

Chapter Seven

Re-thinking my research approach



Research process:

In Chapter Seven I recognise my epistemological and ontological stances within my research and, through considering symbolic interactionism, I am able to see what I have already found in a different light.

Voice of the developing researcher:

As I continue to develop my research approach I also come to a personal understanding of how I make sense of the world. I explain how this understanding will help me make sense of my research findings and my own practice.

Young people's perspectives:

I begin to add another level of understanding by acknowledging the way in which each young person will impose his or her own language to name and confer 'objects'. Like the birds, young people begin to create their own individual representations within the world.

In Chapter Four I had explained my reasons for my intended research approach towards exploring the ideas young people held about experiencing mental health problems. Then in Chapters Five and Six I presented the development and results of my questionnaire research and also discussed its limitations. Now, in Chapter Seven, I explain how I addressed these limitations by making clear my reasons for including a symbolic interactionism theoretical perspective within my research framework and my decision to present the interview research data in a narrative format. I offer an account of the development of my research questions and present additional key issues and texts. I show how I relate these new ideas to my research journey so far and offer an explanation as to how they were to influence my way of thinking and hence the analysis and presentation of my data sets. Although I present each change within my research approach as discrete, standalone sections I wish to emphasise that they were in fact taking place simultaneously and more importantly were very much interlinked and often entangled.

However, before I revisit my research approach, I reiterate the question that I raised in Chapter Four (4.5.2), of whether or not I had the right to place myself in the privileged position of deciding that my pupils might need to be treated differently as a result of my research and, if by researching into stigma, I was not in fact promoting the stigmatised stereotype of those who have experienced in-patient psychiatric treatment (Green et al 2003). I believed however, that until I had a better understanding of the thoughts of the pupils, in the mainstream system around mental health, I felt ill-equipped to fully support young people make their transition back into a mainstream setting. I therefore needed to trust that my beliefs and experiences would help me in my effort to show empathy towards both groups of young people and not to be seen to be taking sides. I heard the views of the young people experiencing mental health problems on a daily basis and I intended to listen to the accounts of young people in mainstream schools. I recognised that each and every young person's story would be unique and their 'truth'. In this way I trusted that I would limit any possible endorsement of stigmatisation shown towards those young people experiencing mental health problems.

7.1 Development of research approach

7.1.1 Anomalies within the data sets

In order to support the findings from the questionnaire research, described in Chapters Five and Six, I began to carry out follow-up interviews with the mainstream pupils who had taken part in the questionnaire research. However, very soon after embarking on my interview research, I began to see anomalies between the sets of data collected from the quantitative questionnaire and the qualitative interviews. For example, the first young person that I met had said in the questionnaire that she did understand what was meant by mental health problems but in the interview:

'I imagine the problem could be caused by an accident.'

She had also said in the questionnaire that she didn't know if she knew the difference between mental health problems and specific learning difficulties but yet in the interview gave the response:

‘... but learning difficulties could be more to do with things like reading and writing while mental health is more to do with personality and feelings instead of learning like your maths and things like that.’

On both occasions the questionnaire responses would not have given a full representation of the young person’s understanding.

I began to come to a realisation that pupils’ understandings of mental health problems were quite different from my own and from each other’s (11.1.5). It was at this point that I resolved to concentrate, within the context of the interviews, on the exploration of the young people’s understandings of, as well as their attitudes towards, mental health problems.

7.1.2 Developing the research questions

I considered that to move forward in my inquiry I should concentrate on exploring how the young people interpret situations and how they construct their own meanings and values around mental health issues. To put my findings back into my own practice and into the wider fields of education and adolescent mental health I would also need to discuss how concerned professionals could effectively employ my findings within the transition process. In order to acknowledge these considerations I revised my original research questions (3.5) to:

- What are young people’s understandings of mental health problems?
- Are stigmatising attitudes present in mainstream schools?
- How can the findings be effectively employed within the transition process?

I also reflected on my decision not to attribute attitudes but rather to compare inference of attitudes with actions, with specific reference to language used towards and about those experiencing mental health problems. However, I had already acknowledged that this approach of tagging language as derogatory or non-derogatory involved a degree of interpretation, which I explained as being highly subjective. Rather than having the everyday meanings given to words by young people, I would have been influenced by my own understanding of the origins and meanings of them. I had also acknowledged that in order to make my interpretations less subjective I needed to discuss the categories in conjunction with the views of my peers.

But then, taking into consideration Blumer’s (1969) ideas on the inference of attitudes and my own doubts regarding labelling participants I again revised my second research question from, ‘are stigmatising attitudes present in mainstream schools?’ to, ‘to what extent, if any, do these understandings lead to stigmatising attitudes?’ I believed that the original question had perhaps sought only to prove what I had already stated to be the case in Chapter Three in which I presented my small-scale project. Then, concerned that the mainstream pupils may have different understandings of mental health issues in older people than their peers, in that they may find it easier to accept and in a sense less threatening, for my work to go forward, I revised my research question to:

- What are young people’s understandings of mental health problems in their peers?
- To what extent, if any, do these understandings lead to stigmatising attitudes?

- How can concerned professionals effectively employ the findings within the transition process?

7.1.3 A false dichotomy

Initially I had assumed that by ‘simply’ coding and counting the questionnaire data, and then comparing the scores with the young people’s experiences I would have been able to ‘read off’ the ‘realities’ (Silverman 2000) of the respondents’ attitudes towards mental health problems. I now acknowledge that this was perhaps a far too simplistic approach with regards to what in Chapters Two and Three I had already described as a complex area of research. In Chapter Six I showed how, whilst analysing the questionnaire research data, I had become concerned regarding the young respondents’ understanding of mental health problems and hence their interpretation of the questions they had been asked. I had also become concerned as to how I would be able to demonstrate the relevance of their experiences to what I had inferred as their attitudes. Silverman had said that:

‘... 20th-century thought has resisted such researchers’ assumptions that words are simply a transparent medium to “reality” ... [but that] signs derive meaning from their relation to other signs ... [and] the meaning of a word derives largely from its use.’
(2000: 822)

As such I realised the need to now look beyond the face value and initial appearances of the participants’ responses to uncover the underlying realities. I would need to make relevant the contexts in which these young people lived their lives. I would also need to recognise how the meaning of a word they gave in response to the open questions in the questionnaire would depend upon the context in which it was used and to make relevant the historical influences in the fields of both mental health issues and special educational needs.

In Chapter Six I explained how I had decided not to label young people as either non-stigmatising or stigmatising. I believed that I had been trying to portray what I had later acknowledged as being a false dichotomy of dividing young people into two homogenous groups. But then perhaps this ‘should [have] come as no surprise ... [as] in many cases he who is stigmatised in one regard nicely exhibits all the normal prejudices held toward those who are stigmatised in another regard,’ (Goffman 1963: 167). Like Goffman (1963) I had made assumptions that the ‘stigmatised’ and the ‘normals’ existed and that I would be able to uncover the form the stigma towards those with mental health problems took. Although I understood that the situation would be complex, because of my pragmatic approach, I had believed that I would be able to reveal how the ‘normals’ [i.e. the mainstream pupils] showed their stigmatising attitudes towards the ‘stigmatised’ [i.e. the ex-mental health patients]. I would then have been able to advise the ‘stigmatised’ on their best survival strategy on returning to mainstream school. Although after having completed the questionnaire research I still held that the two groups existed, I had come to the idea that because the boundaries between them were permeable and moveable, it would be difficult to capture stigma and make it visible.

By labelling participants as those that stigmatise and those that do not, as well as thinking of young people belonging to the ‘normal’ mainstream pupils or the ‘stigmatised’ young people who had received psychiatric in-patient treatment, I had not allowed myself to recognise all points on each continuum adjoining such identified poles (Butt and Burr 2004). I had been

well aware through my own personal experiences and understanding of mental health problems that:

‘Stigma involves not so much a set of concrete individuals who can be separated into two piles, the stigmatised and the normal, as a pervasive two-role social process in which every individual participates in both roles, at least in some connexions and in some phases of life. The normal and the stigmatised are not persons rather perspectives ... he may have to play the stigmatised role in almost all of his social situations, making it natural to refer to him, as I have done, as a stigmatised person whose life-situation places him in opposition to normals ...’

(Goffman 1963:163-164)

However, I did not believe that I had come over as having been sympathetic to this perspective within my initial research approach. By looking back through my research journal, from which I quote below, I note the way in which I had implied a ‘them’ and ‘us’, a division I had come to consider as being a false dichotomy.

‘When I first embarked on my research journey I had been passionate in thinking that I needed to make the ‘world’ a better place for the young people that I worked with. It was the attitudes of the mainstream pupils, who as the outsiders in regards to the young people I teach, that I felt I needed to change in order to make the transition back into mainstream school a positive experience for those who had experienced in-patient treatment in an adolescent psychiatric unit. They were the ones who used derogatory language about and towards those that had or were experiencing mental health problems (small-scale project). But perhaps although the passion of being an insider has provided the motivational fuel for formulating my research proposal I will need be aware that it could also ‘lead to conceptual blindness and unwillingness to consider alternative possibilities’ (Krantz 1995: 92).’

(Personal Research Journal 2006)

I also considered that perhaps I should start to explore if it were not in fact the young people returning to mainstream education that were burdened down by their own self-stigma. I had however acknowledged that:

‘Stigma is a two-way phenomenon; ‘... using language is not a private act, whereby an individual represents what he or she perceives ... Language structures our consciousnesses and at the same time, our relationship with others’ (Winter 1989: 40). So, although stigmatisation permeates our language (Hinshaw 2007), what is said may or may not be received, may or may not be intended as a stigmatising comment.’

(Personal Research Journal 2006)

This led me to consider and ultimately to encompass the ideas of symbolic interactionism (Blumer 1969) within my existing theoretical perspective. Symbolic interactionism was to provide an additional, partial explanation for young people’s interaction and their interpretive processes in making meaning of their personal encounters and experiences. I believed that it would allow me to link the individual interactions of the young people with their social interactions, bringing together the radical constructivist with the social constructionist (Chapter Four), and also to consider the language they used as the foundation for the creation of their personal constructs. For example, from the questionnaire data, why

some young people described a peer experiencing mental health problems as ‘crazy’ or ‘weird’ while others used ‘feeling lost’ and ‘under-achieving’.

7.2 Symbolic interactionism

In order to demonstrate the position of symbolic interactionism within my own research, I give here a brief account of the main features and assumptions that support it. Symbolic interactionism, which stems from the ideas of the pragmatist philosopher and social psychologist George Herbert Mead and has its origins within the sociological field has recently entered that of psychology and rests on what Blumer (1969) described as three simple premises. Mead recognised the ability of humans to use symbols to represent things and events and especially the use of language, which ‘allows us to internalise social interaction, to represent it to ourselves and to think about and reflect upon it’ (Burr 2003: 193). I define symbols as concentrating something down to that which can be immediately recognisable and that which can be extremely powerful. Blumer (1969) describes the aforementioned premises on which symbolic interactionism rests as:

- we, as human beings, act toward things on the basis of the meanings they have for us
- such meanings are derived from, or arise out of, the social interaction that we have with our family, peers, colleagues, acquaintances etc
- we handle and modify these meanings through an interpretative process.

I purport that for the young people this process is ongoing and cyclic (Figure 7.1) as they define and redefine the meaning they give things and in particular, with relevance to this inquiry, their understanding of mental health issues. They construct meaning and beliefs around mental health issues, which then become central to how that forms their constructs and interaction, which in turn can be interpreted as their attitude towards those experiencing mental health problems. I return to the idea of attitudes later in this chapter (7.4.2). All the young people will create their own individual and unique meanings as ‘the meaning of objects for a person arises fundamentally out of the way they are defined to him by others with whom he interacts’ (Blumer 1969: 11).

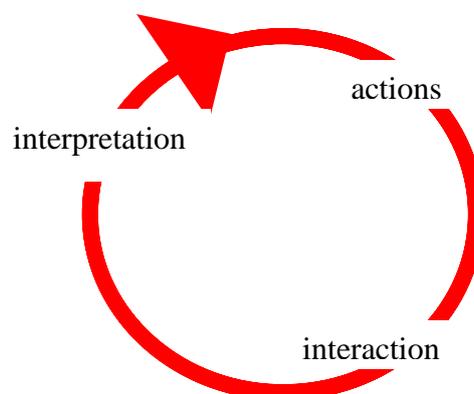


Figure 7.1 Cyclic process of symbolic interactionism

I acknowledge that these meanings will have no fixed status and will be continually transformed and will be dependant on time, place and the lived experiences of the interacting individuals. Because of my belief that the ‘life and action of the [young participants would] necessarily change in line with the changes taking place in their [understanding and meaning making of mental health issues]’ (Blumer 1969: 12), it became essential that in order to understand the actions and language of the young participants I explored and identified their meanings and constructs. This supported my ideas to ask the ‘how and why’ questions by carrying out in-depth, semi-structured interviews in addition to the ‘how many’ questions asked in the questionnaire research. In order to elicit potential stigmatising attitudes of the young people towards those experiencing mental health problems I had carried out rigorous analysis of my questionnaire research data. But although I had attempted to make such attitudes visual and be able to communicate them as tangible emotions and attitudes to the reader, I had struggled to make meaning of the situation and to reach a full understanding of the social structure embedded in the data.

However on reading Blumer’s paper, ‘Attitudes and the Social Act’ (1955), I realised that perhaps I should not have felt as concerned as I did about not being able to arrive at a fully comprehensive understanding of young people’s attitudes towards those experiencing mental health problems. Blumer believed that attitudes could not be perceived directly but needed to be pieced together through a process of inference and that it would be difficult to know what data to include as part of an attitude and what to reject as not belonging to an attitude. He also went on to say that those who attempted to measure attitude would often use scales that they would have devised, based on their preconceptions of what entered into an attitude, and tailored to meet certain standards of quantification. He also explained that although attitudes are ‘conceived to be a tendency, a state of preparation, or a state of readiness, which lies behind action, directs action and moulds action ... the overwhelming proportion of attitude studies ... [had told] us nothing of the relation of attitude to action’ (Blumer 1955: 93).

Considering the scales and techniques I had employed in my own questionnaire research I now believed that I had in fact presented the pupils with cartoons, captions and statements which would lead them to reveal what I had perceived as constituting stigmatising attitudes. Perhaps this goes some way to explain why I had felt uneasy and had questioned the ethics of measuring and attributing the participants with my own preconceived and potentially subjective categorisations of stigmatising and non-stigmatising attitudes and which were not clearly revealed in my questionnaire research.

I did believe, however, that an ethnographic research approach might give me an improved chance of uncovering stigmatising actions and making inferences with regards to attitudes, but this was not possible. Due to my own teaching commitments I would have been unable to spend sufficient time in any mainstream school to be accepted and not be regarded as an interloper and as such contaminate the data. However, as I also doubted whether a mainstream teacher would be likely to prioritise what I present here as of concern in my own practice and to explore such a topic in his or her own school, I therefore assumed that any such enquiry would need to be carried out by an outsider such as myself. At this point I did consider that I could in fact use mainstream school staff as my ears and eyes but decided that, as this would involve being dependent upon others’ skills in the ‘discipline of noticing’ (Mason 2002) and consequently another layer of preconceptions and interpretations to leave this avenue for a future research programme.

7.2.1 Interpreting television soap opera storylines and narratives

With reference to symbolic interactionism and the soap operas as described in Chapter Five I intended to use the interviews to explore how the young people interpreted the storylines and if the ‘interaction between content and viewer’ (Livingstone 1990: 72) depended on whether the young person made relevant their own experiences and understanding of mental health issues. Livingstone described how:

‘... [the] viewers’ identification with, recognition of, and evaluation of various characters may play a part in how they interpret the whole narrative by leading them to sympathize with different characters and so perceive events from different points of view ... [and] which in turn [can] affect the degree and type of media influence.’
(1990: 74)

However it was still important to hold on to the methodological considerations of whether these differences in interpretation are permanent or temporary, as in the temporality of narratives discussed by Clandinin and Connelly (2000) (7.3.1).

7.3 To ‘talk’

‘... is not the Power of Speech the greatest Power of all? Then surely it must be exercised to the full?’
(Rushdie 1990: 119)

‘The chief thesis of this paper’ (Davidson 1996: 233) is around the language used by young people to talk about mental health issues and I acknowledge having initially been strongly influenced by the linguistic works of Semin and Fiedler (1988) and Maass et al (1989). However at this point on my research journey I began to let go of their approach of categorising and labelling.

In addition, I began to embrace the work of Blumer (1969) in that the young people would act towards issues of mental health according to the meanings it had for them, and like Silverman, to believing that the interviews with the participants would offer narrative accounts of the individuals ‘truths and ‘realities’ rather than ‘... potentially “true” pictures of “reality” ... ’ (2000: 823). In Chapters Eight and Nine I present the narrative accounts, which I created from the transcriptions of the individual and group interviews. I shall return to the way in which I turned talk into texts when I consider my interview research data later in this chapter (7.4).

In my own study I use the word ‘talk’ to encompass the many ways in which young people created and imparted a knowing around the issues of mental health. Within the research processes young people gave written responses, in the questionnaire comic booklet, and some also gave verbal responses to questions asked of them in semi-structured interviews which were either individual or group conversations. On the surface, ‘to talk’ in the research process could have been simply making utterances as a reaction in response to a request to provide me, the researcher, with information. But this is far from the meaning that I attribute to the word ‘talk’ and in this section I shall discuss how I use it in the research process and in the writing of my dissertation.

7.3.1 Nuances of talk

‘To talk’ can be described as ‘to speak in order to give information or express ideas or feelings’ and ‘a talk’ ‘communication by spoken words, a conversation or discussion’ (Oxford Dictionary of English 2005). But although ‘to talk’ is often associated simply with the action of speaking it ‘... is a principal means through which we produce and recognize social actions and activities ...’ (Silverman 1997: 186).

But talk does not have to involve others nor does it depend on the making and receiving of audible utterances. We talk to ourselves sometimes aloud and sometimes so that no one else can hear and therefore I advocate that speech, thought, writing and unspoken gestures are all modes of talk. Through talk stories can be told, assertions can be made, commands can be given and insults can be hurled at others; these I refer to as nuances of ‘to talk’ (Appendix 7a).

Davidson (1996: 232) said that ‘neither language nor thinking can be fully explained in terms of the other, and neither has conceptual priority [and that] the two are ... linked, in the sense that each requires the other in order to be understood ... thought depends on speech.’ Although I agree with his sentiment I would however argue that it is in fact speech and thinking, both nuances of talk, that cannot be fully explained in terms of the other and that both depend on language. This would then be consistent with my theoretical perspective that embraces symbolic interactionism (Blumer 1969), a view of human interaction involving talk and the interpretive thought processes to make meaning of personal encounters and experiences. Earlier in this chapter I gave a brief account of the main features and assumptions that support the symbolic interactionism tradition and demonstrated its position within my own research, linking social and individual interaction (speech and thought) with language and its foundation for the creation of personal constructs.

For that reason and for the purpose of this submission I define talk in the broader sense of being a means of communicating not only to others through speech but also by written words; both of which involve thought.

To talk can be considered as having temporality (Clandinin and Connelly 2000) and that which is imparted and received may only hold at the time and in the context it is communicated. But even so the here and now is still able to communicate information about an experience within a wider historical and contextual aspect and as such be regarded ‘as an expression of something happening over time ... [with] a past, a present ... and an implied future’ (Clandinin and Connelly 2000: 29). I shall return to the tensions that the temporality of talk created within my own research when, in Chapter Eight, I compare the data sets collected through the quantitative and qualitative techniques.

I was going to need to turn the talk of the interviews into a text that I would be able to present to the reader and would give meaning to the questionnaire research. I would need to establish an analysis approach and a way to present the data that would highlight the intensive personal involvement and in-depth responses of my participants. I considered that I would perhaps need to turn to a combination of conversational and thematic approaches or that of narrative analysis, which extends the idea of text to include in-depth interview transcripts (Patton 2002: 115). I shall return to this subject of analysis of the interview transcripts in the next section when I consider the process of carrying out the interview research in more detail.

7.4 Interviews

The potential distinction between belief and action, which I discussed earlier, highlighted the need to explore further the young people's responses to the questionnaire in more depth and orally. I believed that the interview research would be fundamental to being able to affirm the presence of stigmatising attitudes towards those with mental health problems in a mainstream school setting. The interviews were to be held with pupils who themselves had taken part in the survey and would afford the opportunity to ask the young participants directly about their responses to the questionnaire. I would be able to explore how trustworthy they had been in the sense of the young people feeling able to be completely open and honest with respect to their awareness of presenting themselves as being politically correct and wanting to get the answers right. I also wanted to explore with individual participants their personal experiences of mental health issues and for this reason planned for the interviews to be held under the conditions of complete confidentiality, which I was confident would allow them to be willing 'to respond with a large degree of candour and accuracy' (Denscombe and Aubrook 1992: 123). I aimed to look at how their individual levels of experience influenced the creation of their personal constructs and how these in turn had led them to the development of their views and beliefs surrounding mental health issues and, in particular, their attitudes towards a young person returning to school after receiving psychiatric care.

In the interviews I would not concentrate on disclosing stigma towards those with mental health problems by simply '... "read[ing] off" interview respondents' answers or transcripts of talk, with little or no reference to whether (and how) they are made reference to by the speakers [respondents]' (Silverman 2000: 822). Instead, I would explore the young people's understanding of mental health issues to come to an appreciation as to what extent, if any, these understandings lead to stigmatising attitudes and ultimately, how as a concerned professional I could effectively employ my findings within the transition process.

I now give an account of how I conducted the individual interviews and in Chapter Eight I present the data in a narrative format. Then in Chapter Nine I explain the benefits and limitations for including a group interview in my research approach.

7.4.1 Talking with young people

I contacted ten pupils in each school who had agreed to meet with me to discuss their responses to the questionnaire in greater detail. Again I sent letters out to parents, through the mainstream school, with a consent form attached that was to be signed and returned to the named member of staff in each respective school (Appendix 7b). I selected the pupils on the basis of their responses to the questionnaire with the aim of producing a sample encompassing an optimum diversity of responses but also an equal gender and school mix. I was kept informed as to who had agreed to be interviewed and when the interviews could take place.

I carried out all the interviews on a one-to-one basis with a closed door to ensure confidentiality. A risk assessment had been made with the named member of staff in each school, who was always on hand during the interviews. Before starting each interview I asked the young person if they minded being audio taped and reminded them that they need not answer all the questions, they need only tell me what they were comfortable in saying

and could stop the interview at any time. I also reminded them that their names would not be used in the writing of my report. As the interviews took place up to six weeks after the questionnaire research I gave each young person a copy of the questionnaire they had completed to remind them of the characters Aay, Bee and Cee and, the questions and the responses they had given.

I had been aware that if the interviews were not too structured then the participants would be able to raise issues that were important to them. But I was also aware that if I let them become too open, it would be difficult or impossible to make comparisons between interviews. I had written an interview schedule (Appendix 7c), but as the interviews were to be conducted on a semi-structured format it was only used for guidance and as a checklist to ensure that all significant points were covered, although often in a different order.

Also, aware that even when recording an interview, a lot of rich data such as body posture, gestures, facial expressions all of which could be important in being able to have a true understanding of what is or is not being spoken about could be missed, I had intended to make complementary notes during the interviews. But due to the intensity of the conversations that developed I only managed to make some short notes at the end of each interview. However, during the interviews I had repeated some of the things the pupils had said to verify that I had heard them correctly, to help create the mood of a conversation and to ensure that it was clear on the tape. I transcribed all the recordings myself, and all further analyses were carried out using the printed transcripts.

7.4.2 Turning young people's talk into text

I had wanted to make sure that the reader would hear the voices of the young people I had talked to. However, I began to experience a tension between presenting the interview transcripts as narratives and conducting a narrative analysis. I had already decided that I did not want to carry out an analysis on the interview responses that would reduce them into themes and content, or carry out any type of formalistic method. This approach could have the potential to make the interpretive processes, used to turn talk (interview transcripts) into text, difficult to see (Silverman 2000). Patton explained that 'narrative studies are also influenced by phenomenology's emphasis on understanding lived experience and perceptions of experience' (2002: 115), which I believed would reveal cultural and social patterns through the lens of individual experiences.

Influenced by both Patton (2002) and Silverman (2000) I intended to turn the interview transcripts into a narrative form in which I would be able to present the young people's talk as text. I believed that such an approach would enable me to demonstrate the richness and diversity of the life experiences and beliefs of young people around the issues of mental health problems. The text would be able to stand on its own as pure description of experience and beliefs and from which I would be able to make connections between their 'truths', that is their constructs, with their own experiences within the cultural and social dimensions of being a 21st century adolescent in a mainstream school. Therefore rather than read off the young people's realities from the interview transcripts, with little or no reference to the young people themselves, I would acknowledge whether the speaker were a girl or boy and that the setting was a secondary mainstream school in order to contextualise their perceptions of mental health problems. However, although the texts were to present the young people's truths and realities, as far as possible in their own words, I did not suppose

that I would be able to directly recognise attitudes towards those experiencing mental health problems but that I would need to consider all my data and through a process of inference attempt to piece them together (Blumer 1969).

But I still needed to give a definition to the word narrative in the context of my own research. It is a term that is used in everyday language and also one used day to day by researchers who by the very nature of their research studies infer a great variation of meanings. I present what is perhaps considered a conventional form of narrative, in the writing of this dissertation, through telling the story of my research journey. This narrative has characters, a beginning, a middle, and will have an [albeit] momentary conclusion. But with reference to my interview data I articulate a narrative as the words of each young person, presented in a particular order and that relates to their 'truths' and the particular as opposed to the abstract and general, and which combines both their personal story and discourses. With reference to this definition I chose to combine my own interview questions with the young people's responses to provide a narrative presentation of my interview field data (Clandinin and Connelly 2000) and which I submit in Chapters Eight and Nine.

7.5 A re-think of my research process

With reference to my original research framework (Chapter Four), influenced by the work of Crotty (1998), I now sub-divided my research approach into epistemology that also encompassed my ontological stance, and theoretical perspective, with social constructionism still providing the epistemological underpinning to my overall research approach.

7.5.1 Epistemological and ontological stances

Although, in previous chapters in which I have described my earlier work, I had acknowledged the assumptions I had brought to my research and which were reflected in the methodology I employed, I had not specified either my epistemological or ontological stances. In this section I show how I had come to recognise the perspective of social constructionism as my epistemological stance in which I rejected the ability of total objectivism (Blumer 1969) and having accepted that I would not discover the definitive truth but that I would construct a meaning, and that this meaning would be unique to me (Crotty 1998). I also identified my ontological stance as having the acceptance that although the world exists, regardless of human beings being aware of it, to name and confer meanings on the existence of the world, spoken language and thought, are necessary (Crotty 1998, Burr 2003).

In addition, I came to recognise my final philosophical approach to my research into attitudes towards mental health, a social phenomenon in which the issue of social inequality is often assumed, as being interpretative. I believed that it was important that I came to an understanding of how mainstream pupils viewed mental health problems and the meaning they attributed to it across time and language used. By taking an interpretivist stance, I was interested in the syntheses of understandings that I would come to from combining young people's different ideas, interpretations and the meanings that were important to them. I also considered that the meanings I would come to would be dependent on my interpretation and open to illumination via both the quantitative and qualitative data I had collected.

As such I had come to appreciate that the divide of quantitative and qualitative was best restricted to a description of my data rather than to the methods I used to produce the different data sets. In my own research the quantitative and qualitative sets were presented as being intimately related in that both were considered as being open to different types of analyses and interpretations.

Taking an interpretative constructionist view I now considered that although each young participant would interpret 'the events he or she encounters in a somewhat distinct manner ... he or she is likely ... to bring to bear the understandings held by ... [the] groups to which he or she belongs' (Rubin and Rubin 2005: 29). By listening to the individual, in both the questionnaire and interview research, I intended to come to an understanding of shared meanings mainstream pupils may hold with respect to mental health problems and whether such attitudes could be considered as contributing towards stigma of mental health. Therefore by taking an interpretivist, constructionist view I would use a range of methods, some producing qualitative and some quantitative data, which I would then interpret to develop my own constructs around mainstream pupils' perceptions of mental health problems.

7.5.2 Theoretical perspective

Although I had decided not to confirm or refute young people's communication of Semin and Fiedler's (1988) linguistic categories, in describing their peers, or the Linguistic Intergroup Bias of Maass et al (1989), I needed to acknowledge that my overall research approach had been strongly influenced by their work. I therefore believed that these theories, with that of the labelling theory, needed to remain as elements within my theoretical perspective. In addition, I now placed symbolic interactionism highly within my own theoretical framework.

7.5.3 Methodology

I now believed even more strongly, than at the onset of my research journey in 'real-world practice', the importance of being able to separate methods 'from the epistemology out of which they have emerged' and that 'it is not necessary...to swear vows of allegiance to any single epistemological perspective' (Patton 2002: 136). This approach, which I described in Chapter Four, as taking a pragmatic stance, was I believed central to the interactionist heritage and offered a viable interpretive philosophical position for exploring attitudes within the human disciplines.

I had carried out the questionnaire research and had embarked on the interview research, which would take the form of individual and group interviews with the data presented in a narrative form.

7.6 Summary

I summarise Chapter Seven in Figure 7.2 in which I present my revised research framework.

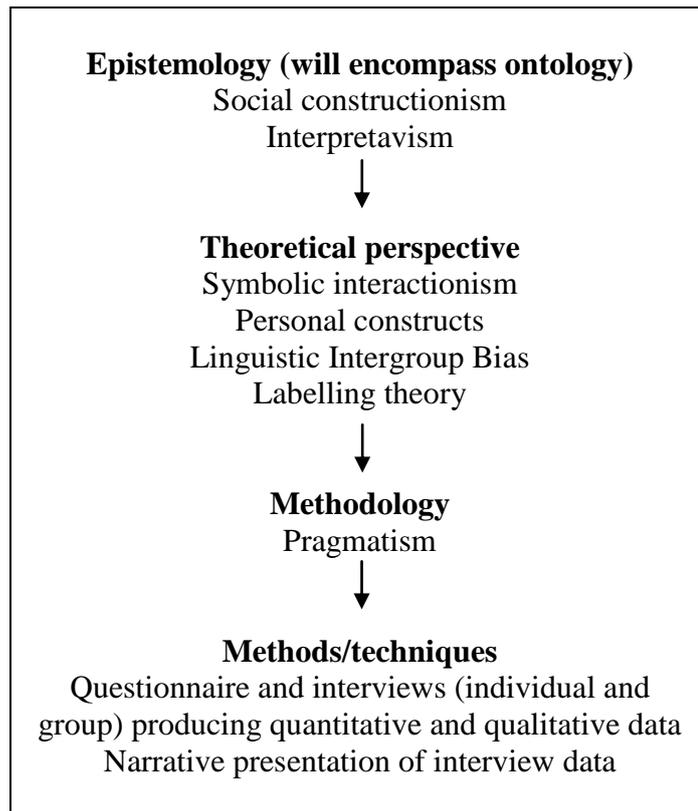


Figure 7.2 Research framework based on the work of Crotty (1998)