Appendix 12 - Responses to Initial Thoughts and Reactions about the Research

### Experiences of Being Managed

An exploration into the accounts of being managed by health promotion specialists in a context of uncertainty and change

Thank you again for the time you gave in August to hearing about the proposed research. A number of issues were raised both then, and through the sheets I left for people to write down concerns, expectations, worries etc. I have tried to respond to each of these points below but some will need further discussion. I have asked Karen if we could arrange some time to do this before we move on. If after reading my responses below you have any further questions, please don't hesitate to get in touch. All discussion will of course be in confidence.

On the issue of people's **understanding of the research**, most people made no comment and so I hope I can assume that the process was explained well enough in August, or that people felt OK about anything they were not sure of. But if anyone has any questions about how it will work, please get in touch.

A suggestion was made to organise the encounter around two smaller groups rather than one large one. I think this is interesting and I can understand the benefit of working in a smaller group but I wonder if something would be lost for the department as a whole. Maybe this could be discussed within the department further, and I will talk with my supervisor about this as well.

Concerning things **people wanted to be sure about** before agreeing to take part, the need for clear ground rules was raised and I think this is very important. Maybe this is best done prior to the actual event and then the ground rules can be re-iterated at the start. One specific issue raised was about people not using any of the knowledge they gain about the opinions and views of others in any negative way either now or in the future. Another issue was a fear of 'personal attacks'. I guess there are limits as to how these can be legislated against but at the very least they needs to be addressed in the ground rules.

Such an exercise might also be useful in exploring what people want the **department to gain from the research** and seeing what agreement there is on this. There was a variety of comments on this such as wanting the department feeling more cohesive / united as a team, feeling comfortable talking about the issues, feeling more positive about the future or at least, clearer about where the future for health promotion specialists lies. Some comments implied or overtly expressed that the time to reflect on these issues would be time well spent. To me it seems clear that the purpose of the research exercise is not simply for people to tell their stories and leave it at that. I do think we need to build on the experiences of telling and listening to our stories



so that we can all learn from the experience both for now and the future, and both individually and collectively. This *will* take some time which is why I think we will need a whole day to start with, plus at least one follow-up session.

Concerning what people wanted to **gain from the research personally**, comments were mainly about wanting to share thoughts and feelings in an equal way, or wanting to hear how other people in the department thought and felt. There was also an element of 'testing' involved, for example, people wanting to test out their ideas about the situation in the department, and maybe people testing out their understanding of their situation and each other.

There were also some comments about learning from the research process. Also there were some comments about learning about being a better manager. I guess we can leave it to individuals to form their own impression on either of these points as we go through, or we could structure in some reflection on both for those who might be interested. Perhaps this could be discussed when we look at the ground rules.

People expressed a range of views about what they might / would **find difficult about taking part in the research**. Some said they would find the story writing difficult but the majority of comments were about the sharing of the stories. The suggestion to use two smaller groups is part of this – the sharing in small groups is different (and probably easier) than telling *everyone* you work with exactly how you feel. There was some worry about the consequences of sharing views that might be different to others, or sharing views that might be 'used in evidence against you'. Again, we can address these in establishing ground rules.

One comment which I wasn't clear about concerned the time to consider "the implications of being 'honest'". In the suggested structure, time will be needed to process the story telling experience to identify learning and consider implications. I guess there will also need to be a revisiting of this after the first event. Maybe the issue of time (e.g. how much and when) needs to be discussed and agreed before we move on.

Regarding **the research methodology**, there was some concern that sensitive issues or areas of conflict that may be brought out through the research process will not be left unattended. There are two issues here. Firstly, the purpose of the research *is* to attend to these issues so that people can learn and move on, both individually and collectively. Secondly, if individuals do feel as if some of their concern, conflict or distress is not being attended to, there will always be an opportunity for them to meet with me to talk in confidence. *This will not be part of the research*. Or it may be that you want to talk things through with someone independently and I would try to arrange this.

Some experiences people have had of the story – dialogue method reveal that the feedback people give after listening to each story can be of variable quality and use. This is a concern I share and I when I give you the generative theme



(which is a paragraph designed to help you construct your story) I will emphasise the type of feedback that is most productive.

There were a number of comments here which echoed the discussion when I came to the department in August about how honest or otherwise the methodology would enable people to be. I guess there was some feeling that other methods (e.g. one to one interviews) might engender a more 'honest' response. The view I take is that firstly, it is debatable whether *any* research method will yield 'honest' responses and that this is a bit of a holy grail in research. Secondly, the purpose of the research is not to take some accurate 'recording' or copy of what each of you think and feel about being managed – each of us will have different levels of awareness and will have given different levels of reflection about this and some of you may have no clear, unambiguous image or version of your experience for me to 'copy'. Some of us are in two minds or more! Instead, I want the research to be an active process. The focus is not simply on existing accounts and experiences, but on how these can be used to learn and move on. It is an opportunity to build on strengths and weaknesses and I hope that collectively, we are not going to let anyone use this as an opportunity to put people down. (This issue of validity and authenticity in research is something we could work on at a later stage for anyone interested.) Thirdly, there is clearly a concern being expressed that there are some dynamics at work which are likely to prevent (and may already be preventing) people being 'honest' about how they think and feel. I would hope that if people feel this is happening they would say so, but without this (or anything else you put in your stories) being delivered or constructed as an attack on others – simply as an account of how *you* feel.

Regarding the **issues that the research should focus on**, the issues that were raised were :

- The definition of roles within the department and openness between health promoters in this regard
- Positive aspects of being managed and positive aspects of uncertainty and change
- Management of health promotion specialists in the current public health policy environment

All of these are relevant and appropriate for the research to include and I will make sure that the generative theme includes them. The first of these focuses on the dynamics in the department at present and clearly, some aspects of the stories will capture more of this. The second I guess concerns learning and acknowledgement that may be useful both now and in the future. The third concerns the wider, national aspects of 'being managed' in health promotion.

I hope this has helped you to better understand the purpose of the research and how it will run, and also feel more comfortable with it. Again, if there are any outstanding issues, please let me know personally, or when we meet to discuss ground rules and timing.

Thanks again for your willingness to help.

With best wishes,

Glenn



# Appendix 13 - Writing Your Story and Preparing for 5<sup>th</sup> December, 2000

## Experiences of Being Managed

Dear All,

Thank you for your willingness to take part in my research and for your patience since we last met in August. As we agreed then, the 5<sup>th</sup> December has been set aside to conduct the story – dialogue event. The first part of the day will be a round of your stories about your experience of being managed as health promotion specialists. The second part of the day will be dialogue based on the stories and what we can understand by them and learn from them. For the day to be successful, I am hoping that you can find sometime over the next couple of weeks to prepare your story, and to familiarise yourself with what to expect on the day. I have given more detail about the two aspects of the day below. If any of this doesn't make sense or if you have any concerns, please get in touch.

The Groundrules.

Thank you for your discussion about groundrules for the research process. We agreed a number of points and I have arranged these under headings below. Please get back to me if any of these aren't clear or if you disagree with them.

**Values :** respect, caring, commitment to working together positively, openness, courage.

**Rights :** to express yourself; to not being discriminated against, to being consulted, to anonymity in my reporting on the research, to confidentiality outside of this reporting.

**Actions:** not putting people down; owning what you say and telling your own story; listen to each other; value peoples' contributions; be receptive and open to learning; everyone helping to create an environment which helps people feel able to talk; no interrupting the stories; keeping to time.

**Criticisms :** constructive, not destructive, about the action, not the person, about what it meant to you and not how you judge the other person; trying to accept criticism even if you don't agree with it.

**Expectations :** focusing on the organisational aspects, not the personal and the psychological; focusing on what an experience has meant and feels like to you, not on blaming others for it; focusing on moving forward; all of us agree about what happens during and after the first day.

## The Story.

As we discussed, the day starts with each of you reading out a short story about your experience of being managed as a health promotion specialist. By 'short' I mean about five minutes and I hope you don't mind if we establish 'keeping to time' as one of the groundrules for the day. I would like you to prepare this story in advance and be able to give me a written, printed or disc copy on the day. No one outside of those colleagues attending the day will be able to identify this as your story. In order to help structure your story, I have prepared a 'generative theme' which is a paragraph containing triggers to a range of issues about being managed.

## The Generative Theme

I have mixed feelings about where health promotion is going in the UK, and I'm not sure these issues are well understood in the department. I also think there are some concerns about the way health promotion is understood and managed by the Health Authority and by the Trust. I'm not sure my manager, team leader or others in the department agree with or understand some of my views about how health promotion should be done.

All this creates tensions and situations I feel I cannot control. This leaves me with a range of feelings both positive and negative about my work and how I am managed. I have some ways of dealing with this but these can cause further problems.

I feel that recently there has been a lot of uncertainty and potential for health promotion to change in this organisation. My feelings about this are mixed.

As a rule I suspect my views on a range of things might be different to others in the department. I would like to express myself more openly but for a variety of reasons I keep quiet. I think that others would be critical of my views on all sorts of things and this shows itself in different ways. I have concerns about how people will react to this story.

Sometimes it feels there are things that need to be said but that these things get buried. There have been times when I have ignored some aspects of working life and pretending not to notice what was going on. Writing this story has helped me identify and clarify some issues and I hope that sharing our stories will be useful.

In writing your story you can respond to as many of these trigger points as you want, and you only need respond to those you think are important or relevant to you. In responding to these trigger points, you can say which ones you agree with or disagree with. You can use your own experience as examples. Looking at the first paragraph, for example, you can say where you think **health promotion is going in the UK**, and what your **mixed feelings** about this might be. You can say which of **these issues are well understood in the department** and those which you think are not well understood. You can point



out the nature of any **concerns about the way health promotion is understood and managed by the Health Authority and by the Trust** that you may have. Or if not concerns, then some good points about this. You can talk about whether you think that either your **manager, team leader or others in the department agree with or understand** your views about how health promotion should be done. You can say what these views are and why you think that these views are agreed with or not. And so on through the rest of the generative theme.

Above all tell *your* story – don't try to tell someone else's for them, if you want to raise something that could be critical of someone else, have a focus about how you feel about this, not a focus around judging others.

### **Telling the stories.**

Once it is written please read through your story to check your happy with it and that it can be read comfortably in five minutes. If there are any problems with this, let me know. On balance, I think it would probably be best if you didn't share your story with other people in the department before the day – but I guess you'll need to exercise your own judgement about this.

On the day, we'll each take it in turn to read out our stories. You'll be allowed to read your story without interruption. After each story, we will all be asked to write down brief responses to the story – I've called these 'memo's'. These memos are your initial responses to the story. They are short bullet-points written on post-its. They will be collected and given to the story-teller. So each of you will end up with a set of memos written by you colleagues in response to your story. I will ask you for a copy of these memos.

### **Writing the memos.**

I don't want to be too prescriptive about what should be in these memos. But the more thoughtful these responses are the better. To give you some idea, the memos could be

The main point coming across from your story for me was .....

One point I wasn't clear on was .....

I agree (or disagree) with your point about.....

I feel (don't feel) the same way as you about .....

Your point about ..... made me think that .....

Your point about ..... made me feel .....

I will ask you all to write down your immediate response to these memos and then ask you all to let each other look at all of the collections of memos stuck next to the story. So when you write down a memo, bear in mind that others will read it and may well know who wrote it!

## Timing

Working on the basis of fifteen of you being involved on the day, and assuming we all keep to the five minute story-telling, we will need to add on another five minutes per story for writing and collecting the memos. This comes to two and a half hours! Then add on maybe 20 minutes for a coffee break and another ten minutes or so for each of you to make some brief notes on your reactions to the memos written in response to your story, and we've reached lunchtime! After lunch we'll focus on the second part of the day, the structured dialogue.

## A Structured Dialogue

This is about trying to learn from the morning's activity. I would like to use a structure for this starting with some observations about what actually happened. I will ask you to record your impressions of what went on in the morning such as what was said, what was not said, what feelings were expressed, what agreements there were, what disagreements there were, whether groundrules were kept to, what the atmosphere was like, what it felt like etc. We'll collect these under headings such as

*Nobody* said, felt, agreed, disagreed etc

*Some people* said, felt, agreed, disagreed etc

*A lot of us* said, felt, agreed, disagreed etc

*Everybody* said, felt, agreed, disagreed etc

Having recorded these impressions of what went on, I would like you to work as a group through three other questions :

Why do you think what happened did happen ?

What do sense can you make of this ?

What do you want to do next ?

I don't know how far along this progression it will be possible to go given the time and the energy left in the afternoon. Ideally, I would like to play a lesser part in the discussions as the afternoon progresses. I will ask you to take collective responsibility for moving the discussion forward and to saving at least some time to focus on the last question. I will also ask you to flip-chart the points of agreement and disagreement that you collectively reach. At the end, I'll also ask you to take about ten minutes to write a post-script to the day and ask you to let me have a copy of this.

## What happens after the day ?

This is largely up to you, but from my point of view, I would like an opportunity to reflect on the stories, memos, flipcharts and post-scripts and to come back to share my thoughts about these with you. As well as this (or as part of it) I would be very happy to help with whatever you agree to do next. This may be to do some work on any of the issues raised in the day to help individuals and



the department to feel more confident and prepared about whatever the future of specialist health promotion might be for you.

## Appendix 14 – Ethical frameworks

There are many ways of considering the ethics of a situation to provide a way to clarify decision making and make the process more transparent. The frameworks most often applied to health promotion work and research are the work of Seedhouse, (1988), Beauchamp & Childress (1995), and Babbie, (1992).

Seedhouse has developed an analysis of the ethics of health care and it would seem appropriate to apply his thinking in considering the ethical aspects of research in a health promotion setting. Seedhouse (1988) views Health Promotion as 'a moral endeavour.' His view of a foundation for ethical practice rest on an appeal to what he terms are "the facts about human potential". (Seedhouse, 1988, pxiv) and his claim that "certain ways of limiting human beings – ways of dwarfing people mentally, physically, and spiritually – are plainly immoral" (ibid). His ethical grid is designed to identify the specific ways in which he feels this dwarfing can be avoided by identifying four levels of ethical consideration: central conditions, key principles, consequences and external considerations. The central conditions are:

- creating autonomy,
- respecting autonomy,
- respecting persons equally,
- serving wants before needs

However, as with other aspects of his work, I would argue that this appeal is based on a questionable essentialism (see chapter 3). Also, on a more substantive point, Seedhouse seems to conflate different levels within the research where different ethical activity and decisions are required. What I mean here is that following the work of Guillemin and Gillam (2004), there is a difference between what they call procedural ethics and ethics in practice. And further, there seems to me to be a prior level in the ethical process which considers some of the broader political questions such as 'who is the research for?'.

These three levels can be summarised as:

- political ethics
- procedural ethics
- ethics in practice

I want to consider each of these levels in turn after noting that Seedhouse spreads his 'central conditions' across all three of these levels. Beauchamp & Childress as well as Babbie confine themselves to the second level only.



### ***Political ethics***

Hertz reminds us that “it is important to admit that we study things that trouble or intrigue us, beginning from our own subjective standpoints.” (Hertz, 1997, pxvi). In other words, the decisions about what to research and why are not value-neutral, nor can they be. So rather than try in vain to eliminate the influence of the researcher’s values, it is important to consider how they are likely to impact on the research, and also to ask whether this impact is ethically as well as methodologically acceptable. For as well as questions about impact and methodology (which were discussed earlier in this chapter), there are also questions about impact and ethics. These include:

- Who is the research for and is this ethically acceptable?
- Will the research perpetuate a status quo or be a movement for social change – and is this ethically appropriate?
- Is the research ‘authentic’ (Denzin and Lincoln, 1994)?
- Does the research impose a particular worldview into its process and outcomes, such as patriarchy, racism or other hidden hegemony?
- Does the research play a part in perpetuating dominant yet questionable values or standpoints?

Kellehear also makes this point: “The interview is the creation of an unnatural social situation, introduced by a researcher, for the purpose of polite interrogation. It is this situation, delicate by definition, which is ethically questionable” (1996, 98). Seedhouse discusses this in terms of needs and wants: what or who is the research for – the wants of the researcher or the needs of the research?

This raises some general issues concerning the relations between professionals and others. As Illich (1977), Koehn, (1994) and others have argued, “all professions are conspiracies against the laity” (George Bernard Shaw quoted by Koehn, 1994). In research, Robson has expressed this tension as “how is (the researcher’s) ‘right to know’ balanced against the participants right to privacy, dignity and self determination? And should the investigator act as both judge and jury?” (Robson, 1996, p29) Guillemin and Gillam argue that this tension can be averted “if the subjects of the research take up the goals of the research as their own; they are then not being used as mere means or tools by the researchers (2004, 270). In other words, in making the research their own project jointly with the researchers, they become *participants* in the research rather than *subjects*. This involves moving beyond obtaining free and informed consent from participants and brings in the principles of co-operative inquiry already discussed (Reason and Rowan 1982). However, there are perhaps variations about level of participation and in the encounter, the extent to which participants moved substantially beyond being free and informed subjects is open to question. This is returned to in chapter 6. There is also an issue about how far I had assumed that by designing the research along co inquiry lines,



this would be some sort of guarantee of ethical acceptability. Neither of course does the approval by an ethical committee absolve the researcher from his or her ethical responsibilities.

### **Procedural ethics**

Some of these ethical responsibilities of the researcher cannot be planned for and need to be enacted as 'ethics in practice' we I discuss in a moment. However, some of this responsibility can be set out beforehand and in this regard the proposal for the encounter was approved by the ethical committee of the supervising University. It is not always easy to know what such committees might look for and a number of concerns have been raised that some extend their powers to focus on methodological narrowness rather than ethical acceptability (Guillemin and Gillam, 2004, 269). That said, the procedural ethics being assessed through an ethics committee will need to take into account most or all of the following categories.

Voluntary Participation: According to Babbie (1992) social research often requires people to reveal personal information about themselves to strangers and this might be unknown to their friends or associates. It represents an intrusion into their lives. Subject's participation may disrupt their regular activities and may require their significant portion of time and energy. It is absolutely essential that research involving human participants should be performed with Informed Consent of the participants. The idea of informed consent derives from both cultural values and legal considerations (Nachmias & Nachmias, 2000) and is at heart an interpersonal process between researcher and participant, where the prospective participant comes to an understanding of what the research project is about and what participation would involve and makes his or her own free decision about whether, and on what terms, to participate (Guillemin and Gillam, 2004, 271). These authors point out that signed consent forms do not constitute informed consent, they merely provide evidence (perhaps of questionable value) that consent has been given.

To meet the criterion of voluntary participation, various processes were undertaken before the encounter, and before participants were asked to complete a formal consent form (appendix 18). These procedures included discussing the proposed research at a department meeting, and an exercise on 'initial thoughts and reactions' which is discussed in chapter 5 and documented as appendix 12.

No harm to the Participants: According to Babbie (1992) social research should never injure the subjects or reveal their information that would embarrass them or endanger their home life, friendships or job etc. regardless of whether they volunteer for the study. Sensitivity to the issue and experience with its application, should improve the researcher's tact in delicate areas of research. Interviewing about sensitive topics can produce substantial levels of distress in the respondent that have to be managed during the course of the interview and

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interviewer undertakes the task of sharing and enduring the pain of the respondent. If the interview can be distressing to the respondent, it can also be stressful for the interviewer. (Lee, 1999)

It may well be possible to guarantee that no harm for participants is going to arise. Instead, the issue is that as a researcher, I need to think through the planned encounter in order to see where unintended harm, like anxiety or upset may arise, and also, to communicate with the participants about what would happen if such harm arose. This was undertaken through the 'initial thoughts and reactions' exercise and we agreed a set of ground rules which included a promise that I would work with individual participants or the group as a whole should the need arise to help people through anxiety or distress.

Anonymity and Confidentiality: According to Babbie (1992) major concern is the protection of the subject's identity, interests and well-being. According to Nachmias & Nachmias (1992) two common tactics to protect participants are anonymity and confidentiality. Anonymity requires that the identity of individuals be separated from the information they give. In the data collection stage the participants should be given clear, accurate statements about meanings and limits of confidentiality. Attention paid to confidentiality helps to legitimate the research process, and it convinces potential respondents that researchers are to be trusted, and presumably encourages accurate reporting. (Lee, 1999)

Deceiving the subjects: According to Babbie (1992) deceiving subjects is unethical. For the researcher handling of her and the subject's identities is an important ethical consideration. It is essential for the researcher to identify her as a researcher to the subjects and they should be aware of the true purpose of the study.

Analysis and Reporting: According to Babbie (1992) Science progress through honesty and openness, and it is retarded by ego - defences and deception. Subjects can be harmed by analysis and reporting of the data. Negative findings should be reported if they are related to the analysis. The researcher should tell the truth about the pitfalls and problems she experienced in her line of inquiry and she should be more familiar with technical shortcomings and failures of her study than anyone else. Many findings may arrive unexpectedly. According to Lee (1999) during writing up researchers must walk a tightrope, careful neither to conceal too much, nor disclose too little.

A Professional Code of Ethics: According to Babbie (1992) most of the professional associations have created and published formal codes of conduct explaining what is an acceptable and unacceptable professional behaviour. Codes of Ethics have been developed to assist and help the individual researcher because they state and explain what is required and what is forbidden.



## Appendix 15 – Piloting the story/dialogue method

In order to try out the chosen research instrument, four separate applications of the story-dialogue technique were undertaken. These were

1. A group of final-semester postgraduate students were asked to generate a story around their experiences and learning as a result of being on the course. This was in line with the normal reflection practices on the course, and with the usual end of course evaluation. Eight students prepared their story around the following generative theme :

*The Postgraduate Diploma in Health Promotion has offered opportunity to question and challenge existing beliefs and assumptions about health promotion. It has also offered opportunity for me to re-assess how theory relates to my health promotion practice. Both these elements of 'deconstruction' can be an intimidating and painful experience. In the Effectiveness and Direction assignment, I have attempted to 'reconstruct' a position regarding one aspect of health promotion practice. This position is one that I feel I based on a rigorous set of arguments and is something I feel I have a personal commitment to. It shows a variety of ways in which my thinking about health promotion has changed. The main elements of this position are as follows :*

Each student presented a prepared five minute statement on issues to do with the impact of the course on their personal and professional thinking, and the 'position' they had reached through their E&D assignment. This 'position' one reached by applying appropriate theories, models and concepts in order to develop an authoritative yet critical 'position' pertaining to contemporary health promotion issues. The intention is for students to develop skills of evaluation and synthesis in order to formulate a 'position statement' and also to be able to recognise the strengths and limits of the 'position' reached. Each student received written feedback points from all of us in the group.

The full detail produced by these presentations was impressive and could not be successfully captured in the session due to time constraints and, and that at this stage, I didn't want to go to the lengths of tape-recording and transcribing the dialogue. Instead, the various 'post-it' notes as well as my own 'field-notes' were used as the basis for an analysis which I conducted after the session and then took back to the students for comment and for member validation. A number of themes became clear and are identified as appendix 14.

As a first attempt to use the story-dialogue instrument, I was impressed by how well the session went, how willing the students were to take part (despite some initial hesitancy), and how rich was the data generated. Having undertaken other end-of-semester evaluations before with other cohorts on the same course, I had never before managed to assist the students in generating such



interesting and significant themes. In this session, I wanted to concentrate on the stories themselves, the 'post-it' feedback mechanism, and the quality of the data and interpretation generated. The balance of interpretation was more mine than the students and this is one aspect of the process that needs to be explored in subsequent uses.

2. A group of eight health promotion specialists who had agreed to act as facilitators at a one-day workshop on health improvement and Primary Care were asked to construct a story about their experiences of facilitating groupwork. The generative theme used was :

*Active, participative or experiential learning is vital in much health promotion work and within this, the role of a group facilitator is seen as key. This sort of working has a number of advantages but can also be seen as airy-fairy. For some people, the key to making this way of working successful is having a clear structure and sticking to it. The frequent assumption that health promotion specialists are good at facilitating seems right. Facilitating groupwork calls on a range of skills and I am clear about my own strengths and weaknesses in this.*

In the dialogue part of this work, a number of interesting process issues were raised, not least because part of the discussion was reflective in nature about the role and conduct of processing! In particular, members felt that the second processing point recommended by Feather and Labonte actually got in the way of establishing clear learning points later in the process. As the facilitator driving this processing, I too felt that the focus on what had happened in the story-telling, and on why the members felt these things were happening seemed rather tangential to the establishment of things like 'what have we learnt from this process' and 'what use is this learning for the future'. This may of course have been because the members were all experienced facilitators and found the focus on acknowledgement and reflection too easy or automatic so that it felt forced and cumbersome to go through these points. This may well not be true of other groups, but it may well be true of the health promotion specialist included in the sample for the current research.

The main purpose of this work was to enable the members of the group to become familiar with the story-dialogue instrument and given this task, their critical focus on the detail of the processing was not surprising. This also meant a corresponding lessening of learning points about facilitation which was a shame because some very interesting observations were coming out. Indeed, many of the members expressed surprise at how much insight and reflection the story-dialogue process had generated about issues they felt they already knew inside out!



3. These eight facilitators worked with small groups of primary care workers (5-8 per group) at a one day workshop focusing on health improvement. This left me free to undertake more of the interpretation and analysis of the data. Each participant had been asked to bring with them a pre-prepared story based around the following generative theme :

*The task of improving health needs to focus as much on wider issues as on individual 'lifestyle behaviours' such as exercise and smoking. These wider issues are to do with the conditions in which people have to live their lives. Some of these conditions are unhealthy and in any case, people trying to make healthy choices can only do so if the conditions are right. Because of this, we all have to work together to improve health. This presents its own challenges because we are not always used to the different thinking, professional practice and political environment in which colleagues in other organisations are working. Even in my own PCG team, a number of challenges to working together are present.*

Again, the story telling process worked well in all the groups and a large number of 'post-it' comments were made. Each facilitator each took their own judgement about the prescribed route of processing laid down by Feather and Labonte. However, all the groups managed to record some significant learning points which I was able to work with to produce some form of synthesis. This was shared with all the participants although again, there was insufficient time to ask participants to undertake further interpretation and neither was this particularly appropriate in the context of their workshop – they needed something more prescriptive. The synthesis arrived at produced the following themes. However, this does not mean that all these issues were raised by every Primary Care team, or that other issues we have not mentioned are not important. The idea of presenting this synthesis was to give participants some idea of how their discussions related to, or were different from the main issues that we felt were coming from the workshop as a whole. These issues are organised into six headings as shown in appendix 15.

4. Finally, nine participants at a regional workshop on the Standard One of the National Service Framework for Mental Health were asked to prepare a five minute story around a generative theme on mental health promotion :

*Mental health is an issue that can stir up strong emotions. It is not something I feel particularly sure or confident about. Sometimes, I feel that people try to make mental health out to be more complicated than it really needs to be. It can't be thought of separately from mental illness. There may be variations as to what counts as mental health for different people but there must be some common elements for people to be mentally healthy. The building blocks for mental health are established very early on in life.*



*Society plays its part in contributing to mental health but it is more to do with individual abilities and personalities. It is probably a good idea to think about promoting mental health in different settings but I have some concerns about some of the big issues for each of these settings*

The results from this exercise are shown as appendix 16. Following the various piloting of the story-dialogue method when participants had often felt uncomfortable and unsure as to what to write, I felt the need to inject some structure into the memo writing. To do this I provided A6 prompt sheets for participants to fill in their memos.

## Appendix 16 - Structure of the research encounter

### **Stage 1                      A story – dialogue event**

An all-day event

The department agrees who is to be invited

All participants prepare a short 'story' based around a paragraph which sets out some of the themes and issues of interest

Stories are shared, audio-taped, and written feedback from each participant collected

A 'structured dialogue' explores the themes and issues arising from the story telling – this discussion is recorded

### **Stage 2                      Making Sense**

Reflection and interpretation by participants either individually or in groups

Reflection and interpretation by the researcher

Outcomes from the 'Making Sense' produced

Structure for the next stage (the communication event) is negotiated before hand

### **Stage 3                      Communication Event**

Outcomes from the 'Making Sense' shared with participants

Participants at this stage must have been in stage 1

More stories prepared and shared,

Interviews or documentary data or made available

More reflection and interpretation and communication of these outcomes

### **Stage 4                      Implications and Lessons**

What have we learnt

What do we need

A Research Encounter Steering Group is one possibility. This would liaise between the department and the researcher, be a route for concerns and information to be communicated, and a platform for discussions and negotiations.





# Appendix 17: Consent Form

EC3

## LIVERPOOL JOHN MOORES UNIVERSITY

### FORM OF CONSENT TO TAKE PART AS A SUBJECT IN A MAJOR PROCEDURE OR RESEARCH PROJECT

**Title of project/procedure: Experiences of Being Managed in Health Promotion**

I, .....agree to take part in  
(**Subject's** full name)\*

the above named project/procedure, the details of which have been fully explained to me and described in writing.

Signed ..... Date.....  
(Subject)

I, Glenn MacDonald .....certify that the details of this

(**Investigator's** full name)\*  
project/procedure have been fully explained and described in writing to the subject named above and  
have been understood by him/her.

Signed ..... Date.....  
(Investigator)

I, .....certify that the details of this  
(**Witness'** full name)

project/procedure have been fully explained and described in writing to the subject named above and  
have been understood by him/her.

**Signed** ..... **Date**.....  
(Witness)

**NB** The witness must be an independent third party.

\* Please print in block capitals



# Appendix 18: Axial coding – collating categories

Axial coding – collating categories			
	Data stream 1		
	This category is about a feeling of limits or boundaries of various sorts within the department; some are about tangible things like limits to support or what is acceptable; others are less so and are about limits to what can be said, admitted, or how directive it seems to be possible for the department to be; there seems to be quite a number of these examples in the accounts	Major	“Limits”
	This category is about a feeling of what counts as normal in the department; most are about limits and this resonates with the category above; however, this is not a universal view; because of this contradiction it seems to be a category of major significant.	Major	“Normality”
	This category is about people giving rational accounts to explain, act as proxy excuse or blame in the department; most are not about the manager’s approach or style but it is interesting that most of the points are from the manager and one other person; because of the complexity here and also because of the way that rational account might relate to ‘avoidance’, ‘limits’ and ‘normal’ categories	Major	“Rational Account”
	This category is about a sense of department and this does seem to be involved in many of the accounts.	Significant	“Department Tribe”
	This category is about expression of detail and there does seem to be a reasonable amount of detail given on a range of issues in the accounts.	Significant	“Detail Expressed”

Axial coding - collating categories			
	This category is about a lack of expression of detail and there does seem to be a reasonable amount of inexpression on a range of issues in the accounts - it seems to be a significant category.	Significant	"Detail Inexpressed"
	This category is about expression of feeling and there seems to be only a small amount of emotional expression in the accounts.	Significant	"Feeling Expressed"
	This category is about inexpression of feeling and there seems to be a range of examples where feeling is not expressed in the accounts	Significant	"Feeling In-Expressed"
	This category is mainly about expression of aspirational hope about the future and there seems to be only a few examples of this – which by exception may make it a significant category.	Significant	"Future Facing"
	This category is about expression of individual mission, purpose or approach and there seems to be quite a number of these examples in the accounts - it seems to be a significant category.	Significant	"Individual Mission"
	This category is about a feeling of predictable inevitability about the future for the department; some feel this as unalterable (pink), some as ominous (red), some as something that can be challenged (dark yellow) and some with deference (blue); there seems to be quite a number of these examples in the accounts	Significant	"Inevitability"
	This is a small but significant category marked out by the intensity of some of the discourse used, albeit limited to two people.	Significant	"Loss / Waste"
	This is a small but significant category marked out by the detail and argument of some of the discourse used, albeit limited to two people.	Significant	"Reflection"



Axial coding, collating categories			
	This category is about people using rhetorical devices in their stories to act as proxy description (especially the poem), accusation, admonishment or criticism of un-named people or processes department; because of the way that this might relate to 'rational account' 'avoidance', 'limits' and 'normal' categories above, it seems to be a significant category.	Significant	"Rhetoric / Metaphor"
	This small category is about people using tact or mild manipulation in the life of the department; as with the 'rational account' category, it is interesting that most of the points are from the manager and one other person; because of the sensitivity here and also because of the way that this might relate to 'rational account', 'rhetoric', 'avoidance', 'limits' and 'normal' categories above, it seems to be a significant category.	Significant	"Tacticians"
	This category expresses a range of negative emotion about moving into the public health department; especially in relation to the lack of detail given about reasons for the move (see above) this is a significant category.	Significant	"Unrest"
	This category represents some important value statements about the current situation, a manager's approach, health promotion and ways of working; because the majority are aspirational rather than comment about current experience and because of the resonance with other categories (rational account, and rhetoric) these statements of values as vehicles for implied criticism make this a significant category.	Significant	"Value Expressed"

Axial coding	collating categories		
	This category represents some important statements where values are implied or related but not articulated or explored; as with other categories (detail inexpressed, and feelings inexpressed), these issues may be explained as simply lack of attention to detail or judgements that further explanations were not required; however, taken together with other categories, this may represent a significant category.	Possibly significant	"Value Inexpressed"
	This category represents some interesting statements about working together which come mainly from one person; however, taken with the 'Team' and 'Individual mission' categories (above) the lack of greater comment about joint working may mean this is a significant category.	Possibly significant	"Working Together"
	This category may be more a point of possible interest than anything else – it is not a much-used.	Minor	"Role"
	This category is about possible avoidance of issues like what is happening in the department, or how someone feels about being managed.	Minor	"Avoidance"
	This category is about control although this concept does not seem to be particularly central to the accounts - it seems to be a category of minor significance.	Minor	"Control"
	This category is about overt criticism although this concept does not seem to be particularly central to the accounts - it seems to be a category of minor significance.	Minor	"Criticism Expressed"
	This seems to be a category of minor significance.	Minor	"Criticism Un-Expressed"
	This category is about the use of cynicism and this form of rhetoric does play a part in the accounts, especially one of them - it seems to be a category of minor significance.	Minor	"Cynicism"



Axial coding - collating categories			
	This category is about expressions about the nature of health promotion and this seems to take only a small space in the accounts - it seems to be a category of minor significance.	Minor	"Health Promotion Mission"
	This category is about being a part of the health promotion collective tribe and there seems to be only a small amount of expression in the accounts - it seems to be a category of minor significance.	Minor	"Health Promotion Tribe"
	This omission may or may not represent a significant category.	Possibly not significant	"Teams"
	This is a small and probably not significant category except in that it raises interesting questions about why structure was not addressed more.	Possibly not significant	"The Hierarchy"
	Data stream 2		
	<b>Where</b> health promotion is going : There is not much detail given here, which is in keeping with the Detail Inexpressed category. This lack of mention is also in keeping with the Health Promotion Mission category.	Significant	No health promotion detail
	<b>Understood</b> in the department : Largely not addressed except by the manager. This again is probably in keeping with the Detail Inexpressed category but could also reflect the Individual Mission category	Minor	Department understanding of health promotion

Axial coding	collating categories		
	<p>Trust &amp; HA :</p> <p>Fairly full set of references to this aspect. In general, the references point to some criticisms of the HA (in particular) and its lack of appreciation of what the health promotion is about. This probably relates to the Health Promotion Mission category. Some criticism of the Trust from the manager (they don't understand what health promotion does). Otherwise, the main thrust of the references is about a distance between the department and both the Trust and the HA. Again, this might relate to the Department Tribe category.</p>	Significant	Others don't understand health promotion
	<p>How health promotion should be :</p> <p>Varied tangential references on this aspect of the Generative Theme. This could reflect the Detail Inexpressed category, and also the Value Inexpressed category. It might also relate to the Future Facing theme because 'should be' invites (perhaps) this sort of vision, in which case, it is interesting that there is only one articulation of this. It may also relate to the Health Promotion Mission category.</p>	Significant	Lack of consistent view of health promotion
	<p>Agree with my views</p> <p>Not surprising given the limited detail expressed about what health promotion should be, there is still less on whether the participants felt that other members of the department agreed with their views on this. This could be in keeping with either the Health Promotion Mission category or the Individual Mission category.</p>	Minor	Uncertain of others' views



<div> <div>Axial coding</div> <div>collating categories</div> </div>			
	<p><b>Tensions :</b></p> <p>Given the limited detail with respect to the aspects about what health promotion should be, it is not surprising that tension arising from possible differences of opinion about what health promotion should be have not been articulated. The tensions that are mentioned are more implied than given in detail and seem to relate more specifically to internal department issues. This could relate to the Avoidance category, the Limits category and the Normality category.</p>	Significant	Implicit tension
	<p><b>Control :</b></p> <p>Not much reference to this aspect of the Generative Theme and this is in keeping with the Control category.</p>		
	<p><b>Work feelings :</b></p> <p>There are varied references to this aspect. Two give very positive information about how they feel about their job. Two others express specific worries and two have quite strongly expressed points (but with not much detail on feelings) about the consultation involved in the restructuring. These references relate to both the Feeling Expressed category and the Feeling Inexpressed category. The overall limited responses might relate to the Limits category and the Normality category.</p>	Significant	Expressed feelings about work
	<p><b>Managed feelings :</b></p> <p>The references here are mostly by implication than anything direct. Three imply they are happy with how they are managed. Two imply criticism specifically to do with consultation and the restructuring. One seems to avoid the issue which in itself could be an implied criticism. The references here are in keeping with the Feeling Inexpressed category, the Criticism Inexpressed category, and possibly the Avoidance category.</p>	Significant	Avoided feelings about management

Axial coding - collating categories			
	<p><b>Dealing :</b></p> <p>There are very few references to how the participants deal with whatever emotions they have about their work or being managed. This could reflect the Avoidance category, the Limits category and the Individual Mission category.</p> <p>Those that are given relate to different categories (Working Together category, Tactician category, Normality category or Individual Mission category) and there is no clear pattern.</p>	Significant	Limited emotional disclosure
	<p><b>Uncertainty :</b></p> <p>There are a range of references in response to this aspect of the Generative Theme. Some are more future-facing whilst others reflect on the certainties of the present. Some see some change as necessary (we have to change with the times), some see positive signs (light at the end of the tunnel) but most seem wary (unrest as we move into the unknown). This relates to the Future Facing Category, the Unrest category, and possibly the Limits category.</p>	Significant	Future uncertainty
	<p><b>Change feelings :</b></p> <p>As with the last aspect, the emotions expressed here tend to be more negative than positive. However, as well as those who did not address this, three do not express much emotion openly but give a rational account or point to people we are trying to serve feel like. This may reflect the Feeling Inexpressed category as much as it does the Feeling Expressed category. Again, this may relate to the Limits category and Normality category.</p>	Significant	Negative feelings about change
	<p><b>Suspect difference :</b></p> <p>Not a great deal of reference for this aspect. Those differences in views that might be there are more implied than stated. Again, this may reflect the Feeling Inexpressed category, the Limits category and the Normality category.</p>	Minor	Uncertain of others' views



<b>Axial coding - collating categories</b>			
	<p><b>Express :</b></p> <p>These references point to limited expression of any opinion about whether they would 'like to express myself more openly'! This may show there are limits to what can normally be expressed in the department (and if so, relate to the Limits category and Normality category).</p>	Significant	Limited expression
	<p><b>Reasons I keep quiet :</b></p> <p>Given that there is little comment in response to the 'like to express myself more openly' trigger in the Generative Theme, it is not surprising that there is little comment on what holds people back. The two reasons given are (not wanting to appear destructive) and (needing an arena to legitimate reflective practice) relate to the Limits category and maybe the Criticism Inexpressed category.</p>	Significant	Limited expression
	<p><b>Others critical :</b></p> <p>Very little comment about whether the participants felt that others would be critical of their views. This seems important pointing perhaps to a taboo about criticism. This would reflect the Criticism Inexpressed category, Limits category and Normality category.</p>	Significant	Criticism avoiding
	<p><b>Shows itself :</b></p> <p>Not surprisingly, there is little on how criticism shows itself. This again supports the view that criticism seems taboo (the Criticism Inexpressed category). but could also reflect the Detail Inexpressed category, or the Avoidance category.</p>	Significant	Criticism avoiding

Axial coding - collating categories			
	<p>React :</p> <p>No participant offered any comment on how others might react to their story. This could be about avoidance or it could be that it is not normal in the department to express such things. If so this relates to the Criticism Inexpressed category, the Limits category and Normality category</p>	Significant	Criticism avoiding
	<p>Buried :</p> <p>Few acknowledgements that 'things get buried' which may itself be burying something! Given the strength with which two participants refer to this, it seems likely that burying is normal and this would relate to the Criticism Inexpressed category, the Limits category and the Normality category.</p>	Significant	Criticism avoiding; burying normal is
	<p>Not-noticing :</p> <p>Given that few seem to acknowledge that burying goes on, it is not surprising that no-one admits to using 'not-noticing' as a way of doing this!</p>		
	<p>Writing :</p> <p>Only two references to what writing the story has done. The point relating this reflection to her MSc study is interesting as this could mean that this too has not been shared in the department. This would relate to the Rhetoric category.</p>	Minor	Not sharing
	<p>Sharing :</p> <p>Limited reference to sharing from the stories which reflects a trend about limits, normality and Individual Mission category.</p>	Minor	Not sharing
	Data stream 3		



Axial coding	collating categories	
	<p>The analysis of the memo data identifies a range of statements that have been interpreted as examples of 'acknowledgement' in the analysis. The samples of this analysis in the left-hand column show something of the frequency with which the term 'acknowledgement' or 'acknowledge' was felt to be needed in this analysis. Bearing in mind that each of these samples of analysis are collated here from across the whole range of memo prompts, each analysed at different times, it seems acceptable to assume that this interpretation has emerged from the data rather than the data being forced into the interpretation. So it seems that acknowledging aspects of the stories of others occurs quite frequently in the memo responses. For the most part, this seems to reflect an accepting, supporting or even empathising within the memo responses.</p>	<p>Major</p> <p>Frequent, supportive acknowledgment</p>
	<p>There are a number of occasions where the memo feedback seems to be saying that action of some sort is needed. Usually, this is proactive action. The detail though is not given about what exactly needs to happen e.g. 'find ways'. That is there seems to be more clarity about the end than the means.</p>	<p>Major</p> <p>Need for action</p>
	<p>The analysis of the memo data produced several examples of responses that have been interpreted as agreements with the storyteller. There is very little in the way of overtly expressed disagreement with the storyteller. The agreements that are expressed seem to be about issues or points external to the department.</p>	<p>Major</p> <p>Externally-targeted agreement</p>
	<p>There are ranges of memo responses that have been interpreted in the analysis as being appreciative of some aspect of what the storyteller has said. This tends to be more an appreciation that the storyteller has brought something out into the open that is normally hidden, rather than e.g. 'I appreciate your point but....'</p>	<p>Major</p> <p>Appreciating issue-raising</p>

Axial coding - collating categories			
	There are a large number of points in the memo responses where disagreement is expressed. This is interesting and rather surprising because only four points recorded under the prompt headed 'disagree'. This may imply that disagreements, if expressed at all, are not done overtly but through other means. Indeed, given that many of the disagreements are with the manager's point of view, there are no overt points of disagreement recorded in the participants' memo responses to her. The nature of the disagreements are not really about matters of fact (except e.g. whether consultation did or did not take place) but more about perception e.g. 'seems to see things differently'. There is also the sense of disagreement that is about someone not accepting (or believing) the feelings and experiences of another.	Major	Disagreed perceptions
	The memo responses show a number of points of empathy. Most of these are directed to two participants but one (about starting health promotion) is more general.	Major	Current of empathy
	The memo responses contain a number of references to how the storyteller is feeling. Most are supportive or empathetic and there is only one example where someone (the manager) questions the feelings of the storyteller. The response themselves largely express an empathy, but are not particularly emotional in themselves. The main reference is to frustration, although there are a few references to hope and anxiety. There were only isolated expressions of emotion under the 'I feel..' prompts but these too mention frustration, anxiety and hope.	Major	Shared frustration, partial anxiety, a little hope



Axial coding, collating categories			
	There are a large number of memo responses discussing health promotion. Some of these are about health promotion as a way of working and dealing with others – a philosophy; a special-ness; that doing health promotion changes you – but there is not much specificity about any of this. Some are about organisational positioning for health promotion, or concern funding. Some are about health promotion being difficult and complex and that this is not understood by other health workers.	Major	Health promotion as an entity
	A repeated feature of the memo data are references to a valuing of working together as a team	Major	Team working
	A number of the memo comments are about change or rather, that certain structural changes in the department are more superficial than actual, and that whatever changes might have happened, these have to be compared against other, larger invariance that 'still needs working on in the department'.	Significant	Surface change Need for change
	There are only a few examples from the memo responses of expressions of concern. Only one of these is about department and the rest are all referring to concern about preserving autonomy and quality of the work into the future	Significant	Preserving autonomy
	A number of the memo responses identify lack of consultation as an issue	Significant	Lack of consultation
	There are a few examples in the analysis of the memos where 'the department' is mentioned. These tend to focus on a need to preserve certain aspects of the current department namely being well managed, having useful colleagues, working with a social model of health, feeling confident, being self-motivated. All this could be summarised as 'a way of working'.	Significant	Preserving a way of working

Axial coding - collating categories			
	There are a number of memo responses which concern the future for the department. The call for monitoring may imply a guardedness about the future, as does 'what might lie ahead'	Significant	Guarded future-facing
	Quite a few of the memo responses value opportunities to share and learn from each other. But against this, there is also a feeling that this is limited or prevented because experience is not allowed to be heard in the department	Significant	Missed opportunities to learn from experienced others
	The analysis of the memos identifies a valuing of reflection, either personal but particularly about processes in the department. There is more than a hint that this questioning is not a normal practice	Significant	Valued but infrequent reflection
	There are a few references in the memo data of 'our', 'ourselves', 'our own' and it interesting to consider who this refers to – the whole department, the health promotion specialists not including managers. Or health promotion more generally. It is not clear which of these applies. What is also here is an expressed perception of a shared power or resource or responsibility	Significant	Ownership
	There are a few mentions of support in the memo data but not many which may be surprising. In a way, this may be a sign more about autonomy than a need for support.	Significant	Autonomy rather than need for support
	Uncertainty about the future seems to be a significant theme within the memo data	Significant	Uncertainty
	There are a few memo responses that imply that most people care about health promotion, but not equally so.	Minor	Unequal care
	A number of the memos complain about not being involved and being unable to influence, both within the department, and outside	Minor	Lack of internal and external influence



Axial coding - collating categories			
	The analysis of the memo data identifies a number of points of optimism but also pessimism, but with no obvious or clear-cut acknowledgement of this tension	Minor	Unacknowledged optimist-pessimist tension
	A couple of the memos have an outward-facing focus, but this is not a particularly strong feature of this data	Minor	Outward-facing
	A couple of the memos use the metaphor of the department as a pawn in the system – one which implies that its work is not greatly valued, and that it can be moved around at will	Minor	Pawns in the system
	Data stream 4		
	Three references in the dialogue data are about the members of the department being a team, and the need to hold on to team ideal, team belief, and team identity. This last tends to contradict others points about department identity needing to come to an end. This seems to be a significant theme.	Significant.	Team ideal
	Three references are made about the importance of process and the need to make time for this. This seems a significant theme	Significant	Process is important
	Three aspects of the dialogue data seem to indicate that consultation is a fairly strong and robust norm within the department. It would appear that set against this norm, the lack of consultation on the merger made some participants feel fairly unhappy.	Significant	
	There are a number of references to participants being valued by each other, of the need to keep on 'valuing ourselves', and (in contradiction) some cases where people had felt undervalued. This is probably a significant theme.	Significant	Partial valuing

Axial coding - collating categories			
	There are a couple of references to 'the department not only as an entity, but also as something providing identity – one that is seen as coming to an end. Although not numerous, the tone of the data suggests this is still a significant theme.	Significant	Collective identity
	There were a couple of 'college worker' type observations in the dialogue data. These amount to observations about what had happened during the story telling – observations that participants had been honest, that the memo's had been supportive, that challenges had been raised that these were appreciated by participants.	Minor	Observations
	There were a number of references in the dialogue data to the public health department with which the health promotion department was soon to merge. There were claims or judgments that the ph department is completely different, could not be changed, that consultation was not the norm, that they work in isolation as 'loose cannons' with no common philosophy, and didn't have 'the skills'.	Major	Ph judgments
	There are three references to avoidance in the dialogue data. People's concerns are avoided rather than being addressed, criticism is avoided and things are discussed in private to avoid raising them in public. This seems a very significant category. It is as if avoidance is part of the habit of the department.	Major	An avoidance habit



<div> <div>Axial coding</div> <div>collating categories</div> </div>			
	<p>There are numerous identifications of need of one form or another.</p> <p>Some refer to needs to preserve existing things such as the systems the department already has to provide support, reduce barriers, its structures, ethics, open door management and ways of working.</p> <p>Others refer to new needs which are fairly specific – the need to review, to sell the department, and to create systems to reduce barriers.</p> <p>Others refer to needs which are aspirational and are not particularly specific about how these are to be met – the need to avoid misunderstandings, share feelings, make time for process, be proactive, address concerns, and sanction constructive criticism.</p>	Major	Needs
	<p>There are a significant number of references to the future in the dialogue data. A lot of these express a consensus (but not unanimous) view that the future needs to be planned for, and that it holds opportunities, uncertainties and dangers. Not only because of the frequency of comment, but also their interesting contrast between hope and danger, this is a major theme.</p>	Major	Planning futures
	<p>Change is raised on several occasions, and commented upon as a general, abstract issue even though it seems likely the change people are referring to is the future merger of the department with public health. The consensus seems to be that change cannot be avoided or resisted. It is seen as a kind of growing up – the department coming of age – but there is a sense of loss about this as well as a fear.</p>	Major	Resigned, daunting change
	Data stream 5		

Axial coding - collating categories			
	Two points mentioned the process and time devoted to the story-telling had helped influence what was included in the stories and memos. It was as if this mechanism validated the process of sharing and created a space and vehicle for 'dealing with the negative' and would be needed again in future.	Significant	Process
	There was a suggestion that the health promotion skills held by the participants contributed to what had happened.	Significant	Skills
	The view was expressed that the future was closer to the present than the past and that this made a difference to what had been shared and discussed in the stories. For some participants, there was not much past of relevance to this.	Minor	Timing
	Data stream 6		
	These are all fairly clear statements about dangers experienced in the past not being taken into the future. The interesting point is about conflict – the clear, unambiguous statement that at present, 'conflict is never dealt with', and the implication from the first line that conflict should be avoided. It's as if the department wants to find ways of dealing with its conflict but still thinks of conflict negatively, rather than something positive. The main message seems to be 'don't rock the boat'.	Major	Avoid conflict
	The main message here seems to link infrastructures and resources available to members of the department together with a sort of democratisation which involves both responsibilities (accountability, monitoring) as well as valuing (working together, recognition of skills, collective engagement). This speaks more about democracy than hierarchy.	Major	Democracy



<div> <div>Axial coding</div> <div>collating categories</div> </div>			
	The main point here seems to be about openness (clarity of roles, listening, open door) and what might be called the products of this openness (team working, sharing, not being misunderstood, articulating hp).	Major	Valuing openness
	Most of the points here are about wanting to see a genuine merging of the hp and ph departments (shared vision, moving forward together, joint structure, mix skills, share good practice). However, there is also an element of wanting to be prepared (learn from people already there) and influence (show them why we think practice is either good or ineffective, how our systems work, time and space for reflection). More than this, there are elements of not letting go (not losing our way, hp interest group). So this seems to be about a guarded approach to the merger, being prepared to share but also, being ready to hold on to existing identity and practice.	Major	Guarded / reserved approach to merger
	Data stream 7		
	Range of worries about the encounter but nothing very specific – even the ‘vulnerable position – was a comment made in hindsight;	Significant	Reflections on concerns before the encounter
	an implied need for the encounter to happen	Significant	Expressions of need for the encounter
	Mixed responses	Minor	Reactions to memos
	This category seems to show that participants have chosen to reflect on the encounter in their postscripts, and that these reflections are mainly positive	Significant	Positive about the encounter

Axial coding	collating categories		
	Concerns are about those who have not taken part in the encounter, not much about the department as a whole and how it will fare	Significant	Concerns after the encounter
	<p>Key points in this category are :</p> <p>Concerns, Allay Fears Assumptions, Hope, Glad, Hope, Worked through, Dispel fears, Clarification, Looking forward, Dealt with, Satisfied</p> <p>The two themes of this category seems to be around</p> <p><i>dealing with</i> (working through, allay, satisfaction, clarification, dispel,) without any strong flavour of resolution, and</p> <p><i>hope</i> (glad, looking forward), without any strong flavour of optimism; some guardedness, hesitancy or unspecified concerns.</p>	Major	Dealing with, and hope
	<p>Key points in this category are :</p> <p>Ask again, How do they know, Quite valuable, surprise it worked, Department support not always there, Both sides, Could have said but didn't, Shame it took the encounter to get an acknowledgment of the issue</p> <p>The theme here seems to be a hesitancy or guardedness serving to temper the positivity expressed in other categories.</p>	Major	Guardedness
	<p>Key points in this category are :</p> <p>Positivity, Mobilise, Collective action, Common understanding, General feelings of doubt, Move beyond the negative, Methods of moving forward, Keen to work together, To move forward</p> <p>People sense that a shared feeling of doubt, negativity and conflict has been replaced by common concerns, understanding and positivity, and a keenness and commitment to mobilise, work together move forward.</p>	Major	Collective mission?



Axial coding - collating categories			
	<p>This category centres around comments made about other participants, but not generalising to the whole department. It is a fairly wide range of mainly positive comments, not shared or expressed by everyone.</p> <p>Seeing others as having feelings, voicing concerns, hearing me, having similar issues, needing reassurance and information, dealing with the positive/consensus, avoiding the negative/conflict, uncomfortable with change</p>	Significant	Seeing others as...
	<p>This category centres around issues and values that are being judged by individual participants to be shared by the whole department. The category represents a small range of positive judgements about the department. It may be significant that these expressions are not generalised – they come from the manager and one of the team leaders.</p>	Significant	Judgements about the whole department
	<p>This category is about expressed emotion. These fall into three sub-categories : <i>Don't feel as isolated, undervalued</i></p> <p><i>Do feel</i> encouraged; saddened; happy; relaxed, enthused, motivated, pleased, satisfied, supported, relieved;</p> <p><i>Feel more</i> supported, comfortable,</p> <p>The theme seems to be that a mixture of emotions have existed in the department (isolated, undervalued, supported, comfortable). After the encounter, people seem to feel more consistently positive.</p>	Significant	Feelings
	<p>This category is about expressions of colleague-ship. The theme seems to be about a tangible , maybe emergent feeling of colleague-ship in the department., tempered with some guardedness e.g. 'feeling', seem to share, feels the togetherness will get lost, concern about colleagues not in the encounter</p>	Significant	Guarded colleague-ship

Axial coding, collating categories			
	This category centres around specific issues raised in the postscripts that are not relevant to other categories. The theme seems to be cynicism both about the future in merging with public health, but also about the way the department is now regarding involvement and talking openly.	Significant	Cynicism



# Appendix 19: Axial coding of the collated 106 themes/categories

Axial coding of the collated 106 themes/categories				
Axial code	Theme #	Theme description	Significance	Theme name
		Data stream 1		
L		This category is about a feeling of limits or boundaries of various sorts within the department; some are about tangible things like limits to support or what is acceptable; others are less so and are about limits to what can be said, admitted, or how directive it seems to be possible for the department to be; there seems to be quite a number of these examples in the accounts	Major	"Limits"
L		This category is about a feeling of what counts as normal in the department; most are about limits and this resonates with the category above; however, this is not a universal view; because of this contradiction it seems to be a category of major significant.	Major	"Normality"
Ta		This category is about people giving rational accounts to explain, act as proxy excuse or blame in the department; most are not about the manager's approach or style but it is interesting that most of the points are from the manager and one other person; because of the complexity here and also because of the way that rational account might relate to 'avoidance', 'limits' and 'normal' categories	Major	"Rational Account"
O		This category is about a sense of department and this does seem to be involved in many of the	Significant	"Department Tribe"

<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		accounts.		
L		This category is about expression of detail and there does seem to be a reasonable amount of detail given on a range of issues in the accounts.	Significant	"Detail Expressed"
L		This category is about a lack of expression of detail and there does seem to be a reasonable amount of inexpression on a range of issues in the accounts - it seems to be a significant category.	Significant	"Detail Inexpressed"
Fe		This category is about expression of feeling and there seems to be only a small amount of emotional expression in the accounts.	Significant	"Feeling Expressed"
Fe		This category is about inexpression of feeling and there seems to be a range of examples where feeling is not expressed in the accounts	Significant	"Feeling In-Expressed"
F		This category is mainly about expression of aspirational hope about the future and there seems to be only a few examples of this – which by exception may make it a significant category.	Significant	"Future Facing"
Au		This category is about expression of individual mission, purpose or approach and there seems to be quite a number of these examples in the accounts - it seems to be a significant category.	Significant	"Individual Mission"
Ci		This category is about a feeling of predictable inevitability about the future for the department; some feel this as unalterable (pink), some as ominous (red), some as something that can be challenged	Significant	"Inevitability"



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		(dark yellow) and some with deference (blue); there seems to be quite a number of these examples in the accounts		
Cy		This is a small but significant category marked out by the intensity of some of the discourse used, albeit limited to two people.	Significant	"Loss / Waste"
R		This is a small but significant category marked out by the detail and argument of some of the discourse used, albeit limited to two people.	Significant	"Reflection"
Ta		This category is about people using rhetorical devices in their stories to act as proxy description (especially the poem), accusation , admonishment or criticism of unnamed people or processes department; because of the way that this might relate to 'rational account' 'avoidance', 'limits' and 'normal' categories above, it seems to be a significant category.	Significant	"Rhetoric / Metaphor"
Ta		This small category is about people using tact or mild manipulation in the life of the department;as with the 'rational account' category, it is interesting that most of the points are from the manager and one other person; because of the sensitivity here and also because of the way that this might relate to 'rational account', 'rhetoric', 'avoidance', 'limits' and 'normal' categories above, it seems to be a significant category.	Significant	"Tacticians"
Ci		This category expresses a range of negative emotion about moving	Significant	"Unrest"

Axial coding of the collated 106 themes/categories				
Axial code	Theme #	Theme description	Significance	Theme name
		into the public health department; especially in relation to the lack of detail given about reasons for the more (see above) this is a significant category.		
V		This category represents some important value statements about the current situation, a manger's approach, health promotion and ways of working; because the majority are aspirational rather than comment about current experience and because of the resonance with other categories (rational account, and rhetoric) these statements of values as vehicles for implied criticism make this a significant category.	Significant	"Value Expressed"
V		This category represents some important statements where values are implied or related but not articulated or explored; as with other categories (detail inexpressed, and feelings inexpressed), these issues may be explained as simply lack of attention to detail or judgements that further explanations were not required; however, taken together with other categories, this may represent a significant category.	Possibly significant	"Value Inexpressed"
T		This category represents some interesting statements about working together which come mainly from one person; however, taken with the 'Team' and 'Individual mission' categories (above) the lack of greater comment about joint working may mean this is a significant category.	Possibly significant	"Working Together"



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
Au		This category may be more a point of possible interest than anything else – it is not a much-used.	Minor	"Role"
A		This category is about possible avoidance of issues like what is happening in the department, or how someone feels about being managed.	Minor	"Avoidance"
Ci		This category is about control although this concept does not seem to be particularly central to the accounts - it seems to be a category of minor significance.	Minor	"Control"
Cr		This category is about overt criticism although this concept does not seem to be particularly central to the accounts - it seems to be a category of minor significance.	Minor	"Criticism Expressed"
Cr		This seems to be a category of minor significance.	Minor	"Criticism Un-Expressed"
Cy		This category is about the use of cynicism and this form of rhetoric does play a part in the accounts, especially one of them - it seems to be a category of minor significance.	Minor	"Cynicism"
Hp		This category is about expressions about the nature of health promotion and this seems to take only a small space in the accounts - it seems to be a category of minor significance.	Minor	"Health Promotion Mission"
O		This category is about being a part of the health promotion collective tribe and there seems to be only a small amount of expression in the	Minor	"Health Promotion Tribe"

Axial coding of the collated 106 themes/categories				
Axial code	Theme #	Theme description	Significance	Theme name
		accounts - it seems to be a category of minor significance.		
T		This omission may or may not represent a significant category.	Possibly not significant	"Teams"
D		This is a small and probably not significant category except in that it raises interesting questions about why structure was not addressed more.	Possibly not significant	"The Hierarchy"
		Data stream 2		
Hp		<b>Where</b> health promotion is going : There is not much detail given here, which is in keeping with the Detail Inexpressed category. This lack of mention is also in keeping with the Health Promotion Mission category.	Significant	No hp detail
Hp		<b>Understood</b> in the department : Largely not addressed except by the manager. This again is probably in keeping with the Detail Inexpressed category but could also reflect the Individual Mission category	Minor	Department understanding of hp
D		<b>Trust &amp; HA :</b> Fairly full set of references to this aspect. In general, the references point to some criticisms of the HA (in particular) and its lack of appreciation of what the health promotion is about. This probably relates to the Health Promotion Mission category. Some criticism of the Trust from the manager (they don't understand what health promotion does). Otherwise, the main thrust of the references is about a distance between the	Significant	Others don't understand hp



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		department and both the Trust and the HA. Again, this might relate to the Department Tribe category.		
Hp		How health promotion should be : Varied tangential references on this aspect of the Generative Theme. This could reflect the Detail Inexpressed category, and also the Value Inexpressed category. It might also relate to the Future Facing theme because 'should be' invites (perhaps) this sort of vision, in which case, it is interesting that there is only one articulation of this. It may also relate to the Health Promotion Mission category.	Significant	Lack of consistent view of hp
Cr		Agree with my views  Not surprising given the limited detail expressed about what health promotion should be, there is still less on whether the participants felt that other members of the department agreed with their views on this. This could be in keeping with either the Health Promotion Mission category or the Individual Mission category.	Minor	Uncertain of others' views
Hp		Tensions :  Given the limited detail with respect to the aspects about what health promotion should be, it is not surprising that tension arising from possible differences of opinion about what health promotion should be have not been articulated. The tensions that are mentioned are more implied than given in detail and seem to relate more specifically to internal	Significant	Implicit tension

<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		department issues. This could relate to the Avoidance category, the Limits category and the Normality category.		
Ci		Control :  Not much reference to this aspect of the Generative Theme and this is in keeping with the Control category.		
Fe		Work feelings :  There are varied references to this aspect. Two give very positive information about how they feel about their job. Two others express specific worries and two have quite strongly expressed points (but with not much detail on feelings) about the consultation involved in the restructuring. These references relate to both the Feeling Expressed category and the Feeling Inexpressed category. The overall limited responses might relate to the Limits category and the Normality category.	Significant	Expressed feelings about work
A		Managed feelings :  The references here are mostly by implication than anything direct. Three imply they are happy with how they are managed. Two imply criticism specifically to do with consultation and the restructuring. One seems to avoid the issue which in itself could be an implied criticism. The references here are in keeping with the Feeling Inexpressed category, the Criticism Inexpressed category, and possibly the Avoidance category.	Significant	Avoided feelings about management



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
Fe		<p><b>Dealing :</b></p> <p>There are very few references to how the participants deal with whatever emotions they have about their work or being managed. This could reflect the Avoidance category, the Limits category and the Individual Mission category.</p> <p>Those that are given relate to different categories (Working Together category, Tactician category, Normality category or Individual Mission category) and there is no clear pattern.</p>	Significant	Limited emotional disclosure
F		<p><b>Uncertainty :</b></p> <p>There are a range of references in response to this aspect of the Generative Theme. Some are more future-facing whilst others reflect on the certainties of the present. Some see some change as necessary (we have to change with the times), some see positive signs (light at the end of the tunnel) but most seem wary (unrest as we move into the unknown). This relates to the Future Facing Category, the Unrest category, and possibly the Limits category.</p>	Significant	Future uncertainty
Ci		<p><b>Change feelings :</b></p> <p>As with the last aspect, the emotions expressed here tend to be more negative than positive. However, as well as those who did not address this, three do not express much emotion openly but give a rational account or point to people we are trying to serve feel like. This may reflect the Feeling</p>	Significant	Negative feelings about change

<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		Inexpressed category as much as it does the Feeling Expressed category. Again, this may relate to the Limits category and Normality category.		
Cr		<p>Suspect difference :</p> <p>Not a great deal of reference for this aspect. Those differences in views that might be there are more implied than stated. Again, this may reflect the Feeling Inexpressed category, the Limits category and the Normality category.</p>	Minor	Uncertain of others' views
L		<p>Express :</p> <p>These references point to limited expression of any opinion about whether they would 'like to express myself more openly'! This may show there are limits to what can normally be expressed in the department (and if so, relate to the Limits category and Normality category).</p>	Significant	Limited expression
L		<p>Reasons I keep quiet :</p> <p>Given that there is little comment in response to the 'like to express myself more openly' trigger in the Generative Theme, it is not surprising that there is little comment on what holds people back. The two reasons given are (not wanting to appear destructive) and (needing an arena to legitimate reflective practice) relate to the Limits category and maybe the Criticism Inexpressed category.</p>	Significant	Limited expression
Cr		Others critical :	Significant	Criticism avoiding



**Axial coding of the collated 106 themes/categories**

<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		Very little comment about whether the participants felt that others would be critical of their views. This seems important pointing perhaps to a taboo about criticism. This would reflect the Criticism Inexpressed category, Limits category and Normality category.		
Cr		Shows itself :  Not surprisingly, there is little on how criticism shows itself. This again supports the view that criticism seems taboo (the Criticism Inexpressed category). but could also reflect the Detail Inexpressed category, or the Avoidance category.	Significant	Criticism avoiding
Cr		React :  No participant offered any comment on how others might react to their story. This could be about avoidance or it could be that it is not normal in the department to express such things. If so this relates to the Criticism Inexpressed category, the Limits category and Normality category	Significant	Criticism avoiding
Cr		Buried :  Few acknowledgements that 'things get buried' which may itself be burying something! Given the strength with which two participants refer to this, it seems likely that burying is normal and this would relate to the Criticism Inexpressed category, the Limits category and the Normality category.	Significant	Criticism avoiding; burying is normal
Bw		Not-noticing :		

Axial coding of the collated 106 themes/categories				
Axial code	Theme #	Theme description	Significance	Theme name
		Given that few seem to acknowledge that burying goes on, it is not surprising that no-one admits to using 'not-noticing' as a way of doing this!		
Bw		Writing :  Only two references to what writing the story has done. The point relating this reflection to her MSc study is interesting as this could mean that this too has not been shared in the department. This would relate to the Rhetoric category.	Minor	Not sharing
L		Sharing :  Limited reference to sharing from the stories which reflects a trend about limits, normality and Individual Mission category.	Minor	Not sharing
		Data stream 3		
Aa		The analysis of the memo data identifies a range of statements that have been interpreted as examples of 'acknowledgement' in the analysis. The samples of this analysis in the left- hand column show something of the frequency with which the term 'acknowledgement' or 'acknowledge' was felt to be needed in this analysis. Bearing in mind that each of these samples of analysis are collated here from across the whole range of memo prompts, each analysed at different times, it seems acceptable to assume that this interpretation has emerged from the data rather than the data being forced into the interpretation. So it	Major	Frequent, supportive acknowledgment



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		seems that acknowledging aspects of the stories of others occurs quite frequently in the memo responses. For the most part, this seems to reflect an accepting, supporting or even empathising within the memo responses.		
Fa		There are a number of occasions where the memo feedback seems to be saying that action of some sort is needed. Usually, this is proactive action. The detail though is not given about what exactly needs to happen e.g. 'find ways'. That is there seems to be more clarity about the end than the means.	Major	Need for action
Aa		The analysis of the memo data produced several examples of responses that have been interpreted as agreements with the storyteller. There is very little in the way of overtly expressed disagreement with the storyteller. The agreements that are expressed seem to be about issues or points external to the department.	Major	Externally-targeted agreement
Aa		There are ranges of memo responses that have been interpreted in the analysis as being appreciative of some aspect of what the storyteller has said. This tends to be more an appreciation that the storyteller has brought something out into the open that is normally hidden, rather than e.g. 'I appreciate your point but....'	Major	Appreciating issue-raising
Aa		There are a large number of points in the memo responses where disagreement is expressed. This is	Major	Disagreed perceptions

Axial coding of the collated 106 themes/categories				
Axial code	Theme #	Theme description	Significance	Theme name
		interesting and rather surprising because only four points recorded under the prompt headed 'disagree'. This may imply that disagreements, if expressed at all, are not done overtly but through other means. Indeed, given that many of the disagreements are with the manager's point of view, there are no overt points of disagreement recorded in the participants' memo responses to her. The nature of the disagreements are not really about matters of fact (except e.g. whether consultation did or did not take place) but more about perception e.g. 'seems to see things differently'. There is also the sense of disagreement that is about someone not accepting (or believing) the feelings and experiences of another.		
Fe		The memo responses show a number of points of empathy. Most of these are directed to two participants but one (about starting health promotion) is more general.	Major	Current of empathy
H		The memo responses contain a number of references to how the storyteller is feeling. Most are supportive or empathetic and there is only one example where someone (the manager) questions the feelings of the storyteller. The response themselves largely express an empathy, but are not particularly emotional in themselves. The main reference is to frustration, although there are a few references to hope and	Major	Shared frustration, partial anxiety, a little hope



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		anxiety. There were only isolated expressions of emotion under the 'I feel..' prompts but these too mention frustration, anxiety and hope.		
Hp		There are a large number of memo responses discussing health promotion. Some of these are about health promotion as a way of working and dealing with others – a philosophy; a special-ness; that doing health promotion changes you – but there is not much specificity about any of this. Some are about organisational positioning for health promotion, or concern funding. Some are about health promotion being difficult and complex and that this is not understood by other health workers.	Major	Health promotion as an entity
T		A repeated feature of the memo data are references to a valuing of working together as a team	Major	Team working
Cy		A number of the memo comments are about change or rather, that certain structural changes in the department are more superficial than actual, and that whatever changes might have happened, these have to be compared against other, larger invariation that 'still needs working on in the department'.	Significant	Surface change Need for change
Au		There are only a few examples from the memo responses of expressions of concern. Only one of these is about department and the rest are all referring to concern about preserving autonomy and	Significant	Preserving autonomy

**Axial coding of the collated 106 themes/categories**

<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		quality of the work into the future		
C		A number of the memo responses identify lack of consultation as an issue	Significant	Lack of consultation
D		There are a few examples in the analysis of the memos where 'the department' is mentioned. These tend to focus on a need to preserve certain aspects of the current department namely <b>being well managed</b> , having useful colleagues, working with a social model of health, feeling confident, being self-motivated. All this could be summarised as 'a way of working'.	Significant	Preserving a way of working
T		There are a few examples in the analysis of the memos where 'the department' is mentioned. These tend to focus on a need to preserve certain aspects of the current department namely being well managed, <b>having useful colleagues</b> , working with a social model of health, feeling confident, being self-motivated. All this could be summarised as 'a way of working'.		
Au		There are a few examples in the analysis of the memos where 'the department' is mentioned. These tend to focus on a need to preserve certain aspects of the current department namely being well managed, having useful colleagues, working with a social model of health, feeling confident, <b>being self-motivated</b> . All this could be summarised as 'a way of working'.		



**Axial coding of the collated 106 themes/categories**

<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
F		There are a number of memo responses which concern the future for the department. The call for monitoring may imply a guardedness about the future, as does 'what might lie ahead'	Significant	Guarded future-facing
Cy		Quite a few of the memo responses value opportunities to share and learn from each other. But against this, there is also a feeling that this is limited or prevented because experience is not allowed to be heard in the department	Significant	Missed opportunities to learn from experienced others
R		The analysis of the memos identifies a valuing of reflection, either personal but particularly about processes in the department. There is more than a hint that this questioning is not a normal practice	Significant	Valued but infrequent reflection
O		There are a few references in the memo data of 'our', 'ourselves', 'our own' and it interesting to consider who this refers to – the whole department, the health promotion specialists not including managers. Or health promotion more generally. It is not clear which of these applies. What is also here is an expressed perception of a shared power or resource or responsibility	Significant	Ownership
Au		There are a few mentions of support in the memo data but not many which may be surprising. In a way, this may be a sign more about autonomy than a need for support.	Significant	Autonomy rather than need for support
F		Uncertainty about the future seems	Significant	Uncertainty

**Axial coding of the collated 106 themes/categories**

<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		to be a significant theme within the memo data		
Hp		There are a few memo responses that imply that most people care about health promotion, but not equally so.	Minor	Unequal care
D		A number of the memos complain about not being involved and being unable to influence, both within the department, and outside	Minor	Lack of internal and external influence
C		A number of the memos complain about not being involved and being unable to influence, both <b>within</b> the department, and outside		
H		The analysis of the memo data identifies a number of points of optimism but also pessimism, but with no obvious or clear-cut acknowledgement of this tension	Minor	Unacknowledged optimist-pessimist tension
D		A couple of the memos have an outward-facing focus, but this is not a particularly strong feature of this data	Minor	Outward-facing
D		A couple of the memos use the metaphor of the department as a pawn in the system – one which implies that its work is not greatly valued, and that it can be moved around at will	Minor	Pawns in the system
		Data stream 4		
T		Three references in the dialogue data are about the members of the department being a team, and the need to hold on to team ideal, team belief, and team identity. This last tends to contradict others points about department identity needing to come to an end. This	Significant.	Team ideal



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		seems to be a significant theme.		
R		Three references are made about the importance of process and the need to make time for this. This seems a significant theme	Significant	Process is important
C		Three aspects of the dialogue data seem to indicate that consultation is a fairly strong and robust norm within the department. It would appear that set against this norm, the lack of consultation on the merger made some participants feel fairly unhappy.	Significant	
V		There are a number of references to participants being valued by each other, of the need to keep on 'valuing ourselves', and (in contradiction) some cases where people had felt undervalued. This is probably a significant theme.	Significant	Partial valuing
O		There are a couple of references to 'the department not only as an entity, but also as something providing identity – one that is seen as coming to an end. Although not numerous, the tone of the data suggests this is still a significant theme.	Significant	Collective identity
Bw		There were a couple of 'college worker' type observations in the dialogue data. These amount to observations about what had happened during the story telling – observations that participants had been honest, that the memo's had been supportive, that challenges had been raised that these were appreciated by participants.	Minor	Observations
Hp		There were a number of references in the dialogue data to the public	Major	Ph judgments

<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		health department with which the health promotion department was soon to merge. There were claims or judgments that the ph department is completely different, could not be changed, that consultation was not the norm, that they work in isolation as 'loose cannons' with no common philosophy, and didn't have 'the skills'.		
A		There are three references to avoidance in the dialogue data. People's concerns are avoided rather than being addressed, criticism is avoided and things are discussed in private to avoid raising them in public. This seems a very significant category. It is as if avoidance is part of the habit of the department.	Major	An avoidance habit
Fa		<p>There are numerous identifications of need of one form or another.</p> <p>Some refer to needs to preserve existing things such as the systems the department already has to provide support, reduce barriers, its structures, ethics, open door management and ways of working.</p> <p>Others refer to new needs which are fairly specific – the need to review, to sell the department, and to create systems to reduce barriers.</p> <p>Others refer to needs which are aspirational and are not particularly specific about how these are to be met – the need to avoid misunderstandings, share feelings, make time for process, be</p>	Major	Needs



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		proactive, address concerns, and sanction constructive criticism.		
F		There are a significant number of references to the future in the dialogue data. A lot of these express a consensus (but not unanimous) view that the future needs to be planned for, and that it holds opportunities, uncertainties and dangers. Not only because of the frequency of comment, but also their interesting contrast between hope and danger, this is a major theme.	Major	Planning futures
Ci		Change is raised on several occasions, and commented upon as a general, abstract issue even though it seems likely the change people are referring to is the future merger of the department with public health. The consensus seems to be that change cannot be avoided or resisted. It is seen as a kind of growing up – the department coming of age – but there is a sense of loss about this as well as a fear.	Major	Resigned, daunting change
R		Two points mentioned the process and time devoted to the story-telling had helped influence what was included in the stories and memos. It was as if this mechanism validated the process of sharing and created a space and vehicle for 'dealing with the negative' and would be needed again in future.	Significant	Process
Hp		There was a suggestion that the health promotion skills held by the	Significant	Skills

<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		participants contributed to what had happened.		
F		The view was expressed that the future was closer to the present than the past and that this made a difference to what had been shared and discussed in the stories. For some participants, there was not much past of relevance to this.	Minor	Timing
		Data stream 5		
A		These are all fairly clear statements about dangers experienced in the past not being taken into the future. The interesting point is about conflict – the clear, unambiguous statement that at present, 'conflict is never dealt with', and the implication from the first line that conflict should be avoided. It's as if the department wants to find ways of dealing with its conflict but still thinks of conflict negatively, rather than something positive. The main message seems to be 'don't rock the boat'.	Major	Avoid conflict
D		The main message here seems to link infrastructures and resources available to members of the department together with a sort of democratisation which involves both responsibilities (accountability, monitoring) as well as valuing (working together, recognition of skills, collective engagement). This speaks more about democracy than hierarchy.	Major	Democracy
Aa		The main point here seems to be about openness (clarity of roles,	Major	Valuing openness



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		listening, open door) and what might be called the products of this openness (team working, sharing, not being misunderstood, articulating hp).		
F		Most of the points here are about wanting to see a genuine merging of the hp and ph departments (shared vision, moving forward together, joint structure, mix skills, share good practice). However, there is also an element of wanting to be prepared (learn from people already there) and influence (show them why we think practice is either good or ineffective, how our systems work, time and space for reflection). More than this, there are elements of not letting go (not losing our way, hp interest group). So this seems to be about a guarded approach to the merger, being prepared to share but also, being ready to hold on to existing identity and practice.	Major	Guarded / reserved approach to merger
		Data stream 6		
L		Range of worries about the encounter but nothing very specific – even the ‘vulnerable position – was a comment made in hindsight;	Significant	Reflections on concerns before the encounter
R		an implied need for the encounter to happen	Significant	Expressions of need for the encounter
		Mixed responses	Minor	Reactions to memos
R		This category seems to show that participants have chosen to reflect on the encounter in their postscripts, and that these reflections are mainly positive (these resonate with the informal feedback given after the encounter	Significant	Positive about the encounter

Axial coding of the collated 106 themes/categories				
Axial code	Theme #	Theme description	Significance	Theme name
		– see comments on last row of table 33)		
R		Concerns are about those who have not taken part in the encounter, not much about the department as a whole and how it will fare	Significant	Concerns after the encounter
H		<p>Key points in this category are :</p> <p>Concerns, Allay Fears Assumptions, Hope, Glad, Hope, Worked through, Dispel fears, Clarification, Looking forward, Dealt with, Satisfied</p> <p>The two themes of this category seems to be around</p> <p><i>dealing with</i> (working through, allay, satisfaction, clarification, dispel,) without any strong flavour of resolution, and</p> <p><i>hope</i> (glad, looking forward), without any strong flavour of optimism; some guardedness, hesitancy or unspecified concerns.</p>	Major	Dealing with, and hope
L		<p>Key points in this category are :</p> <p>Ask again, How do they know, Quite valuable, surprise it worked, Department support not always there, Both sides, Could have said but didn't, Shame it took the encounter to get an acknowledgment of the issue</p> <p>The theme here seems to be a hesitancy or guardedness serving to temper the positivity expressed in other categories.</p>	Major	Guardedness
T		<p>Key points in this category are :</p> <p>Positivity, Mobilise, Collective action, Common understanding,</p>	Major	Collective mission?



<b>Axial coding of the collated 106 themes/categories</b>				
<b>Axial code</b>	<b>Theme #</b>	<b>Theme description</b>	<b>Significance</b>	<b>Theme name</b>
		<p>General feelings of doubt, Move beyond the negative, Methods of moving forward, Keen to work together, To move forward</p> <p>People sense that a shared feeling of doubt, negativity and conflict has been replaced by common concerns, understanding and positivity, and a keenness and commitment to mobilise, work together move forward.</p>		
D		<p>This category centres around comments made about other participants, but not generalising to the whole department. It is a fairly wide range of mainly positive comments, not shared or expressed by everyone.</p> <p>Seeing others as having feelings, voicing concerns, hearing me, having similar issues, needing reassurance and information, dealing with the positive/consensus, avoiding the negative/conflict, uncomfortable with change</p>	Significant	Seeing others as...
V		<p>This category centres around issues and values that are being judged by individual participants to be shared by the whole department. The category represents a small range of positive judgements about the department. It may be significant that these expressions are not generalised – they come from the manager and one of the team leaders.</p>	Significant	Judgements about the whole department
Fe		<p>This category is about expressed emotion. These fall into three sub-</p>	Significant	Feelings

Axial coding of the collated 106 themes/categories				
Axial code	Theme #	Theme description	Significance	Theme name
		<p>categories : <i>Don't feel as isolated, undervalued</i></p> <p><i>Do feel encouraged; saddened; happy; relaxed, enthused, motivated, pleased, satisfied, supported, relieved;</i></p> <p><i>Feel more supported, comfortable,</i></p> <p>The theme seems to be that a mixture of emotions have existed in the department (isolated, undervalued, supported, comfortable). After the encounter, people seem to feel more consistently positive.</p>		
T		<p>This category is about expressions of colleague-ship. The theme seems to be about a tangible , maybe emergent feeling of colleague-ship in the department., tempered with some guardedness e.g. 'feeling', seem to share, feels the togetherness will get lost, concern about colleagues not in the encounter</p>	Significant	Guarded colleague-ship
Cy		<p>This category centres around specific issues raised in the postscripts that are not relevant to other categories. The theme seems to be cynicism both about the future in merging with public health, but also about the way the department is now regarding involvement and talking openly.</p>	Significant	Cynicism



## Appendix 20: Themes into meta-themes

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N1	L	This category is about a feeling of limits or boundaries of various sorts within the department; some are about tangible things like limits to support or what is acceptable; others are less so and are about limits to what can be said, admitted, or how directive it seems to be possible for the department to be; there seems to be quite a number of these examples in the accounts	Major	"Limits"	<b>Limits</b>  There are 3 major, 5 significant and 1 minor themes within this meta-theme. On balance, this is a very strong meta theme. (20)  This meta theme is about a feeling of limits or boundaries of various sorts within the department. This is not a theme that changed through the encounter. There seems to be a hesitancy or guardedness serving to temper the positivity expressed in other meta themes.  There are examples of limits to : the level or sort of support that is acceptable or legitimate what is acceptable, what can be acknowledged what can be said, "how much I can express myself" what can be admitted, what worries can be expressed how directive it is possible for the department to be what level of detail can be expressed, what can be shared  There is evidence that one factor working to enforce some of these limits was "wanting not to appear destructive" which itself says something about how criticism is
N1	L	This category is about a feeling of what counts as normal in the department; most are about limits and this resonates with the category above; however, this is not a universal view; because of this contradiction it seems to be a category of major significant.	Major	"Normality"	
N1	L	This category is about expression of detail and there does seem to be a reasonable amount of detail given on a range of issues in the accounts.	Significant	"DetailExpressed"	
N1	L	This category is about a lack of expression of detail and there does seem to be a reasonable amount of inexpression on a range of issues in the accounts - it seems to be a significant category.	Significant	"DetailInexpressed"	
N1	L	Express : These references point to limited expression of any opinion about whether they would 'like to express myself more openly'! This may show there are limits to what can normally be expressed in the department (and if so, relate to the Limits category and Normality category).	Significant	Limited expression	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N1	L	Reasons I keep quiet : Given that there is little comment in response to the 'like to express myself more openly' trigger in the Generative Theme, it is not surprising that there is little comment on what holds people back. The two reasons given are (not wanting to appear destructive) and (needing an arena to legitimate reflective practice) relate to the Limits category and maybe the Criticism Inexpressed category.	Significant	Limited expression	
N1	L	Sharing : Limited reference to sharing from the stories which reflects a trend about limits, normality and Individual Mission category.	Minor	Not sharing	
N1	L	Range of worries about the encounter but nothing very specific – even the 'vulnerable position – was a comment made in hindsight;	Significant	Reflections on	
N1	L	Key points in this category are : Ask again, How do they know, Quite valuable, surprise it worked, Department support not always there, Both sides, Could have said but didn't, Shame it took the encounter to get an acknowledgment of the issue The theme here seems to be a hesitancy or guardedness serving to temper the positivity expressed in other categories.	Major	Guardedness	



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N2	Fe	This category is about expression of feeling and there seems to be only a small amount of emotional expression in the accounts.	Significant	"Feeling	<p>Feelings expressed or hidden</p> <p>There are 1 major, 5 significant and no minor themes within this meta-theme. On balance, this is a fairly strong meta theme. (13)</p> <p>This meta theme is about expression of feeling. This is a meta theme where the issue of timing and change is significant. From the story telling data at the start of the encounter, there are significant limits as to the emotion being expressed :</p> <p>there seems to be only a small amount of emotional expression in the accounts.</p> <p>there seems to be a range of examples where feeling is not expressed in the accounts</p> <p>Two give very positive information about how they feel about their job.</p> <p>Two others express specific worries and two have quite strongly expressed points (but with not much detail on feelings) about the consultation involved in the restructuring.</p> <p>Overall limited responses</p> <p>There are very few references to how the participants deal with whatever emotions they have about their work or being managed. Those that are given relate to different categories and there is no clear pattern.</p>
N2	Fe	This category is about inexpression of feeling and there seems to be a range of examples where feeling is not expressed in the accounts	Significant	"Feeling	
N2	Fe	Work feelings : There are varied references to this aspect. Two give very positive information about how they feel about their job. Two others express specific worries and two have quite strongly expressed points (but with not much detail on feelings) about the consultation involved in the restructuring. These references relate to both the Feeling Expressed category and the Feeling Inexpressed category. The overall limited responses might relate to the Limits category and the Normality category.	Significant	Expressed feelings about work	
N2	Fe	Dealing : There are very few references to how the participants deal with whatever emotions they have about their work or being managed. This could reflect the Avoidance category, the Limits category and the Individual Mission category. Those that are given relate to different categories (Working Together category, Tactician category, Normality category or Individual Mission category) and there is no clear pattern.	Significant	Limited emotional disclosure	
N2	Fe	The memo responses show a number of points of empathy. Most of these are directed to two participants but one (about starting health promotion) is more general.	Major	empathy	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N2	Fe	<p>This category is about expressed emotion. These fall into three sub-categories : <i>Don't feel</i> as isolated, undervalued</p> <p><i>Do feel</i> encouraged; saddened; happy; relaxed, enthused, motivated, pleased, satisfied, supported, relieved;</p> <p><i>Feel more</i> supported, comfortable,</p> <p>The theme seems to be that a mixture of emotions have existed in the department (isolated, undervalued, supported, comfortable). After the encounter, people seem to feel more consistently positive.</p>	Significant	Feelings	
N3	A	<p>This category is about possible avoidance of issues like what is happening in the department, or how someone feels about being managed.</p>	Minor		<p><b>Avoidance</b></p> <p>There are 2 major, 1 significant and 1 minor themes within this</p>



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N3	A	Managed feelings : The references here are mostly by implication than anything direct. Three imply they are happy with how they are managed. Two imply criticism specifically to do with consultation and the restructuring. One seems to avoid the issue which in itself could be an implied criticism. The references here are in keeping with the Feeling Inexpressed category, the Criticism Inexpressed category, and possibly the Avoidance category.	Significant		
N3	A	There are three references to avoidance in the dialogue data. People's concerns are avoided rather than being addressed, criticism is avoided and things are discussed in private to avoid raising them in public. This seems a very significant category. It is as if avoidance is part of the habit of the department.	Major		
N3	A	These are all fairly clear statements about dangers experienced in the past not being taken into the future. The interesting point is about conflict – the clear, unambiguous statement that at present, 'conflict is never dealt with', and the implication from the first line that conflict should be avoided. It's as if the department wants to find ways of dealing with its conflict but still thinks of conflict negatively, rather than something positive. The main message seems to be 'don't rock the boat'.	Major		

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N4	Bw	There were a couple of 'college worker' type observations in the dialogue data. These amount to observations about what had happened during the story telling – observations that participants had been honest, that the memo's had been supportive, that challenges had been raised that these were appreciated by participants.	Minor	Observations	<b>Bearing witness</b> There are no major, no significant and 3 minor themes within this meta-theme. On balance, this is not a vary significant theme. (3) This meta theme is about making observations about each other or the department. There are few and isolated examples :
N4	Bw	Not-noticing : Given that few seem to acknowledge that burying goes on, it is not surprising that no-one admits to using 'not-noticing' as a way of doing this!	Minor	Not noticing	that participants had been honest during the story telling, that the memo's had been supportive,
N4	Bw	Writing : Only two references to what writing the story has done. The point relating this reflection to her MSc study is interesting as this could mean that this too has not been shared in the department. This would relate to the Rhetoric category.	Minor	Not sharing	that challenges had been raised that these were appreciated by participants. burying goes on, no-one admits to 'not-noticing'! two references to what writing the story has done. Some of these comments are more implied than overt indicating that overt bearing witness is <b>avoided</b> or at least, there are <b>limits</b> on what can be said. This theme does not change through the encounter.
N5	Cr	This category is about overt criticism although this concept does not seem to be particularly central to the accounts - it seems to be a category of minor significance.	Minor	"Criticism Expressed"	<b>Criticism</b> There are no major, 4 significant and 4 minor themes within this meta-theme. On balance, this is a fairly strong meta theme. (12)
N5	Cr	This seems to be a category of minor significance.	Minor	"Criticism Un-Expressed"	This meta theme is about making criticisms about each other or the department. There are few and



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N5	Cr	Agree with my views Not surprising given the limited detail expressed about what health promotion should be, there is still less on whether the participants felt that other members of the department agreed with their views on this. This could be in keeping with either the Health Promotion Mission category or the Individual Mission category.	Minor	Uncertain of others' views	
N5	Cr	Suspect difference : Not a great deal of reference for this aspect. Those differences in views that might be there are more implied than stated. Again, this may reflect the Feeling Inexpressed category, the Limits category and the Normality category.	Minor	Uncertain of others' views	
N5	Cr	Others critical : Very little comment about whether the participants felt that others would be critical of their views. This seems important pointing perhaps to a taboo about criticism. This would reflect the Criticism Inexpressed category, Limits category and Normality category.	Significant	Criticism avoiding	
N5	Cr	Shows itself : Not surprisingly, there is little on how criticism shows itself. This again supports the view that criticism seems taboo (the Criticism Inexpressed category). but could also reflect the Detail Inexpressed category, or the Avoidance category.	Significant	Criticism avoiding	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N5	Cr	React : No participant offered any comment on how others might react to their story. This could be about avoidance or it could be that it is not normal in the department to express such things. If so this relates to the Criticism Inexpressed category,the Limits category and Normality category	Significant	Criticism avoiding	
N5	Cr	Few acknowledgements that 'things get buried' which may itself be burying something! Given the strength with which two participants refer to this, it seems likely that burying is normal and this would relate to the Criticism Inexpressed category, the Limits category and the Normality category.	Significant	Criticism avoiding; burying is normal	
N6	Ta	This category is about people giving rational accounts to explain, act as proxy excuse or blame in the department; most are not about the manager's approach or style but it is interesting that most of the points are from the manager and one other person; because of the complexity here and also because of the way that rational account might relate to 'avoidance', 'limits' and 'normal' categories	Major	"Rational Account"	<b>Tacticians</b>  There are 1 major, 2 significant and no minor themes within this meta-theme. On balance, this is a significant meta theme. (9)  This meta theme is about the participants use of tactics in their department dealings with each other  giving rational accounts to explain, act as proxy excuse or blame in the department;  using rhetorical devices in their stories to act as proxy description (especially the poem), accusation , admonishment or criticism of un-named people or department.  using tact or mild manipulation in the life of the department;
N6	Ta	This category is about people using rhetorical devices in their stories to act as proxy description (especially the poem), accusation , admonishment or criticism of un-named people or processes department; because of the way that this might relate to 'rational account' 'avoidance', 'limits' and 'normal' categories above, it seems to be a significant category.	Significant	"Rhetoric / Manipulation"	



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N6	Ta	This small category is about people using tact or mild manipulation in the life of the department; as with the 'rational account' category, it is interesting that most of the points are from the manager and one other person; because of the sensitivity here and also because of the way that this might relate to 'rational account', 'rhetoric', 'avoidance', 'limits' and 'normal' categories above, it seems to be a significant category.	Significant	"Tacticians"	
N7	D	This is a small and probably not significant category except in that it raises interesting questions about why structure was not addressed more.	Possibly	"The Hierarchy"	<b>Democracy and otherwise</b> There are 1 major, 3 significant and 4 minor themes within this meta-theme. On balance, this is a significant meta theme. (10) This meta theme refers to what might be called democratic values and tendencies within the department. Examples which indicate this tendency are few and far between and include: structure was not addressed more (when 'normally it would have been?') a distance between the department and both the Trust and the HA (a difference based on the
N7	D	Trust & HA : Fairly full set of references to this aspect. In general, the references point to some criticisms of the HA (in particular) and its lack of appreciation of what the health promotion is about. This probably relates to the Health Promotion Mission category. Some criticism of the Trust from the manager (they don't understand what health promotion does). Otherwise, the main thrust of the references is about a distance between the department and both the Trust and the HA. Again, this might relate to the Department Tribe category.	Significant	Others don't understand hp	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N7	D	There are a few examples in the analysis of the memos where 'the department' is mentioned. These tend to focus on a need to preserve certain aspects of the current department namely being well managed, having useful colleagues, working with a social model of health, feeling confident, being self-motivated. All this could be summarised as 'a way of working'.	Significant	Preserving a way of working	
N7	D	A number of the memos complain about not being involved and being unable to influence, both within the department, and outside	Minor	Lack of internal	
N7	D	A couple of the memos have an outward-facing focus, but this is not a particularly strong feature of this data	Minor	Outward-facing	
N7	D	A couple of the memos use the metaphor of the department as a pawn in the system – one which implies that its work is not greatly valued, and that it can be moved around at will	Minor	Pawns in the system	
N7	D	The main message here seems to link infrastructures and resources available to members of the department together with a sort of democratisation which involves both responsibilities (accountability, monitoring) as well as valuing (working together, recognition of skills, collective engagement). This speaks more about democracy than hierarchy.	Major	Democracy	



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N7	D	<p>This category centres around comments made about other participants, but not generalising to the whole department. It is a fairly wide range of mainly positive comments, not shared or expressed by everyone.</p> <p>Seeing others as having feelings, voicing concerns, hearing me, having similar issues, needing reassurance and information, dealing with the positive/consensus, avoiding the negative/conflict, uncomfortable with change</p>	Significant	Seeing others as...	
N8	C	A number of the memo responses identify lack of consultation as an issue	Significant	Lack of consultation	<p><b>Consultation</b></p> <p>There are no major, 2 significant and no minor themes within this meta-theme. On balance, this is a fairly insignificant meta theme. (4)</p> <p>This meta theme is relatively insignificant in terms of frequency although it does relate to other</p>
N8	C	A number of the memos complain about not being involved and being unable to influence, both within the department, and outside			

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N8	C	Three aspects of the dialogue data seem to indicate that consultation is a fairly strong and robust norm within the department. It would appear that set against this norm, the lack of consultation on the merger made some participants feel fairly unhappy.	Significant		
N9	Au	This category is about expression of individual mission, purpose or approach and there seems to be quite a number of these examples in the accounts - it seems to be a significant category.	Significant	"Individual Mission"	<b>Autonomy</b> There are no major, 4 significant and 1 minor themes within this meta-theme. On balance, this is a fairly significant meta theme. (9)  This meta theme is about expression of individual mission, purpose or approach. There are a number of these examples in the accounts, for example :  concern about preserving autonomy and quality of the work into the future  a need to preserve being self-motivated.  few mentions of support, this may be more about autonomy than a need for support.  The constituent themes emerge early on during the encounter and diminish towards the end.
N9	Au	This category may be more a point of possible interest that anything else – it is not a much-used.	Minor	"Role"	
N9	Au	There are only a few examples from the memo responses of expressions of concern. Only one of these is about department and the rest are all referring to concern about preserving autonomy and quality of the work into the future	Significant	Preserving autonomy	
N9	Au	There are a few examples in the analysis of the memos where 'the department' is mentioned. These tend to focus on a need to preserve certain aspects of the current department namely being well managed, having useful colleagues, working with a social model of health, feeling confident, being self-motivated. All this could be summarised as 'a way of working'.			



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N9	Au	There are a few mentions of support in the memo data but not many which may be surprising. In a way, this may be a sign more about autonomy than a need for support.	Significant	Autonomy	
N10	Hp	This category is about expressions about the nature of health promotion and this seems to take only a small space in the accounts - it seems to be a category of minor significance.	Minor	"Health Promotion	<b>Health promotion</b> There are 2 major, 4 significant and 3 minor themes within this meta-theme. On balance, this is a fairly strong meta theme. (17) This meta theme is about expressions about the nature of health promotion. There are three sub-themes: Health promotion as a movement: Where health promotion is going : not much detail given here Understood in the department : Largely not addressed except by the manager How health promotion should be : Varied tangential references Tensions : tension arising from possible differences of opinion about what health promotion have not been articulated. Health promotion as an entity (but there is not much specificity about any of this) :
N10	Hp	Where health promotion is going : There is not much detail given here, which is in keeping with the Detail Inexpressed category. This lack of mention is also in keeping with the Health Promotion Mission category.	Significant	No hp detail	
N10	Hp	Understood in the department : Largely not addressed except by the manager. This again is probably in keeping with the Detail Inexpressed category but could also reflect the Individual Mission category	Minor	understanding of hp	
N10	Hp	How health promotion should be : Varied tangential references on this aspect of the Generative Theme. This could reflect the Detail Inexpressed category, and also the Value Inexpressed category. It might also relate to the Future Facing theme because 'should be' invites (perhaps) this sort of vision, in which case, it is interesting that there is only one articulation of this. It may also relate to the Health Promotion Mission category.	Significant	Lack of consistent view of hp	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N10	Hp	Given the limited detail with respect to the aspects about what health promotion should be, it is not surprising that tension arising from possible differences of opinion about what health promotion should be have not been articulated. The tensions that are mentioned are more implied than given in detail and seem to relate more specifically to internal department issues. This could relate to the Avoidance category, the Limits category and the Normality category.	Significant	Implicit tension	
N10	Hp	There are a large number of memo responses discussing health promotion. Some of these are about health promotion as a way of working and dealing with others – a philosophy; a special-ness; that doing health promotion changes you – but there is not much specificity about any of this. Some are about organisational positioning for health promotion, or concern funding. Some are about health promotion being difficult and complex and that this is not understood by other health workers.	Major	Health promotion as an entity	
N10	Hp	There are a few memo responses that imply that most people care about health promotion, but not equally so.	Minor	Unequal care	



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
N10	Hp	There were a number of references in the dialogue data to the public health department with which the health promotion department was soon to merge. There were claims or judgments that the ph department is completely different, could not be changed, that consultation was not the norm, that they work in isolation as 'loose cannons' with no common philosophy, and didn't have 'the skills'.	Major	Ph judgments	
N10	Hp	There was a suggestion that the health promotion skills held by the participants contributed to what had happened.	Significant	Skills	
F1	F	This category is mainly about expression of aspirational hope about the future and there seems to be only a few examples of this – which by exception may make it a significant category.	Significant	"Future Facing"	<b>Future facing</b> There are 2 major, 4 significant and 1 minor themes within this meta-theme. On balance, this is a fairly strong meta theme. (15)  This meta theme is about how participants refer to and see the future, particularly in respect of their imminent merger with the public health department. The future was closer to the present than the past for the participants, that is there was a tendency to look to the future rather than dwell on the past. However, this is not unanimous for although many comments are more future-facing
F1	F	Uncertainty : There are a range of references in response to this aspect of the Generative Theme. Some are more future-facing whilst others reflect on the certainties of the present. Some see some change as necessary (we have to change with the times), some see positive signs (light at the end of the tunnel) but most seem wary (unrest as we move into the unknown). This relates to the Future Facing Category, the Unrest category, and possibly the Limits category.	Significant	Future uncertainty	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
F1	F	There are a number of memo responses which concern the future for the department. The call for monitoring may imply a guardedness about the future, as does 'what might lie ahead'	Significant	Guarded future-facing	
F1	F	Uncertainty about the future seems to be a significant theme within the memo data	Significant	Uncertainty	
F1	F	There are a significant number of references to the future in the dialogue data. A lot of these express a consensus (but not unanimous) view that the future needs to be planned for, and that it holds opportunities, uncertainties and dangers. Not only because of the frequency of comment, but also their interesting contrast between hope and danger, this is a major theme.	Major	Planning futures	
F1	F	The view was expressed that the future was closer to the present than the past and that this made a difference to what had been shared and discussed in the stories. For some participants, there was not much past of relevance to this.	Minor	Timing	



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
F1	F	Most of the points here are about wanting to see a genuine merging of the hp and ph departments (shared vision, moving forward together, joint structure, mix skills, share good practice). However, there is also an element of wanting to be prepared (learn from people already there) and influence (show them why we think practice is either good or ineffective, how our systems work, time and space for reflection). More than this, there are elements of not letting go (not loosing our way, hp interest group). So this seems to be about a guarded approach to the merger, being prepared to share but also, being ready to hold on to existing identity and practice.	Major	Guarded / reserved approach to merger	
F2	H	The memo responses contain a number of references to how the storyteller is feeling. Most are supportive or empathetic and there is only one example where someone (the manager) questions the feelings of the storyteller. The response themselves largely express an empathy, but are not particularly emotional in themselves. The main reference is to frustration, although there are a few references to hope and anxiety. There were only isolated expressions of emotion under the 'I feel..' prompts but these too mention frustration, anxiety and hope.	Major	Shared frustration, partial anxiety, a little hope	<b>Hope</b> There are 2 major, no significant and 1 minor themes within this meta-theme. On balance, this is a fairly weak meta theme. (7) This meta theme is about expressions of hope but also limits or contradictions in this. Themes include: a few references to hope and anxiety. these too mention frustration, anxiety and hope.

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
F2	H	The analysis of the memo data identifies a number of points of optimism but also pessimism, but with no obvious or clear-cut acknowledgement of this tension	Minor	Unacknowledged	
F2	H	Key points in this category are : Concerns, Allay Fears Assumptions, Hope, Glad, Hope, Worked through, Dispel fears, Clarification, Looking forward, Dealt with, Satisfied The two themes of this category seems to be around <i>dealing with</i> (working through, allay, satisfaction, clarification, dispel,) without any strong flavour of resolution, and <i>hope</i> (glad, looking forward), without any strong flavour of optimism; some guardedness, hesitancy or unspecified concerns.	Major	Dealing with, and hope	
F3	Fa	There are a number of occasions where the memo feedback seems to be saying that action of some sort is needed. Usually, this is proactive	Major	Need for action	<b>Future action</b> There are 2 major, no significant and no minor themes within this meta-theme. On balance, this is a



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
F3	Fa		Major	Needs	
O1	Aa	The analysis of the memo data identifies a range of statements that have been interpreted as examples of 'acknowledgement' in the analysis. The samples of this analysis in the left- hand column show something of the frequency with which the term 'acknowledgement' or 'acknowledge' was felt to be needed in this analysis. Bearing in mind that each of these samples of analysis are collated here from across the whole range of memo prompts, each analysed at different times, it seems acceptable to assume that this interpretation has emerged from the data rather than the data being forced into the interpretation. So it seems that acknowledging aspects of the stories of others occurs quite frequently in the memo responses. For the most part, this seems to reflect an accepting, supporting or even empathising within the memo responses.	Major	Frequent, supportive acknowledgment	<p><b>Agreement and disagreement</b></p> <p>There are 5 major, no significant and no minor themes within this meta-theme. On balance, this is a strong meta theme. (15)</p> <p>This meta theme is about agreement , acknowledgment and appreciation. It is telling that most of this did not arise in the story telling but later on, especially through the memo data where feedback was specifically sought: reflect an accepting, supporting or even empathising within the memo responses.</p> <p>agreements with the storyteller.</p> <p>little overtly expressed disagreement with the storyteller.</p>
O1	Aa	The analysis of the memo data produced several examples of responses that have been interpreted as agreements with the storyteller. There is very little in the way of overtly expressed disagreement with the storyteller. The agreements that are expressed seem to be about issues or points external to the department.	Major	Externally-targeted agreement	<p>agreements that are about issues or points external to the department.</p> <p>appreciative of some aspect of what the storyteller has said.</p> <p>an appreciation that the storyteller has brought something out into the open that is normally hidden,</p>

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
O1	Aa	There are ranges of memo responses that have been interpreted in the analysis as being appreciative of some aspect of what the storyteller has said. This tends to be more an appreciation that the storyteller has brought something out into the open that is normally hidden, rather than e.g. 'I appreciate your point but....'	Major	Appreciating issue-raising	
O1	Aa	There are a large number of points in the memo responses where disagreement is expressed. This is interesting and rather surprising because only four points recorded under the prompt headed 'disagree'. This may imply that disagreements, if expressed at all, are not done overtly but through other means. Indeed, given that many of the disagreements are with the manager's point of view, there are no overt points of disagreement recorded in the participants' memo responses to her. The nature of the disagreements are not really about matters of fact (except e.g. whether consultation did or did not take place) but more about perception e.g. 'seems to see things differently'. There is also the sense of disagreement that is about someone not accepting (or believing) the feelings and experiences of another.	Major	Disagreed perceptions	
O1	Aa	The main point here seems to be about openness (clarity of roles, listening, open door) and what might be called the products of this openness (team working, sharing, not being misunderstood, articulating hp).	Major	Valuing openness	



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
O2	Ci	This category is about a feeling of predictable inevitability about the future for the department; some feel this as unalterable (pink), some as ominous (red), some as something that can be challenged (dark yellow) and some with deference (blue); there seems to be quite a number of these examples in the accounts	Significant	"Inevitability"	<b>Control and inevitability</b> There are 1 major, 3 significant and 1 minor themes within this meta-theme. On balance, this is a fairly significant meta theme. (10) This meta theme is about the balance between a sense of control and a sense of inevitability. Only a few themes relate to the former although there are also a number of themes about a <b>need</b> for proactive planning for the future: some as something that can be challenged (dark yellow) control does not seem to be particularly central to the accounts not much reference to Control. The majority of themes relate to an inevitability: a feeling of predictable inevitability about the future for the department; some feel this as unalterable (pink), some as ominous (red), and some with deference (blue); there seems to be quite a number of these examples in the accounts change cannot be avoided or resisted. Change is commented upon as a general, abstract issue a range of negative emotion about
O2	Ci	This category expresses a range of negative emotion about moving into the public health department; especially in relation to the lack of detail given about reasons for the more (see above) this is a significant category.	Significant	"Unrest"	
O2	Ci	This category is about control although this concept does not seem to be particularly central to the accounts - it seems to be a category of minor significance.	Minor	"Control"	
O2	Ci	Control : Not much reference to this aspect of the Generative Theme and this is in keeping with the Control category.			
O2	Ci	Change feelings : As with the last aspect, the emotions expressed here tend to be more negative than positive. However, as well as those who did not address this, three do not express much emotion openly but give a rational account or point to people we are trying to serve feel like. This may reflect the Feeling Inexpressed category as much as it does the Feeling Expressed category. Again, this may relate to the Limits category and Normality category.	Significant	Negative feelings about change	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
O2	Ci	Change is raised on several occasions, and commented upon as a general, abstract issue even though it seems likely the change people are referring to is the future merger of the department with public health. The consensus seems to be that change cannot be avoided or resisted. It is seen as a kind of growing up – the department coming of age – but there is a sense of loss about this as well as a fear.	Major	Resigned, daunting change	
O3	Cy	This is a small but significant category marked out by the intensity of some of the discourse used, albeit limited to two people.	Significant	"Loss / Waste"	<b>Cynicism</b> There are no major, 4 significant and 1 minor themes within this meta-theme. On balance, this is a significant meta theme. (9) This meta theme is about cynicism. It is marked out as being fairly covert, not expressed by everyone and only early on in the encounter, but done so fairly intensely by those who do express it: the use of cynicism this form of rhetoric does play a part in the accounts, especially one of them structural changes in the department are more superficial than actual, whatever changes might have happened, larger invariance that 'still needs working on in the
O3	Cy	This category is about the use of cynicism and this form of rhetoric does play a part in the accounts, especially one of them - it seems to be a category of minor significance.	Minor	"Cynicism"	
O3	Cy	A number of the memo comments are about change or rather, that certain structural changes in the department are more superficial than actual, and that whatever changes might have happened, these have to be compared against other, larger invariance that 'still needs working on in the department'.	Significant	Surface change Need for change	
O3	Cy	Quite a few of the memo responses value opportunities to share and learn from each other. But against this, there is also a feeling that this is limited or prevented because experience is not allowed to be heard in the department	Significant	Missed opportunities to	



Themes into meta-themes

Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
O3	Cy	This category centres around specific issues raised in the postscripts that are not relevant to other categories. The theme seems to be cynicism both about the future in merging with public health, but also about the way the department is now regarding involvement and talking openly.	Significant	Cynicism	
O4	V	This category represents some important value statements about the current situation, a manger's approach, health promotion and ways of working; because the majority are aspirational rather than comment about current experience and because of the resonance with other categories (rational account, and rhetoric) these statements of values as vehicles for implied criticism make this a significant category.	Significant	"Value Expressed"	<p><b>Valuing</b></p> <p>There are no major, 4 significant or possibly significant and no minor themes within this meta-theme. On balance, this is a significant meta theme. (8)</p> <p>This meta theme is about valuing each other and various aspects of the departments:</p>
O4	V	This category represents some important statements where values are implied or related but not articulated or explored; as with other categories (detail inexpressed, and feelings inexpressed), these issues may be explained as simply lack of attention to detail or judgements that further explanations were not required; however, taken together with other categories, this may represent a significant category.	Possibly significant	"Value Inexpressed"	<p>value statements about the current situation, a manger's approach, health promotion and ways of working;</p> <p>a number of references to participants being valued by each other,</p> <p>a small range of positive judgements about the department. It may be significant that these expressions are not generalised – they come from the manager and one of the team leaders.</p>
O4	V	There are a number of references to participants being valued by each other, of the need to keep on 'valuing ourselves', and (in contradiction) some cases where people had felt undervalued. This is probably a significant theme.	Significant	Partial valuing	<p>There are though only a small number of these overt value statements. Other references to values are more about aspiration</p>

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
O4	V	This category centres around issues and values that are being judged by individual participants to be shared by the whole department. The category represents a small range of positive judgements about the department. It may be significant that these expressions are not generalised – they come from the manager and one of the team leaders.	Significant	Judgements about the whole department	
R1	O	This category is about a sense of department and this does seem to be involved in many of the accounts.	Significant	Department	<b>Collective identity</b> There are no major, 5 significant and 2 minor themes within this meta-theme. On balance, this is a fairly significant meta theme. (12) This meta theme is about a sense of collective identity which relates both to health promotion, and to the department. It is the department identity that comes through most strongly. The nature of this theme seems to change through the encounter to a point where this identity becomes more human, less abstract involving mutually caring, a shared sense of responsibility - summed up as colleagueship.
R1	O	This category is about being a part of the health promotion collective tribe and there seems to be only a small amount of expression in the accounts - it seems to be a category of minor significance.	Minor	Health Promotion	
R1	O	There are a few references in the memo data of 'our', 'ourselves', 'our own' and it interesting to consider who this refers to – the whole department, the health promotion specialists not including managers. Or health promotion more generally. It is not clear which of these applies. What is also here is an expressed perception of a shared power or resource or responsibility	Significant	Ownership	



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
R1	O	There are a couple of references to 'the department not only as an entity, but also as something providing identity – one that is seen as coming to an end. Although not numerous, the tone of the data suggests this is still a significant theme.	Significant	Collective identity	
R2	T	This category represents some interesting statements about working together which come mainly from one person; however, taken with the 'Team' and 'Individual mission' categories (above) the lack of greater comment about joint working may mean this is a significant category.	Possibly significant	"Working Together"	<b>Team working</b> There are 1 major, 5 significant or possibly significant, and 1 probably minor themes within this meta-theme. On balance, this is a fairly significant meta theme. (12)  This meta theme describes a fairly consistent aspect of collective identity namely, being part of a team with a shared way of working. The theme has changed through the encounter to become more future facing, more robust and displaces feelings of
R2	T	This omission may or may not represent a significant category.	Possibly	"Teams"	
R2	T	A repeated feature of the memo data are references to a valuing of working together as a team	Major	Team working	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
R2	T	There are a few examples in the analysis of the memos where 'the department' is mentioned. These tend to focus on a need to preserve certain aspects of the current department namely being well managed, having useful colleagues, working with a social model of health, feeling confident, being self-motivated. All this could be summarised as 'a way of working'.			
R2	T	Three references in the dialogue data are about the members of the department being a team, and the need to hold on to team ideal, team belief, and team identity. This last tends to contradict others points about department identity needing to come to an end. This seems to be a significant theme.	Significant.	Team ideal	
R2	T	Key points in this category are : Positivity, Mobilise, Collective action, Common understanding, General feelings of doubt, Move beyond the negative, Methods of moving forward, Keen to work together, To move forward People sense that a shared feeling of doubt, negativity and conflict has been replaced by common concerns, understanding and positivity, and a keenness and commitment to mobilise, work together move forward.	Major	Collective mission?	



Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
R2	T	This category is about expressions of colleague-ship. The theme seems to be about a tangible , maybe emergent feeling of colleague-ship in the department., tempered with some guardedness e.g. 'feeling', seem to share, feels the togetherness will get lost, concern about colleagues not in the encounter	Significant	Guarded colleague-ship	
R3	R	This is a small but significant category marked out by the detail and argument of some of the discourse used, albeit limited to two people.	Significant	"Reflection"	<b>Reflection</b>  There are no major, 8 significant and no minor themes within this meta-theme. On balance, this is a significant meta theme. (8)  This meta theme relates to reflexivity in the department. This is again aspirational rather than embedded in the department life. The main shift through the encounter relates to an increasing valuing and legitimising of reflexive thinking.  the detail and argument of some of the discourse used, albeit limited to two people.  a valuing of reflection, either personal but particularly about processes in the department.  the importance of process and the need to make time for this.  the process and time devoted to the story-telling had helped influence what was included in the stories and memos.  this mechanism validated the process of sharing and created a
R3	R	The analysis of the memos identifies a valuing of reflection, either personal but particularly about processes in the department. There is more than a hint that this questioning is not a normal practice	Significant	Valued but infrequent	
R3	R	Three references are made about the importance of process and the need to make time for this. This seems a significant theme	Significant	Process is important	
R3	R	Two points mentioned the process and time devoted to the story-telling had helped influence what was included in the stories and memos. It was as if this mechanism validated the process of sharing and created a space and vehicle for 'dealing with the negative' and would be needed again in future.	Significant	Process	
R3	R	an implied need for the encounter to happen	Significant	Positive Expression of need	
R3	R	This category seems to show that participants have chosen to reflect on the encounter in their postscripts, and that these reflections are mainly positive	Significant	Positive Expression about the	

Themes into meta-themes					
Meta theme code	Axial code	Theme descriptions	Significance	Theme name	Meta theme name and description
R3	R	Concerns are about those who have not taken part in the encounter, not much about the department as a whole and how it will fare	Significant	Concerns after the	
R3	R	Reasons I keep quiet : Given that there is little comment in response to the 'like to express myself more openly' trigger in the Generative Theme, it is not surprising that there is little comment on what holds people back. The two reasons given are (not wanting to appear destructive) and (needing an arena to legitimate reflective practice) relate to the Limits category and maybe the Criticism Inexpressed category.			



## Appendix 21: Policy and health promotion

This sense of vulnerability may well relate to how health promotion is seen and treated by government, and a major source of discourse about health promotion is from various government policy documents: "The New NHS - Modern, Dependable" (1998) and "Saving Lives - Our Healthier Nation" (1999) White papers; Acheson, (1998); the Chief Medical Officer's project on strengthening the public health function (1999), The NHS Plan, (2002), Wanless reports 1 and 2, (2001, 2004), and the Choosing Health white paper (2004). The most remarkable thing about all these is that although much of their content and focus was the promotion of health, the term 'health promotion' was almost universally absent. For example, the White paper "The New NHS - Modern, Dependable" (1998), made a number of points about the work that specialist health promotion units were doing, without naming health promotion specialists specifically. Similarly, in "Saving Lives - Our Healthier Nation" (1999), there are many references to the work of health promotion specialists without any mention of 'health promotion specialists' by name. Public health medicine practitioners, health visitors, school nurses, midwives, occupational health nurses, family doctors are specifically mentioned (chapter 11), but health promotion specialists are not. There are other examples of a lack of recognition of current specialist health promotion activity or the professional grouping to which health promotion specialists belong. For example, repeated reference is made to four ways of working, namely, working in partnerships, getting greater public involvement, developing strategies and strong networks. Most health promotion specialists would recognise each of these four areas as central to their existing practice. And there are other references to work that is current standard practice for many health promotion specialists, but no acknowledgement that a professional grouping exists which is already working in this way. This in itself is a remarkable concern: various assessments of the size of the health promotion workforce have put the figure at around 200 whole time equivalents (most recently confirmed by Griffiths and Dark (2005). Is it then true that government were simply ignorant of NHS staffing data, or was there something more malicious going on?

Chapter 11 of 'Saving Lives' refers to a "modern public health workforce" and acknowledges that this represents a "diverse group of professional staff" who are to become a "true public health workforce" (p131). Barriers to this are listed as

- The absence of a true multi-disciplinary basis to public health practice
- Public health has seemed a less pressing priority than financial and workload imperatives
- Insufficient interdisciplinary working across organisational boundaries.



Many health promotion specialists would want to claim that it is not for want of trying that their own disciplinary contributions have not been part of public health practice. Many have campaigned at both local and national level against short-term case-load / 'tick-box' mentality, and investment born more of financial stringency than public health promotion logic. Indeed, many health promotion departments have suffered considerable cutbacks as a result of such stringency. Many would claim a strong and well-respected tradition of working across all sorts of organisational boundaries. Above all, many if not all health promotion specialists have long espoused a need for looking to the wider socio-economic determinants of health which were finally acknowledged in the Saving Lives white paper, and particularly in the Acheson enquiry on inequalities (1998).

Many people in working in health promotion – but certainly not all – had been articulating arguments about inequality and the need for a social model of health for many years (e.g. French and Adams, 1986, Armstrong and Adams, 1993 and SHEPS principles of Practice (heavily influenced by Adams) in 1987). Yet government policy seemed to refuse to accept that expertise in these aspects of health already existed in many health promotion departments. For many health promotion specialists, there was not a great deal of confidence that this breadth and depth of analysis could often found in contemporary departments of public health.

In March 1999, the government's Chief Medical Officer, Sir Kenneth Calman brought out an Interim Report of a project to strengthen the Public Health function in England. From the point of view of health promotion specialists, there was a good deal of concern about the way that health promotion specialists were categorised in Calman as "hands on public health practitioners" (p15). This tends to imply that health promotion specialists only have an operational role. Whilst it is true, as we have seen above, that the drift in those years was towards the location of health promotion units in Trusts and away from the potentially more strategic environments of public health and commissioning, this was driven by the previous government's requirement to keep Health Authority management costs low rather than any desire by the profession to loose the strategic influence it had gained over the years - progress made in spite of imbalances over organisational position, status and power. Many health promotion specialists worked strategically at health policy level and in many ways, occupied a more relevant and broader conceptual ground than other public health workers.

There was also a good deal of concern about the way the Calman review made no clear distinction between public health and public health medicine. It is possible to argue (Tannahill, 1992; Syme, 1996) that since the 1974 re-organisation, if not before, public health as it is practised by NHS public health (i.e. mainly medical) professionals has focused on essentially medical issues such as infectious disease control and the pre-occupation with individual risk



factor epidemiology, thus prioritising and entrenching a pathogenic model of health.

# Appendix 22: comparison of health promotion models

There has been a considerable amount written in advocacy, challenge or defence of the various health promotion models. The following list of strengths and weaknesses is therefore not likely to be complete. However, it may be sufficient in order to identify which typologies have 'had their day', and which are worthy of further exploration.

Map	Strengths	Weaknesses
Tannahill	<ul style="list-style-type: none"><li>• descriptive of much recent practice</li><li>• predicts improved effectiveness via. a combination of activity</li><li>• simple, pictorial impact</li></ul>	<ul style="list-style-type: none"><li>• assumes 'education' is a non-controversial activity</li><li>• assumes a pathogenic model of health</li><li>• lacks any other theoretical basis</li><li>• no pointers to progression from one type of activity to another</li><li>• does not question the ethics of top down activity</li><li>• too 'comfortable' i.e. not challenging enough</li><li>• encourages unreflective eclecticism</li></ul>
Beattie	<ul style="list-style-type: none"><li>• identifies a wide range of possible activity</li><li>• shows that there are ethical as well as practical considerations in choosing activity from each quadrant</li><li>• accounts for the tension in debate about priorities</li></ul>	<ul style="list-style-type: none"><li>• assumes unanimity about the nature of health</li><li>• implies activity in any quadrant is compatible with any other</li><li>• offers no direction or progression</li><li>• are the two dimensions fundamentally important?</li><li>• encourages unreflective eclecticism</li></ul>
Tones	<ul style="list-style-type: none"><li>• puts 'empowerment' on the map</li><li>• emphasises</li></ul>	<ul style="list-style-type: none"><li>• naive about how education leads to empowerment</li><li>• doesn't take into account inequalities in educational</li></ul>



Map	Strengths	Weaknesses
	<p>democratic process as a means of changing public policy</p> <ul style="list-style-type: none"> <li>• acknowledges the lack of credible theoretical support for health persuasion techniques</li> <li>• easy to identify much of current practice</li> </ul>	<p>provision or access to it</p> <ul style="list-style-type: none"> <li>• assumes public pressure <i>will</i> lead to healthy policy</li> <li>• ignores the existence of vested interests against health</li> <li>• assumes unanimity about what counts as <i>healthy</i> public policy</li> <li>• ignores the social factors working against empowerment</li> <li>• gives few pointers to effectiveness, or clues as to where health promotion should put its emphasis</li> <li>• encourages unreflective eclecticism</li> </ul>
Ewles and Simnet	<ul style="list-style-type: none"> <li>• flexible and easy to understand</li> <li>• acknowledges potential conflict between approaches</li> </ul>	<ul style="list-style-type: none"> <li>• doesn't acknowledge community action approaches</li> <li>• used to perpetuate the status quo</li> <li>• doesn't point out the ethical problems this creates</li> <li>• encourages unreflective eclecticism</li> </ul>
French and Adams	<ul style="list-style-type: none"> <li>• begins to unpack ideological assumptions underlying practice</li> <li>• argues against eclecticism and raises issues about effectiveness</li> <li>• identifies</li> </ul>	<ul style="list-style-type: none"> <li>• downplays issues of psychological problems as determinants of ill-health</li> <li>• too long-term within the current 'health by tomorrow' perspective</li> <li>• too challenging to the status quo</li> <li>• assumes a homogeneity or cohesiveness in terms of</li> </ul>

Map	Strengths	Weaknesses
	<p>assumptions about the nature of health</p> <ul style="list-style-type: none"> <li>• identify unifying elements in educational, medical and behaviour change approaches</li> <li>• gives a prioritised agenda for activity</li> <li>• takes account of a wide range of determinants of health</li> </ul>	<p>the needs of target groups</p> <ul style="list-style-type: none"> <li>• doesn't say enough about the range and variety of work that could be done at the social action level</li> <li>• criticism of social action is mixed up with criticism of the typology</li> <li>• encourages unreflective fundamentalism</li> </ul>
Caplan and Holland	<ul style="list-style-type: none"> <li>• not a home grown typology, so potentially less contaminated by partisan thought</li> <li>• lays bear epistemological and ideological assumptions underpinning practice about the nature of health and beliefs about society</li> <li>• acknowledges that the functionalist / medical paradigm, for all its faults, is where most people begin to</li> </ul>	<ul style="list-style-type: none"> <li>• sociologically dominated;</li> <li>• requires interpreting to make sense of health promotion within the mapping</li> <li>• the technical language used to label the four paradigms can be off - putting</li> <li>• doesn't say enough about priority or effectiveness</li> <li>• emphasises very fundamental differences between paradigms and so creates the image of four incompatible 'camps'</li> <li>• the possibility of movement away from the functionalist paradigm is not emphasised or described</li> <li>• paints an overly gloomy view of entrenched</li> </ul>



Map	Strengths	Weaknesses
	<p>locate their thinking about health</p> <ul style="list-style-type: none"><li>• provides a first step (the interpretive paradigm) for workers wanting to move out of the functionalist paradigm wherein they are traditionally located and from where much of the discourse about health actually begins</li></ul>	<p>positions in health promotion</p>
Ottawa	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
MacDonald and O'Hara	<ul style="list-style-type: none"><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>

## Appendix 23: Key words and scripts

It could be argued that further evidence of wide scale reflexivity within health promotion relates to the emergence during the 1970's and 80's of some key terms and ideas which grew to have considerable currency later on:

- ⇒ the 'medical model' – emerged during the 1950's (Lewis and Bernstein, Illich 1977). Tones (1981) uses this as a concept which is not in need of further explanation. By the 1980's a number of complaints and criticisms were emerging: Vuori complains about the subservience of health education to the medical model (1980) Goodman et al (1986) complain about the over-use of the medical model to include non medical interventions. Chapman complains about that nursing is still 'hidebound' by the medical model and tradition (1983: 269).
- ⇒ 'empowerment' Tones (1981) identifies this as one of four approaches in health promotion: educational, preventative, radical, empowerment. He goes on to further prioritise empowerment in his 1986 paper, but focusing on individual rather than community empowerment.
- ⇒ 'victim blaming' The idea of victim blaming seems to originate in Ryan, 1971. At least, there seems to be no references to this term before then. Navarro (1976) and then Crawford (1977) introduce the term to describe the emergence of an ideology which seeks to justify retrenchment from rights and entitlements (to health care, to health protection) and to divert attention from the "social causation of disease in the commercial and industrial sectors" (Crawford, p663). By the mid 1980's, the term seemed to have become reified as a standard icon in health promotion discourse.
- ⇒ 'upstream' McKinlay (1975 or 1974 quoting Zola) "Again and again, without end goes the sequence. ..I am so busy jumping in (and) pulling them to the shore, that I have no time to see who the hell is upstream pushing them in'. Albee (1992) draws on this idea in a poem about 'the ambulance in the valley'. Antonovsky (1987) is critical of it.

All of these began in relative obscurity and yet became some of the principle staple concepts within the health promotion discourse. Clearly, published narrative helped to spread out the usage of these terms into a wider health promotion audience but this probably does not explain their transformation from minority jargon to majority talismanic discourse. For example, since Navarro coined the term 'victim blaming' in 1976, very few written texts have featured this term. Similarly, although Ewles used the term 'upstream' in her 1993 paper, its elevation to something that carried enough meaning and understanding to be

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put as a title of a paper was not strongly premised by numerous written articles using this term. Even 'empowerment' although mentioned frequently by Tones and a few others also managed to gain significant currency that was not all due to its use in published writing.

A concept that is probably useful here is reification - "how certain events or manifestations acquire the sense of 'thinghood' (Stainton Rogers, 1991:19). One interesting consequence of seeing the world in a social constructionist way is to reflect on where this collection of health promotion interpretive repertoires comes from. Some would argue that these repertoires are at least in part constructed in fairly arbitrary ways – there is no essential or absolute or unchanging meaning to the language we use to act in the world. This language does not simply name pre-existing entities. Rather, the developments and changes to our language creates such entities as 'the medical model', 'victim blaming' etc. It constructs them and gives them identities. This is reification - "the process of taking a complex and amorphous mixture of observed events, experiences, accounts and ideas, conceptually turning them (or having them turned) into a 'thing' and then giving that 'thing' a name (e.g. anorexia, pre-menstrual tension, post traumatic stress disorder" (Stainton Rogers, 1991: 19). Stress is another example: "Where we see 'stress' as salient, the attribution of 'stress induced disease' becomes highly plausible – it becomes so real that it is difficult to deny that this is what indeed is happening. New events and new manifestations easily become encompassed within the story, acting as confirmatory evidence, and we can all too easily become so beguiled by the apparent reality of the story, that it becomes *the* only one: our problem is stress – end of story. " 1991:57.

Thomason (following Berger, 1970, and Luckmann 1970) argues that it is common to think of reification as a process which "wrongly, falsely, illegitimately and distortively apprehend in certain thing-like ways" (1982:106). Perhaps this view follows back to Foucault (1972) and his emphasis on the idea of the powerful in society reifying in order to constrain the actions and beliefs of the less powerful.

However, from a social constructionist perspective, perhaps reification needs to be seen more neutrally. Its products may be the subject of criticism and debate as can the intentions or self-interests of those controlling the reification process. Some form of 'dereification' (Moore, 1995) may be needed and perhaps this what reflexivity provides. But the process itself is simply the way that language gets built and concepts and realities are created. Its mechanisms can be both the written and spoken word and in terms of the key words and scripts introduced above, both have been involved. Each though will be doing different things with the language – a different act or impression to 'bring off' (Potter and Wetherall, 1987). Through whatever mechanism, these terms have taken hold and are now embedded into hp language in such a way that as Stainton Rogers observes, "other understandings fall from view – their stories muted and ignored, and hence they remain unexplored" (1991:57). The issue of reflexivity

in health promotion is the extent to which these reifications come under review and question. Reification seems to be at odds with reflexivity – the less reflexivity, the easier it is for reification to get grip and expand.









# Appendix 24: A four paradigm analysis of health promotion

## Society is seen as a product of conflict and tension

In the **humanist** paradigm, the overall vision concerns the quality of life of individuals or possibly communities. **Health** is identified by the people and the community within a salutogenic model and is subjectively experienced and characterised. The **targets** for intervention are seen as subjectively experiencing people who are perhaps survivors of earlier patient / client paradigms. The **worker** tries to develop a partnership with the person based on equality and mutual respect as human beings, not as professional and client. **Participation** is seen as vital and interventions are problem and person-centred and encourage people to question and explore their own solutions to problems as they see them. The **aim** of health development is to facilitate personal growth and empowerment through **methods** like counselling and groupwork. The issue of **inequalities** may not be addressed. The **outcomes** are to maximise the individual's potential to function at an optimum level. **Goals** are not predetermined but the worker helps the person identify and work towards their own goals. **Power** is shared.

Health is seen as subjective

In the **structuralist** paradigm, the **overall vision** concerns the prevention of illness and the development of health of communities and social groups. **Health** is identified largely within a bio-medical, pathogenic model as the absence of illness and as an ideal, objective condition determined by economic, social and environmental factors, especially inequality and relative poverty. The **targets** for intervention are communities and the social systems within which they live and people are seen as potential social activists for change. The **worker** tries to develop a partnership with a collective or community and may act as a facilitator and an advocate. **Participation** is seen as vital and interventions are problem and issue-centred and encourage communities to question and explore their own solutions collectively to problems as they see them. The **aim** of health development is to change social systems through **methods** like community development or social policy. The issue of **inequalities** is central. The **outcomes** sought relate to reduction in inequalities in health rather than generalised health gain through greater control by community groups over the definitions of problems and decisions about how to address the **social systems** that effect them. **Power** is to be reclaimed by communities. **Goals** are not set by the worker but as a result of open participation.

Health is seen as objective

In the **interpretive** paradigm, the overall vision concerns the quality of life of individuals or possibly communities. **Health** is identified by the professional who opens the agenda, often within a bio-medical, pathogenic model as the absence of illness but also as a variable, subjective condition. The **targets** for intervention are seen as consumers or customers who need to be consulted (i.e. clients), (the patient) or someone at risk of illness. The **worker** assumes authority by virtue of professional status and knowledge. **Participation** is seen as a laudable goal and interventions are problem and client-centred and encourage individuals to explore their own solutions to health problems. The **aim** of health development is to explore meanings with, and to act as interpreter for the client through **methods** such as one to one negotiation and education. The issue of **inequalities** may not be addressed. The **outcomes** sought are to maximise the individual's potential to function at an optimum level and are not focused on **social systems**. **Power** is held by the worker, and interventions are dependent on the worker and tend to lack **sustainability**. **Goals** are negotiated between worker and client but the worker holds the balance of power, and are unlikely to be set within an integrated strategic framework.

In the **functionalist** paradigm, the **overall vision** concerns the treatment of individuals or illness prevention aimed at individuals. **Health** is identified within a bio-medical, pathogenic model as the absence of illness and as an ideal, objective condition. The **targets** for intervention are seen recipients (the patient) or someone at risk of illness. The **worker** assumes authority over the patient by virtue of professional status and knowledge. **Participation** is not a predominant feature and interventions are illness-centred and encourage individuals to comply. The **aim** of health development is to prevent illness or restore health of individuals through **methods** such as behaviour change, risk avoidance and coping skills. The issue of **inequalities** may not be addressed. The **outcomes** relate to improving the technical performance of the health service and increasing health gain defined in terms of lower mortality and morbidity for individuals and are not focused on **social systems**. **Power** is held by the worker, and interventions are dependent on the worker and tend to lack **sustainability**. **Goals** are predetermined by the worker and are unlikely to be set within an integrated strategic framework.

Society is seen as a product of consensus and order





## Appendix 25: MacDonald and Mussi plan

This more pragmatic approach could begin with asking what are the roles fulfilled by health promotion specialists that are not being met by other professional groups. Their observation in this identified a focus on the relationship between strategy and implementation.

There are two issues here. Firstly, a common distinction implied in Beattie (1980), and French and Adams (1986), and referred to more explicitly in Caplan and Holland (1990) is the distinction between a 'biomedical' or individualistic analysis of the determinants of health, and a social / economic / environmental analysis of health determinants. This distinction has of course significant implications for how 'health' is to be promoted, and (as argued further below), a large part of health promotion work is planned, commissioned and in some cases delivered by professionals working within the biomedical analysis. What can be seen as a sustained, consistent and unique contribution from health promotion specialists *as a profession* (as opposed to isolated contributions from members of other professions) is not just this type of analysis or '*theory of the problem*' (McLeroy et al 1994), but also a commitment to the values of promoting health in this way - the '*principles of the solution*' - values most notably expressed in the Health for All movement and in the SHEPS 'Principles of Practice and Code of Conduct'. Of course other agencies have similar roles with respect to work on socio-economic issues, but MacDonald and Mussi claim that health promotion specialists are the only group with a profession-wide commitment to performing this role with respect to health, and with a commitment to the principles of Health for All. This issue is addressed through the horizontal axis in their diagram.

But another significant point is that most ways of mapping health promotion already published by 1998 did not account for the distinction found in practice between the planning and commissioning of health promoting work on the one hand, and the implementation of this work on the other. This being a more pragmatic distinction than the more conceptual one about determinants of health and principles of practice could be why it has been overlooked. This issue is addressed as the vertical axis in appendix 25. MacDonald and Mussi claim this to be an important distinction because it helps us identify more clearly the area of work that health promotion specialists are attempting and which all others in the business of improving population health are not. According to their analysis, the 'niche' for health promotion specialists is shown as working on predominantly socio-environmental issues with a commitment to HFA principles, coupled with an ability to 'bridging the divide' between the planning and commissioning of health promoting work on the one hand, and the implementation of this work on the other. This is consistent with the more process/qualitative-oriented evaluative techniques required of health promotion as opposed to the more outcome/quantitative-oriented evaluation of healthcare services.

So in addition to a more clearly articulated social / economic analysis of health and its determinants (the '*theory of the problem*'), and a commitment to a clear set of principles of practice (the '*principles of the solution*'), health promotion specialists have potential to integrate across the boundary between 'strategic work' and 'hands-on' health promotion practice (an '*integration of the response*').



## Appendix 26: Proposed health promotion career structure, Griffiths, 2005: 53-55.

### **Assistant or Associate Practitioners**

More staff are now entering specialised health promotion directly at first or second degree level, without work experience. More graduates are choosing to undertake postgraduate courses in health promotion directly after their first degree. There may be a significant gap in the skills and experience of these graduates which needs to be bridged at an early stage in their career development.

### **Practitioners**

Practitioners would be advisors and project managers, information officers, facilitators and others with a range of job titles, who contribute to the development, implementation and evaluation of activities and projects, but do not yet have the full breadth of specialised health promotion knowledge and experience. They might be working in a specific field such as physical activity or nutrition. They would have an individually-tailored continuing professional development programme. Some might choose to work towards Membership of the Faculty of Public Health.

### **Senior Practitioners**

Senior Practitioners would lead and manage delivery of public health work programme(s), implementing national, regional and local strategies in partnership with others, particularly local government. They would manage projects and probably some staff. In the future, they might manage groups of NHS-accredited personal health trainers in England. They may combine strategic and operational responsibilities. Staff may remain at this level, working in different areas of specialised health promotion, over a number of years.

Senior Practitioners could prepare for defined specialist registration in health promotion with the UK Voluntary Register or in future Fellowship of the Faculty of Public Health, or, with further training in the relevant competences (e.g. health protection), prepare to move into general public health roles

### **Specialists**

Health promotion Specialists would be directors, programme directors or senior locality managers responsible for the *development of policy* and strategy, and/or providing *specialist advice* to others at very senior level on a day-to-day basis, and/or have overall responsibility for major work programme(s) and/or a team of staff, budgets (including obtaining funding) etc. They would have considerable autonomy and freedom to act. Health promotion Specialists could provide professional supervision and have linked academic appointments.

Some Specialists will be able to apply for defined registration in health promotion with the UK Voluntary Register for Public Health Specialists (see section 10) and, in the future, Fellowship of the Faculty of Public Health. With further training and development if necessary, some might seek registration as general public health Specialists and might apply for posts as Directors of Public Health/Local Public Health Directors.



# Appendix 27: Amendments to the NS (July 2001) in relation to shortfalls identified in the research

Additional Three Areas (further to the ten NS areas) used in the research, and the changes in the July 2001 NS that relate or address these		
11. The ability to act in situations without precedent, to think 'outside of the box'. This includes the ability to reflect; to adopt a problem re-framing as well as a problem solving approach; to think creatively; to move beyond critical thinking, to questioning taken-for-granted knowledge.	12. Underpinning assumptions about health. This includes the ability to deconstruct knowledge and to recognise health as a social construct, and to articulate health and its determinants in language that is not dependant on pathogenic constructs.	13. The nature of the professional role including questioning paternalistic assumptions and developing the personal awareness and competence to champion and engage in principled, effective public health work based on true partnership, sustainability, empowerment and strategic vision.
	1.1 adds reference to social construction of illness	
	2.1 drops 'individual' health and well-being; 18 related statements of knowledge, understanding and skills instead of 8	
4.1 statements of knowledge, understanding and skills add 'explain and value community development and the work of communities in improving the health and well-being of the population and reducing inequalities'; 'apply skills of supporting others to developing and sustaining collaborative working'	4.1 statements of knowledge, understanding and skills add 'recognise that others' views of health and well-being are valid and that may come from different social constructions'	

4.2 adds 'well-being' and adds advice on impact; statements of knowledge, understanding and skills add 'apply up to date knowledge of community development, organisational development and individual development in the advice given to others';		4.2 adds 'appraise one's own role in the process and the impact which it may have on others' decisions and actions'
4.3 performance criteria adds 'enable others to develop their knowledge, understanding and skills and confidence in improving health and well-being through the use of methods appropriate to their interests and needs'; statements of knowledge, understanding and skills adds 'develop and apply problem solving approaches to working effectively with others'.		4.3 statements of knowledge, understanding and skills repeats the added point on ' appraise one's own role in the process and the impact which it may have on others' decisions and actions'
5.2 statements of knowledge, understanding and skills couched in more action oriented objectives, not just 'explain...'	5.1 re-orders to put inequalities first	
6.2 statements on knowledge, understanding and skills add points about principles and models of strategy development, and project management skills.	6.1 drops 'health and healthcare' policies and adds 'well-being' and reducing inequality;	6.1 statements of knowledge, understanding and skills add 'apply presentational, marketing and influencing skills to influence policy development



7.3 removes 'advocate for communities' but adds 'enable communities to advocate'; but performance criteria adds 'take opportunities to speak out for communities on aspects which will improve their health and well-being in different arenas and with a range of stakeholders';	7.1 statements of knowledge, understanding and skills add 'explain how social constructions affect different perceptions of health and illness'	7.3 statements on knowledge, understanding and skills adds 'evaluate one's own role, competence and power in the work and the impact this has had on communities'
8.1 adds 'improving' health and adds 'well-being'; performance criteria adds 'take opportunities to incorporate messages that support the vision and values (of health and well-being) into daily activities; 'challenge those whose views and actions are not consistent with the vision of improving health and well-being'; and 'maintain and sustain the vision and objectives of improving health and well-being until it is firmly embedded into culture and values	7.3 statements on knowledge, understanding and skills adds 'explain how social constructions affect different perceptions of health and illness'	
8.3 new sub section on developing capacity and capability to improve health and well-being (moved from the old 10.3;	9.1 performance criteria adds 'appraise the validity, sufficiency and relevance of research methodologies for the contexts and questions. – (as close as its gets to anything on ontology)	8.3 statements on knowledge, understanding and skills add 'apply findings from audit and evaluations in developing capability and capacity'; and 'evaluate the impact of one's own and others' role, competence and power on the improvement of health and well-being given that it is socially constructed'

10.2 performance criteria adds 'monitor interactions between individuals and groups taking speedy action to challenge discrimination, behaviour targeted at individuals and behaviour which undermines the effectiveness of team working'; statements on knowledge, understanding and skills add 'explain the effects of organisational dysfunction on service delivery and demonstrate ways of addressing it'; and ' apply motivational theories and skills to the management of individuals and teams'.		
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Other changes :

3.1 assess risk to health and apply this to practice, not just manage; 4.1 adds 'well-being'

2.3 less specific about health protection

6.3 adds 'well-being'; performance criteria more detailed and adds re-evaluation and providing encouragement and support to others in assessing the health impact of policies; statements of knowledge, understanding and skills also more detailed



## Appendix 28: Harrison and MacDonald (1998).

Harrison and MacDonald argued that the predominant vision for improving health was the functionalist idea of waiting for people to become ill and then using conventional health services to fix their problem. They saw and several weaknesses with this old agenda which are:

- Most people are kept healthy or made ill where they live, work and play - long before they have contact with the health care system.
- There will never be enough helpers and carers to go round. The main threats to health in the west, such as degenerative disease and mental health problems are on such a scale that it is questionable whether pumping more and more resources into treatment supply will ever adequately meet the demand
- For every individual that gets to the end of the queue to be treated, there are many others who are living in systems and environments that contain significant health damaging factors. These people are not ill, but waiting to be ill. How ethical is it to wait for people to become ill before providing help?
- Population based social policy changes rather than individual medical interventions brought about most of the health improvements achieved between 1841 and 1935. Improved housing, safe clean accessible water, better nutrition, better family planning and more disposable income were key factors. Improvements in medical science played a very minor role. Despite this, at the inception of the NHS, over 90% of the health care budget were dedicated to the health care of individuals.
- After 1948, the NHS failed to invest resources where existing evidence showed most health improvements had been obtained. Health sector investment after 1948 was not made in improving environments conducive to health but was rather focused on dealing with the negative consequences of illness in individuals. 70% of all medical and health care is for preventable conditions (NHSE 1994), and yet health sector investment has focused on treatment and not prevention.
- Such investment as has been made in health care and hospitals has been demonstrated to be less efficient, effective and scientifically rigorous than is often assumed. Studies in North America and the UK show that only about 20% of health care interventions have been proven as beneficial or useful by the standards of a double blind clinical trial. (Riley et al 1995; Brook & Lohr 1985). Even when specific disease groups are reviewed evidence of substantial success is hard to find. Mental health services psychiatric interventions demonstrate particular problems: "doubts arise out of the failure of psychiatry to demonstrate that it can treat according to a set of stated objectives, and can reasonably define the likely outcome of its interventions within a predicted timescale. What we do know is that the relapse and readmission rate of around 73% appears inordinately high ...." (Olsen 1992).
- Although existing health care intervention may bring some benefit to the patient, other interventions e.g. by less qualified staff or treatment on an out patient basis may bring

equal or improved benefit for less resources (Roberts 1995). This means that of the interventions that have been proved useful in dealing with non preventable disease, a considerable amount is technically but not allocatively efficient (Smee 1995) in its application of resources. Similarly even greater benefit could be brought about by earlier intervention, associated with reduced cost and increased health gain outcomes.

- Significant proportions of the world's drugs are either used inappropriately or don't work. For example, an estimated \$9 Billion is wasted each year because of the inappropriate use of antibiotics (Cannon 1985). Two thirds of all drugs used by children may have little or no value. \$1 billion a year alone is wasted on useless antidiarrhoeal drugs and cough and cold remedies, mainly in the majority (so called developed) world, (SCRIP, NO 1633, 12 July 1991).
- Increased expenditure on curative health care does not result in better health for a population. The World Bank, reviewing the relationship between national health expenditures and population health outcomes in 1993 stated: "At any level of (population) income and education, higher health spending should yield better health, all else being equal. But there is no evidence of such a relation" (World Bank 1993).
- Z59.5 Kills millions and is preventable. Z59.5 - extreme poverty, listed near the end of the International Classification of Diseases was estimated by WHO in 1995 as the worlds biggest killer. Poverty not only effects 'developing' countries but is implicated in increasing morbidity and mortality in developed countries where it is related to poor mental health, low uptake of preventive health services and lifestyles injurious to health such as smoking (WHO 1995).
- Relative poverty is also a major factor for as well as the effects of absolute poverty there are well documented effects on health of relatively poor people living in a relatively rich society (Wilkinson 1996)