

Chapter Four

My research process: A social constructionist approach



Research process:

I begin to develop an innovative methodology, that will be adolescent friendly, and able to draw out and make visible stigmatising attitudes towards those young people experiencing mental health problems. I outline a theoretical framework based on the theory of social constructionism and Personal Construct Psychology to develop my own research approach. This approach facilitates the acknowledgement of the richness of individuality within a group of mainstream pupils.

Voice of the developing researcher:

I consider how to use my own personal experiences of teaching in a small special school to approach teachers and pupils in mainstream schools with integrity.

Young people's perspectives:

I explain that each and every young person will create a view of the world based on his or her own experiences and will then use these constructs to interpret and anticipate their own world. However at this stage I do not have a 'knowing' of what the mainstream pupils' constructs with respect to mental health problems will 'look like'.

In Chapter Three I described a preliminary small-scale project in which I had confirmed that, in the view of other specialist teachers, derogatory and discriminatory language is used in some mainstream schools towards those experiencing mental health problems. This in turn provided tentative support for the belief that I had held prior to my investigations, based on my professional experience, that young people returning to a mainstream setting may be subjected to stigmatisation, manifested and maintained through the use of an overt derogatory vocabulary or the use of certain types of predicates.

4.1 Research framework

Following on from this preliminary small-scale project I now consider the main philosophies and theories that I drew on to form the theoretical and methodological frameworks underpinning the development of the next phase of my research design. In this chapter I describe how I developed my research design for the initial stages of my main study in which I intended to continue taking a language-based approach but this time with data gathered within mainstream schools. I include an outline of the techniques I used but shall present a more detailed account of the development of the questionnaire in Chapter Five and of group interviews in Chapter Nine.

I present my research processes within the three following elements:

- Approach: the theoretical perspectives that informed my research methodologies.
- Methodology: the reasoning behind my choice and use of certain methods and how I link them to my research aims.
- Methods: the techniques or procedures I used to gather and analyse my data.

(Crotty 1998)

All of the above informed one another and linked my existing professional experience with my developing ideas and research practice. In Figure 4.1 I summarise my intended research process under the three elements of approach, methodology and methods.

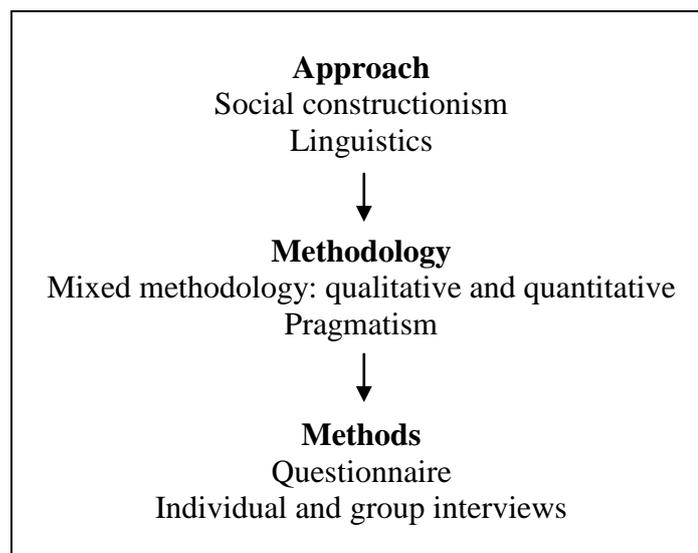


Figure 4.1 The three elements making up my proposed research process

I present the development of the research processes in two parts. In this Chapter I consider my initial research process framework and then, after having had some experience of data-gathering and making tentative judgments regarding my early findings, in Chapter Seven I explain how and why I remodelled my theoretical framework and reformulated my research questions, both of which were critical to the development of my thesis.

At this initial stage of my main study I was working on the assumption of a dichotomy of two homogenous groups. That is, I considered pupils as, either those experiencing mental health problems and belonging to the 'stigmatised' group or as mainstream pupils belonging to the 'normal' group (Goffman 1963). I discuss later how, in certain respects, I came to see this dichotomy as 'false'. Initially I had aimed to uncover and make visible the stigma that those returning to mainstream school may experience (Chapter Two) and the stigmatising attitudes recognised by specialist teachers as existing through language used (Chapter Three). In order to help the young people returning to a mainstream school, after having experienced in-patient psychiatric treatment within an adolescent unit, make sense of the stigma they may experience I believed that it was important that I listened to the voices of their mainstream peers 'whose lives are very different from their own' (Rubin and Rubin 2005: 3). I hear the voices and stories of those experiencing mental health problems within my daily practice and the meanings they attach to their experiences. By listening to the voices of the mainstream pupils I aimed to come to a deeper understanding of how and why individuals experiencing mental health problems have come to believe that they are part of a stigmatised group and how that stigmatisation may be exhibited.

4.2 Approach

4.2.1 Constructivism

My research study was to be based on a linguistic approach and on the constructs and narratives created by young people from their individual experiences. I shall now discuss how this approach is closely linked with the underlying theories of both constructivism and social constructionism.

One of the fundamental ideas of constructivism is that each person creates a view of the world based on their own experiences and then uses these constructs to interpret and anticipate their own world. In the 1950s Kelly developed the theory of Personal Construct Psychology, which relates to these ideas of constructivism. He saw every person as a scientist creating personal constructs by which they 'anticipate events by construing their replications' (Kelly 1955: 50). In his clinical role Kelly had believed that people who lived by socially unacceptable personal constructs did in fact have the capacity to change them (7). It is this possibility of changing personal constructs, partly through language, that can be seen to be fundamental to the social constructionist point of view.

As a constructivist I would listen to the realities the young people constructed around their experiences and the implications of those constructions for their lives and interactions with each other (Patton 2002). Through their own experiences, which may or may not have included familiarity with mental health problems, the mainstream pupils would have created their own individual personal constructs around what it means to experience mental health problems and how they would respond to those having received mental health treatment.

Similarly, I would need to acknowledge that the young people returning to mainstream school after a long period as an in-patient in a psychiatric unit would all have had different experiences of mental health problems, treatment received and how they felt accepted, or not, by their mainstream peers.

4.2.2 Radical constructivism

Radical Constructivism, mainly built on the earlier work of the French psychologist Jean Piaget, is part of the larger constructivist movement. Its ‘founder and most prominent proponent’ (8) is the American psychologist von Glasersfeld whose thinking is highly interdisciplinary. The ideas behind radical constructivism are that everyone construes his or her own unique world through language and puts forward two main claims. The first is that knowledge is not passively received but actively developed and second the function of cognition is adaptive and serves ‘the organization of the experiential world.’ It also holds that, although it is possible for us to get insight into each others’ worlds and that even though we may feel that our experiences are the same as someone else’s we will never have any way of knowing if they actually are the same (von Glasersfeld 2002). This paragraph stresses the importance of language in terms of the way in which young people create their own individual constructs of the world in which they live.

Drawing on these ideas for my research I would expect all the young people to see things [objects, people, events etc] differently, ‘examin[ing] them through distinct lenses and com[ing] to different conclusions’ (Rubin and Rubin 2005: 27) and having different stories to tell. Or at least, I expected there to be the potential for such differences in the way in which the world is experienced, although I also realised that such differences, in any subgroup, may be diminished by group cohesion. As such I did not expect to find one real truth but a multiplicity of truths; the truth depending on whose story or construct was being told at the time, with each young person’s ‘real’ world being set in a different place and at a different time. I use the word ‘truth’ here to describe an opinion or belief that someone imparts with honesty and sincerity although it may not agree with opinions of others. As in the words of William James:

“‘Truth,’ ... is a property of certain of our ideas. It means their agreement, as falsity means their disagreement, with reality. Pragmatists and intellectualists both accept this definition as a matter of course ... TRUE IDEAS ARE THOSE THAT WE CAN ASSIMILATE, VALIDATE, CORROBORATE, AND VERIFY. FALSE IDEAS ARE THOSE THAT WE CANNOT.’ [capitals are used in the original text] (9)

Although there are distinct types (10) of constructivism, each holding different groups of ideas, it are those held by radical constructivism that form the strongest thread of attachment with social constructionism, with both focusing on a constructed rather than an ontological reality. I return to the ideas of pragmatism later in this chapter (4.3.1).

4.2.3 Social constructionism

Social constructionism, which is a multidisciplinary movement influenced by such disciplines as psychology and linguistics, emphasises the social facets of constructivism and

has its beliefs grounded around the idea that individuals construct social reality. Although at first constructivism and constructionism may appear to be similar in that both emphasise human construction of what is 'the real', there is however one very important distinction. For the constructivist the individual mind is the centre of interest, whilst for the constructionist it is the outcomes of social relationships that are of far more interest (Gergen 1999). 'Social constructionism emphasizes the hold our culture has on us: it shapes the way in which we see things ... and gives us a definite view of the world' (Crotty 1998: 58). This would include all the young people who were to be the participants of my research. Whether they had, or had not, shared the same experiences they would almost certainly hold different views of the world especially with regards to mental health issues within a mainstream school setting.

Language is central to the ideas of constructionism (Gergen and Gergen 2003, Burr 1995) in that:

'... our understanding of the world and each other is socially constructed through our interactions with each other, especially in our use of language, and that our thinking rests on the use of concepts and assumptions which are embedded in language.'
(Burr 1998: 119)

Social constructionists hold the idea that language is structured into a number of discourses and that people can only construct their world according to the discourses available to them. These discourses described as a 'systematic, coherent set of images and metaphors' (Burr 1995: 184) are historically and culturally specific and therefore dependant on gender, age, social class and personal experiences. In this sense, constructs and language can be considered to be interdependent rather than one driven by the other.

4.2.4 Social constructionism and mental health

Such discourses can be seen to be embedded in power relationships, among other things, particularly where mental health is concerned.

'The hallmark of the social constructionist view is that it posits an intimate relationship between knowledge and power, such that relatively powerful groups in society are able to give certain discourses the stamp of truth. For example, our understanding of health and illness is based on a biomedical [discourse] ... and the medical profession remains powerful through its ability to systematically marginalise and discredit alternative conceptions ...'
(Burr 1998: 120-121)

Foucault, known for his critical studies of various social institutions, such as psychiatry and medicine and whose work was concerned with the relation between power and knowledge, even went so far as to believe that civilization invented the disease of madness 'in order to evade a certain moment in our existence ... [and that] others are elected to live out the chaos that we refuse to confront in ourselves' (1967: viii). He also believed that people do not 'have' power implicitly but that it is an action that is exercised, and that where there is power, there always has to be resistance to that power.

As a 'social constructionist' I would explore if an inequality of power does exist between the 'healthy normal' mainstream pupils and those stigmatised young people who have

experienced mental health problems, and if so, the discourses which instigate and maintain them (11.1.6). I proposed to capture different perspectives through open-ended (semi-structured) interviews, and to examine the implications of these multiple realities (Patton 2002) within the mainstream school culture.

4.2.5 Social constructionism: The Linguistic Intergroup Bias and labelling

My preliminary, exploratory research project (Chapter Three) had already touched upon many of the shared beliefs and ideas around language, which I had found to be held by both the constructivist and constructionist approaches. This was a study strongly influenced by the nature of language, particularly in regards as to how language can be used to label individuals and how these labels can have a potentially damaging effect. I had considered how by turning an adjective into a noun a certain kind of person could be created who is seen in terms of what they are rather than what they do (Burr 1995). Social constructionism claims that people can be trapped and oppressed by these labels and questions how these identities can be challenged or changed. I am referring to those young people who have experienced in-patient psychiatric treatment and as such may believe that on return to their mainstream school they belong to a stigmatised group, a belief that creates a reality for them. However, I needed to think about the way in which meanings of words may change with time and how the ‘insistence upon the nature of language as constantly changing and varied in its meanings ... is the keystone of social constructionism’ (Burr 1995: 31).

The theories that had influenced my preliminary, exploratory research project were those of the Linguistic Intergroup Bias (Maass et al 1989), linguistic categories (Semin and Fiedler 1988) and labelling (Scheff 1984), all of which I discussed in Chapter Two. However, I shall briefly recap the salient points to demonstrate how these theories share ideas with those of social constructionism and my own research approach in arguing the importance of language in the social world.

Language has been seen to play a large part in maintaining stereotypes and Maass et al’s employment of Semin and Fiedler’s linguistic categories in the development of their Linguistic Intergroup Bias looked at the way language is used to describe the behaviours of those associated with what they referred to as the in and out-groups. Initially, in my own research, I identified these two groups as those of the powerful, healthy, mainstream pupils and the oppressed ex-psychiatric patients and to whom Goffman (1963) referred as the ‘normals’ and the ‘stigmatized’ [sic]. I had looked at how Scheff (1984) explained the labelling theory of mental illness as being embedded in the idea that the symptoms of mental illness can be thought of as breaking a set of social rules and being maintained by the reactions of others. Although Scheff was referring to the labelling of individuals by professionals, in Chapter Three I have shown that labelling in the form of name calling such as ‘psycho’, ‘nutter’, ‘freak’ is believed to exist in mainstream schools and could have the potential to be equally as damaging or even more so (Campbell and Heginbotham 1991).

I now examine how I translated and incorporated these theories and beliefs into my research.

4.3 Methodology

In order to consider my own methodological approach I went on to review earlier research into measuring and understanding stigmatising attitudes. These included Bagley and King

(2005) who had explored the use of standardised measures to show how adult service users coped with stigma and that of Corrigan et al (2005) who had employed the technique of vignettes to research how adolescents perceive the stigma of mental illness. In Chapter Ten I offer certain critiques with respect to the methodologies employed in these studies and which I reference as being influential in my own selection of measures with respect to addressing my own research questions.

I believed that to give myself the greatest opportunity to achieve my own research aims I would need to use a pragmatic approach and I accepted that this would mean adopting a ‘between-method’ (Brannen 1992) and mixing methods from both qualitative and quantitative paradigms. I believed that to develop an adolescent friendly approach then I would need to include methods such as a questionnaire, incorporating the techniques of vignettes and cartoons. I would also need to include familiarity and social distance scales if I were to be able to measure the extent to which stigmatising attitudes are present in mainstream schools. Also, to come to an understanding of how such attitudes are manifested and maintained and the relationship between attitudes and the young people’s experiences and personal constructs, I planned to carry out in-depth, semi-structured individual and group interviews.

I now consider the feasibility of combining qualitative and quantitative methodologies within a single research project and the questions this raised regarding the movement between paradigms not only at the level of techniques used, but also at the levels of epistemology and theory (Brannen 1992).

4.3.1 Pragmatism and a mixed method approach

Rather than thinking of the quantitative and qualitative research positions as opposing poles I looked at the idea of considering them as points on a continuum (Tashakkori and Teddlie 1998) and how I would be able to position myself in different places along parallel continua at the same time, allowing for the bounds of theory to become even more flexible (Figure 4.2). This approach was in line with that of Howe (1988) who argued against the quantitative-qualitative incompatibility and advanced an alternative pragmatic approach to research. As a pragmatist I would not let theory become a barrier but would carry out my research guided by personal values and employ methods that I felt to be the most appropriate for finding the answers to my questions.

constructionism	positivism
qualitative	quantitative
objective	subjective
inductive	deductive (Brewer and Hunter 2006)
idealist	realist (Brannen 1992)
clinical	formulaic (Sechrest and Sidani 1995)
romanticism	empiricism (Sechrest and Sidani 1995)

Figure 4.2 Opposing poles as points on a research approach continuum

Traditionally a gulf has been seen to exist between qualitative and quantitative research, with each belonging to distinctively different epistemological positions and Brannen warned that

at times mixing the two can be quite ‘messy’ (1992: 3). Nevertheless, having decided that I did not want to be bound by grand narratives or paradigmatic commitments and, in order to add depth and richness to my study, I planned to use methodologies from across the continua. I include a quote from the novel ‘The Little Prince’ to illustrate my belief in the importance of including qualitative data.

‘Grown-ups love figures. When you describe a new friend to them, they never ask about the important things. They never say: ‘What’s his voice like? What are his favourite games? Does he collect butterflies? Instead they demand: ‘How old is he? How many brothers does he have? How much does he weigh? How much does his father earn?’ Only then do they feel that they know him ... Of course, for we who understand life, figures are quite unimportant.’ (de Saint-Exupéry 1995: 16-17)

Drawing purely on a qualitative methodology I would look through a wide lens at an unspecified set of concepts, be descriptive in my aims, and not directly concerned with making generalisations. The methods I might use, (for example in-depth interviews), would give me complex, discursive responses, perhaps difficult to interpret but from which I might be able to make analytic deductions. Through open interviews I would hear the respondents’ personal and multifaceted stories and present them in such a way as to highlight that events and individuals are unique and that there are multiple interpretations of, and perspectives on, single events and situations and that reality is multi-layered and complex (Cohen 2000).

But would this give me all that I needed to achieve my research aims and would placing myself as a social constructionist limit my research approaches to qualitative methods? Purists would say yes, but there are those such as Gorard and Taylor (2004) who could be considered as disagreeing. Their premise was that constructionism covers a wide spectrum of beliefs and values, including that of Personal Construct Psychology (Kelly 1955), an approach that explicitly advocates the combining of quantitative and qualitative data. Although social constructionists tend to draw from ‘qualitative methods of enquiry since these are often ideal for gathering linguistic and textual data and are viewed as less likely to decontextualise the experience and accounts of respondents’ (Burr 2003: 149), it is not so much with the methods of quantitative research that they disagree but rather their use by positivists to search for universal truths.

Acknowledging that numbers can be very powerful indicators (Gorard and Taylor 2004) I decided to draw on quantitative research as a precursor to the qualitative element (Bryman 1992) and to help set the individual stories within a more generalizable context of mainstream culture and pupils’ attitudes towards mental health issues. In summary, the quantitative element would allow me to pose a broad range of questions to a relatively large sample of mainstream pupils in an attempt to start uncovering stigma and to facilitate choosing the participants for the follow up in-depth, semi-structured interviews. The qualitative element would then enable me to offer detailed descriptive information, capturing the richness of a small sample of mainstream pupils’ experiences and how they influence their views and beliefs regarding mental health issues.

I now consider some of the issues raised in developing this approach.

4.3.2 Integration or complementary?

Although I had already read the work of those who advocated the successful combination of qualitative and quantitative research paradigms in a single research study (Brewer and Hunter 2006, Gorard and Taylor 2004, Patton 2002, Tashakkori and Teddlie 1998, Sechrest and Sidani 1995, Creswell 1994 and Brannen 1992) there were still questions that I needed to attend to regarding my own proposed methodology.

I had planned to carry out both quantitative and qualitative research approaches simultaneously but was concerned whether the two sets of data should be interwoven, whether the quantitative data would support the stories, and whether the stories would put the numbers into context and give them greater meaning. I also considered whether I should keep them separate only seeking to see in what ways they might complement or contradict one another. I did in fact propose to compartmentalise my data-gathering and then use each data set to inform the other at the stage of interpretation.

However, in Chapter Seven (7.5) I explain how, I reconsidered my ideas around quantitative and qualitative methods.

4.3.3 Crystallisation

Some constructivists hold the view that triangulation between methods is impossible since there cannot be different views of the same reality because the reality is the different views (Gorard and Taylor 2004). However, I claim that the employment of both qualitative and quantitative approaches in a multi-method study, producing multiple data sets, and employing multiple theories partially satisfy the requirements for triangulation. But, because triangulation refers to there being a 'fixed point' that can be triangulated I prefer, as mentioned in Chapter Three, to refer to crystallization, which recognizes that there are many more than three ways from which to view the world.

[Crystallization] ... combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities and angles of approach. Crystals grow, change, alter, but are not amorphous. Crystals are prisms that reflect externalities and refract within themselves, creating different colors [sic], patterns, and arrays, casting off in different directions. What we see depends on our angle of repose.' (Richardson 2000: 934)

Thus crystallization acknowledges the belief that there is a multiplicity of realities, which are constantly changing and which although offering a deep and complex understanding, of the topic being studied, may still provide only a partial understanding. This could mean that although we may know more we may also doubt what we know, and recognise that there is very likely much more to be known (Richardson 2000).

4.3.4 Reliability or validity

Traditionally reliability implies that the research findings are repeatable and validity that the researcher's findings match what is really there. In fact Rasinski et al (2005) claimed that external validity, permitting the researcher to generalise his or her study results beyond the

research participants, is crucial in the area of stigma and mental illness because of the real world consequences attached to stigmatisation. However, Burr (2003) argued that neither reliability nor validity are appropriate models for judging the quality of the research of a social constructionist, who would not be seeking to find an ultimate truth or to necessarily make generalisations, within his or her findings.

So in my own research I needed to consider if claiming validity would be appropriate and, if it were, what claims I could make. I needed to consider if it would come from the use of quantitative survey data or the intensive personal involvement and in-depth responses gained through the qualitative approaches, or through both. I believed that as a constructionist I would not be searching for a universal truth. I would be holding the belief that life is multi-faceted and therefore, rather than claiming validity through rational argument or numbers, I would view validity as to how it informed not only my own future practice but also that of the reader of my thesis (Mason 2002). I realised that the later measurement would be difficult to make and initially I might need to limit my judgement of validity to the changes within my own practice and those of my colleagues within the local community of the Unit School. In Chapter Eleven I acknowledge the contributions I have made, as a result of my research, within my own practice.

However, what I could ensure was that of showing a concern with ‘what is perceived and by whom and under what conditions’ (Mason 2002: 153) by reproducing the words of my respondents as accurately as possible. I believed that this, in addition to giving detailed documentation of all the stages of my research, would allow my readers to make their own decisions regarding the analysis and interpretation of my data and contribute to the importance of the ‘overall trustworthiness’ (Burr 2003: 159) of my research project.

4.4 Methods

As the literature did not reveal a wealth of research (Link et al 2004) into the stigmatisation of secondary age mainstream pupils experiencing mental health problems my own research was to explore different techniques often used in different contexts with different participants. I planned to present a questionnaire to mainstream pupils in three secondary schools. I intended to use schools in socially diverse communities in an attempt to broaden the field of experiences within my research sample. I also proposed to carry out in-depth, semi-structured individual and group interviews with mainstream pupils from the same three schools in order to elicit how they may have construed their own individual constructs regarding mental health problems. Each method would complement the other, both would provide a partial understanding of how stigma may be manifested and maintained, through language, towards those experiencing mental health problems.

4.4.1 Questionnaire

Initially I used a questionnaire study, normally associated with quantitative research, to explore the views and beliefs of Year 10 mainstream pupils surrounding mental health problems. This method would not probe below the surface for emotional motivation and in-depth experiences of the young people, but would provide a lot of data relatively quickly and, through the study of language, be able to uncover stereotypic and stigmatising attitudes towards those experiencing mental health problems. I planned to present the questionnaire,

in the form of a comic booklet (Werkman et al 1999). The questionnaire would be comprised of several research methods, integrating those from both the quantitative and qualitative paradigms, including a vignette study (Corrigan et al 2005, Link et al 1987) incorporating cartoons (Maass et al 1989), social distance scales (Link et al 1987) and a familiarity assessment (Corrigan et al 2005).

Designing the questionnaire was to prove extremely complex and time consuming and therefore I devote Chapter Five to giving a detailed account of its development and my rationale for including each element. Here it is suffice to say that in developing the questionnaire I was concerned with the linguistic competence of the participants and that the use of fictitious names, and the visual characteristics of pupils portrayed in the cartoons and vignettes did not offend or cause a pupil to become the butt of others' 'cruel jokes' and 'name calling'. Although my own teaching experiences are not within a mainstream setting the majority of young people I teach have attended mainstream schools and so I was able to call upon my experiences as an insider working with young people within an educational setting to ensure that the questionnaire was sympathetic towards my young participants. But alternatively this same scenario could be argued to have led me to misjudge the situation, as the experiences I have of the mainstream setting and the young people within that setting are mainly derived from access to the experiences of those who have been unsuccessful in that situation. To guard against this alternative situation I discussed the contents of the questionnaire with mainstream teachers within the three participating schools.

4.4.2 Interviews

The potential distinction between belief and action highlighted the need to explore further the responses to the questionnaire research in more depth. Therefore, as part of my study I aimed to carry out in-depth open or semi-structured interviews, with a selected group of young people who took part in the initial survey study. The individual and group interviews were to be used to facilitate the young people in naming, defining and contextualising their own personal experiences of mental health problems and how they may have informed their beliefs and values as they developed their own personal constructs.

I intended to audiotape all interviews so that I could capture all the participants' comments and listen to their accounts more than once. Aware that even when recording an interview, a lot of rich data such as body posture, gestures, facial expressions all of which are so important in being able to have a true understanding of what is or is not being spoken about could be missed, I intended to make short complementary notes during the interviews. However, as the spoken language used by the respondents became the primary object of my interviews I did not in fact make comprehensive supplementary notes. I accept that this constrained my possible findings, but such a constraint seemed an acceptable consequence for focusing on language. In my subsequent analyses I accept that non-verbal information that may have provided further levels of interpretation was ignored.

I proposed to carry out semi-structured interviews with a selection of the mainstream pupils with regards to their responses to the questionnaire giving them the opportunity to raise issues that were important to them. However I was aware that if I allowed the interviews to be left too open, comparisons between them could be difficult. As with the questionnaire I would again need to be aware of the linguistic competence of the young people and of their conceptions of what might be socially desirable responses to give to me as a teacher working

with young people who need to spend long periods of time in hospital. I was concerned that although I would want to put young people at their ease and give them confidence to tell me what they believed rather than what they thought I would want to hear, it was essential that I kept within the structure of an interview rather than allowing it to become a conversation in which I might be drawn into self-disclosure or the young people feel that they were in a therapy session. As a professional, who is an insider with regards to working with young people in a supportive rather than a therapeutic role and who has been trained not to self-disclose, I argued that my experience would support me in making reasonably just decisions during each individual and group interview. Alongside trying to ensure that my own views did not predominate, I would need to be aware of the possible influence my role as a teacher of those experiencing mental health problems might have on the mainstream pupils. I did not want to make them feel socially powerless and/or force them to make disclosures regarding parts of their lives they would prefer me not to know.

I was aware that analysis of the interview transcripts might not cast a young person in a fully positive light and I could foresee situations when it could even be considered as having significantly adverse consequences for my young participants. They might change their constructs as through conversation their ideas become clearer to themselves (Pope and Denicolo 2001), or they might not want others to know what they had said (Mason 2002). In such cases it was essential that I was able to ensure that all details were anonymised to ensure that my young participants did not suffer any humiliation. I did not want to have to leave out rich data nor did I want to be seen to be betraying the young people's trust (Fraser 1997).

4.5 Ethical issues

4.5.1 'Ethics in practice'

Before undertaking my small-scale project I had acquired permission from the teacher in charge of the Unit School and the manager for Child and Adolescent Mental Health Service (CAMHS). To carry out my main enquiry I also completed an application for approval from the University of Hertfordshire Ethics Committee to undertake research involving young people as well as gaining approval from the head teachers of the three mainstream schools.

Guillemin and Gillam (2004) however suggested that there are at least two major dimensions of ethics in research; procedural ethics that involves gaining approval from relevant authorities, and 'ethics in practice', described as the everyday ethical issues that arise during the doing of the research. They also went on to suggest that 'although procedural ethics is unable to inform and guide all aspects of research practice, it does serve a valuable function in forcing us to consider and reflect on the fundamental guiding principals that govern research integrity' (Guillemin and Gillam 2004: 277).

Although it is true that procedural ethics had forced me to consider such questions as:

- Would omission of all identifiers in my report guarantee anonymity of all participants?
- How would my research focus on young people who are perhaps considered as having less power than me?

- Might my research lead to knowledge of sensitive matters and what was the likelihood that information given would raise child protection issues?
- What precautions had I taken to protect my participants?

I still needed to be aware of other potential ethical dilemmas that I might encounter and had not perhaps been able to foresee.

As a researcher I would inevitably cause things to happen. I was aware that there could be situations when ‘doing’ my research could have adverse consequences; such as participants revealing information they would prefer me not to know, making a disclosure or revealing vulnerability. In such cases I might need to betray the participant’s trust. I would be bound by Government guidelines and legal requirements to take further action if I felt that child protection issues had been raised. Although this issue would be covered by ethical approval, because of the extremely sensitive nature of my research project, I believed that it was important to be identified as a potential dilemma. I also considered that I might be forced to make the decision regarding the need to edit out parts of the data, especially if they could have had significantly adverse consequences or that a participant was concerned that analysis might not cast them in a fully positive light (Mason 2002).

I also considered that I might need to make decisions at a given instance and it seemed therefore that procedural ethics might not in itself provide all that I would need for dealing with ethically important moments in my research. It has however, been shown that ‘reflexivity is a helpful conceptual tool for understanding both the nature of ethics in ... research and how ethical practice in research can be achieved’ (Guillemin and Gillam 2004: 262-263). Therefore turning to reflexivity as a potential tool for ethical research practice I considered the ethical issues involved in designing the data-gathering tools and for the potential for promoting stigmatisation of those experiencing mental health problems through carrying out my research project (Green et al 2003).

I now examine the impact my research might have had on the mainstream pupils whose views and understanding towards mental health I wished to document, the potential created through carrying out my research for promoting stigmatisation and my own subjectivity as a researcher.

4.5.2 Perpetuation of the stigmatised stereotype

I was very aware that by thinking of the young people experiencing mental health problems as sufficiently different as to warrant research into how mainstream pupils view them, that I might actually have been in danger of perpetuating the stigmatised stereotype (Green et al 2003). This was an idea expressed by Hurd (1998) who, reflecting on her own research, questioned whether focusing on or ignoring racism in fact perpetuated it:

‘My self-definition as a college professor who strives toward multicultural, anti-racist pedagogy was challenged by the uncomfortable idea of having potentially, implicitly supported a racist tale.’
(Hurd 1998: 199)

I could be accused of awakening dormant ‘... hostile attitudes and discrimination’ (Green et al 2003: 231) or even putting ideas into young people’s heads. This, I believed, would not be the case, as through my experience of working with young people I was clear in my mind

that they would have already formed their own views and beliefs (Wahl 2002). Nevertheless, I would need to avoid using the words ‘stigma’ and ‘attitudes’ within the interviews in order to induce the young people to explore their own views and what had influenced the way they had formed their own truths with the potential of uncovering stigmatising attitude. I was concerned however that they might feel that they needed to give what they considered as socially and politically correct responses rather than revealing their true beliefs and as such covering up their true attitudes. I return to these issues in Chapter Six when I consider the work of Denscombe and Aubrook (1992).

I also needed to be both mindful and active in protecting the mainstream pupils, who might themselves, or have had family members or friends who had experienced mental health problems, from undue risks and feelings of being stigmatised. I therefore needed to make it clear that they did not have to answer every question in the questionnaire or interviews, they could withdraw at anytime and need only give some form of identification if they were prepared to meet with me to discuss their initial responses in more detail. For this potential group of pupils who, although might find being part of the research process upsetting, but still wished to take part, I would need to ensure that the school had pastoral support at hand, which again was an ethical approval condition.

In addition, I needed to consider how much information to give to both the parents of the pupils and the pupils themselves before they participated in my research project. Working in the mental health sector I believed that ‘mental disorder is often banished from mainstream discussion’ (Hinshaw 2007: xiii) with many members of the general public forming their attitudes and emotional responses from negative media portrayals of people experiencing mental health problems as being incompetent and violent. I believed that informing parents and young people that the questionnaire and interviews focused specifically on mental health could have resulted in many young people deciding not to take part or parents giving advice on the information they offered in the data-gathering sessions and which may have skewed my results. As my questionnaire was to include questions about young people who have been out of school for a physical illness I believed that it would be ethical to tell potential participants and parents that I was a teacher working with young people attending a hospital school and that as one of my roles was to support young people return to mainstream education I would like to hear their views regarding the issues of returning to school after a long absence. However as I would be working in mainstream schools, where I considered myself as an outsider, the respective head teachers were to make the final decision. All agreed to my proposals.

I consider additional ethical issues with respect to the group interviews in Chapter Nine.

4.5.3 Analysis of data

The experiences I have are derived from a particular role within the Unit School, and it could be argued that as such I was biased towards establishing a research project that would support the truths of the young people experiencing mental health problems. I recognised therefore that my views and beliefs could be distorted and for this reason it was important that I ‘... examine my own subjectivity ... [and] deal with my own emotional and interpersonal responses as part of my data’ (Zeni 1998). I acknowledged that there would be difficulties in trying to present my data without making any personal interpretation and therefore the meaning I gave to my data would be personal and unique. Nevertheless, I

believed that by hearing as many different stories from mainstream pupils as I could and by continuing to be open with my reader as to how my truths drove my study programme forward I would be able to contribute to the value and worth of my practice-based research.

The analysis of the data set collected in the questionnaire research was to be predominantly a quantitative approach answering the ‘how many?’ questions. I would then apply an interpretive linguistic approach in categorising (e.g. derogatory or non-derogatory) the words and phrases the young people offered as being used towards and about those pupils experiencing mental health problems. However, at this stage in the development of my research design, I was unsure as to how I would manage the analysis of the interview data although I was considering that of a thematic approach.

I return to the analysis of the questionnaire research data in Chapter Six and that of the interview research data in Chapters Seven, Eight and Nine.

4.6 Summary

Aware from my own experiences and the literature of the issue of complexity and individuality surrounding mental health problems, I believed that the best approach in continuing the assessment of this complex situation would come from a series of studies combining not only different methodologies but also different methods. Therefore I intended to use a mixed method approach utilising a questionnaire and in-depth semi-structured interviews. This, I believed, would facilitate an environment that would enable young people to engage with research on a sensitive topic and to freely discuss and comment on theoretical and personal experiences with regards to mental health issues within the context of a mainstream school setting.