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Focus Groups as Social Arenas for the Negotiation of Normativity

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Abstract

Aim: This article aims to demonstrate how focus group discussions act as a social arena for the negotiation of social norms and normativity and to discuss the implications for the analysis of focus group discussions. **Participants and methods:** We have used sequences of group interactions from a focus group study on everyday life and chronic illness to demonstrate how methodological tools from conversation analysis and discursive psychology can be used to facilitate a systematic analysis of the negotiation and legitimization of social norms and normativity in focus groups. The empirical data consisted of six focus groups with a total of 32 participants. **Results:** The analysis demonstrated negotiations on normativity concerning four central aspects related to living with chronic illness: negotiating normativity about adjustment to the disease, negotiating normativity about being a dutiful employee, negotiating normativity about responsibility for the illness, and negotiating normativity about carrying on. **Conclusion:** Although the role of interaction in focus group data analysis and its impact on the content of the data should always be viewed in relation to the specific study and study focus, based on the analyses, we argue that adding different epistemological and analytical lenses to a data set may produce different, additional, and more complex insights into the research field.

Keywords

focus groups, conversation analysis, negotiation, normativity, chronic illness, discursive psychology

What Is Already Known?

Focus groups are a qualitative research technique particularly useful in studying social interaction and the negotiation and construction of social norms (Bloor, Frankland, Thomas, & Robson, 2001; J. Kitzinger, 1994; Morgan, 1997). Nevertheless, it seems that the social interaction has been neglected in analyzing and reporting focus group data including its impact on eliciting the content of such data. The particular ways in which social norms and normativity are negotiated, constructed, and legitimized during focus group discussions seem to have received little attention in empirical studies.

What This Paper Adds?

This article adds a contribution to utilization of focus group interaction by analyzing sequences of group interaction that were collected during a research project that explored everyday life with chronic illness. As a frame for analyzing group interaction, elements of discursive psychology and conversation analysis were used (Edwards & Potter, 1992; Potter, 1996; Potter & Wetherell, 1987; Puchta & Potter, 2004; Silverman, 2014). This article demonstrates how focus group discussions

act as a social arena for the negotiation of social norms and normativity and discusses the implications for the analysis of focus group discussions.

Focus groups is a qualitative research technique that collects data through group interaction on a topic determined by the researcher (Morgan, 1997). The rationale behind the use of focus groups is that knowledge is created through the diverse experiences and knowledge of, and interaction between, participants. The interactions between focus group participants can reveal and highlight the participants' perceptions, attitudes, thinking, and framework of understanding, as well as identifying group norms, subcultural, and cultural values (J. Kitzinger,

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1994, 1995; Krueger & Casey, 2000; Morgan, 1997; Puchta & Potter, 2004). As such, participants' interaction represents the uniqueness of focus group research (Duggleby, 2005; Halkier, 2010; Wibeck, Dahlgren, & Oberg, 2007). Although it is widely recognized that the use of focus groups is a research technique that collects data through group interaction (Morgan, 1997), only a small number of focus group researchers utilize the interaction as a resource in data analysis (Puchta & Potter, 2004, p. 1). The methodological literature on focus groups predominantly deals with focus group interaction as part of moderator questions, group composition, and introduction to focus groups (Bloor et al., 2001; Plummer-D'Amato, 2008; Rabiee, 2004). Less is available on the analysis of the social interaction in the group and the analytical outcome for the content of the data (Halkier, 2010; Hydén & Bülow, 2003). This may be due to the general research interest and epistemological positions of the researchers (Belzile & Öberg, 2012; Halkier, 2010). Nevertheless, it seems that the social interaction has been neglected in analyzing and reporting focus group data including its impact on eliciting the content of such data. Consequently, only a small body of empirical studies using the focus group methodology utilize the social interaction as a data source in itself and integrate the analysis of interaction in the overall analyses of their data (Grønkjær, Curtis, de Crespigny, & Delmar, 2011; Hydén & Bülow, 2003). Wibeck, Dahlgren, and Oberg (2007) further claim that researchers may capture and take advantage of the interaction itself when analyzing the data, rather than treating interaction as merely a tool for efficient data collection. Thus, there seems to be missed potentials in taking advantage of the group dynamics and interactions for analytical purposes.

Focus groups have been recognized as particularly useful in studying social norms (Bloor et al., 2001; J. Kitzinger, 1994; Morgan, 1997), and researchers have provided theoretical and analytical perspectives and tools that might be applied to the analysis of the social construction of norms in focus groups (Halkier, 2010, 2012; Liddicoat, 2012; Potter, 1996; Puchta & Potter, 2004; Silverman, 2014). Yet the particular ways in which social norms and normativity are negotiated, constructed, and legitimized during focus group discussions seem to have received little attention in empirical studies. However, a study by Grønkjær, Curtis, de Crespigny, and Delmar (2011) used the analytical tools adjacency pairs and repair from conversation analysis to investigate the perceptions and meanings of alcohol use in Denmark. The authors identified a series of interactional events that displayed how normality perceptions of alcohol use can be negotiated and constructed. The article concluded that focusing on group interaction in the conduct *and* analysis of focus group data is essential to gain the full potential of the focus group method. Similarly, Halkier (2010) demonstrated how four different social constructivist methodological approaches can assist in integrating interaction and content in analyzing focus group enactments. Drawing on empirical examples from a study about cooking practices, Halkier showed how a range of methodological tools developed within interactionism, conversation analysis, discursive

psychology, and positioning analysis were particularly relevant in studies with a knowledge interest concerning social norms and normativity. Despite these recent methodological contributions to the focus group literature, there is still a dearth of knowledge on how to analyze social interaction and the negotiation and legitimization of social norms and normativity. This is supported by Belzile and Öberg (2012) who concluded that while much has been written about what focus groups are and how to conduct them, there is a need for "how-to" guidelines for utilizing interaction in a more sophisticated and nuanced way to meet the specific goals of research endeavors. Therefore, this article provides a contribution to utilization of focus group interaction by analyzing sequences of group interaction that were collected during a research project where focus groups were used to explore everyday life with chronic illness. As a frame for analyzing group interaction, elements of discursive psychology and conversation analysis are used (Edwards & Potter, 1992; Potter, 1996; Potter & Wetherell, 1987; Puchta & Potter, 2004; Silverman, 2014). This article aims to demonstrate how focus group discussions act as a social arena for the negotiation of social norms and normativity and to discuss the implications for the analysis of focus group discussions.

A Focus Group Study on Everyday Life With Chronic Illness as an Example

This article draws upon empirical examples from a focus group study that aimed to explore how everyday life is affected by rheumatoid arthritis (RA) in a Danish population. In addition, the study explored whether RA affects individuals in different ways in the first years after diagnoses compared with later in the illness trajectory and whether this might have any implications for patient education (Kristiansen, Primdahl, Antoft, & Hørslev-Petersen, 2012).

The sample comprised of 32 participants that were recruited from outpatient clinics at two Danish hospitals. Participants were selected from the medical records by clinical staff according to purposeful sampling criteria to span the greatest possible variation in age, educational background, gender, and disease duration. The age range was between 31 and 81 years and two thirds of the participants were women, equal to the percentage of women with RA, compared to men. The participants had been diagnosed with RA in between 3 months and 27 years. About half of the participants were retired. Of those, a few had retired early due to their RA. The other half still worked either on normal conditions or in subsidized jobs.¹

Focus groups were used to provide a collaborative research environment in which participants could freely raise and discuss issues of importance to them, thus ensuring the collection of rich and multifaceted data grounded in the participants' own experiences (Bloor et al., 2001; Morgan, 1997). Six focus group interviews were conducted. The groups were constructed according to disease duration: three groups consisted of participants with recently diagnosed RA (maximum 1½ years) and three groups with participants who had been diagnosed more

than 1½ years earlier. The duration of each focus group interview was 2 hr. The focus groups were audio-recorded and transcribed ad verbatim including pauses, overlaps in speech and emotional expressions (Bloor et al., 2001). The analysis of the focus group interviews was conducted as a qualitative content analysis (Coffey & Atkinson, 1996) focusing on identifying patterns across the data and comparing the three focus group interviews with recently diagnosed people to the three focus group interviews with people being diagnosed with RA for more than 1½ years. Due to the underlying knowledge interest of the study, the social interaction within the groups and its impact on the content was not analyzed. However, it became obvious that the group processes had an important impact on the negotiated content and that social norms and normativity about managing chronic illness in everyday life were continuously constructed, negotiated, and legitimized during the group sessions (Kristiansen, 2013). In response to these points, this current article aims to address the important impact of the group process by focusing specifically on the negotiation of social norms and normativity among participants with RA in the focus groups. As such, in this article, the focus group data from the study on people with RA will undergo an additional analysis in which the social norms and normativity about managing chronic illness will form the analytical focus.

Epistemology and Method

In this article, we adopt a discursive constructivist position to show how meaning is coconstructed in the context of focus group discussions (Potter, 1996; Potter & Hepburn, 2008). Discursive constructionism is not a program that suggests that social phenomena do not have objective reality . . . Rather discursive constructionism considers the role of “phenomena” in terms of the different descriptions, glosses, categories, and orientations offered by social actors (Potter & Hepburn 2008). Thus, the focus is on the processes of construction at work rather than focusing on peoples’ inner perceptions and understandings (Potter, 1996). Within this position, social norms are studied as the active accomplishments of the people who put them to use and it is the concrete social situation that determines the logic or meaning of the norms being claimed and negotiated. Normativity is understood as the normative judgments by which individuals designate some actions or outcomes as good, desirable, or permissible and others as bad, undesirable, or impermissible. Social norms and normativity do not preexist as fixed observable phenomena to study and describe. Rather, they are flexible and fluid in their forms and might be challenged, overruled, or reformulated during focus group discussions (Edward & Potter, 1992; Potter, 1996).

As a frame for analyzing group interaction, elements of conversation analysis and discursive psychology are used (Edwards & Potter, 1992; Potter, 1996; Potter & Wetherell, 1987; Puchta & Potter, 2004; Silverman, 2014). In their book on focus group practice, Puchta and Potter (2004) recommends integration of elements of conversation analyses and discursive psychology in order to understand what goes on in focus

groups. We assume that these approaches are particularly useful in eliciting the negotiation of social norms in focus groups. Both conversation analysis and discursive psychology draw on a social constructivist epistemology and all knowledge are assumed socially constructed (Berger & Luckmann, 1966).

Conversation analysis. Conversation analysis was developed within sociology by Harvey Sacks in the 1960s and 1970s and was a critique of contemporary sociology and the prevailing notion that the most valuable phenomena to study were the unobservable ones as, for example, attitudes, class mobility, or causes of deviance (Sacks, 1992). Methodologically, it implied a critique of standard sociological methods such as qualitative interviews and survey questionnaires, because they aim to give the researched access to the unobservable phenomena, which are assumed to lie behind people’s actions. Instead, Sacks argued that social activities are observable and set out to develop sociology as a naturalistic, observable science (Hutchby & Wooffitt, 1998). Theoretically, Goffman and his work on the interaction order, as well as Garfinkel’s ethnomethodology and its focus on the mundane activities of everyday life (Hutchby & Wooffitt, 1998) have inspired conversation analysis.

The aim of conversation analysis is “to reveal the tacit, organized reasoning procedures, which form the production of naturally occurring talk” (Hutchby & Wooffitt, 1998, p. 1), and it is assumed that participants in conversations are mutually oriented toward creating an orderly and meaningful communication. Analytical access to this situated achievement of intersubjectivity is gained through focusing on the sequential organization of talk, thus on the management of turn taking (Hutchby & Wooffitt, 1998).

Conversation analysis consists of four fundamental assumptions: (1) talk is action (concerned with “doing” things and taking action), (2) action is structurally organized (single acts are parts of larger, structurally organized entities around which social life is organized), (3) talk creates and maintains intersubjective reality (interaction creates a common understanding and meaning, but this meaning is fixed to the specific situation and context), and (4) understanding is publicly displayed (the analysis is focusing exclusively on action; Silverman, 2014). Thus, conversation analysis focuses on action that is directly observable. To demonstrate how normativity about managing chronic illness are constructed, legitimized, and negotiated in the focus groups, we applied four methodological tools from conversation analysis: *adjacency pairs*, *accountability*, *repair*, and *recipient design*.

Adjacency pairs is one of the simplest but most fundamental analytical tools derived from conversation analysis (Potter, 1996; Schegloff, 2007). Puchta and Potter (2004, p. 12) stress that talk is not only “talk about things . . . talk is also *doing* things” pointing to the importance of actions. Actions typically come in adjacency pairs described as pairs of turns in the conversation that bind the conversation together (Puchta & Potter, 2004; Schegloff, 2007). Thus, adjacency pairs are normative relations, for example, between questions and answers. Given

this normative character, adjacency pairs involve preference organization (Pomerantz & Heritage, 2013; Potter, 1996; Sacks, 1992). Sacks (1992) described the preference principle frequently used in responses to questions as an effort to avoid or minimize explicitly stated disconfirmations in favor of confirmations. Thus, recipients try to find ways of avoiding outright disconfirmations and dispreferred answers. Puchta and Potter have underpinned that to a particular utterance there is a preferred (i.e., acceptance, agreement) or a dispreferred (i.e., rejection, denial) response (Puchta & Potter, 2004).

Accountability concerns the way people justify their choices, opinions, experiences, and actions to make them seem rational, appropriate, and justifiable (Potter, 1996; Puchta & Potter, 2004). Thus, it is “methods people use for producing and understanding factual descriptions” (Potter, 1996, p. 42). Accountability is a relational concept that involves participants being held accountable for the truthfulness of their reports and for the interactional consequences; it may have (Edwards & Potter, 1992). Thus, the analytical task is to look at the way accountability is constructed and defended in specific contexts and the way different kinds of actions pose different sort of accountability concerns (Edwards & Potter, 1992).

Repair can be described as a set of practices whereby the participants in a conversation interrupt the ongoing course of action in order to attend to possible misunderstandings or misarticulations in speaking, hearing, or understanding the talk (C. Kitzinger, 2013). Further repair can be seen as a way to manage accountability of oneself or the other (Puchta & Potter, 2004). Repair is a regular feature of conversation that is patterned in different ways depending on whether participants repair their own (self-initiated repair) or the talk of others (other initiated repair). The interactional uses of repair are manifold. Repair is used to ensure “that the interaction does not freeze in its place when trouble arises, that intersubjectivity is maintained or restored, and that the turn and sequence and activity can progress to possible completion” (Schegloff, 2007, p. xiv). However, repair can also be applied to correct the talk of others, to perform surprise, to manage issues of epistemic authority and responsibility, to upgrade the credibility of an information source, to defend oneself against a complaint, or to display the participants’ categorical membership (C. Kitzinger, 2013).

Recipient design concerns the way speakers design their talk for the person being spoken to by using a series of accounts. It serves to strengthen the accountability of the speaker and is a way to “warn” the conversational partner of what comes next in the conversation in order to prepare him or her to respond to for example with an invitation, an apology, or an accusation (Puchta & Potter, 2004). Recipient design can be investigated by focusing on conversations between two participants or by looking for talk indirectly addressed to a particular participant (Puchta & Potter, 2004). Recipient design uncovers the normativity of specific situations and issues both in regard of how it works to strengthen the normative right character of the actions, opinions, or experiences of the speaker and in regard of how it might create a normative expectation toward a certain

answer, for example, accepting an invitation or agreeing to an argument (Puchta & Potter, 2004). According to Drew (2013), recipient design is one of three principal dimensions underlying turn design in that “turns are designed for and with respect to their (intended) recipient(s)” (Drew, 2013, p. 148).

Discursive psychology. Discursive psychology draws upon elements of the sociology of science, conversation analysis, ethnomethodology, poststructuralism, and postmodernism (Potter, 1996). Discursive psychology was developed as a direct critique of cognitive and social psychology. Edwards and Potter (1992) argued that “in both cognitive and social psychology, understanding of everyday practices has been deformed by a combination of methodological prescription and a failure to theorize language as the primary mode of social activity” (p. 12). They question the assumption that talk and text can be directly mapped onto underlying cognitive representations of knowledge and reasoning (Edwards & Potter, 1992, p. 15; Hepburn & Wiggins, 2005). Further, they criticize the social psychological assumption that attitudes are located within the individual as subjectively experienced phenomena, which are rather static and preformed (Edwards & Potter, 1992). It is a central feature of discursive psychology that it treats both external reality and mental inner states as participants’ concerns and not as psychological prior phenomena. Participants see them as phenomena open to constructive description and implication (Edwards & Potter, 1992). Thus, a discursive psychological approach to focus groups will be interested in analyzing how attitudes, and so on, are performed in actual social interactions rather than focusing on whether they are expressions of preformed and ready-made entities. Thus, discursive psychology-like conversation analysis is concerned with the action orientation of talk and focuses on social action, being done in the discourse. Discursive actions do not occur in isolation, but as part of activity sequences, which typically involve interpersonal issues involving, for example, blame, defense, refusal, responsibility, reward, complements, and so on (Edwards & Potter, 1992). The specific features of these actions are a product of constructing talk out of a range of styles, linguistic resources, and rhetorical devices, which is part of the analytical interest in discursive psychology. Further, it focuses on the variability of different versions of accounts according to the different interactional contexts they are constructed to serve, revealing the situated, and functional character of versions (Edwards & Potter, 1992).

Discursive psychology considers discursive interaction as a part of all social practice and investigates how the discourse is situated in a particular conversational sequence and whether it may also be institutionally bound (i.e., medical settings, focus groups; Lester, 2014). Besides its focus on human action and practice, discursive psychology has a special focus on “the realm of fact construction: the sorts of everyday procedures that are drawn on to make any particular version appear credible and difficult to undermine” (Edwards & Potter, 1992, p. 3). Thus, the analytical task of discursive psychology is to identify these techniques generating factuality, which might be

particularly relevant when the knowledge interest is to study the construction, legitimization, and negotiation of social norms and normativity, which are in nature fact like and “common sense.”

To demonstrate how normativity about managing chronic illness are constructed, legitimized, and negotiated in the focus groups, we applied four methodological tools also called *techniques of fact construction* (Potter & Edwards, 1992, p. 160). Techniques of fact construction are the linguistic strategies used in conversations to construct expressions and personal narratives as fact-like and nonnegotiable (Potter, 1996). The underlying argument is that fact-like characterized descriptions and arguments are likely to win discussions (Potter, 1996). The specific tools were *interest management*, *category entitlement*, *footings*, and *consensus and corroboration*.

Interest management is one fact-like strategy, which is used when participants in focus groups attempt to express a more neutral and nonpersonal interest in the issue discussed. In this way, they attempt to distance their personal interest in order to make their own descriptions and arguments seem more factual (Halkier, 2010; Potter & Edwards, 1992).

Category entitlement is opposite to interest management and concerns how people position themselves and how others treat participant accounts depending on their category membership. Potter and Edwards (1992) argue that the truthfulness of particular reports “will be warranted by the entitlements of the category membership of the speaker” (p. 160). Thus, belonging to a particular category, officially or unofficially, is connected with certain expectations concerning knowledge of certain things or specific skills. With a knowledge interest in analyzing the negotiation of normativity about managing chronic illness, the main interest lies in exploring which unofficial category memberships might be associated to being “chronically ill.” Seen from the participants’ own perspective, category entitlement is a strategy used to underline how their own personal experiences, opinions, feelings, and knowledge make their constructions of a description, evaluation, or argument more authentic and thereby more factual (Halkier, 2010).

Footings concern pronoun shifts, for example, from the personalized “I”-form to the “generalized you”-form or “we”-form. Footings are used as appeals to the collective way of being and by corroborating our own words “an anonymous authority wider and different from ourselves is being suddenly invoked” (Goffman, 1981, p. 150). Furthermore, footings might symbolize displacements in time and might be used as shifts from reporting recurring feelings of the “addressing self” (speaker) to the feelings we once had, but no longer espouse (Goffman, 1981, p. 151). Thus, in our empirical data, a shift in footing displays an understanding about the collective facticity of living with chronic illness. The shift moves from individual to collective experiences, and as such, it works on behalf of other members and might be used to make the interaction more clearly normative with the social interaction turning into a negotiation of the “appropriate conduct” (Halkier, 2010).

Consensus and corroboration are methodological tools that are applied to warrant the factuality of one version of “the

Table 1. Transcription Codes.

| | |
|------------|---|
| [] | Overlaps in speech |
| () | Incomprehensible speech |
| (laughter) | Or other oral expressions |
| NEVER | Speaker underlines with tone of voice |
| (PAUSE) | Pauses more than 5 s |
| (nods) | Participant expressing a significant bodily gesture |

truth” or an appropriate conduct by depicting it as agreed across independent witnesses or having the assent of independent observers (Edwards & Potter, 1992). It is a way in which descriptions are produced as external and independent of the speaker (Potter, 1996).

Extreme case formulations are used when people attempt to justify, accuse, or argue for a certain conclusion (Pomerantz, 1986). Thus, the effectivity of a certain version might be strengthened further by using “extreme case formulations such as *anyone would or everybody thinks*”. Extreme case formulations are a way of blending consensus with normativity, combining a normative judgment of what is appropriate for the category incumbent and what all other incumbents would agree on (Edwards & Potter, 1992, p. 163; Pomerantz, 1986).

From group interaction to written translations. The analyses draw on transcriptions of focus group discussions. It is important to acknowledge that the written translation of verbal utterances (e.g., emotional utterances and overlaps in speech) and bodily gestures (e.g., nodding, rolling eyes, and gesturing at others) is unable to capture the entire complexity of communication and interactions in a focus group. In addition, translation of verbal utterances and bodily gestures into written text inevitably implies an interpretation of the situation. Therefore, with the purpose of ensuring a systematic and transparent translation of data, a list of simple transcription codes was adapted from Bloor, Frankland, Thomas, and Robson (2001; Table 1).

Analyzing Negotiations of Social Norms and Normativity About Managing Chronic Illness

In this analytical section, we demonstrate how focus group discussions act as a social arena for the construction, legitimization, and negotiation of social norms and normativity about managing chronic illness, drawing on the chosen methodological tools from conversation analysis and discursive psychology. The analysis was initiated by coding central normativity negotiations of the data set (Potter, 1996; Silverman, 2014), which resulted in seven initial norms being at play during the focus group discussions. The codings of each focus group were then read and reread to get an overall impression of the normativity. Afterward, a schematic overview was developed based on condensation of the codings followed by comparisons between the normativity negotiations across the focus groups to get an overview of the similarities and differences within the different focus groups. Sequences of interaction demonstrating how participants’ negotiated normativity about four central

aspects related to living with chronic illness were finally selected and analyzed.

As the aim of the analysis was to demonstrate methodological points about focus groups being an arena for the negotiation of social norms about handling chronic illness, we chose sequences rich in details of demonstrating central norm negotiations. As such, we have not chosen the most dominant or most previously occurring norms. Nor have we showed the entire range of variety in normativity negotiations and the outcomes of these negotiations across the groups. Rather, the norms displayed demonstrate examples of strong negotiations on normativity and thus contribute to the methodological discussions on how interaction in focus groups can be utilized in a more elaborate and nuanced way.

The four normativity negotiations demonstrated are negotiating normativity about adjustment to the disease, negotiating normativity about being a dutiful employee, negotiating normativity about responsibility for the illness, and negotiating normativity about carrying on.

Negotiating normativity about adjustment to the disease. In the focus groups, participants talked about how everyday life had changed significantly due to their chronic illness. Discussions about acceptance of the chronic condition and adjusting to the functional limitations referred to both societal and biomedical discourses prescribing “learning to live with” and adjusting to the new circumstances and participants expressed personal experiences with both acceptance/adjustment and nonacceptance/nonadjustment to the illness. The sequence below is from a focus group (FG2) with people who had been diagnosed with RA for more than 1½ year. The participants are discussing how their illness affects their activities and priorities in everyday life.

- Helle: I have been very cautious in not letting it (the illness) affect my life too much
- Anne: Oh yes, you really have to avoid that
- Helle: There are many other things that I have to take care of. . . you have to in all families, right. But, it’s always an issue that has to be considered when we are making plans “how are you feeling today”.
- Anne: Yes, you adjust to a life where it works out fine, also with RA
- Helle: Oh yes, you JUST HAVE TO GET USED TO IT (laughter)
- Anne: Yes, but then it gets much better. I know that for sure. In the beginning, I was also annoyed with myself because I couldn’t do so many things anymore. But, then I told myself, stop pressing yourself and it just works out well. Occasionally, I take a break with a cup of coffee or a little nap in the armchair.
- Martin: Well, I can’t take it easy during the day time. I’m not good at sitting down and relaxing. I have to keep busy. I’m a volunteer and still work a little.
- Anne: Oh
- Martin: Yes and I have a house and a garden that I don’t take that good care of. . .

- Anne: Yes, I don’t do that either
- Martin: I don’t bother about the garden
- Anne: You have so many plans, right
- Martin: Yes you do. Yesterday I helped some friends painting (laughs).

In this sequence, Helle states that she does not want to let the illness take control of her life. Anne gives a preferred answer and confirms that it is important to avoid that the illness takes control. In the next sentence, Helle states that there are other things to take care of in a family. By using the extreme case formulation, “all families” have to take the illness into consideration when making plans and prioritizing, Helle underlines a general normative rule. This is also underpinned by using a pronoun shift (footing) in the same sentence from the personal “I-form” to the general “you-form.” Thus, moving from an individual to a collective experience. Anne gives a preferred answer and in a generalized you-form, she states, “you adjust” implying a normative assessment of adjustment as a necessary and unavoidable way of adapting to chronic illness. Helle responds, that “YOU JUST HAVE TO GET USED TO IT,” which is followed by laughter among all participants. Helle’s emphasis implies that “getting used to it” is not an easy task and the common reaction (laughter) by all participants demonstrates that this is a common experience, thus a sign of consensus. Anne provides another preferred answer by letting Helle know that she has had the same experience and at the same time, assuring Helle that adjusting is the normatively right strategy. She draws on category entitlement and makes her claims authentic, as she underpins her own positive experiences that have led to her general conclusion that adjusting is the right way to manage. Thus, at the same time, she builds up her own accountability as a trustworthy person. In the same sentence, Anne uses a displacement in time (footing) by reporting how annoyed she felt in the beginning due to her functional limitation, but no longer espouse (Goffman, 1981).

Martin joins the discussion with a nonpreferred reaction to Helle’s normative statement and declares that he does not want to adjust. Anne responds by saying “oh,” which may either indicate a dispreferred answer or act as a sign of an eye-opener in that she moves from not knowing till now knowing that not everybody is able to accept their limitation (Schegloff, 2007). Martin uses repair by stating that he does not maintain/keep his house and garden very well, while Anne responds to his repair with a new preferred answer and agrees. Finally, Anne opens up for a compromise using a pronoun shift by stating, from the personal I-form to a generalized you-form “you have so many plans.” Martin accepts her invitation to a compromise and confirms. The extract shows how the proper adjustment to chronic illness is negotiated among the participants and how the normative content of “proper adjustment” might change due to the exchanges of adjacency pairs.

Negotiating normativity about being a dutiful employee. The composition of the focus groups had an impact on whether normativity related to work was discussed or not. In three focus

groups, most participants did not work anymore due to either early retirement or age-related retirement. In one focus group, only one participant still worked, while the other group members were retired. This participant expressed a strong normativity about work and the importance of contributing to society and being part of the work community. In the remaining two focus groups, work was a central issue including the importance of maintaining work and being a dutiful worker. The sequence below is from a focus group (FG5) with four people recently diagnosed with RA who are discussing the morality and normativity they attribute to work.

- Jette: Maybe you should take a day off sick, or maybe if you could make some arrangements with your employer, maybe you should reduce your working hours. I think they (employees) can get some financial substitution from the municipality.
- Mette: Yes, they can
- Jette: If you have to have a day off sick due to your arthritis or you have to leave work earlier then they are substituted, somehow
- Mette: I am sure you can
- Jette: Yes
- Mette: You too (looks at Pia)
- Pia: Well, I am an incredible dutiful person
- Jette: Yes, I am too. I mean, I have never had a single day off sick due to the arthritis
- Pia: Yes it's terrible being too dutiful
- Peter: It's the same for me. If I am able to see the light at the end of the tunnel, then I'm carrying on until I have finished my works instead of taking a break
- Pia: No, no you don't stop.

At the beginning of the extract, Jette and Mette agree that it is morally and normatively right to have a day off sick due to RA because the employees are financially substituted. Mette uses recipient design by directly addressing to Pia that she too is able to take a day off sick. Thus, indicating Pia's normative right for this action by inviting Pia to agree to this argument and the constructed consensus between Mette and Jette. Pia breaks this consensus with a nonpreferred answer and challenges the normative assessment of having a sick day as a morally proper way to handle arthritis symptoms by building up her own accountability as a dutiful person. Both Jette and Peter react by confirming that they are dutiful persons too and they both add an example to demonstrate their accountability as dutiful persons who are managing their moral obligations as workers. Jette uses an extreme case formulation "I have never had a single day off" to underpin that the chronic illness has never prevented her from taking care of her work duties, while Peter draws on the metaphor "light at the end of the tunnel" to emphasize his strong work ethic. Pia ends the sequence using a pronoun shift from her own personal accountability as a dutiful person to the generalized you-form (no, no you don't stop) making a claim about a collective experience and therefore an agreed on norm about the priority of work. The analysis of this extract demonstrates how the normative assessments

about being a proper worker are negotiated and changed during the focus group discussion. In this case, it is moderated by the use of personal accountability, referring to "dutifulness" as a moral feature. This seems to have a particular legitimacy as dutifulness is one of the defining characteristics of the protestant ethics (Weber, 1991) and thus is one of the defining characteristics of the modern protestant work ethics. This demonstrates how strong societal discourses are at play.

Negotiating normativity about responsibility for the illness. Responsibility for the illness was addressed in one of the focus groups in which it was discussed in relation to participants' emotional response to the illness. This interactional sequence demonstrates how a participant with clear normative views influences the atmosphere in the group and other participants with his own strong normative ideas about having individual responsibility for the illness. The sequence is from one of the focus groups (FG4) with five recently diagnosed people and the participants are talking about how they reacted when they experienced their first symptoms.

- Helge: It was horrible, just horrible
- Jakob: Ok but eh, you say that it's relatively new to you. But, you have worked as a craftsman and have dragged heavy stuff. Haven't you been to a medical earlier?
- Helge: Well, I haven't had physical hard work during the last many years
- Jakob: (nods) hmm
- Helge: Eh, Eh, but eh, I think it was first around New Year that I realized that I'm sick
- Jakob: But you didn't answer my question. Haven't you been to a medical once?
- Helge: No, no I haven't
- Jakob: Then maybe it would be . . .
- Helge: (overlaps) No I haven't. I first went to my doctor this year because of pain in my hands and legs
- Jakob: May I ask you as a nurse (looks at assistant), if you go to the doctor and asks for a medical examination, asks to become tested for arthritis, can you do that? Or is it first when you
- Assistant: (overlaps) when you HAVE symptoms, yes
- Gert: I think I've had it for some years. Looking back, why didn't I ask. I thought my fingers slept.
- Jakob: But as I understand it, what we are discussing today is also prevention, right?
- Moderator: Well it's not so much about treatment and prevention. It's more to gain a greater knowledge about
- Jakob: (overlaps) yes, yes, but maybe we can push for more medicals . . . then maybe we could avoid your negativity at the moment (looks at Helge), maybe if you had been observed earlier, maybe this medicine that has helped me so much, maybe it would have worked for you too
- Agnes: Yes, I think so too
- Jakob: And maybe it could have hindered your negativity, eh being diagnosed earlier
- Moderator:

- I have to emphasize that the medical treatment has very different effects on different people. I think this is important to point out
- Jakob: (overlaps) well, that's true
- Moderator: It's important to respect each other's experiences and we should not discuss whether an experience is wrong or right
- Jakob: Absolutely

Helge opens the sequence with a statement about how horrible it has been to get arthritis. Jakob replies with "ok, but eh," which may indicate a distancing to Helge. He then asks Helge whether he has requested a medical while referring to Helge's previous work as a craftsman indicating that Helge should have contacted his GP at an earlier stage. Helge gives a nonpreferred answer (well) and says that he has not had any symptoms earlier and corrects Jakob by stating that he has not had physical hard work the last many years. Jakob ignores this nonpreferred answer and confronts Helge again by using recipient design appealing for a response to his previous question and thereby questioning Helge's accountability. When Helge gives a nonpreferred answer, Jakob turns to the assistant (who is a registered nurse) in an appeal to corroborate the factuality of his knowledge claim that is; one should get a medical in order to prevent the worsening of the arthritis. Thus, he is trying to bolster support for getting checked and medicated sooner.

After the assistant rejects Jakob's appeal, he continues to build up a new recipient design toward the moderator appealing for support of his own arguments. By blaming Helge that he has not asked for a medical years ago, he constructs an image of Helge as irresponsible as opposed to the image of himself as a responsible patient reacting on his own symptoms, being diagnosed and receiving the right medical treatment in time. Jakob further uses interest management in the way he approaches the discussion with Helge, trying to express a more distanced interest in the way Helge has reacted without talking about his own personal reactions. The use of interest management is expanded as Jakob tries to involve the assistant as an independent witness in the discussion in order to get an authorized and fact based answer that supports his own normative views. The assistant uses a moderate repair when underpinning that medicals are only provided in the case of symptoms. Gert joins the discussion by telling that he has had symptoms earlier and he reflects on why he has not asked for a medical. Being confirmed by Gert, Jakob continues talking about prevention. The moderator reacts by trying to change the focus of the focus group interview using repair and underpins that the topic of the focus group discussion should not be treatment or prevention. Jakob interrupts the moderator by using a shift of pronoun stating that the group could make a claim for more medicals also in order to stop Helge's "negativity." Thus, changing his individual claim to a collective claim. In addition, he creates a causal relationship between early diagnoses and effective treatment and draws on his own positive experiences by using category entitlement. Being confirmed by two other participants, Jakob has stated the normative claim that you are responsible

for your own health. Thus, the corroborations from the other participants earn to confirm the general truth of the normative claim. The moderator reacts to this normative statement by underpinning that medical treatment does not have the same effect on different people. Jakob interrupts by saying "well that's true" which may indicate that he disagrees. The moderator uses repair and corrects Jakob by pointing out that it is important to respect different experiences. The moderator's repair is used as an appeal to maintain order and make the interaction flow again.

Negotiating normativity about carrying on. The groups talked about how the participants emotionally and mentally had handled the chronic illness. The chosen sequence demonstrates how a normative view about "carrying on" is constructed and legitimized by using preferred answers and building consensus drawing on both societal discourses (you-statements) and personal narratives (category entitlements). This sequence is from a focus group (FG3) with people who had been diagnosed for more than 1½ years. The two speakers have both had RA for more than 20 years.

- Elisabeth: I used to go bike riding in all sorts of weather. Biking both helps me exercise and supports my self-esteem, it means that I'm self-reliant
- Carsten: Yes, that's right, it's all those small positive details, yeah, yeah
- Elisabeth: Oh yes
- Carsten: It makes you laugh, right. That's what we live for. Every little success, right. Yes, I can still do it.
- Elisabeth: Yes, you just have to find the right balance, right
- Carsten: Yes, then we have to rest a little extra the day after
- Elisabeth: Yes, then you pay the price the next day, you know that, but then you just relax the next day, not just isolate yourselves
- Carsten: Yes, that's the deal
- (Overlap in speech)
- Carsten: Just close your eyes and keep going
- Elisabeth: Yes, that's the price
- Carsten: Yes, it would be aggravating to stop as long as you're having fun

In this sequence, Elisabeth and Carsten build up a strong consensus about the appropriate conduct keeping active even though there is a price to pay. Elisabeth makes the first turn, telling a personal narrative about how keeping physically active makes her more self-confident and self-reliant. Carsten confirms Elisabeth by giving a preferred answer and emphasizes that "it's all those small positive details" that counts. Thus, making a clearer normative statement about "carrying on" as the normative right way to handle chronic illness. Elisabeth confirms and Carsten elaborates his normative statement further by underpinning that the positive details are what counts "that's what we live for." In this sentence, Carsten uses pronoun shift starting with a generalized "you-statement," appealing to a general societal discourse, moving to a "we-statement," implicitly claiming a general agreement in the

group, and ending with a personal account “Yes I can still do it”. Shifting between the generalized forms and the personal accounts makes his argument seem stronger, as it both generates strength from referring to a generally accepted norm and gains personal authenticity by referring to his own personal experiences using category entitlement. In the third turn, Elisabeth and Carsten confirm each other’s accounts one more time and similarly introduces the balance between rest and activity. In this part of the conversation, Elisabeth and Carsten use the generalized you-form, signaling a normatively agreed discourse on the right conduct. The repeated preferred answers support both speakers in building up their accountability and earns to confirm the factuality of their version of the true way of managing chronic illness. Consensus is also constructed by using overlaps in speech in order to verbally confirm the normative appropriateness of what the previous speaker has said but also to demonstrate common norms and values by interrupting a speaker and completing his or her talk.

Discussion

This article aimed to demonstrate how focus group discussions act as a social arena for the negotiation of social norms and normativity and to discuss the implications for the analysis of focus group discussions. Based on selected interactional sequences from a focus group study about everyday life with RA, methodological tools from conversation analysis and discursive psychology were used to demonstrate how the construction, legitimization, and negotiation of social norms and normativity can be systematically analyzed (Edwards & Potter, 1992; Halkier, 2010; Hutchby & Wooffitt, 1998; Potter, 1996; Potter & Wetherell, 1987; Puchta & Potter, 2004; Schegloff, 2007). It should be emphasized that the analysis does not offer an exclusive list of analytical tools. Other tools developed within these methodological traditions might be just as relevant (Potter, 1996), as well as tools from other types of analysis focusing on interaction, for example, different types of discourse analysis (Phillips & Jørgensen, 2013) and narrative analysis (Czarniawska, 2003). Utilizing the methodological tools, the empirical analysis has contributed to a wider insight into how normativity about handling chronic illness is legitimized, challenged, and negotiated among people living with RA concerning four central norms on: *adjusting to the illness*, *dutiful work ethics*, *responsibility for one’s own health and illness*, and *carrying on*.

The analysis regarding negotiating normativity about adjustment to the disease demonstrated how a strong thrive toward consensus might lead the participants to change their normative statements about the normative proper adjustment to the illness, in order to reach a commonly agreed on consensus. The analysis regarding negotiating normativity about being a dutiful employee shed light on a strong societal discourse about the moral obligation to be dutiful. This was presented as a societal norm (generalized you-form) and a personal character trait in order to appear accountable. In the third sequence, negotiating normativity about responsibility for the illness,

we demonstrated how a participant used a combination of fact management and accountability to support his normative assessment about one’s responsibility for one’s own health. The negotiation about carrying on demonstrated how this normative view was constructed and legitimized by using repeated preferred answers and building a strong consensus drawing on both societal discourses (you-statements) and personal narratives (category entitlements).

The article is a contribution to the ongoing debate about how to treat participant interaction in analyzing focus group discussions (Belzile & Öberg, 2012; Grønkjær et al., 2011; Halkier, 2010; Morgan, 2010; Puchta & Potter, 2004; Webb & Kevern, 2001). The article was developed and constructed in order to further develop and support the arguments for utilizing the potential of the focus group interaction in analysis and reporting of focus group data. Epistemologically, the article is based on a discursive constructionist position that, rather than focusing on participants as individuals sharing held truths, views participants as social beings coconstructing and negotiating meaning while in the focus group (Belzile & Öberg, 2012; Potter, 1996; Potter & Hepburn, 2012). Further, it is assumed that social norms do not preexist as fixed observable norms that researchers are able to study and describe. Rather, they are flexible and fluid in their forms and might be challenged, overruled, or reformulated during focus group discussions. The analyses in this study and the resultant negotiations, including how norms changed throughout the debates in the groups, confirmed that norms and normativity are not firm and stable objects, but situational and context bound and might be challenged and reformulated during group discussions.

The literature has shown various views and debates on the role of interaction in focus groups (Belzile & Öberg, 2012; Grønkjær et al., 2011; Halkier, 2010; Morgan, 2010; Puchta & Potter, 2004; Webb & Kevern, 2001) and multiple opinions exist on how interaction should be addressed in a focus group study. From the view of an essentialist epistemology, the question of interaction is not particularly relevant because the research interest lies mainly on analyzing individual and group meanings on substantive topics (Belzile & Öberg, 2012; Morgan, 2010). In elaborating on the role of the interaction in analysis of focus group data, Morgan (2010) has claimed that “Saying that the interaction in focus groups produces the data is not the same as saying that the interaction itself is the data” (p. 721). In addition, Morgan (2010) has argued that “choices about the analysis and reporting of interaction in focus groups must be made within the context of the needs and goals of the overall project” (p. 718). Further, he argues that researchers, who are primarily interested in substantive goals, do better in concentrating on the content of “what gets said in focus groups” (2010, p. 718). From the view of discursive constructivism, it is deemed essential that analysis of focus group data should always take the interaction into account (Puchta & Potter, 2004). Even when the predominant focus is on analyzing content, discursive constructionist researchers will argue that content depends on the specific cultural, social, and physical context and the concrete interactions taking place

in this specific situation (Puchta & Potter, 2004). Further, discursive constructionist researchers will argue that a “simple” analysis of content can never be sufficient on its own, because it does not include the methodological tools to demonstrate how attitudes and norms are negotiated and constructed in the concrete social situation (Puchta & Potter, 2004). Thus, from the view of discursive constructionism, content analysis as the sole analytical approach to focus group data is at risk of misleadingly treating norms and the normativity behind as fixed and unchangeable and as characteristics of individuals and groups instead of being discourses constructed and negotiated in social situations. As such and from a discursive constructionist perspective, content analysis can be criticized for giving a simplified and maybe even wrong picture of the norms and the normativity at play in focus groups focusing on identifying patterns across the data instead of opening up to the complexity of how norms and normativity are legitimized, challenged (or confirmed), and negotiated in specific social situations.

Belzile and Öberg (2012) claim that instead of building academic gaps, it is important to acknowledge that there is no authoritative or “true” answer to the role of interaction in focus group analysis; rather it depends on the philosophical and epistemological position taken in the specific study and the specific research purpose. We agree that designing a focus group study, the researcher should seek consistency between the specific research purpose, epistemology, ontology, theory, and methods. Thus, our argument is not for an integration of methods, based on different epistemological assumptions, within the same analysis. However, we believe that secondary interaction analyses of data, originally analyzed by using content analyses can produce different, additional, and valuable new insights. Our analysis demonstrated that elements of conversation analysis and discursive psychology revealed the negotiation of norms related to living with chronic illness that content analysis would not have allowed insight into.

A limitation in this study is the use of Bloor’s transcription rules. We are aware that Jefferson’s transcription rules for conversation analysis would have been appropriate, as they provide a highly detailed transcription that includes timings, sighs, laughter, overlaps, and so on. However, in this case, we have prioritized the readability over transcriptional detail—a dilemma recognized by (Potter, 1996, pp. 8–9). This is supported by the fact that the current study aimed to demonstrate how focus group discussions act as a social arena for the negotiation of social norms and normativity using elements only of conversation analysis and discursive psychology. As such, the main intention of this article was to place emphasis on the negotiation of social norms and normativity by the use of analytical elements from conversation analysis and discursive psychology rather than displaying full transcriptions that would risk interfering with the readability of the article.

In conclusion, this article have used sequences of group interaction from the focus group study on everyday life and chronic illness to demonstrate how methodological tools from conversation analysis and discursive psychology can be used to facilitate a systematic analysis of the negotiation and

legitimization of social norms and normativity in focus groups. Our analysis demonstrated examples of strong negotiations on normativity that particularly concerned responsibility for your own health and illness, dutiful ethics as workers, adjustment to the illness, and carrying on. Based on the analyses, we argue that adding a discursive constructionist epistemological and analytical lens to a data set, may produce different, additional, and more complex insights to the research field.

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Note

1. A subsidized job is a job with special conditions. To obtain approval to undertake a subsidized job, it must be documented that a person suffers from a permanent reduction in his or her capacity to work. The employer receives part of the wage according to the agreed rates to be refunded.

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