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# Part 2: A Pilot Ethnomethodological Study

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## Abstract

This second paper reports on a small ethnographic study of Argentine psychiatrists. A carefully selected group of six psychiatrists currently practicing in Buenos Aires participated in an in-depth semi-structured interview. The transcripts of the interviews were coded and a thematic analysis method was applied to construct a local theory of the professional values constructed by Argentine psychiatrists, and the circumstances in which such values were constructed. Our analysis indicated that Argentine psychiatrists constructed a number of values, frequently perceived as obligations to their professional group and the needs of their patients. The two main strategies employed by Argentine psychiatrists were the diagnostic act and advocacy. We also identify that these values emerge in the context of recent broad historical and cultural influences upon the profession of psychiatry in Argentina, and the Argentine population in general.

## Introduction

In our previous paper (Robertson, Pols and Walter, 2008), we argued that the values held by Argentine psychiatrists, like those of any community, are best considered as socially constructed. The values that a group of psychiatrists create, evolve from their experience of the world and their joint construction, and the patterns of communication of this experience (Burr, 1995). As such, these values are highly contextualized to a particular historical and sociocultural setting. Related to the constructionist view of understanding how psychiatrists form their values is the approach of ethnomethodology (Garfinkel, 1967; Garfinkel, 2002). The background assumption of ethnomethodology is that the social order is fundamentally chaotic. However, its appearance of order and comprehensibility is a process enacted by the social actors. Garfinkel's original work described "the documentary method" of selectively abstracting certain facts from a given social situation, observing a pattern within the assembly of such facts and then comprehending the pattern. The development of this acceptable pattern forms the framework for interpreting new facts, which arise within the situation. This engenders a process of "indexicality" in which social actors comprehend an observed phenomenon by contextualizing or 'indexing' it to particular circumstances.

The unique situation of the profession of psychiatry in Argentina made a suitable subject for a small ethnomethodological study to attempt to better answer the following questions: what values did this group construct and what were the contextual factors that influenced this? It was anticipated that this observation would help mental health professionals better understand the field of psychiatric ethics, by considering how smaller groups construct values in their work.

## Methods

### *Sample and Recruitment*

This was a small qualitative study, based upon a series of in-depth, semi-structured interviews of selected subjects. The interviews were conducted in Buenos Aires in July 2006 over a period of 5 days. The sample was recruited through a local contact of the first author in the Argentine Psychiatric Association. The recruitment of subjects was achieved by both convenience sampling and

"snow-balling" (Grbich, 1999; Green, 2004), in that each subject was able to facilitate access to subsequent subjects (by suggestion or introduction), albeit in the same setting. To further improve the representativeness of the relatively small sample, the subjects were stratified by age, gender and field of psychiatric practice. Subjects were offered the choice of an interview conducted in English or in Spanish through an interpreter. The interviews were recorded and transcribed by the first author.

***Analysis***

Data analysis was based on the method described by Richards (Richards, 2005), using the NVIVO7 software package (2006). In short, the interviews were transcribed and then read closely with a view to identifying various categories of speech acts. These were coded into the "nodes" function on NVIVO7 and memos written. The "journal" function of NVIVO7 provided linkages between the various memos and conceptualizations of the data as they developed through the analysis.

The analysis of the interview data by the first author, a psychiatrist, was considered to have been influenced in a 'top-down' way. The analysis took place in an iterative fashion, including reference to the relevant literature about Argentine psychiatry and comparisons with independent coding of the data by another researcher.

The second phase of analysis involved the re-reading of nodes and memos, and the condensation of nodes into the "tree nodes" function of NVIVO7. This generated the initial thematic map. The coded extracts (and linked memos) were then examined for overlap in the different nodes. Extracts which displayed significant overlap were then reformulated with reference to the various nodes in which they were initially coded. In this way, themes were developed and various 'subthemes' were integrated into the larger themes. The nodes which were, ultimately, little represented in the coded extracts were either subsumed into larger themes, rejected or cited as warranting further enquiry in a later study. The final process involved the generation of a thematic map, articulation of the relationships between various themes and the formulation of a model of ethical obligations. The coding of the data came from two perspectives – the values or obligations perceived by the subjects in relation to the practice of psychiatry, and the contextual factors surrounding this.

The construction of a local theory relating to this group of Argentine psychiatrists was based upon a thematic analysis approach, as described by Braun and Clarke (Braun & Clarke, 2006). While the analysis drew upon the Grounded Theory method developed by Strauss and Corbin (Strauss & Corbin, 1998) and refined by Charmaz (Charmaz, 2006), the 'top-down' influences of the coding of the data implied that the thematic approach was more appropriate to this data set. Such reflexivity is considered essential for methodological rigor in qualitative analysis (Kitto, Chesters & Grbich, 2008).

## Results

Characteristics of the sample are summarized in Table 1.

The themes for professional values are found in Table 3

## Discussion

The literature and analysis of the data consistently describe a specific set of social, historical and cultural circumstances. Psychiatrists in Argentina think of themselves as isolated, vulnerable to waves of intellectual and cultural colonization, and as being firmly socially embedded. The psychiatric profession in Argentina is, and always has been, quite politicized and there remain latent influences of the Salud Mentale and psychoanalytic movements of the twentieth century. The profession remains balkanized along lines of theoretical orientation and political allegiance. The contemporary dilemma facing Argentine psychiatrists is another wave of intellectual (and economic) colonization from the Northern Hemisphere, occurring in the context of the transfiguration of a society that is still in denial about its recent past. This manifests as a process of attempting to modernize the craft of psychiatry in Argentina, mindful of the real social and economic problems which create the preconditions for the development of mental illness in that society.

As we discussed in Part 1, the collective social narrative of modern Argentina is remarkably consistent with that suggested by Argentine literature of the late nineteenth and early twentieth century. It

**Table 1: Characteristics of the sample of ARgentine Psychiatrists**

| Subject | Age Range | Gender | Field of Practice |
|---|---|---|---|
| 1 | 30-40 yrs | F | General Adult Psychiatry |
| 2 | 40-50 yrs | M | Academic Psychiatry |
| 3 | 40-50 yrs | M | Child Psychiatry |
| 4 | 50-60 yrs | F | Forensic Psychiatry |
| 5 | 50-60 yrs | M | Psychoanalysis |
| 6 | 50-60 yrs | F | General Adult Psychaitry |

**TABLE 2: INITIAL CODES FOR THE DATA "INFLUENCES ON THE PSYCHIATRIC PROFESSION"**

| Coding | Examples from Sources |
|---|---|
| Colonization – the successive influence of different Northern Hemisphere cultures on the practice of Argentine Psychiatry | *"There is now a strong American influence from the pharmaceutical industry – they invite us to congresses and they give us scientific papers"*<br><br>*"After the war, many European psychoanalysts came here and they had a big influence"* |
| History of trauma affecting the profession | *"El Processo was terrible - in my personal life. I was in the middle age of my life and I could see what was happening in the hospital and I witnessed many of the disappeared people who were my friends"*<br><br>*"I studied during El Processo in the University of Buenos Aires. For me it wasn't a good experience because a lot of people, students, disappeared"* |
| Professional divisions | *"We need to join in order to create better conditions because we have psychiatrists who use medication, and psychological treatment is in another way, divided – 'dissociated'"*<br><br>*"There are different groups of psychotherapists in Argentina so you might find that one group was shot, some members of it were killed under the military dictatorship. They made group therapy disappear in the '60s and '70s and after this the Lacanians were predominant so the social axis changed for a lot of years after the 'processo' "* |
| Collective memory | *"The people traumatized by the military dictatorship, I don't see many of them, I don't see any issues coming from that period, mainly because it was too far away"*<br><br>*"We lived in a dictatorship, and had a war in the Malvinas but more recently we have domestic traumas, assaults and kidnaps. We now see victims of assaults and violence...I see that as time has passed, we recognize the trauma (of El Processo) is not relevant"* |

**TABLE 2: INITIAL CODES FOR PROFESSIONAL VALUES**

| Coding | Eamples from text |
|---|---|
| Use of the DSM | *"We are quite well consolidated with the DSM but we are confused by the categorical system of the DSM and the psychoanalytic orientation"* |
| Use of evidence based medicine | *"In the last 10 or 15 years the new therapies are having effect and good progress and today there are a lot of centers and psychiatrists are practicing CBT and EMDR. All the new techniques are being used today"* |
| Professional autonomy | *"Psychiatry has another access to public health and they are required to do more – the vision is wise and they are coming into areas where they never were before"* |
| Advocating for the psychiatric profession | *"I think the doctors are going to change what the society thinks about psychiatry, because in the past psychiatry was denounced and misused, but now there is a big change and we are all working hard to change that impression"* |
| Use of diagnosis as expedient | *"We use (DSM) more in our dealings with the health system, the public health system, to offer some information and they ask us to use these symptoms but most of us didn't agree with DSM"* |
| Managing third party relationships | *"We are in the middle between the patient and the insurance company or the government"* |
| Advocacy | *"The ethical problem is to defend patient rights, for the patient's needs"*<br><br>*"Psychiatry has another access to public health and they are required to do more – the vision is wise"* |
| The 'virtuous physician' | *"It is necessary for us to be who we are and to do what we decide about our own desires, don't lie to ourselves and to try day by day to do the best for our clients"* |
| Attending to patient's narrative | *"The symptoms, the relationship with the symptoms and the actions in her life, with her husband and others and the relationship between her symptoms and her past with the memories of the events…"* |

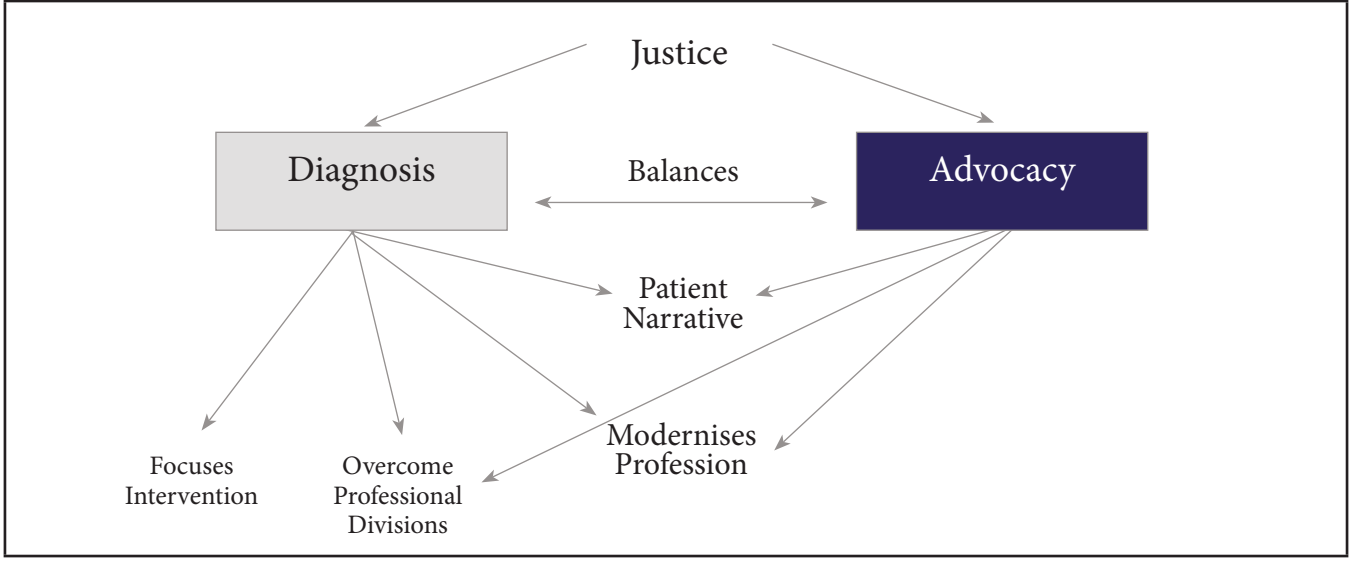
is a story of a disaffected people, who are perpetually disappointed with a national experience characterized by the establishment and perpetuation of a European enclave, somewhat alienated from the vast landscape of the country. The dominant Argentine self concept is of a highly urbanized population, vulnerable to the combined effects of a cycle of failure of the state and break down of law and order, and hegemonic influences from the Northern Hemisphere. A consistent theme in the narratives of the psychiatrists interviewed is a disconnection (or dissociation) between the national psyche and the brutal reality of the Argentine experience. As such, the psychiatric profession has evolved as not possessing the capacity to 'problematise' the concerns of its patients, and formulate plans of action. The traditions of Freudian psychoanalysis and Salud Mentale do little more than contextualize the traumatized patient's problems in terms of profound introspection within a broad socio-political canvas.

In such circumstances, the phenomena of 'ethical obligations', perceived by the socially constituted psychiatrist as 'moral agent', can be placed in context. The refined thematic map of "ethical issues faced by psychiatrists in psychological trauma" is depicted in Figure 1.

Given this model, several ethical obligations emerge within the refined themes. In the first instance, the psychiatrists feel obligations to a notion of "justice" and to attend to the "patient's narrative" of their experience of trauma. 'Justice' has a number of perspectives, including rectifying social inequalities, assisting with legal or economic constraints faced by traumatized patients, and fostering access to necessary treatment services. The absence of any perceived obligations in the realm of restorative or retributive justice was remarkable. The ethical obligations towards the patient's own narrative is a well recognized theme in psychiatric ethics, and here it relates not only to the recognition of the experience of trauma as part of the patient's story, but also the acknowledgment that the psychiatric patient's formulation of their difficulties may simply reflect the mundane realities of social and economic circumstances. This seems to have become more prominent in the years following Menem's modernizing reforms and the financial crisis of late 2001. From this follows an obligation to respond to the patient's perception of their needs by focusing psychiatric interventions on addressing the problems in the patient's life. The other obligation faced by psychiatrists in their work with traumatized patients is the need to overcome the intrinsic problems of psychiatry in Argentina – professional divisions, archaic treatment and diagnostic practices, and political rivalries. The 'modernization' of the profession involves embracing the apparent benefits of Northern Hemisphere scientific progress in psychiatry, whilst retaining some form of professional autonomy. Moreover, the modernization of psychiatry in Argentina requires both the development of specialized fields of expertise (such as child psychiatry, and general hospital psychiatry) and the judicious use of medication and structured psychotherapies, on the basis of effectiveness and appropriateness to patient need rather than economic constraint.

Two strategies for dealing with these obligations consistently emerged from the analysis of the data – the diagnostic act, and advocacy. The diagnostic act in psychiatry is as much a social phenomenon as it is a clinical one (Fulford, 1999). The act of diagnosis gives some sort of meaning to the patient's experience, focuses treatment, facilitates a consensually validated understanding of a person's form of suffering and therefore provides coherence in the approach of others to the individual. Sadler sees that, in addition to affording a rigorous and accountable means of furthering clinical action, the diagnostic act has instrumental value in providing a simpler characterization of a complex phenomenon, which can penetrate beneath surface appearances and is comprehensible in multiple contexts, thereby reducing illness complexity (Sadler, 2004). The background issue in modern Argentine psychiatry is the North American DSM system of classification. The tensions identified by the interviewed subjects related to the perils of submission to the DSM system balanced against the value achieved by doing so in the realm of advocacy and efficacious treatment. Sadler defined this tension, generally, as one between "ethnographic particularism" (p.15) and the generalizations of DSM/ICD (Sadler, 2005).

**FIGURE 1: THEMATIC MAP OF PSYCHIATRIST 'ETHICAL' ISSUES IN RELATION TO PSYCHOLOGICAL TRAUMA**



The second strategy of 'advocacy' is one with a variety of contexts. Advocacy for the profession, in terms of its social role and its ongoing development in the light of advances in the profession broadly, was a theme virtually all of the subjects nominated. Advocacy on behalf of the patient in the face of a radically transformed health system was equally prominent in the minds of most of the subjects. Broad social advocacy, particularly in terms of poverty, and access to education and other social goods, was a similarly prominent issue and one that has a strong tradition in Argentine psychiatry. A subtle form of advocacy mentioned by a few of the subjects was the advocacy for recognition of the experience of trauma as a factor in the narratives of their patients, but also in terms of the broad narrative of Argentine society. The latter advocacy is clearly muted by the social processes identified earlier.

## Study Limitations

The study is not without limitations. First, despite being quite well stratified, the sample was small. Second, it is not clear whether the data had yet saturated, nor were there any means of diversifying and refining the themes identified through further purposive sampling. Third, the use of interpreters and the setting of the interview likely restricted the spontaneity of the flow of the subjects' narratives and more field work, such as clinic visits, may have yielded more information. In essence, this enquiry is but a starting point for a more comprehensive study. It is anticipated that the refined thematic map derived from analysis will provide points of reference for future work.

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