



## QUALITI METHODS BRIEFING No. 2

### Facilitation or Interpretation?: Qualitative Research and Deliberative Methods

Rob Evans, Cardiff University  
Inna Kotchetkova, Cardiff University

#### **Introduction**

Participatory or deliberative research is increasingly popular in social science and policy circles (Rowe and Frewer 2004, 2005). Although not explicitly stated, there seems to be an assumption that methodological approaches which incorporate participatory values bring tangible epistemological gains. In this paper we question this assumption and ask if the benefits of deliberative methods come at the cost of qualitative social science.

Both participatory methods and qualitative research are concerned to avoid reifying

actors' experiences. Instead, both seek to allow participants to speak in their own voices and terms. Nevertheless, there are some important differences between qualitative research methods, participatory research methods and deliberative methods that raise difficult questions. In particular, qualitative researchers need to ask if their role is to interpret and analyse the substantive issues raised in their data or to develop the methodological procedures through which the aims of deliberative democracy can be achieved.

This Methods Briefing describes a project

that bridged both these roles. On the one hand we were interested in what various groups of stakeholders, experts and lay citizens thought about a range of treatment options for diabetes. On the other hand, we were also concerned with methodological issues, such as how the data we collected were influenced by the methods we used.

In what follows, we summarise the design of the project and discuss some of its findings. Unsurprisingly we found that the methods we used did influence the data we collected. More significantly, we also found that the different methods created different roles for the social scientist and challenged us, as qualitative researchers, to re-think what their goals really were.

### **Project Overview**

The 'Talking Treatments' project examined one way in which qualitative inquiry can promote lay and expert engagement and dialogue. The substantive focus of the research was the development of innovative medical technologies for treatment of type 1 diabetes, in particular stem cell technologies. The methodological concern was with the different ways in which qualitative research could bring different accounts and perspectives 'together'. These methods were reflected in the three stage design of the project in which each stage of the research informed the development of the next one.

### **Stage one: Expert interviews**

The first stage of the project consisted of in-depth interviews with research scientists, clinicians, regulators and representatives of patient organisations and genetic watchdog groups. The sample was chosen to ensure that a wide range of perspectives, experiences and expertise were included. The outcome of the interviews was:

- a list of the potential **therapeutic pathways** for Type 1 diabetes. These treatments, which were all being actively researched, ranged from improving existing treatments to ex-

perimental techniques such as stem cell therapies and a 'vaccine' to prevent diabetes.

- a list of **preferences and concerns** voiced by the various 'official' stakeholders and thus likely to be raised in a conventional 'expert-committee' consultation.

These lists, which were supplemented by a review of the related literature, then informed the second stage of the research, which used focus group discussions to evaluate the different treatment options against the range of criteria identified.

### **Stage two: Focus Groups**

The focus groups represented a conventional public consultation in which citizens of various types are asked to give their opinions on a range of policy choices. The 'Talking Treatments' project differed from standard approach in that, rather than organising the groups to represent demographic groups, they participants were characterised in terms of their expertise and experience (Collins and Evans 2002, 2007). The three types of group were:

- **patients**, defined as people living with Type 1 diabetes. These have substantial expertise about diabetes and the problems it causes;
- **carers**, defined as close relatives of people living with Type 1 diabetes. These may also have substantial expertise but lack the embodied experience of living with diabetes;
- **lay citizens**, defined as people who do not have diabetes themselves, are not are involved in caring for people with diabetes, and who do not have any specialist training in diabetes care or biomedical research but who may have more general experience of using health and other related medical services.

Each group met twice over a 2 week period. On each occasion they discussed the same question: how should the treatment options identified in the interview stage of the research be evaluated and which one

should be given priority for funding.

In between the two meetings, participants were given an information pack, which consisted of some basic literature about diabetes and the various treatment options, some more detailed information about each treatment and a DVD about stem cell research. Participants were also able to discuss the research with friends and family. By holding a second meeting, we were able to see how, if at all, participants' views developed after they had the chance to reflect on what others had said and find out more about the different treatment options.

### **Stage Three: Roundtable workshop**

The final stage of the project was a day-long deliberative roundtable workshop attended by some of the experts from the interview stage and a self-selected subsample of the focus group participants. The aim of the roundtable was to investigate how face-to-face interaction between these different groups would influence the kinds of discussion that took place.

### **Methodological Findings**

It is almost an axiom of sociology that meaning depends on context. By comparing the data collected at the different stages of our research we were able to examine these effects empirically and also to explain why these variations occurred.

### **Creating public opinions**

Survey representations of public opinion have long been a target of criticism from qualitative social scientists. But what happens if the same critical scrutiny is turned on qualitative methods?

The Talking Treatments project found that the ranking of the treatment options was different in the focus group and roundtable workshop settings. Surprisingly, it was the focus group data that re-

vealed the wider range of concerns. The reason for the difference lies in the dynamics of the interactions. In the focus groups, the participants were relatively homogeneous and lay citizens in particular were able to recognise the value of their involvement in the decision-making about medical technologies.

When these groups met face-to-face at the roundtable workshop the discourse changed significantly. Whereas participants in the focus groups had seen themselves as representatives of the public, in the workshop setting they presented themselves as friends and relatives of people with diabetes. This shift in identity allowed the patients' to determine the agenda with the effect that workshop almost unanimously accepted the patients' claim that improvements to existing treatments had to be the top priority. In contrast, in the focus groups, both carers and lay citizens agreed that 'prevention is better than cure' and made the vaccine their top priority.

### **Facilitating Deliberation**

One interpretation of these results is to see them as part of a programme to improve deliberative methods and make them a reality. The project showed that there is clearly some way to go and that the disinterested deliberation needed at such events does not happen naturally, even if organisers make specific effort to create it. One role for qualitative research is thus to identify the factors that inhibit deliberation. Examples of these include:

- **Limits of previous knowledge.** Although participants were given time to read an information pack, and find out any additional information they might require, positions did not change much between the focus groups. This suggests that their previous views were quite resilient even though participants typically described their knowledge as limited and often cited this lack of knowl-

edge as the reason for hesitating to give an opinion.

- **Situational Influence of Experts.** Where a charismatic expert was present participants often encouraged them to adopt a lecturing role and let them set out their own views in a relatively unchallenged way. In contrast, where no expert was present (as did happen at the deliberative workshop) the option that did not have any expert support was quickly discarded..
- **Influence of Subject Identities.** Because opinions are always stated from a specific position the identities participants adopt determine the value they give to their own and others' judgements. In the deliberative workshop, lay people defined themselves as friends or relatives of patients and thus distanced themselves from the 'general public', who were seen as ignorant, unduly influenced by the mass media influence and ready to jump to unsubstantiated conclusions.
- **Norm of Representative Democracy.** Deliberation makes unusual demands on participants and challenges 'normal' ways of resolving difference. For example, participants' beliefs in the value of representative democratic procedures (as well as a group conformity factors) acted as a barrier to deliberation as another mechanism such as taking a vote would be invoked to resolve the impasse.

### **Roles for Qualitative Research**

Like other qualitative studies, our research has shown that public attitudes are complex, ambivalent and contingent. One role for qualitative research might simply be to do this and to provide policymakers with a better understanding of public judgements and concerns in order that these can be more fully taken into ac-

count.

But is there more that qualitative research can do? One contribution, suggested by the apparent synergy between qualitative research and participatory methods is to continue the work described in the previous section and help develop the toolbox of deliberative democracy. The rationale for this is certainly appealing. If done properly, deliberative methods allow policy makers to access public understandings in a way that fully reflects the complexity and sophistication. On this account, the role of qualitative research is to let the people speak their truth to power

There is a danger here, however. If such research is successful, then there will be no need for qualitative researchers to represent their participants because they will now be doing it for themselves. At best, qualitative researchers will become facilitators of public engagement but, no longer, participants in the process of policy making and policy advice. Seen this way, the promise of deliberative democracy looks less alluring as the implication is that the task of integrating and synthesising data is delegated to the research participants.

### **References**

Collins, H.M. and Evans, R.J. (2002) 'The Third Wave of Science Studies: Studies of Expertise and Experience', Social Studies of Sciences, Vol. 32, No. 2, (April), pp. 235-296.

Evans, R J and Collins, H M (2007) Rethinking Expertise, Chicago, IL: The University of Chicago Press.

Rowe, Gene and Frewer, ~Lynn J. (2004) 'Evaluating Public Participation Exercises', Science Technology and Human Values, Vol 29, No. 4 (Autumn 2004), pp. 512-557.

Rowe, ~Gene and Frewer, ~Lynn J. (2005) 'A Typology of Public Engagement Mechanisms', Science, Technology & Human Values, Vol. 30, No. 2 (Spring 2005), pp. 251-290.