

Keynote Address:
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Reembodying Qualitative Inquiry

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Although there are four large categories of research data, qualitative researchers have tended to emphasize interview data. Naïve views of the interview, disembodied views of participant observation, and a virtual neglect of the material world have led to qualitative work that is not as full-bodied as it should be. Survey and qualitative researchers often share the realist's assumption that interview responses index some external reality of facts and feelings, respectively. The Western cultural tendency to separate body from mind, and to elevate the mental over the corporeal, has trivialized the extent to which the body is the obvious point of departure for any process of knowing, especially participant observation. This cultural tendency, as well as a weakness for mistaking words for things and for viewing material objects as neutral and mute, contribute to the neglect of the material world.

There are four large categories of research data: (a) interviews (including focus groups); (b) observations of people and activities; (c) documents (including existing databases and visual displays in textbooks); and (d) artifacts (including the products of artifacts, such as fetal heart traces from fetal monitors and sonograms from ultrasound machines).¹ In qualitative research in the health sciences, we have emphasized interviews, sometimes turned to observations and documents, and virtually ignored the material world of artifacts. Silverman (1998) documented the dominance of interviews over other data collection techniques and sources in *Qualitative Health Research* and other journals. By emphasizing interviews over the three other categories of data sources, we appear to have chosen the "precariousness of a one-legged stool" (Hall & Rist, 1999) over the sturdiness of the 4-legged chair.² In this article, I address the primary reasons for and potentially negative consequences

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of this choice for achieving more robust and full-bodied qualitative research, that is, inquiry that entails and values full use of our bodies and senses.

INTERVIEWS: THE "GOLD STANDARD" IN QUALITATIVE RESEARCH

In its various forms, the interview has been the mainstay of, and "gold standard" for, data collection in qualitative research (Silverman, 2000b, p. 291). The most space in methods texts is given over to the interview, and much of qualitative research in the health sciences has been conducted using only interviews (Silverman, 1998). Indeed, so central is the interview in qualitative research that it has been raised to the status of method itself, as evident in the designation *interview studies* (e.g., Kvale, 1996; Weiss, 1994). McCracken (1988) referred to the "theory and method of the long qualitative interview" (p. 7), which he viewed as "one of the most powerful methods in the qualitative armory" (p. 9).

The open-ended, free-flowing, narrative—that is, the quintessentially qualitative—interview, in particular, is the basis for the "romantic" (Atkinson, 1997, p. 335; Atkinson & Silverman, 1997, p. 305) claim that qualitative research gives "voice" (Atkinson & Silverman, 1997, p. 311) to persons who may never have been heard before and offers privileged access to authentic experience, private worlds, and true selves. The interview has become the "politically correct" (Atkinson & Silverman, 1997, p. 305) method to redress the wrongs of both positivism (which ostensibly gives no voice and no entrée to the private or authentic) and prejudice (which does not care to give them).

The quintessential qualitative interview is seen as a democratizing force not only for those being interviewed but for the interviewers themselves. Because the qualitative interview is ideally depicted as a conversation between equals, qualitative research, when it is defined solely in terms of the qualitative interview, is made available to anyone wanting and able to engage in a conversation. Appearing "deceptively simple" (Kvale, 1996, p. 12), and seeming to require no preparation at all, the interview contributes to the idea that qualitative research is easy and accessible to anyone who wants and/or needs to fulfill the academic imperative to do research. As opposed to quantitative research, which involves an array of talents more removed from the realm of everyday experience and which, thus, is clearly something that needs to be learned and mastered, qualitative research seems to involve nothing more than good intentions (that is, to give voice to the voiceless) and the ability to listen and then to transform into a reduced verbal text what one has heard. Indeed, so ordinary and everyday are the skills involved in qualitative research (when defined as interviewing) deemed to be that many persons doing this type of investigation have had little or no formal training in qualitative research at all.

This "seductive" yet "naive" (Silverman, 1993, p. 95) view of the interview is the reason too many qualitative studies in the health fields do not advance knowledge in those fields. As Atkinson and Silverman (Atkinson, 1997; Atkinson & Silverman, 1997; Silverman, 1993, 2000a, 2000b) argued, the idea among qualitative researchers that the qualitative interview ideally reveals authentic experience is as erroneous as the idea among quantitative researchers that the standardized interview ideally

yields tabulatable and stable facts. Here, both survey and qualitative researchers share the "realist" assumption that "interview responses index some external reality," that is, "facts" or "events" for the survey researcher and "feelings" or "meanings" for the qualitative researcher (Silverman, 2000a, p. 823). As Atkinson and Silverman (1997) proposed, the interview is itself better viewed as a "technology of biographical construction" (p. 306) in the "interview society" (p. 309) in which we now live. In the interview society, hearing and reading "confessional revelations" (p. 309) in the mass media are everyday events, as on the Oprah television program. As members of the interview society, qualitative researchers are likely to gain a false sense of "authenticity and security" (pp. 309-310) from interview data. Having rejected the standardization of the conventional quantitative/survey interview on the grounds that interviews cannot be standardized without seriously compromising validity, qualitative researchers are now in danger of committing a different error. They are in danger of taking what people say in interviews at face value as revealing *what is behind the face*, and thus are in danger of being taken in. (In an e-mail communication to Gergen and Gergen, Silverman referred to "endless open-ended interviews" as "Oprah Winfrey cop-out(s)" [Silverman cited in Gergen & Gergen, 2000, p. 1031]).

A good example of a naive analysis of interview data appears in a recently published study (that I will not name and that I have disguised) of a group of low-income persons suffering from psychiatric disorders. These patients complained that they were mistreated by health care providers, who trivialized and misunderstood their illness. The researchers took what these patients said as factual and concluded their research report with the admonition that nurses and physicians had to change their practice by giving voice to their patients and treating them with respect. However, the researchers did not consider, for example, that feelings of mistreatment expressed in talk might be symptomatic of these individuals' condition, that this talk might be a narrative strategy designed to present themselves in a certain way or to cope with their disorder, or that the expression of these feelings might be reflective of the feelings other low-income people have about their treatment no matter what their health status. Although the researchers concluded their study with a list of interventions targeted at ostensibly uncaring professional health care providers, they collected no data to ascertain how these professional caregivers thought about or acted toward individuals with psychological disorders. For example, they did not interview any mental health care provider to give *them* voice; they did not conduct observations of interactions between persons with these disorders and health care providers; and they did not review any written patient records to ascertain what providers were saying about these patients.

As evident in many qualitative studies, researchers seem to have forgotten the constructed nature of interview data, their status as products of a particular social interaction. They seem to have forgotten that people use interviews strategically to present, account for, and even justify themselves and their actions. Interviews are not only socially constructed products, but also cultural products that combine memory, learned conventions, and narrative models for telling one's story, with selected life events and conscious or unconscious motivations (Sandelowski, 1996). Indeed, interview data are "moving target(s)" (Becker, 1996, p. 60), not so much reflecting experience as making and remaking it.

For example, Murphy (1999) showed how a group of women used talk to justify the decisions they had made about how to feed their babies and, more important, why these women felt as if they had to account for them. She framed her interview data in the sociology of deviance and of accounts to demonstrate how these women acted with their talk to preserve their images of themselves as culturally prescribed "good" mothers, wives, and women. In another case, drawing from narrative methodology and Goffman's conceptualization of impression management, Riessman (1990) showed how a man, whose impression of himself as a culturally "good" man was threatened by his confinement to a wheelchair, narrated his story of divorce to present himself as a good husband, father, and worker. Baruch (1981) showed how the talk of parents of children with serious impairments could be treated as both reports of events and as "moral tales," that is, as "situated account(s)" intended to demonstrate morally adequate parenthood.

I am not proposing here that interview data cannot be treated on their face as facts. After all, most content analysis is directed largely toward the informational or face content of an interview (as opposed to, for example, its discursive or narrative features). Rather, I am suggesting that researchers must recognize what they are doing when they do it, and what it means to take data at face value. In short, qualitative researchers need to explicitly address the status they give to interview data, how they see them and, therefore, how they will treat them. Will they see these data as certain kinds of public, private, moral, or other accounts (Radley & Billig, 1996; West, 1990)? Will they see these data as facts to be tabulated, constructions of facts to be interpreted, instances of face-work, discourses to be deconstructed, and/or artifacts of culture to be articulated? Will they see these data as stable or as inevitably subject to inconsistency, contradiction, and revision? Will they attend to the surface of words, or read into, between, and over the lines? Will they attend to the thematic or semantic features of these data (or what data say) or to their "mantic" features (or how data say it) (Van Manen, 1997, p. 346)? Will they see the interviewee as an informant, reporter, narrator, representative (Kvale, 1996, p. 218), or exemplar of a cultural or theoretical group or as an information or impression manager?

Indeed, will they see the interviewee as a fixed subject/object of study at all? Postmodern ideas and new media/medical technologies (which have created polyvocal subjects and virtual, bionic, and plastic selves) continue to challenge the humanist notion of a stable and individual self available to be authentically known, on which qualitative interviews (and, in fact, much of qualitative research and mainstream academic disciplines) have been based (Gergen & Gergen, 2000; Williams, 1997). Blumenthal (1999, p. 391) observed that the traditional "insist[ence] on a Self that must be a consistent . . . and . . . integrated . . . One" belies the complexities of identity. She called for qualitative researchers to deconstruct this identity-as-One to make room for the "multiplicity and variations within and across human identities" that seem to account better for the contradictions and inconsistencies within individual participants' lives as lived and as told. Especially noteworthy are the methodological questions she raised about the multiple and divided selves not only of research subjects but also of researchers themselves (see also Reinhartz, 1997). In short, in a time when identity politics, postmodern subjects, and multiple and divided selves confront one other in the interview society, qualitative researchers must decide how they will treat the interview and show that they are aware that they have made a decision.

The Member Check

The member check to validate participants' responses to a researcher's conclusions about them and their lives comprises a special kind of data collection that demands of researchers that they consider how they will treat those data, which are often obtained through interviews. The questions researchers must ask themselves about the interview are as important in evaluating members' responses to researchers' interpretations of the interview data collected from them—for the purpose of validating those accounts—as they are in constructing those interpretations in the first place. Such member validation exercises are themselves the ambiguous results of particular social interactions in which members are not always the best judge of what a valid research account is. As several scholars have observed (Ashworth, 1993; Bloor, 1983; Emerson & Pollner, 1988; Sandelowski, 1993), member responses, like any kind of verbal data collected from research participants, cannot simply be treated on their face as the best measure of the trustworthiness of research findings. Members may, for example, forget what they have said, regret what they have said, feel compelled to agree with researchers, or, as we all do, have the need to present themselves in different ways at different times. Accordingly, member validation exercises are arguably less useful for validating one's (that is, the researcher's) interpretation of an experience than for providing an opportunity to collect additional data about members' responses to a new phenomenon, namely, the researcher's account.

PARTICIPANT OBSERVATION: AN EMBODIED ENCOUNTER

Not only do qualitative researchers too often treat the qualitative interview naively, we also too often conduct qualitative research as if no sources of information existed about human experiences except the interview. Even researchers who claim to have conducted observations have too often done nothing more than record what they observed during an interview. These researchers conflate observations of process during interviews with observation as a separate and fully embodied category of data collection techniques. Indeed, we tend to forget that observation is not confined to looking but, rather, encompasses all of a researcher's senses. As Wolf (1992, p. 127) observed, we *do* research. We "encounter the . . . smells, sounds, sights, emotional tensions, [and] feel of culture" in our fieldwork (p. 128). The human "experience" we hope to evoke is "messy" (p. 129) not just because it is often ambiguous and contradictory but also because it is redolent and visceral; we can smell it and feel it in our guts. The Western cultural tendency to separate body from mind, and to elevate the mental over the corporeal, has trivialized the extent to which the "body is the obvious point of departure for any processes of knowing" (Rudberg, 1997, p. 182). Janesick (1998, 2000) compared qualitative research to dance and choreography, observing that as the body is the primary instrument in dance, the researcher is the key instrument in qualitative inquiry, moving through the field of research and using all of his or her senses to collect data. Although qualitative researchers have become increasingly used to taking account of themselves in their research, these selves are rarely depicted as embodied selves. Like observation, which too often

appears confined to the eyes, reflexivity appears as if it occurred largely in the mind of the researcher (Hertz, 1997).

Savage (2000) proposed that participant observation (whether conceived of as a methodology itself or, more simply, as a data collection technique) is a contradiction in terms, encompassing both the ideas of dispassionate looking—to minimize researcher interference in, or contamination of, the field of study—and of passionate engagement, in which researchers actually take part in the field. Sight is *seen* to be the premier sensory modality of science, as it is the sense most distant from its subject and thus the one deemed most likely to yield objective data. Also gender-coded in Western thought as masculine, sight is often specifically contrasted with touch, typically gender-coded as feminine, which requires actual contact with the target of inquiry (Keller & Grontkowski, 1983). Because it entails participation, touch is seen to violate the positivist ideal of separation between researcher and researched.³

Savage (2000) proposed that we conceive of participant observation as *participative* observation, by which she meant to resolve the apparent contradiction between participation and observation and to recognize and value the full sensuality of qualitative inquiry. Drawing parallels between nursing and participative observation, both of which she described as embodied practices, Savage hoped to show that all of those selves and experiences typically depicted in qualitative research reports as occurring inside or emanating from disembodied human minds were actually anchored in bodies: the bodies of research participants and the bodies of researchers. As she summarized it, both nursing and participative observation are practices directed toward understanding and knowing through “practical participation and the generation of data derived from the senses” (Savage, 2000, p. 337). Both practitioners claim to “speak” for others by virtue of “stand[ing] in their shoes” (p. 337). Savage (1997) demonstrated the fully embodied nature of knowing and knowledge in her ethnographic study of the nurse-patient relationship. She found that the nurses used their bodies to emphasize their closeness to their patients and thereby claim a special place for nurses in the hierarchy of health professions. Nurses’ bodies were thus means to establish intimacy and points of political resistance. Savage also described how she came to adopt the “techniques of the body” (p. 239) that nurses used to better understand how nurses related to their patients and set the boundaries between themselves and other health care providers. Savage thus demonstrated the critical role of the researcher’s body as a source of data and of the bodies comprising the object of inquiry.

Artifacts: The Unmined Gold Mine and Bodies of a Different Sort

Most underrepresented in qualitative health research are studies involving artifacts, or physical objects. In nursing, for example, these objects include 3-dimensional health care devices as infusion pumps, monitors, and ventilators, and everyday things such as telephones and toilets. Also included are such 3-dimensional written documents as the paper patient record, patient education brochures, and procedure manuals. The material culture of nursing also includes the 2-dimensional, or flat, products of 3-dimensional objects such as computers and monitors, including rhythm strips, sonographic and x-ray images, printouts, graphic and numeric

displays, charts, tables, drawings, and photos. These visual products comprise the media of clinical practice, which is, in turn, increasingly mediated by them (Sandelowski, 1998).

Indeed, much of clinical education and clinical surveillance and diagnosis comprises encounters between the clinician and machine/computer-generated representations of human bodies: for example, the temperature graphs, x-ray images, and electrical traces in the patient record (Berg, 1997; Berg & Bowker, 1997). Images of all kinds are now themselves key actors in health care (Simon, 1999). Our concept of human anatomy is almost wholly composed of anatomical drawings that construct, rather than simply portray, the human body (Moore & Clarke, 1995). Our concept of the fetus is almost wholly composed of sonograms and fetal heart traces. The nurse using a fetal monitor is arguably oriented less to the fetus per se than to the strip of paper representing the fetus; it is a "bad strip," not the fetus, that requires "cure" (Cartwright, 1998, p. 249).

Several factors account for the relative lack of attention to the material world in health care research. First among these, as I noted previously, is the long-standing Western cultural tendency of privileging the cerebral and abstract over the manual, material, and corporeal. Indeed, academic training devalues tactile, visual, or experiential accounts as less scholarly than theorized, abstract ones (Corn, 1996). Second is the Western cultural "weakness for mistaking words for things" (Kouwenhoven (1964, p. 86): to accept verbal evidence as if it were equivalent to sensory evidence. Two people talking about monitors can be in verbal agreement (both using *monitor* to refer ostensibly to the same thing), without necessarily meaning the same thing at all. They are "interpret[ing] reality by words, instead of interpreting words by the specific realities of which they are symbols" (Kouwenhoven, 1964, p. 84).

Third among the reasons for paying insufficient attention to the material world is the still prevalent but naive view that objects, especially technological objects, are themselves inanimate and neutral entities that exert no force by themselves in interaction with human users. This view is often expressed in the United States in the adage: Guns do not kill people; people do. Yet objects have both a "social presence" and an "irreducible core" as physical entities (Orr, 1996, p. 3) that allow them to act and shape the actions of their users. Guns do participate in killing in that they allow a kind of killing (impulsive, quick) that other implements do not permit and in that, by their very presence, they raise the level of violence in a situation. Finally, a fourth reason for our relative neglect of the material world is that, although interviews seem to speak to us and give voice to those speaking, objects appear mute (Hodder, 2000). That is, we must make them speak. Yet, in the end, words are no more self-evident than things and, like things, must also be made to speak.

The relative lack of attention to physical objects in health-related research is especially noteworthy because a key factor in shaping health care is technology. Most studies of technology never seriously address the roles that such physical objects as computers, ventilators, and telephones themselves play in human interactions by virtue of what they are physically and what they become in different user contexts. Yet such objects *embody* human goals and shape human identities (Csikszentmihalyi & Rochberg-Halton, 1981, p. 1). As makers and users of objects, human beings are, to a larger extent than is generally realized, also reflections of the things they make and use. Material objects embody human desires. Human beings use their bodies to relate to these objects in everyday life (Longhurst, 1997). And, further contributing to the link between material objects and bodies, the human

body is itself a cultural artifact (Weiss & Haber, 1999), continually refashioned by such factors as cosmetic surgery, body-building, organ transplantation and metal/plastic implants, and scientific discourse and by clothing fashion itself (Balsamo, 1997; Van Der Ploeg, 1995).

Subject/Object Bodies

Contemporary theoretical frameworks, such as actor-network theory and proxemics (the study of the distance and orientation between bodies), show the utility of treating objects and people as if they were analytically (albeit not morally) similar by viewing them both as embodied actors in relationships with each other (Callon, 1995; De Roten, Darwish, Stern, Fivaz-Depeursinge, & Corboz-Warnery, 1999; Prown, 1996). Indeed, objects have increasingly been depicted as if they were people, that is, as having agency, biographies, histories, lives, idiosyncratic quirks (Appadurai, 1986; Callon, 1995; Cowan, 1983; Prout, 1996; Wiener, Strauss, Fagerhaugh, & Suczek, 1997), and "known propensities for perverse or benign behavior" (Orr, 1996, p. 89). Conceiving material objects this way allows us to see how objects shape, regulate, and constrain behavior. Such treatment allows us to see how the infusion pump used for patient-controlled analgesia acts as a delegate for the clinician, how computer pop-ups (reminding the clinician to perform certain acts) morally regulate behavior, how monitors and clinicians communicate with each other, and how the computerized patient record is dramatically altering the very body habits of clinicians, or such factors as eye and hand movements (Hayles, 1993; Hodder, 2000; Latour, 1988). Such treatment allows us to see the paradoxes and contradictions embodied in the things we use. Telephones, and their technological by-products, telephone nursing and telenursing, are distance technologies used to close the distance between people. Because they allow nursing to occur without nurses occupying the same physical space as their patients, they seem to contradict the intimacy and "presence" (Hines, 1992) that nurses prize.

MAKING QUALITATIVE INQUIRY FULL-BODIED

Van Manen (1998) observed that "the most common manner of experiencing the body is in the mode of near self-forgetfulness" (p. 11). Arguably, this is also the mode of experience typical in qualitative inquiry. As in the social sciences in general, the body has been an "absent presence" (Davis, 1997, p. 3) in qualitative research, although qualitative research can contribute much to our understanding of the body (Richardson & Shaw, 1998). Accordingly, there is as urgent a need to reembody qualitative research as there is to reembody theory in the social science and practice disciplines. We should spend as much time developing our visual, tactile, and other sensory skills, as we currently spend on developing our "reading" skills. Trained in the fine arts and critical care nursing, Morrison (1997) showed how nurses learned to "read the body" in the same way an art critic might read a painting or sculpture, "visualizing the layers of meaning and modes of construction" (p. 161).

As qualitative researchers, we should remind ourselves that a key guide to phenomenological reflection is the lifeworld existential of corporeality (Van Manen,

1990) and that the phenomenology Merleau-Pointy (1962) envisioned was a phenomenology of embodiment (see also Dreyfus & Dreyfus, 1999). We should recall that the ground in grounded theory is also a material/physical place/space. We should recognize that the "being there" (Geertz, 1988, p. 1), the "closeness to data" (Richards, 1998), and the "getting close to the real thing" (Becker, 1996, p. 61), to which we appeal to persuade others of the trustworthiness of our ethnographic studies, entails a fully embodied participation and/or presence in the field.

CONCLUSIONS

Qualitative researchers must remember that lived experience is also embodied experience. Although people relate to the world with and through their bodies, qualitative researchers are not alone in typically not using their bodies fully to study the world. Yet, in a time when it is increasingly difficult to draw lines between any entities traditionally conceived as different (for example, human/machine), body work may be one defining feature of qualitative inquiry that distinguishes it from quantitative inquiry. Ihde's (1979) phenomenological study of the human/machine relationship, Haltman's (1990) material culture study of the candlestick telephone, and Savage's (1997) ethnographic study of the nurse-patient relationship exemplify what can be gained by drawing directly from bodily encounters with the material world to understand lived experience and culture. By incorporating the corporeal and the material, we qualitative researchers can ensure a robust and full-bodied research encounter.

NOTES

1. Documents and artifacts overlap as categories of data sources. Artifacts may include documents, such as textbooks, when documents are treated as 3-dimensional objects. Documents may include artifacts, such as photos and anatomical displays, when these artifacts are treated as flat objects and interpreted like verbal texts.

2. Hall and Rist (1999) called for the integration of interviews, observations, and documents. They did not address the material world. Accordingly, whereas they argued for the 3-legged "qualitative stool," I argue here for the even sturdier 4-legged chair.

3. Yet, as Keller (1999) argued, sight and touch are not necessarily opposed to each other. Sight is also interventive; both the person looking and the person/thing looked at are changed by virtue of looking and being looked at. That is, they are, at the very least, "metaphorically" (p. 29) touched. Moreover, looking often entails physical touching, as when a researcher prepares (for example, dissects) an object for microscopic examination. The microscope "merges looking and touching" (p. 43).

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