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# SAGE Research Methods Cases

## Sociology Submission for Consideration

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### **Case Title**

“Accessing All Areas? Interviewing and researching within and outside difference”

### **Author Name(s)**

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**Discipline: D3 [please do not alter]**

### **Sub-discipline**

Race, Ethnicity and Migration [SD-Soc-7]

### **Academic Level**

Postgraduate

### **Contributor Biographies**

Harshad Keval is Senior Lecturer in Sociology at Canterbury Christ Church University, Kent, UK. He has held posts in Switzerland and the UK and has worked on the intersection of race, ethnicity, culture and health in a variety of countries and contexts, including mental health in South Asia, childhood illnesses in Tanzania and Leprosy in Sri Lanka. His work recently has focused on the racialised constructions of risk in South Asian populations in the UK. He has published previously on the discursive constructions of racialised risk in contemporary health

arenas, 'normalised' race based rhetoric in contemporary political contexts, and the emergent concerns around post-race discourse and immigration.

### **Published Articles**

Keval, H. (2016) *'Health, Ethnicity and Diabetes: Racialised Constructions of 'Risky' South Asian Bodies.'* Palgrave Macmillan.

Keval, H. (2015) 'Risky cultures to risky genes: The discursive racialised construction of south Asian genetic diabetes risk.' *New Genetics and Society*. DOI: 10.1080/14636778.2015.1036155

Keval, H. (2009) 'Cultural negotiations in health and illness: the experience of type 2 diabetes amongst Gujarati South Asians in England', *Diversity in Health and Care*, Vol. 16, 4, 255-265(11)

Keval, H. (2009) 'Negotiating constructions of 'insider' / 'outsider' status and exploring the significance of dis/connections', *ENQUIRE (Electronic Nottingham Quarterly for Ideas, Research and Evaluation)* (4)

### **Abstract**

This case study is set against the backdrop of field work and research I conducted during my PhD. My doctoral thesis explored the intersections of race, medical sociology and embodied experiences of health, risk, and ethnicity, later published in a monograph, titled "Health, Ethnicity and Diabetes: Racialised Constructions of 'Risky' South Asian bodies", with Palgrave Macmillan. For the research I carried out interviews, participant observation and ethnography, with British South Asian people in several locations around England. One of the consistent central questions that I found myself both asking, as well as strategically ignoring was 'How do I get access to these groups, in the knowledge that the category *'these'*, both constituted my own current identities, as well as a historical, lived, experiential identity, located in migration, nationality, language, ethno-religious identity, and class. This case study therefore both looks back at my experience of carrying out the research, and re-narrates what the access and non-access to people's cultural lives and worlds comes to mean in research. I also attempt to situate the learning from this within a wider framing of the uncertainty that is present in all research. The sense and understanding of connection between researchers and participants should be viewed as an opportunity to embark on a relational understanding of social phenomena, and the need to be open to the possibilities of connections between aspects of our identities as processual features of the research.

## **Learning Outcomes**

By the end of this case students should be able to

- Identify processes within their research where real and potential identity connections / disconnections might emerge
- Analyse field interactions both in situ and within field notes to aide reflective and adaptive mechanisms for subsequent visits and data analysis
- Evaluate and select a range of conceptual and theoretical formulations of ‘difference’ that facilitate the fluidity of research identities to enhance your understanding
- Formulate within the academic narrative, ways to question the multiple and shifting features of these identities as interactional and situated.

## **Case Study**

Background to the research and core questions

The study was a qualitative exploration of the experience of adult onset diabetes, also known as non-insulin dependent or type 2 diabetes, among Gujarati Hindus in England. Diabetes is known to have higher rates within specific groups of people, both in the UK and internationally (Gholap et al 2011). In the UK, diabetes rates amongst South Asians are much higher than in the Caucasian population (Wild & Farouhi 2009). The aim was to look at how diabetes is thought about and managed among people in this grouping and explore the kinds of knowledge and experience in the social and cultural embedding of health and illness states. Qualitative interviews were carried out (with the spoken language a mixture of Gujarati and English), with field visits to cities in the Midlands, North West and South East regions of the UK. The study however wasn't just about health and illness, or about how individual experiences of health and illness might be situated within wider frameworks of being. Rather, there were wider constellations of the social, cultural and political with reference to the intersection of ethnicity, religion, and wider racializing discourses that people were part of, and actively managing.

People's experiences, histories, biographies and notions of identity were constantly being used in the routine management of diabetes – and this concurs with all the classical medical sociology and sociology of chronic illness studies (e.g., Anderson and Bury 1988; Kelleher and Hillier 1996). Emergent themes included: the social and personal complexities involved in the diagnosis of diabetes – for example, the checking of diagnoses via connections

overseas using printed media and social networks; the combined use of allopathic (biomedical), traditional and herbal remedies; the role played by historical and familial knowledge of remedies, as well as engagement with local social connections; the mapping of experiences in Africa and India to experiences of migrating to this country. Biographical contexts and experiences were used to deal with the varying social landscapes people encountered, and these findings were set against the backdrop of health science discourse, where it is possible to identify a general direction towards constructions of a South Asian risk, based on genetic, cultural and lifestyle explanations (explored in Keval, 2009, 2016). The study then explored how people utilized their notions of identity in the context of living with a particular condition and how they went about demonstrating the management of their condition in a personal-biographical and social context. However, an over-arching component to the study was the parallel socialities and discursive formulations that existed in this phenomenon. On the one hand, health science discourse had produced a powerful and constantly re-articulated 'scientific' understanding of how some groups are by virtue of a connected, series of characteristics, more at risk than others of developing diabetes and related conditions and then experience difficulties with it. These discursive formulations focused on lifestyle, cultural and genetic 'risks' which led to a 'pre-disposition' to the disorder. The aim was to explore what people actually did, said, articulated, and what these 'risky' behaviors, bodies and thoughts actually were, in situ.

There is a central question I often have to answer or 'deal' with when speaking about this research, and that is, in various forms the following: "So, it's about diabetes then?". My answer is almost always, a polite, but precursory 'No. Let me explain...'. The research was about the experience of a particular illness, but which when seen through the lens of the combination of complex human physiology, and the infinite, intricate social, cultural, economic and political mediations of society's discourses of power and enduring legacies of racial difference, a rather different picture emerges. I am writing about the substantive field of health and race here because it is fundamentally incorporated into the methodological gazes we employ, acknowledging the epistemological underpinnings to our notions of what constitutes data and how it is to be generated.

BME (black minority ethnic) communities have over many decades consistently featured in the problematic end of the health inequalities evidence base (see Ahmad 1993). Rather than position these inequalities as fixed by genetics or lifestyle, critical researchers have, I would maintain, a responsibility to recognize the fundamental sociological and political arenas that situate the researchers gaze. There is a need to problematize the role of the researcher's epistemic gaze and foundations vis-à-vis difference.

Combing the cumulative knowledge base of medical sociology and critical race / constructionist theories of race and ethnicity was both a straightforward and complex project, depending on the nature of my epistemic lens and whether or not my ontological stance was once which fundamentally performed a hegemonic or counter-hegemonic function. In other words, how would I take a series of medical sociological ideas about the social, cultural and political nature of health and illness and weave them with an intellectual fabric that was still in many senses not yet fully established? Certainly principal authors in the field of race and

health had for a number of decades written about the complex political and social interplay at work in how groups identified as ‘racial’ or ‘ethnic’ were viewed and treated in health discourse and practice. However, the critical discourse around race and health in the UK, certainly with the pressure of public health and epidemiological discourses on conditions such as diabetes constructed as ‘burdens’ on the care system and the public purse has implications for what kinds of critique might populate the academy or elsewhere.

The impression, or empirical narrative that was calcifying was that ‘race’, as far as UK medical sociology was concerned, was *done*. For done, read ‘solved’. Given the evidence for persistent inequalities in health care access, diagnosis, treatment, the over-arching discourses of ‘troublesome’ populations who were characterized by a series of faults (faulty cultures, lifestyles, attitudes, genetics (for more detail see Keval 2016), the problem was far from solved. The reason for this was the very nature of the problematizing racial gaze, projected onto to black and minority health groups. I relay these details about the impression of the field because it is precisely these discursive and practical archaeologies which often silence the voices and experiences of minority groups who should have been at the heart of the overall discourse. People’s lives, experiences, sensations, coping and sense-making socialities in the context of difference, appeared to have been relegated. The study attempted to address this balance in some small but hopefully meaningful way.

I was therefore interested in how a physiological human state, became a particular racialized physiological human state, which performatively, within policy and practice, was staged as an ethnic, cultural, physiological human state. In other words, I was interested in looking at how diabetes – usually the knowledge and practice domain of bio-medicine and public health could be viewed as a vehicle to understand underlying, insidious mechanisms of race-making. So my interests were located at the nexus of race, power, and medicine, but these interests could not be mobilized or fruitfully used to facilitate an understanding of the mechanics of explanatory frameworks, without the people, groups, individuals and lives at the center of these particular gazes.

The question I presented to myself was how would I best do justice – analytically and politically to the phenomenon and people placed under these lenses?

Such perceptions of the possibilities of new knowledge had to be embedded in the ways in which I might conceptualize a number of entities / questions related to the methodological issues in the study. Some questions which I found useful in situating the study conceptually but importantly methodologically were:

- Who were the targets of these so-called ‘racial risk’ gazes?
- Why were they part of the discourse and not others?
- What constituted a ‘racial’ category, or an ‘ethnic’ category?
- How would I gain ‘access to these groups? And when would I know this had happened?

- Would access be permanent or temporary? And if so, what would determine the temporal nature of this so-called ‘access’?
- In what ways was I, and my own package of social, ethnic, age, cultural and class identities, similar or dissimilar to the people within these groups?
- How would all these intersections, clashes and connections work in the field? What if they didn’t?
- What constitutes ‘working’ or ‘success’ in this context?

### **Inside Out – Situating Gazes**

In this case study I intend not to chart the territory of ‘researcher – researched’ identity and the role it plays in social research – detailed discussions can be found elsewhere, as well as in other case studies (Praechter 2012; Kirpitchenko & Voloder 2014; Cipollone 2017; Keval 2009; Fahim & Helmer 1980; De Andrade (2000) & Lamont (2004). Rather, I’d like to offer my own experience of the connections between what the study was hoping to do and the fluid mechanisms of connections / disconnections in identities. In short, the substantive material of the study – what some might call the ‘real’ part of the research was integrally contingent on how my positioning inside and outside ‘the field’ was going to emerge. So my interactions with people in and around, and even outside of the immediate confines of the study, were part of the on-going process of working out how my research questions would either work, i.e. effectively generate different kinds of data that might give me an idea of active socialities as ethno-religious, cultural, biographical contexts of how health and illness work; Or fail, i.e. the questions and indeed aims of the study would bear little connection to both the content and process of people’s lives, and my role, identity as performed in that process, would contribute little. As it turns out, the process of doing the research, writing the PhD, publishing articles and the book, have rather than closed a specific chapter of research, allowed a continued dialogue with the very notion of difference in research as a modality of data generation.

What happens when you research people, groups, communities that, as Cipollone (2016) explores in her case study, look like you? Such a retrospective re-analysis allows me to revisit the still important intersections of various identities as they come into being in the interactional order that is a ‘field’. What happens when, extending this question you share similarities in: skin color, language, dialect, migration history, class, ‘values’, racialized experiences, and even serendipitous, chance-fueled family connections? These are ‘dis/connections’ which both make possible and require a series of ‘cultural negotiations’ (Keval 2009a, 2009b, 2016). In Cipollone’s account, she is actively trying to frame the experience of researching inside participant’s lives when there are a series of similarities and differences at play. Cippollone’s useful and insightful case study honestly avoids the re-description of the methodological interactions, and chooses to guide the mechanics of the methods. Being able and willing to situate, question the affective and emotional modality of dis/connections is both useful and important. Some key questions to consider:

- Why do I like the feeling of connection I get?
- What does a dis/connection mean?
- What is knowable about the nature of dis/connections?
- Should I as a researcher engaged in a process of excavating meaning-making processes in people's lives, as they unfold inside and in relation to structures, be attempting to make meaning out of how I become a relational entity?

I find these important because within my research and writing, there are some fundamental representational, historical, biographical and psycho-social 'zonings' that develop. I was connecting with people's lives, histories, languages, emotions, fears, anxieties, pride, successes and challenges. And all the while that I am externally connecting to these entities, I am ultimately connecting and re-articulating my own positioning vis-a-vis my own sets of identities that are situated within and outside of these similarities.

As researchers and political actors we make decisions in social action that are always partial – but the groups, lives, we intend to study, are also making evaluations, judgments about trustworthiness, security, the potential for harm etc., and so the extent and quality of interactions will be mediated by this relation. The 'like-space' (Cipollone 2017) is a useful heuristic container for configuring where we are at any given moment within the field relations. However, these spaces are also simultaneously potentially 'un-like spaces' – and this fluidity is part of the core of what my case study is about. To be able to manage these fluidities, within a context of ostensible or apparent similarity is one of the things I both enjoyed and which facilitated a research learning curve.

### **Knowing Me-Knowing You?**

In my case, the entire field was already 'known' to me at one level, and yet socially I was a stranger. This 'ambivalent familiarity' requires what I have called elsewhere 'cultural negotiations', because the uncertainty of being in this 'like-unlike' space must be negotiated. This is not with the sole purpose of getting interviews set up or questions verbalized and 'out'. Rather the negotiations in my case were about re-connecting with ethno-religious, cultural, linguistic and 'homeland' facets of my socio-biographical identities. Through navigating the various familiarities and strangeness, I gradually became both a 'known' entity, through my historical, language and family origins, but also 'knowable' through the revealing of my presence there as a researcher in health. These of course bring their own problems- and I relate some of these ups and downs in detail elsewhere (Keval 2009a).

In many ways of course this is about reflectively recognizing one's position vis-à-vis privilege and identities. For me, within the field interacting, talking, getting to know and becoming someone who could be partially trusted was a great boon to both ego and research



– but left unchecked can alter the nature of the research and resultant findings. It is not so much that one becomes blinded. Rather there is a need to question the nature of how comfortable or uncomfortable one feels at any given point in the research process. For my visits and times spent in communities, halls, celebrations, homes and houses, I was welcomed with open arms, and given full trust – not because I had presented myself as a researcher, or ethnographer – categories and labels which few of the participants were familiar with or knew about. Instead, they were responding to the extent of our common imagined possible ancestry, familial connections, language use – including dialect, and one more important facet – health. As I was in people’s lives exploring an illness or condition, which is a common existential and experiential feature of South Asian groups the world over, I was also within the boundaries of this geo-ethnic and cultural grouping, which generated for the participant a social exchange relationship with someone whose could plausibly share this experience of identity. Our common ‘identity’ was a modality of experiential sharing. In other words, they could share with me their experiences of being in this racialised-health risk grouping, because I too by virtue of an imposed categorical label (South Asian, British) was in this discursively constructed risk grouping.

The methodology needed to make visible and render active the otherwise invisible, silent or ‘passive’ constructions of these groups, without the pitfalls of exoticising the ‘other’. These notions of exotic others being rendered somehow different by virtue of their difference rather than the quality of their experience notwithstanding, I consistently felt that my positioning as both ‘insider’ and ‘outsider’ (and of course occupying the various positions in between) made it possible to situate the everyday-ness of health and illness more carefully. However, I recall in the early stages, having read literature on medical sociology, medical anthropology, race, ethnicity and culture, as well as methodologies, I was keen to ‘get to the bottom’ of this, and with such keenness of course comes impatience. In my early interactions with potential and actual participants, I was keen to ask about the lived experience of diabetes, and the experiential frameworks of ethnicity, culture, migration. These are abstractions – conceptual and theoretical hinges into which data are locked and levelled, so we as academics can make explanatory sense out of them. But for participants, as obvious as it sounds, life was quite simply life, health was health, culture was culture, and it was best to move on and talk of other things. I found over a period of time that embedded inside these ‘everyday-nesses’, were the expositions, explanations, and frameworks of living that people used, relied on and developed in order to manage the condition but also manage their ethno-religious and cultural identities. Ultimately, I would situate these arenas of talk and action against the backdrop of health policy and other discursive frames that performed particular representational functions of constructing types of ‘risky’ south Asian body. The point here is that it took a period to excavate within my own operations those gazes which were more open to mundanity – or to be more precise – the insights of the everyday life. This impatience was not just borne out of inexperience or keenness – it was there because I had internalized the sense of familiarity, which was being reflected back to me from the participants. In a sense, I felt it unnecessary to

take ‘Spradley’s ‘grand tour’ (1980), or warm up – my perceived connections afforded me an entitlement to move to the ‘heart’ of things, and this was a learning exercise.

Without wanting to repeat the mistaken essentialising errors of the past in terms of what I believed was or might be an ‘absolute’, or ‘authentic’ access to a cultural group, I was and still maintain that with the process of cultural validations - a shared linguistic, biographical and socio-cultural framework that might or might not include ethno-religious categories, it is possible to have deeper access, and a way into certain cultural worlds. This doesn’t necessarily mean these accesses and worlds are any more valid or ‘authentic’ – this kind of simplistic evaluate criteria simply confuses one hegemonic, ‘metrocentric’ (Go, 2015) episteme for another. Rather, through the combination of language, sociological analysis, shared experiences, and crucially spaces of expectation-confounding disconnection (i.e. those moments and spaces where one assumes straightforwardness, or ‘full’ access, only to find it not forthcoming) it was possible to render some nuance within this picture. I maintain that this nuanced-rendering can be more valuable and insightful with the identity-connectivity than without. Ultimately as the story of your participants, the social and cultural phenomena, and importantly your integrated role in these stories emerges, how you processes these dis/connections will be a contingent process and will mediate your own ontological and epistemological frameworks.

The question which often belies this debate, but which is seldom explicitly asked or spoken, is this: “If I am somehow (ethnically; ‘racially’; linguistically; skin-color wise;) different / same to the participants, will my research be *valid / invalid?*”. The answer, as the literature and the debate will attest to, is far from simple, because levels, types, formulations, conceptualizations and understandings of different / sameness are contingent on a myriad of personal, biographical, professional and epistemic lenses. Without rehearsing the now substantial literature, it does not make any sense either to perform ‘epistemic privilege’ (i.e. it is as conceptually and theoretically non-sensical to argue “I am ‘White’ British therefore can research White British groups, as it is to state “I am ‘Asian’ therefore have a natural affinity with this group, and therefore more able to carry out research with them). Neither is it useful to outright reject the possibility that the researcher, by virtue of many different possible connections, might have some insights that offer nuance through cultural, ethno-religious, linguistic roots or expertise. The point is to recognize the ‘situatedness of the knowledge’ both in terms of the generation of the knowledge and the methods used to generate that knowledge, for both will be complicit in their viewpoint.

In many ways, I am arguing ‘standpoint’ theories and methodologies – classically generated around feminisms and critical epistemologies therein (e.g., Harding 1993). As Go (2015) reminds us, to understand that all knowledge is positioned and sourced socially and politically is not new. But the understanding that how we observe, absorb, process and understand social and cultural phenomena and build our analysis from the ground up starting from these dis/connections with participants might bring something useful to our work. Within Sociological research methods there is an acceptance of what Haraway called the “politics and epistemologies of location, position and situating” (1988: 589), we can equally and analytically entertain the various ways in which the epistemic standpoint of both the

participant and the researcher come together in complex but insight generating ways. We should process the possible charge that, as cogently summed up by Go in his re-thinking of social theory and postcolonial thought, “Apparently, sociologists think that everyone has a standpoint except sociologists” (2016: 155).

## **Rejections and Dis/Connections**

Recognizing my presumed identity as a researcher, attempting to gain access to culturally specific knowledges or socially explicable commonalities, I often maintained forms of ‘distance’ interactionally. I was in many senses trying to distance myself, in the manner of ‘classical’ forms of ‘western’ social scientific rationality, especially those aiming for objective, generalizable accounts—even though I was deeply immersed in interpretive methods. In many of these situations I was faced with counter-requests – people who wanted me to meld into the fabric of their group, to be part of the community, since, as one participant announced, *‘Its ok, he’s one of us’*. This kind of statement and legitimation was sometimes spoken, at other times silently passed me through various groups and places. How I had at times been identified as ‘ok’ was due to multiple layers of connections, not one. It reminded me that regardless of what I may have thought of myself as a social researcher, or PhD student, or observer, I was, in the gaze of people who I had spoken to, shared memories and cultural connections with, ‘one of them’. The learning objective here was that this was a processual phenomenon, not a static one. Therefore, like any member of the group I could be rejected, and for a researcher wanting to ‘get something out of the deal’, there was at times a fair amount invested in this process.

### **Disconnection 1: Mistaken Identity**

The rejections and disconnections that often happened were not outright statements of exclusion, but rather were aimed at working out ‘who I was – in relation to *them*’. In other words, it really didn’t matter what I was studying or where I was based – rather the important connecting structures were my language abilities, my home origin in India / Africa, my age, and my marital status. The secondary structures were the fact that I was studying - a prominent badge of honour in many minority communities, for many reasons (there is an extensive literature on this area now). Of these, family connections emerged, serendipitously as a problematic relation, causing both commotion, annoyance and awkwardness – but only temporarily. I had been mistaken for a family member through my ancestry, and became the subject of an on-going friction. As the accurate details of families, villages, names etc. were revealed, a clear case of mistaken identity was established and I was, for the time being, ‘off the hook’ – again pointing to the fragility of these in/out processes. This would contrast markedly with for example carrying out research with people with whom these dis/connections might be an impossibility.

## Disconnection 2: Identity Confusion

Above I mention language, culture and religion, but caste as indicated by surname was also a powerful feature of evaluative criteria when deciding on the presence and extent of access and trust. I have, for complex and not un-humorous reasons a surname that both confounds caste and sometimes causes some confusion in many communities. Hence, when I initially was introduced to a group in the early stages of the research, I was faced with firstly confusion, then annoyance, then rejection. The latter was not, I do not think sourced from a malicious intent, or a need to exclude people who did not conform to expectations of the group identity, but rather out of a sense-making attempt. I was a 'name-out-of-place', a nominal identity, who, being unfamiliar anyway was now adding to this jeopardized role with this layer of strangeness, since I could not be categorized in any meaningful way. Through interaction in the language - my language of origin, Gujarati - I was able to narratively weave together both repair to any damage, plus form some temporary social bonds through other connections. 'Knowledge' of a group, and of myself as an emergent research participant, includes language, religion, geography, cultural systems, etc., was revealed to be both inadequate and misplaced. In a number of situations as I attempted to navigate spaces and places, cognizant that my presence was part of the interactional, culture-making order, I became more at ease but always aware that these are sometimes fragile processes, interactional orders that exist within but also shape structural schemas of ethno-religious identity.

## Working with assumptions

Try not to avoid assumptions constituted by the conceptual and theoretical baggage we carry in our epistemic grammar. This constitutes social action as much as any other machinery in our lives, so a possible key to carrying out research within and outside difference is an honest, critical, 'stake-holder' self-interrogation. This requires a reflective self-analysis of privilege - which whilst linguistically and within academic parlance is straightforward to achieve, in depth and honesty performs a 'stripping' function. This 'stripping' function is abrasive, in that it can reveal emerging uncomfortable truths about our actions within academic research. Through these processes then, we can situate the notion of apparent difference and sameness, through the salient, phenotypic, embodied human sociality, or the more subtle but still real linguistic, cultural, socio-economic variabilities of life. By asking in how many different, subtle, obvious ways we might be different, and how these same differences might instigate interconnections within people's cultural worlds, we get closer not to the 'truth', but rather to a set of expressions that indicate where our relationship with each other might be. These research relationships are the co-generator, co-producer and collaborator for the things we ultimately end up writing about in our research articles and books.

Some hints:

- Transcribe field notes and interviews with a view to excavating interactions of difference
- Chart the landscape of dis/connections as they emerge in these notes and transcriptions
- Don't assume your position affords you or entitles you one way or another
- Allow social rituals to unfold as interactional orders
- Evaluate and re-evaluate the interview questions and observational techniques
- Consider the impact of identities that are not present
- Take time to think through what interactions would look like if the participants had different characteristics, what might change?

## **Conclusion**

What I have found, and continue to find is that in the doing of ethnographic work in 'sociology' there are gazes and lenses which researchers are more likely to use that provide certainty, safety, and move along the axes of what we might call conventional analytical methods. When we are attempting to observe, generate, analyze and make statements about social and cultural worlds that are not principally sourced in 'the West' - I use this phrase advisedly and knowingly – but rather are contextualized by movement across continents, time, cultural systems, class status, and ethno-religious frameworks, then for Sociology and the Social Sciences to be a truly global discipline, we necessarily have to be open to ways of framing relationships that include all identities in research. While accepting the consensus on identities in the research process being fluid and contingent – themselves subject to change regardless of how those identities are constituted, there also needs to be a recognition that 'dis/connections' and 'cultural negotiations' contribute an important dimension to research. Although the dynamic nature of these positions is not in question, there are points of connection and disconnection, which should be recognized and reflected upon. These spaces can open up the possibility of deeper access, richer data and more intimacy in the interactions - however short the time span or fleeting the moments. The constant work of identity making in our personal lives as mediated by features such as ethnicity, 'race', religion, language, accent, gender, class etc. is a reminder that this also applies within social and cultural research settings, and that connections through these modalities should not be avoided, but rather embraced and reflected upon.

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## Exercises and Discussion Questions

- How are the researcher / researched identities same / different?
- In what ways do these dis/connections trouble or progress the research? Why?
- How do you conceptualize these differences and where does this knowledge come from? (For example, if you identify ‘racial’ differences or similarities between yourself and the participants, what kinds of categories of knowledge have you employed, and where did these categories come from?)
- How do the dis/connections represent or facilitate the modalities of hierarchy, privilege and / or power?
- To what extent do the emerging data reflect some of the interconnections between the researcher and researched? What meaning within the research might this carry?
- In what ways are you able to mobilize a critique of ‘conventional’ social scientific principles that are primarily based on a ‘eurocentric’/‘metrocentric’ mode of operation?

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## Further Readings

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