

**Personal grooming (beyond hygiene): a  
grounded theory study.**

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A thesis submitted to meet the requirements of the  
University of Chester for the degree of Doctorate in  
Health and Social Care.

October 2015

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### **Abstract**

**Background:** We are very individualistic in how we present ourselves to the world. Whilst we are healthy and self-caring we have control over the way we undertake self-groom. Once we need care the situation may change. In the setting of health and social care the emphasis has been on hygiene; aspects of personal grooming [PG] may be overlooked. Few studies exist in the health and social care literature that explore this crucial daily activity of living.

**Aim:** This study aims to address the imbalance on what is known of PG. It seeks to thoroughly explore the concept of PG, identifying the normative activities involved, and the age-related behaviours that occur across the lifespan.

**Methods:** Utilising a grounded theory [GT] methodology, an eclectic data collection approach was taken. Consequently a pilot group, four focus groups (child-focused; males 18-45; females 18-45; over-46), and a visual methodology formed the first phase of the study. The second phase consisted of a formal concept analysis, drawing on literature and data from the focus groups. The final phase of the study involved one-to-one semi-structured interviews with retired persons. A total of 26 participants took part in the study and both genders were represented. Analysis was undertaken using the range of coding consistent with a GT approach and the notion of constant comparison.

**Findings:** New knowledge on PG emerged; an academic definition of PG; PG was found to have 'four elements': hygiene, appearance management behaviours, body modification and enhancement. There was a 'spectrum' of grooming recognised, which ranged from the wild, un-groomed state to that of being over-groomed. The term 'allo-grooming', which means grooming of another, was used to explore the part families play in social learning about PG. A timeline of PG behaviours was created to illustrate how PG changes over the lifespan. Additionally, information on grooming activities, other than those of hygiene, was recorded.

**Implications:** PG is complex and the 'one-size-fits-all' approach of concentrating on hygiene may not meet the needs of service users. Some body areas, for example, are not included in the published documents that help to guide care services. There appears to a gap in educational programmes of health and social care workers, in respect to PG. Recommendations for practice, policy, education and further research are proposed.

## **Acknowledgements**

I would like to acknowledge the inspirational persona that was the late Professor Tom Mason, who mooted the very idea of undertaking a PhD. He also acted as one of my first supervisors and I hope this work would have made him proud of me.

I would also like to thank subsequent supervisors -

To: Dr. Jan Gidman, who stepped into the role of principle supervisor and has given me unswerving support and critical feedback on my work.

To: Professor Elizabeth Mason-Whitehead, as supervisor and Director of Studies, who kept me on track and on time.

To: Dr. Mike Boulton, whose questions helped me formulate the direction I needed to take.

Sincere thanks go to all those who participated in the study; it couldn't have happened without them. In addition, I would like to thank the many who told me anecdotes of aspects of personal grooming that helped sustain the motivation towards the topic.

I would like to state my appreciation of Michelle Rivett and Shirley Bowers, for their transcribing skills.

Finally, I would like to recognise the role that my family, friends and the wealth of colleagues have played.

Thank you all.

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## Content on CD (for examination purposes only)

File name	Content
Thesis	Electronic copy of the study
Transcriptions	Contains transcriptions of all the focus group discussions and the one-to-one interviews
Mind maps	Mind maps generated by the data from the focus groups and the one-to-one interviews
Coding	Details of open coding of all the data
Analysis	Details of analysis of the data
Presentations	Details of PowerPoint presentations undertaken during the course of the research
Publication	Published article

## Terms and Abbreviations used in this study

<b>Term/Abbreviation</b>	<b>Full description</b>
<b>+45FG</b>	Over-45 Focus Group
<b>Allo-grooming</b>	The personal grooming undertaken by one on another.
<b>Appearance management</b>	Activity of personal grooming e.g. clothing, hair care, make-up
<b>Body modification</b>	Changes to the body e.g. tattoos, piercings, altered weight, and colouring
<b>BPS</b>	British Psychological Society
<b>C-rFG</b>	Child-related Focus Group
<b>C&amp;G</b>	City & Guilds
<b>CINAHL</b>	Cumulative Index of Nursing and Allied Health Literature - Literature database
<b>Dress</b>	Clothing (including footwear)
<b>ED</b>	Emergency Department (American version of Accident and Emergency Department)
<b>ESC</b>	Essential Skills Cluster; NMC's standards of care that a student nurse has to achieve in practice
<b>FG</b>	Focus group
<b>FFG</b>	Female Focus Group
<b>GT</b>	Grounded theory: a qualitative research methodology
<b>GQ</b>	Men's magazine that uses the abbreviation as its title - Gentleman's Quarterly – focuses on fashion, style and culture
<b>HCA</b>	Health care assistant
<b>HMS</b>	High-self monitors – those who are aware of themselves and their surroundings, in respect to their appearance
<b>Hygiene</b>	Cleansing the body
<b>LMS</b>	Low-self monitors – those who have less awareness of themselves and their surroundings, in respect to their appearance
<b>MFG</b>	Male Focus Group
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Health and Care Excellence
<b>NMC</b>	Nursing and Midwifery Council
<b>PG</b>	Personal grooming: Attention to self in respect of hair, nails, dress, hygiene, footwear, and other features such as adornments and enhancement.
<b>PubMed</b>	United States National Library of Medicine/ National Institutes of Health – Literature database
<b>PsycInfo</b>	American Psychological Association - Literature database
<b>RCN</b>	Royal College of Nursing
<b>Service user</b>	Refers to patients or clients receiving care from health and social care workers
<b>Self-presentation</b>	How we act in a social setting.
<b>SCIE</b>	Social Care Institute of Excellence
<b>VM</b>	Visual methodology: a research method that involves an image
<b>Web of Knowledge (now Web of Science)</b>	Database of sciences, social science and the arts literature



## **Chapter 1: Introduction to the study**

### **1.1 Introduction to the chapter**

Personal grooming [PG] is a daily activity of living so ingrained individuals may not be conscious of the amount of planning and effort that is involved (Skills for Care, 2009a). Healthy people normally carry out their PG unaided by others but if illness or disability strikes they may become reliant on another for help. The focus of this study is to explore the concept of PG and its place in health and social care provision. This chapter will provide the rationale for the study. It will recall narratives that helped to frame the study and outline details of how the thesis is organised, with specific reference to the underpinning grounded theory [GT] methodological approach (Glaser & Strauss, 1967; Strauss & Corbin, 1998; Birks & Mills, 2011; Charmaz, 2014). Details of each chapter are given. A diagram, setting out the chosen data collection methods, the data analysis process and the emerging outcomes, will be provided. This will illustrate my research journey. The use of personal reflection, which is commensurate with GT philosophy (Mruck & Mey, 2007), will be used at times and consequently 'I' will be used rather than the third person voice.

### **1.1 Rationale for the study**

It often falls to health and social care workers to provide personal care. Munyisia, Yu and Hailey (2011: 1915), for example, argue that residents in a nursing home may be “fully reliant on nursing staff to accomplish their activities of daily living”. In such situations the emphasis may be on hygiene rather than PG. Weaver (2012) maintains promoting personal hygiene is an important aspect when caring for another. Studies on care tasks such as oral hygiene (Yildiz, Durna & Akin, 2013), nail care (Malkin & Berridge, 2009 ) and cleansing parts of the body (Wilson, Cumella, Parmenter, Stancliffe & Shuttleworth, 2009) have received attention from researchers, as have commentaries on personal hygiene (Green, 2014; Lloyd Jones, 2014). The up-dated *Essence of Care 2010* document (Gov.UK, 2015) has benchmarks for personal hygiene. The document defines personal hygiene care as:

the physical act of cleansing the body to ensure that the hair, nails, ears, eyes, nose and skin are maintained in an optimum condition. It also includes mouth hygiene which is the effective removal of plaque and debris to ensure the structures and tissues of the mouth are kept in a healthy condition. In addition, personal hygiene includes ensuring the appropriate length of nails and hair (Gov.UK, 2015:7).

Whilst this definition seems comprehensive in respect to the care tasks and body areas to attend to, it also highlights that PG is a missing factor. To omit PG, by assuming that the hygiene aspect of care is paramount, is to ignore the identity of the person (Twigg, 2013). Personal grooming is more than hygiene, as the following literary extracts exemplify. The first is a passage by Alan Bennett, from his 2005 book *Untold Stories*. It tells of a time when Bennett's mother was admitted to a psychiatric unit.

We had left Mam at the hospital that morning looking, even after weeks of illness, not much different from her usual self: weeping and distraught, it's true, but still plump and pretty, clutching her everlasting handbag and still somehow managing to face the world. As I followed my father down the ward I wondered why we were bothering: there was no such person here.

He stopped at the bed of a sad, shrunken woman with wild hair, who cringed back against the pillows.

'Here's your Mam,' he said.

And of course it was only that, by one of the casual cruelties that routine inflicts, she had on admission been bathed, her hair washed and left uncombed and uncurled, so that now it stood out around her head in a mad halo, this straight away drafting her into the ranks of the demented. Yet the change was so dramatic, the obliteration of her usual self so utter and complete, that to restore her even to an appearance of normality now seemed beyond hope. She was mad because she looked mad. (pg. 12).

Within his narrative the nurses have cared for his mother in respect to hygiene but neglected the aspect of PG. The consequences were that Bennett first failed to recognise her, and then he gave her identity a different label, from just being ill to being mad. I am reminded that, during my long nursing career, I had similarly helped to bathe people on admission without always considering their further needs in terms of PG. I had engaged with their hygiene practices regularly but I had never shaved anyone's legs for aesthetic reasons, which may have been part of their PG routine.

The second extract is an article about a nurse whose PG caused comment. Curran (2004) documented an event when she accompanied her friend Donna to an emergency department (ED):



We proceeded to the triage nurse. She was about 30 years old, wore a soiled, red-hooded sweatshirt over a set of very wrinkled green scrubs, filthy sports shoes, and a set of examination gloves that she wore the entire time we were in the ED. (I wondered about the cleanliness of those gloves: she documented with them on, blew her nose with them on, and kept them on while measuring Donna's vital signs.) Her hair was in desperate need of a shampoo and a hair brush. (pg.1)

This time the standard of PG is being observed, demonstrating that the level of PG an individual engages in has an impact on other people. There is a suggestion that the nurse who did not take care of herself would not be able to adequately care for another. Her constant wearing of the gloves could have caused more harm than good, as the *Essence of Care* benchmark for care environments state: "staff wear personal protective equipment (PPE) as appropriate, changing between dirty and clean tasks and each episode of care" (Gov.UK, 2010b: 18).

From the narratives it may be viewed that PG not only has meaning for the self (because it is an activity in which we all take part) but it also has meaning for others; it is integral to everyday life. Sections of the media play their part in promoting this activity with British magazines, such as *Vogue* and *GQ*, making a feature of fashionable aspects of grooming (Twigg, 2013). Similarly TV programmes such as the British Broadcasting Company's '*What not to wear*' [broadcast 2001-2007] (Wikipedia, 2013) and Channel 4's '*How to look good naked*' [launched in 2006] (Wikipedia, 2013), the latter ran for four series, demonstrate the public's on-going interest in the topic.

Despite this general interest an initial search of nursing literature showed that there were few papers on PG (Ward & Holland, 2010). Reference to PG is usually mentioned with hygiene (Lauder, 1999; Li & Yin, 2004; Nazarko, 1998) and it appears to have received little attention in its own right. Personal grooming, in the healthy individual, is part of the daily ritual that accompanies washing and cleansing of the body (Nettleton & Watson, 1998). During my nursing experience I observed that people will comb his or her hair in a particular way, keep nails at a certain length, or perhaps spend time applying moisturisers to various parts of the body. Indeed, where washing facilities or time factors are limited, an individual may groom, such as pulling a comb through their hair, without actually attending to hygiene needs, such as having a wash.

Attention to grooming, over and above hygiene, seems to be an important factor in establishing identity (Rumsey and Harcourt, 2005), as demonstrated by Alan Bennett's narrative. Pearcey (2007) makes the point that student nurses observe that trained staff do not give personal care, so there is the prospect of nurses not considering PG as part of giving care.

Recent scandals regarding falling care standards, such as the Mid-Staffordshire Foundation Trust hospital (Lilley, 2010) and the Winterborne View home for those with learning disabilities (Parrish, 2011), highlighted that basic care has been overlooked. Lilley (2010: 10) gives an example, drawn from the Mid-Staffordshire Foundation Trust enquiry, choosing a quote from a relative describing a patient, the latter being a fastidious man: "don't come near me, don't come near me, I smell." Lilley wonders why nurses did not blow the whistle "loud enough" to prevent such occurrences. The Francis report (Francis, 2013: 76) proposes that nurses of all grades should be cognisant of the care that a patient receives, recommending that senior nurses "should be involved and aware of the plans and care for their patients".

As the earlier extract demonstrated, it is not only the patients' PG that is an issue but sometimes the standard of PG in nurses as well. De Araujo Sartorio and Zoboli (2010) state "a socially appropriate professional attitude" is one that helps to maintain hygiene and cleanliness standards. Ward (2007) observes nail extensions or rings, as worn by some of today's nurses, may harbour a range of micro-organisms, any of which could be transmitted to the ill patient. Attention to PG is not only for the self but is part of a healthcare worker's duty of care to others. Consequently this study aims to look beyond the issue of hygiene and explore the concept of PG, in order to establish its importance in care-giving.

### **1.3 The scope of the study**

In order to give a baseline understanding of the concept, the focus of the study will be on normative activities and behaviours. It will target both genders and seek to gain knowledge on all age groups. The study will be situated in the context of health and social care, as the findings will have relevance to practice. Texts that discuss personal grooming, balanced with literature on hygiene and the body,

will be utilised. The time frame of the study starts in 2009, before the Mid-Staffordshire Enquiry, which highlighted poor care standards. The data collection ended in 2013, the same year that the Francis report was published.

#### **1.4 Outline of the chapters to follow**

A lack of literature on PG within health and social care literature lent the study towards the research paradigm of GT (Parahoo, 2009). Chamaz (2014:1) defines the paradigm as: “grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories from the data themselves”. As noted in this definition, the use of the word “methods” indicates that there may be multiple ways of gathering data in order to arrive at a theory; this is the case for this study. The presentation of this thesis follows the template recommended for a GT study, as suggested by Birks and Mills (2011). I have adapted my study’s presentation format, by using the word *commentary* rather than *background*. The Oxford Online Dictionary (OOD, 2014a) defines *background* as: “the circumstances or situation prevailing at a particular time or underlying a particular event”. The definition of *commentary* is: “offering of explanations about an event or situation or a set of explanatory or critical notes on a text” (OOD, 2014b). This latter definition seems to best fit the study.

I have further adapted the presentation format, as there are multiple stages of data collection rather than a single episode. Four types of data gathering occurred at different stages of the study. The four stages of data collection consisted of: 1) focus groups [FG], 2) visual methodology data [VM], 3) concept analysis [CA] and 4) one-to-one interviews. These stages have been given individual chapters; they critically discuss the data collection method, participants, sampling **and** the findings. This will present a timeline (Birks & Mills, 2011) of the findings and to adhere to the principles of “constant comparison” (Strauss & Corbin, 1998: 67). It will demonstrate how each stage of the data collection relates to the next. There is a diagrammatic representation of the stages, and the

method of coding used, set out at the end of this chapter, in Diagram 1.1 'Map of Data Collection and Analysis', on page 9.

A chapter is dedicated to the overarching analysis of the collated data, linked to theory generation, which Charmaz (2014) argues, is the end stage of a GT approach. The discussion chapter follows, relating the findings to the literature. The Birks and Mills (2011) thesis framework suggests the provision of a separate conclusion. To give more detail to what the reader may find in these chapters, a brief summary is given below.

- **Chapter 1: Introduction** – justifies the study and sets out the rationale, context, scope and outline of the thesis.
- **Chapter 2: Commentary** - provides a critical commentary on the topic of PG, drawn from early readings on the topic. The variety of literature sources are detailed, reporting on animal studies, historical and cultural aspects of PG, and interpersonal features.
- **Chapter 3: Overall research paradigm** - explores the philosophical position of the study. Glaser and Strauss (1967: 169) suggest that, when finding a topic that appears to have had little exploration, it is important to “use *any* (their italics) materials bearing on his area that he can discover.” The chapter critically discusses how the study is sited in the method of GT, and critically details other research approaches, the decision trail, sampling and data collection methods. It critically discusses the ethical and quality issues pertinent to the research paradigm.
- **Chapter 4: Focus groups** - provides details of the pilot group and the four FGs. It reports how the FGs were recruited and what issues arose. Initial findings are reported and a diagrammatic representation of hygiene, appearance management and body modification is given.

- **Chapter 5: Visual Methodology** - reports on the use of the visual methodology [VM] within this study. It describes what a VM is, its advantages and disadvantages, before giving the findings of data regarding PG activities.
- **Chapter 6: Concept Analysis** - provides a concept analysis of PG. This is a systematic method of reviewing literature and also utilises data drawn from FGs. It arrives at a definition, the antecedents, consequences and empirical referents of the concept.
- **Chapter 7: One-to-one semi-structured interviews** – reports and analyses the final episode of data gathering, from one-to-one interviews with older persons. Categories are identified and the findings are supported with verbatim quotations.
- **Chapter 8: Analysis and Theory Formation** - brings together the findings from the four data collection methods, for the purpose of constant comparison. Diagrams, created from the data, illustrate the findings and assist in theory formation.
- **Chapter 9: Discussion** - compares the findings to health and social care documents and literature. The implications, the limitations of the research and future research topics are considered.
- **Chapter 10: Conclusion** – reflects on the research. It makes recommendations, (discussing policy, education, practice and research), discusses dissemination and considers the application of the study. A final reflection is given.

The use of numbered sections and sub-sections are used to help the reader to navigate their way through the study and an index is supplied at the beginning of this work. All diagrams, tables, and boxes have been similarly numbered and indexed. Where verbatim is used quotations have been put into an alternative font; these have not been numbered but the use of the participants' pseudonyms highlight the source.

Reference to contemporary, recent and historical literature will be drawn on, from a wide variety of sources. The references will be presented at the end of the study. Where appropriate the reader will

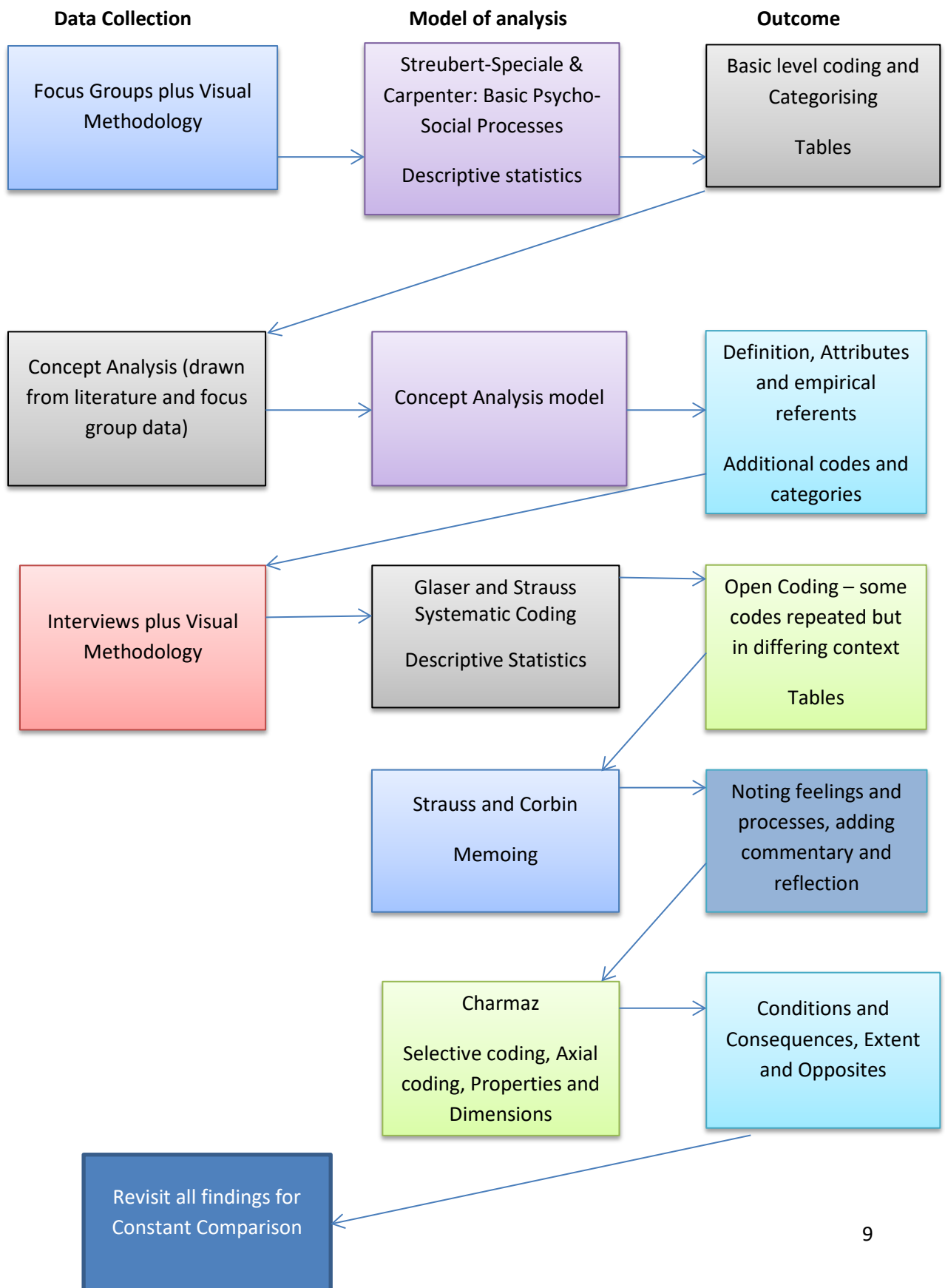
also be directed to the appendices (which are also indexed), in order to provide additional information.

## **1.5 Conclusion**

This chapter set out the rationale for the study, which was based on documents used to promote care for individuals in health and social care settings. There appeared to be a lack of direction on PG, whilst that of hygiene was clarified. This has implications for policy, practice and education. The rationale highlighted instances where PG was an issue for both the patient and the healthcare worker. The narratives offered insight into how PG is perceived by others. The rationale reported that a formal literature search highlighted a paucity of studies on PG in the field of nursing, which gave the impetus for the research. The chosen research paradigm for the study, GT, was revealed. An outline of the presentation of the thesis's chapters followed, and gave succinct details of their content and general layout of the thesis. This thesis will now provide a commentary on PG, in order to start exploring the concept.

**Diagram 1.1 Map of data collection and analysis**

*The stages of data collection leading to the model of data analysis used, to arrive at the analytical outcomes.*



## **Chapter 2: Commentary on Personal Grooming**

### **2.1 Introduction**

This chapter gives a commentary on personal grooming, after outlining the approach to the literature. It is time-bound and reports on the literature located at the start of the study i.e. in 2009. It sets out the debate on using literature in a GT study and provides details of the search terms, databases and other strategies used to access material. Drawing on research studies and other writing aspects of PG are critically discussed. The chapter identifies how animal studies prompted thoughts on grooming before turning to human-related activities. Historical and cultural aspects are explored before outlining intra-personal, extra-personal and societal influences. Finally it highlights emerging concepts that may occur later in the study.

### **2.2 The debate on searching for literature**

Many research studies start with a literature review in order to help develop the aim of the study, the research question(s) and the methodology (Parahoo, 2006). Such literature reviews are often systematic and each item of literature found is usually critiqued (following a framework), to ensure that the research is valid and robust. However there appeared to be few studies on PG in health and social care literature available to critique, which immediately placed the topic into that of GT. This follows Benton's thoughts (1991: 129) which state that "grounded theory method is ideally suited to the investigation of topics about which there is little prior knowledge." Hence the literature that was accessed was viewed not through a detailed, analytical lens but rather with a sense of enquiry and information-seeking. This is congruent with Parahoo's (2006: 127) comment that a "literature review can also explore aspects of a phenomenon with the aim of increasing our understanding of it."

In a GT study there is a debate as to whether the literature review should be undertaken before or after the study (Charmaz, 2014). Those following the original Glaser and Strauss 1960s' method would not undertake a review before the study, the idea being that the researcher remains



untainted by others' ideas. This approach presents a challenge when it comes to the pragmatics of today's formal research study mechanisms (Birks & Mills, 2011). Before granting ethical approval, for example, an institution needs to know that the researcher has a degree of knowledge about his/her chosen area of enquiry. There is also the situation that the researcher has his/her own body of knowledge that they bring to a given topic. This makes Glaser and Strauss's approach difficult to achieve unless the researcher (perhaps a student) has been given the task of collecting and analysing data without prior knowledge.

Strauss and Corbin (1998) propose several points in relation to reviewing the literature. First, it is not necessary to review all of the available literature as that may constrain thoughts. Second, the literature can be used for comparison later in the study. Third, concepts may emerge in the literature that can act as "a stepping off point during initial observations and interviews" (Strauss & Corbin, 1998: 51). The concepts may subsequently occur within the data. Strauss and Corbin (1998) also note that it is often descriptive material that acts like field notes and gives the researcher a secondary source of data. Finally, they add that the literature may be used to confirm findings or the data may repudiate the literature.

The current thinking on the literature review is that it is accessed before the study. Charmaz (2014: 306) cites the notion of "informed grounded theory", where the purpose is to gather information, to undertake critical evaluation and to compare aspects in relation to the study. Charmaz goes on to argue that these readings may lie "fallow until after you have developed your categories" (pg. 307). I chose to take this more contemporary approach in order to expand my understanding of PG. In the process, questions may be generated, as befits a GT study (Birks & Mills, 2011) whilst at the same time the literature becomes part of the data, as per Strauss and Corbin's (1998) stance. As a commentary, rather than a formal literature review, it utilises some descriptive material; bringing concepts to the fore.

### 2.3 Exploring the literature

The databases explored were: CINAHL, PubMed, PsychInfo, World of Knowledge plus library sources, and online academic booksellers. The initial search term was that of 'personal grooming' and expanded to incorporate those of: 'grooming'; 'appearance'; 'appearance management'; and 'self-presentation', as these similar keywords emerged. In addition academic online articles were utilised; recommendations of readings by fellow academics were noted and pursued; and reference lists of published articles were scrutinised in order to track back to earlier research and original sources. Initially, the time limits for the searches were for recent, full text publications. This was extended as results for contemporary studies were sparse. Only 8 studies were found via CINAHL and none were specific to PG but instead focused on hygiene and care management. The body of literature on 'hygiene' aspects were wide and large (at nearly 2,000 studies); a similar picture presented itself with the search term of 'body image' (1,400 studies) and so these terms were avoided at this phase of the study, concentrating instead on the overall concept of PG, rather than aspects of it such as nail care or jewellery.

The purpose of the seeking literature was to build a picture and identify factors of PG. As the search for studies was broadened from the healthcare databases of CINAHL and PubMed, to the PsychInfo and Web of Knowledge databases, they yielded multiple hits to the search word of 'grooming' in respect to animal studies. From a zoological perspective "human beings are tailless apes" (Morris, 2004: 1) and so animal studies can offer some insight into humankind. The sociologist Steve Bruce (1999: 19) states that:

biology can provide a useful starting point because, if we understand the extent to which biology of lower animals determines their lives, and then appreciate the extent to which it *fails* [author's italics] to do so for humans, we can see the tremendous importance of culture.

A further body of texts were those that discussed historical and cultural aspects of human grooming. This gave an opportunity to 'look back' at PG and noting what past practices remain in a contemporary setting. Additional readings identified a number of reasons for grooming, as well as

the influences. These aspects of PG have been grouped into four sections: animal studies (considering what function grooming might have), historical and cultural studies (considering past behaviours and cultural differences), reasons for grooming (considering the motivation for grooming), and the influences on grooming (the external forces that may affect individuals).

#### **2.4 Exploring the function of grooming by examining animal studies**

The term 'grooming' yielded a rich source of articles relating to animals. The notion of 'animals' is used loosely here as creatures as diverse as shrimps, non-human primates, and cattle have been studied in respect to their grooming habits (Batang & Suzuki, 2003; Fernandez-Duque, Valeggia & Mason, 2000; Kohairi, Kosako, Fukasawa & Tsukada, 2007). The studies were descriptive, observational studies; reviewing them helped in speculating as to whether the act of grooming is hard wired in all species. A definition of 'grooming' found within one study (this will be dealt with in more detail in Chapter 6: Concept Analysis). Mooring, Blumstein and Stoner (2004: 17) stated that grooming is:

...broadly defined, involves all forms of body surface care, and is an activity of importance to the survival and well-being of animals. Either directed to an individual's own body or to that of a conspecific, grooming is virtually ubiquitous among terrestrial vertebrates.

Given the concern about caring for the body in documents such as the *Essence of Care* (Gov.UK, 2010) would seem to indicate that grooming is important to humans too. Mooring *et al.*'s study (2004) itemises the reasons for grooming in an animal, listing the functions as: maintenance of insulation; thermoregulation; communication; the promotion of social relationships; and removal of parasites. Hence we can see that grooming amongst animals is mainly concerned with the physical aspect of the animal, with some social aspects also being present.

A term was used within the animal studies, that of 'allo-grooming', which is grooming by one animal to another of the same species (Mooring, Blumstein & Stoner, 2004). Typical examples of allo-grooming would be a mother cat grooming one of her kittens or a chimpanzee picking the fleas off another. It seems a useful phrase to use when considering how humans undertake grooming on

their young or on others, as in the case of giving care to patients. The term has subsequently been used by Thompson (2010) and Smith (2011) in respect to humans. The studies suggest that allo-grooming in animals has an important function in bonding to a mate and that such affiliation is better for immune systems (Cohen, Kaplan, Cunnick, Manuck & Rabin 1992; Ingham & Spain 2005). An aspect noted was that there were differing levels of grooming according to the age and gender of the animal. Females ungulates (such as cattle), for example, tend to engage in more grooming than males (Mooring, Blumstein & Stoner, 2004). Mooring *et al.* postulate that the reason for this is that the males are staying alert and watching out for predators or other males that may move in on their mates (known as the 'vigilance principle'), hence they do not have the time to engage in the same level of grooming as the females. The same study noted that younger animals groomed more frequently than their older counterparts. Another observational study showed that male apes groom females post-intromission (Ingham & Spain 2005); they suggest it possibly has a pragmatic reason, that of maintaining the health of the female, who may now be pregnant.

In summary, the concepts that emerged from reading the animal studies were that grooming serves to maintain the survival of various species. The studies highlighted that allo-grooming takes place between generations, mates and others. Grooming appeared important in forming relationships. Finally, the studies suggested that grooming may exhibit age and gender differences. These studies offer insight into animal grooming habits but it would be wrong to place too much emphasis on their results in respect to the human animal.

## **2.5 Exploring historical and differing cultural aspects of grooming**

Evidence of PG in humans was seen as far back as the Cro-Magnon era [30,000 + years ago] (Wax, 1965; Morris, 2003). However, more recent discoveries have dated jewellery from even earlier i.e. somewhere between 90,000 and 100,000 years ago (Rincon, 2006). We are able to tell from artefacts and excavations that aspects of grooming were well-established in the ancient world, for example the Egyptian, Grecian, Byzantium, and Roman eras (Twigg, 2000; Morris, 2003), and we are

able to distinguish the dress and hair style for those particular ages and cultures. Murray Wax, an American academic specialising in anthropology and sociology, comments that grooming and cosmetics has been part of human existence for a long time, citing the finds at Cro-Magnon graves, ancient Egyptian artefacts and references made in the Bible (Wax, 1965). Cultural practice examples that are recorded in history are those such as lip-stretching, foot binding, tattooing, head shaping and scarification. These practices, Wax argues, were always purposeful and directed at attractiveness and the status of the individual.

Wax states that in the Bible tracts in Isaiah comment that the use of cosmetics, jewellery, frequent change of clothes, and similar aspects of PG were not viewed positively, that they detracted from natural beauty (i.e. what God had given you). From a moral perspective, Wax suggests, the use of grooming techniques and cosmetics, which made women more attractive to men, would “lead both parties from the path of virtue” (pg. 589). As such enhancing appearance over the natural involved deceit; this was viewed as an ungodly trait. Wax shifts his discussion to the modern perspective, where he comments that it is the use of cosmetics which now underpins conformity and that “all persons must look and act alike” (pg. 589). Whether his idea of conformity is truly the goal of cosmetics could be disputed (he had undertaken research on behalf of a cosmetics manufacturer). Orbach (2009: 114), for example, counter-argues that girls create “a fashionable look while being idiosyncratic and personal”. This demonstrates that the reasons for undertaking PG may differ from person to person.

The work of Twigg (2000) *Bathing – the body and community care*, based on her literature review and research on home care, provides a full account of bathing, giving both historical and cultural aspects. Bathing is an activity that may be considered part of the PG process and is therefore worthy of comment when considering its history. The purpose of recounting this information is to look for parallels and differences in today’s society. Twigg starts her history of bathing with the Roman Empire. In Roman times public bathing was the norm, where “citizens shared publicly in bodily

processes” (pg. 19). This helped towards the promotion of a “united and classless society” (Yegül, cited in Twigg, 2000). It was a daily activity, usually taken at the end of work, which in Roman times was soon after noon. Baths were rarely taken in the morning, in the evening or at night. Men and women, however, bathed at different times of day. The hotter the water the more luxurious the bath was considered. Twigg records that “At various points aromatic oils could be used to cleanse and massage the body” (pg. 19). There were regimes of exercise and regular attendance at the baths was considered “restorative and therapeutic ...maintaining or recovering good health” (pg. 20). A private bath was sometimes taken with a prostitute and was a preliminary before sex. Hence critics of the day viewed the bath culture as encouragement of “effeteness and vice” (pg. 20). Twigg suggests today’s massage parlours have retained this association with erotic activities, whereas health spas emphasise “beauty treatments, stress reduction and the pursuit of well-being” (pg.21).

Turkish baths, Twigg records, emerged in the Byzantium period and were influenced by the Islamic culture. Here there was less emphasis on exercise and more focus on tranquillity, with lower levels of light. Bathing was an individual activity rather than communal, and it was a weekly event rather than daily. Twigg looked to Japan to expand on the history of bathing and notes the cultural aspects in her narrative. Once again bathing was a communal activity, with families and neighbours using a wooden tub filled with hot water. Later public bathhouses were available, with hot plunges and steam baths. These tended to be frequented by men, with female attendants acting as entertainers or prostitutes.

Today public bath houses still exist and have separate entrances for men and women (children can move freely between both sections). Washing takes place before entering the bath. However the use of communal baths in Japan is falling due to the rise of domestic baths. Baths are taken in the evening after the man returns from work. Twigg states that hot baths are valued as a means of washing away the stresses of the day and that there is a hierarchy of bathing. Women draw the bath. Men by age go first, followed by women by age. Later, however, Twigg contradicts this last

statement by saying that couples and young families often bath together. In the teen years children will bath alone or with a parent of the same sex.

Washing may take place in a different area to the bath and the Japanese have largely resisted the use of showers. The Japanese culture values the notion of looking at the beauty of nature whilst taking a bath, so that trees or rocks would surround the outdoor baths. Twigg mentions that in Western culture the nearest parallels are the 19<sup>th</sup> century's "nature cure" (pg. 22) where showers, light and air baths, and sun baths were a form of therapy and promoted well-being, especially in Germany. Bathing in Japan "draws on Shinto concepts of pollution and purification." (pg. 23) Hence bathing has been seen as renewal and linked to life cycle rituals, and annual or national events. Washing has been related to washing away germs and so on entering the home the Japanese will wash their hands and possibly gargle as well.

It can be concluded from Wax's and Twigg's works that whilst PG has been an activity of humankind for a long period, what we do and how we do it may change over time. Belief systems may inform practice, as does the pre-dominant culture. Some practices seem to be age and gender-dependent (which echo the findings from the animal studies). The resource of hot water was seen as a luxury. The wearing of jewellery and make-up, which may promote the notion of attractiveness, is not a new phenomenon, dating back to ancient times. Bathing has been undertaken: as a daily routine; as a prequel to sex; as a means of reducing stress; and to avoid infection. Caring for the body has, at times, been public, however in today's UK society we increasingly aim to wash, bath or shower our bodies in a place of privacy (Twigg, 2000).

## **2.6 Exploring reasons for grooming**

It can be seen from the previous section 2.5 that a reason for grooming (i.e. cleansing the body) has remained over the ages. There appear to be additional reasons why we may undertake PG (see Box. 2:1). Those reasons previously identified in the animal studies may be applicable to humans. Humans

are no longer covered in hair, the maintenance of insulation and thermoregulation may be regulated by other means, for example layers of clothing and a source of heating.

**Box. 2.1 Some suggested reasons for grooming**

*Some reasons that may motivate humans to groom, presented in date order of writings*

- To promote sexual attraction (De Beauvoir, 1949)
- Eradication of dirt and impurities (Douglas, 1969)
- For women – to reduce the impact of menses (Douglas, 1969)
- Role definition (Scheier & Carver, 1980)
- Reduction of body odours (Twigg, 2000)
- Eradication or reduction of ticks, mites, fleas, or jiggers. (Morris, 2003)
- Protection against the elements (Song & Stone, 2005)
- For hunters (usually male) – to blend with the environment (Morris, 2007)
- Tribe member recognition (Morris, 2007)

The work of Mary Douglas (1969), a significant anthropologist of the 20<sup>th</sup> century, highlights how dirt is often an anathema to people; there is recognition that it may bring disease. She also points out that for females the body has its own ‘dirt’, that of the menses. Varying cultures have evolved methods of dealing with this natural occurrence usually by isolating the menstruating woman.

Morris (2003), another anthropologist, states that, like animals, humans engage with the removal of those insect forms that seek to use our body as a host. He also considers the human in its hunter-gather days and suggests that males undertake PG to blend in with their surroundings. In addition he states that certain styles, such as attention to hair, enabled tribes to differentiate between fellow-members and an enemy.



Whilst Morris (2007) considers man-as-hunter, from an anthropological perspective, Scheier and Carver (1980) give thought to modern-day man (or woman) in today's society and suggest that grooming is undertaken for a particular societal role. Hence a uniform might be worn or a certain dress style that is required to match a social event. The French writer Simone De Beauvoir's book *The Second Sex* (1949), written at a time when Europe was socially re-adjusting after World War Two, suggests that women were encouraged to use cosmetics in order to promote sexual attraction, thereby renewing the world's population levels reduced by two World Wars and the Spanish Flu outbreak.

We can see that some reasons in Box 2.1 are fairly pragmatic: being protected from the wind, rain, cold and sun, for example, helps to maintain the thermoregulation aspect of the body. Song and Stone (2005) highlight that clothing can assist in reducing the harmful ultra-violet radiation that cause skin cancer. The eradication of insects and their bites helps to maintain body health, with the possibility of reducing infections. Tools such as the nit-comb have been designed and developed to reduce insect infestation, with one of the oldest ones being dated from around 1,000 years ago (BBC News, 2012). Similarly the removal of dirt and impurities supports the reduction of infective materials, although some cultures actively use special muds to promote protection from the elements or for their healing properties (Douglas, 1969). It cannot, therefore, be said that dirt is always regarded as harmful to the body.

Twigg (2000) suggested that a reason for bathing is the removal of smells thus demonstrating the social side of grooming. George Orwell in his 1937 book *The Road to Wigan Pier* gave weight to this issue of body smell and discussed it in terms of "class distinctions in the West":

It is summed up in four frightful words which people nowadays are chary of uttering, but which were bandied about quite freely in my childhood. The words were: *The lower classes smell*.

That was what we were taught – *the lower classes smell*. And here, obviously, you are at an impassable barrier. For no feeling of like or dislike is quite so fundamental as a *physical* feeling. Race hatred, religious hatred, differences of education, of temperament, of intellect,

even differences of moral code, can be got over; but physical repulsion cannot. You can have an affection for a murderer or a sodomite, but you cannot have an affection for a man whose breath stinks – habitually stinks, I mean. However well you may wish him, however much you may admire his mind and character, if his breath stinks he is horrible and in your heart of hearts you will hate him. (pg. 119)

This passage, written at a time when bathing facilities were not standard to all housing and dentistry costs were often prohibitive to the general public, brings to the fore the impact that one person's body smell can have on another. The passage also shows that the notion of what passes as acceptable within society is passed down from one generation to another and that stereotypes are identified early in life. Orwell goes on to say:

Very early in life you acquired the idea there was something subtly repulsive about a working-class body; you would not get nearer to it than you would help. You watched a great sweaty navvy walking down the road with his pick over his shoulder: you looked at his discoloured shirt and his corduroy trousers stiff with the dirt of a decade; you thought of those nests and layers of greasy rags below, and, under all, the unwashed body, brown all over (that was how I used to imagine it), with its strong, bacon-like reek. You watched a tramp taking off his boots in a ditch – ugh! It did not seriously occur to you that the tramp might not enjoy having black feet. And even 'lower-class' people whom you knew to be quite clean – servants, for instance – were faintly unappetising. The smell of their sweat, the very texture of their skins, were mysteriously different from yours. (pp. 119-120)

Society has moved on from the picture that Orwell paints so vividly; the class divisions are debatably less, for some the availability of washing facilities have improved, clean clothing is the norm for most of the British society and where a task brings contact with dirt, protective clothing is utilised (Twig, 2000). What remain from Orwell's account is the general disgust of body smell (real or perceived) and the disagreeable sight of dirt on a person. This resonates with the quote drawn from the Mid Staffordshire Foundation Hospital Trust Inquiry noted in the previous chapter. The ever-resourceful human has sought to overcome the problem of unpleasant smells and the use of perfumes, in all of its guises – soaps, pomanders, and oils, for example – helps to eradicate or replace them (Twig, 2000).

In summary of the above section, it can be seen that there are varied reasons as to why we may undertake PG. Some, like removing dirt and smells, are physical aspects whilst those of sexual attraction and tribe or role recognition have social origins. The evidence on 'reasons for grooming' is

mainly based on informed opinions rather than research. Consequently there may be other reasons for PG not yet identified.

## **2.7 Exploring influences on grooming**

In addition to identifying the reasons for grooming the influences on grooming were explored and these have been considered in three dimensions: firstly, the intrapersonal to consider the self and individual responses; secondly, the interpersonal, which explores how the individual reacts to another; and finally societal influences, to take into account wider social issues.

### **2.7.1 The Intra-personal Dimension**

The intra-personal dimension is the internal dialogue that we have with ourselves (Cox, 2003). The writings of Pryor (1980) and Scheier and Carver (1980) [all Americans] were accessed to investigate the intra-personal dynamic i.e. how the self operates and why we engage in PG. Pryor considers how self-awareness affects behaviours, whilst Scheier and Carver report on the behavioural traits known as high and low monitors. Pryor (1980), discussing self-awareness, notes “observing the self has elements of looking inwards and looking outwards (at environmental factors)” (pg. 223). Looking inwards may produce self-doubt and perceive inadequacies. Individuals reporting on their behaviour may emphasise the environment over and above their personal characteristics. Therefore they might find it difficult to report on their personality traits in respect to behaviours. Pryor (1980) did not make it clear if he was studying normal healthy participants or with persons who had psychological problems, so these aspects of negativity and blame on external forces must be treated with caution. He goes on to say that the presence of a mirror helps to sensitize the individual to their characteristics and their behaviours. In an experiment, a group were placed in front of a mirror. When being asked questions on ‘Who am I?’ they reported on their personal interests and activities, whereas those in a mirror-less setting described themselves in broad or abstract categories.

The self-doubt and inadequacies noted may provide a motivation for PG i.e. we don't like what we see in the mirror and changing our appearance, by whatever means, helps us to redress the balance to an acceptable image. The findings of Pryor's work in relation to the mirror and how the individual perceives his/herself is interesting. If applied to the hospital ward, for example, where in my experience there are very few mirrors, do the patients subconsciously revert to describing themselves in those abstract categories, as suggested by Prior, becoming an 'ill man' or 'ill woman', rather than who they are as a person? In rehabilitation units it is more likely to find quite large mirrors, as the individual needs visual feedback, such as moving injured limbs. The more mirrors there are the more feedback will be generated. In the BBC television show "*What not to wear*", for example, subjects being scrutinised were placed in a 360° mirrored chamber so that they could see themselves from every angle in the vertical plane. Hence the intra-personal aspect of self-awareness has a link to a tool that is frequently used in PG, the mirror.

Another intra-personal aspect is the idea of self-monitoring, which may be one of two types: high and low monitors (Scheier & Carver, 1980; Klein, Snyder & Livingston, 2004). Klein, Snyder and Livingston (2004: 302) give clear definitions of the two types: a high self-monitor [HSM] cultivates his or her public appearance, using "cues available in their social environment to present public images that will gain them favourable outcomes". Alternatively, a low self-monitor [LSM] is "less likely to engage in ... strategic impression management activities" and "is less dependent on situational and interpersonal considerations". In self-monitoring, Scheier and Carver (1980) assert, an individual, who is a LSM, will examine his or her own beliefs and values in an interpersonal situation and may ignore the responding behaviour of others (this can lead to them being classed as independent or obstinate). The other type of individual, a HSM, will "'read' the context of the situation" (pg. 244) before deciding what response to give. Hence the HSM will determine what standards of behaviour are required in a particular environment.

Scheier and Carver (1980) point out that HSMs will “tailor their actions to fit the social context” (pg. 245). Their attitudes may not match their actions, as these may be regarded as less relevant. High self-monitors may make more social comparisons than LSMs, and may seek out further information before undertaking a self-presentation task. A HSM may have a bank of social stereotypes in their cognitive schema in order to facilitate interpersonal situations; they may be more concerned with their self-presentation or grooming so that they match their surroundings. They may become upset if they fail to conform to the ‘norm’, however LSMs will fit their actions to their own opinions. Low self-monitors spend more time on self-knowledge and may be regarded as people who are “true to themselves” (pg. 247). Hence LSMs may groom to please themselves, may have a “take me or leave me attitude”, or be unaware of that their grooming style is out of synch with their surroundings. Neither Scheier and Carver nor Klein *et al.* suggest how these two types of personal behaviours emerge although their ideas are still useful in viewing PG behaviours.

From these writings the notion of the self and how individuals respond to their image, via a mirror or through social interactions, come to the fore. There is the suggestion that personality traits play a part in the grooming process. Whilst the works of Prior and that of Scheier and Carver are research based, it is quite dated. It would be interesting to see if their findings are true for today’s society.

### **2.7.2 The Interpersonal Dimension**

The interpersonal dimension is one that involves social relationships and social interactions (Martinez-Inigo, Totterdell Alcover & Holman, 2007). A seminal text on the interpersonal dimension is that of Goffman’s 1959 text *The presentation of self in everyday life*. In his book based on personal observations of hotel staff, Goffman talks of the analogy that our presentation to others is a performance. He calls this a dramaturgical approach. We have a front stage, where we act out a role, and a back stage, where we step out of role and are our self again. We may, in the front role, aspire to meet certain standards, striving to be an ideal self. However Goffman points out that there are inconsistencies in the performance. The most important aspect, he states, are that actions that fall

short of the ideal standard may be concealed. For example, a person may always use a handkerchief in public but resort to nose-picking with their finger in private. Whilst Goffman does not focus on PG *per se* the topic is mentioned and is spoken of where employment is concerned. Goffman considers how the individual and their 'performance' impacts on teams and points out that: "... the personal front of the performer is employed not so much because it allows him to present himself as he would like to appear but because his appearance and manner can do something for a scene of wider scope" (pg. 83). As a result of this, the selection process for employment sifts individuals and "... brings girls with good grooming and correct accent into the job of receptionist, where they can present a front for an organisation as well as for themselves" (pg. 83). This reference to a female acting as a receptionist is congruent with the work roles of his day and may not be true in today's society, however those in care services are still predominately female (Curtis, Robinson, & Netten, 2009; Hussein & Manthorpe, 2012). Goffman (1959) adds that employment may involve the wearing of a uniform in order to delineate roles:

Thus if a household is to stage a formal dinner, someone in uniform or livery will be required as part of the working team. The individual who plays this part must direct at himself the social definition of a menial (pg. 84).

It is worth noting that Goffman recognises that such performances (and the attending PG) are not automatic but are learned behaviours. He points out that we learn how to act in a given situation and states:

'When the individual does move into a new position in society and obtains a new part to perform, he is not likely to be told in full detail how to conduct himself, nor will the facts of his new situation press sufficiently on him from the start to determine his conduct without his further giving thought to it' (pg. 79).

The way we learn how to act in a new situation may be through feedback from others. Where there is a team situation, such as the work environment, the team leader, Goffman suggests, has the responsibility for maintaining standards within a team, to bring them "back into line", to maintain the team performance (pg. 102). This aspect resonates with how student nurses learn the craft of nursing, with an emphasis on team work and a mentor providing guidance (Vinales, 2015). It can be

seen in Goffman's work that humans respond to others by acting out a role and that the behaviours used may not be consistent; they alter according to the particular situation. The clothing may be employment-related, such as that of nursing, and we are essentially 'policed', a term used by Carlyle (1838), to maintain the correct standards of PG in a given situation.

What is captured in Goffman's writings is how the individual may change in differing circumstances.

The private self may not be the same as the public self. Dress may indicate roles in employment, with a uniform possibly indicating a more menial, societal role. Conforming to the social norms may be dependent on feedback and whether social approval is given by those in a position of power.

Holmes and Murray (2011:295) however, argue that Goffman's work takes a "micro-sociological perspective" and may not be applicable in a wider setting.

### **2.7.3 Societal Influence Dimension**

The societal influence dimension is one that considers the individual, groups and organisations that may create systems in society, such as health care, education, or marriage (Oh, 2009). Employment has already been mentioned as a factor that affects PG. Wax (1965) points out situational factors are also influential citing changes in movement of social status, which involves changes in dress and grooming. Transitional passages Wax (1965: 589) suggests are those due to age "infancy, childhood, sexual maturity, marriage, maternity, anility, death" or when taking up a special office, for example: "chief, priest, medicine man, Doctor's degree". It is during childhood that the gender roles are defined through the use of PG. Scheier and Carver (1989) outline stereotypical aspects of gender but note that these roles are changing in society, although many still adhere to the traditional roles. Wolf (1990), an American writer on feminist issues, argues that a woman is shaped by others, especially advertising personnel, who are attempting to sell a product. Hence women, Wolf suggests, become dissatisfied with their bodies in shape, size and appearance. Wolf also points out that men are now seen as a customer in the consumer market, open for exploitation and to whom products can be sold. She comments how women are the harshest of judges and that appearance is a

competitive factor amongst women. Wax (1965) similarly contends that a woman dresses for her peers or social superiors. The situation, he states, requires that her peers or social superiors will be present and that it is not classed as an informal event, when casual may be the predominant aspect. Wax goes on to suggest that, if men are not present, citing the example of a suburban housewife, then the appearance may be neglected. If challenged the housewife may be defensive and may say she is too busy to attend to her grooming but, Wax contends, the career woman probably has less personal time yet will maintain control of her appearance. The difference, Wax suggests, is the presence of males in the workplace. Once more, this statement has to acknowledge the time shift since his writings, the world of work is a different place to that of the 1950s and more women are now in employment. Wax argues that expression of sexuality cannot be the total answer that lies behind the reason for grooming. There is, he suggests, an aspect of sociability over sexuality. The social aspect is the woman's attempt to play the part of 'beauty' (not the part of erotically, passionate woman) and hence becomes a player in a social game. Beauty, Wax explains, is an aspect of being "the superior female, the ideal sex partner and mother" (pg. 593). This quote introduces the concept of striving to be the alpha female in a social setting.

Wolf (1990) also suggests, women are competitive and will use PG and dress to support this. The woman who neglects herself may be viewed as one who has ceased striving to be an alpha female; she is potentially, according to Wax, lower down the pecking order in a social group. Davis (1992) however counters this idea, discussing the feminist protest to fashion. At times the protest has resulted in women dressing like a man, which Davis comments, helps to reduce the symbolic gender aspect of clothing, and some designers aim to achieve a 'uni-sex' approach to PG. In some clinical areas, where tunics and trousers are worn by staffs of differing professions, they may claim to have achieved a sense of PG equality.

Grogan (2006) identified some additional societal factors and cited them as influencing body image, these being the media, family and peer influences. She comments that the family is instrumental in



the childhood experience and is seen crucial to body satisfaction and investment in the body. Later on peers influence individuals and these can give rise to body dissatisfaction, thinness, pre-occupation with dieting, weight, appearance, and discussions on bulimia. Women who watched more TV, Grogan reports, those who read fashion magazines, and those who have been engaged with a high number of sports activities had more body concern. Girls as young as 5, Grogan states, have been noted to have what is termed body concern, and such concern may persist across the lifespan.

Some societal influences may be within our consciousness and PG may be viewed as exercising personal choice. De Beauvoir (1949) highlights the needs of the state. She comments that at certain times the state requires women to produce children in preference to fulfilling an employment need and cites Soviet Russia hinting to its female populace to make their selves “erotic objects” in the post-World War 2 days (pg. 90). How they arrive at this erotic status may depend on the prevailing culture (Morris, 2003). Stanley (2012) points out female nurses are portrayed in films as self-sacrificial, sex objects or objects of romance.

Often cosmetics and dress are used to define gender and status within a culture. In Western culture, Wax (1965) suggests, young girls who use cosmetics are seeking to be viewed as a female who is socially and sexually mature (whether or not this is actually the case). The young female wants to be treated as a woman rather than a child. Similarly the elderly woman may insist on wearing cosmetics to show that she is not in the neutral zone of old age. Wax (1965) goes on to say that “most societies have rather restricted notions of what are acceptable costumes for those who are socially and sexually mature” (pg. 44). It is apparent, though, that what is acceptable seems to be a shifting sand scenario, as witnessed by historic costumes and fashion trends.

These small-scale readings reveal sociological influences on PG, such as employment, life’s transitional phases and roles, gender aspects, politics, the role of the media, peers and family, culture and age-related issues. It is also noted that, for females, PG may have a competitive aspect

to it. The focus of the writings appears centred on females, with only brief mentions of males and their grooming behaviours.

## **2.8 Stepping into the study**

As noted in Section 2. 1, a review of the literature can provide a stepping off point for the study. Whilst the above readings are not extensive they help to identify a multitude of factors that may affect PG. Some of the writings are American in origin, whilst this study is set within the British culture. Charmaz (2014) highlights that a researcher's prior knowledge may judge the validity and reliability of the literature; there are concepts that resonate with my own experience, such as wearing smart clothing for a job interview, the wearing of a nursing uniform, and being influenced by peers and the prevailing culture.

At the early phase of the study the only definition of PG was that found in an animal study.

Consequently gaining a definition that is appropriate to humans seems a suitable starting place for the exploration into PG. The readings also highlighted that PG and activities change over time and between cultures. Hence gaining a contemporary view of PG within the British culture seems apt.

The scope of the study (see Chapter 1, Section 3) noted that the focus of the study will be normative activities and behaviours, rather than those who are in need of care. Through investigating these activities, purposes or reasons for grooming it will allow for comparison to those cited above. In order to gain a rounded, baseline view both genders and all age groups will feature in the study.

Some activities of grooming have been noted, such as washing, make-up, clothing, and the removal of dirt and smells. Resources such as a comb, mirror and hot water, the latter once considered as a luxury, have been identified. It is expected, through the use of GT methodology, other aspects will emerge that will be relevant to the field of health and social care. Hence the explicit aims of the study are:

1. To gain a definition of PG

2. To identify activities of grooming
3. To pursue other avenues of enquiry, in keeping with GT methodology

## **2.9 Conclusion**

This chapter has provided a critical commentary on aspects of PG, drawn on early small-scale readings. Relevance to the health and social care setting have been made. It was noted in the animal studies that there are survival reasons why grooming may be undertaken. Age and gender differences also emerged in those studies. In humans the activity of PG and bathing was shown to vary from culture to culture and from eon to eon, demonstrating that it is not a fixed entity but is particular to time and place. At times it was a communal activity and at others a private, individual one. Cleaning the body has been undertaken to remove parasites, eradicate germs and prevent infections and reduce stress. It is understandable that health and social care documents reflect the importance of hygiene (Gov.UK, 2010; Skills for Care, 2009a). Ritual and religion have also used PG to define a culture. Tools, such as combs and mirrors, have been used to assist in the process of grooming and chemicals such as hair dyes and perfumes have helped to alter appearances and eradicate smells. Those working in health and social care, therefore, are part of a rich tradition in providing hygiene activities to others, with attention given to religious and cultural needs (Skills for Care, 2009b).

The work of Orwell presents reactions to those who may not be able to groom, perhaps due to lack of resources, and this demonstrates that attitudes are formed by the appearance of others. Other writings outlined that grooming may reflect role and gender. The social aspect was also highlighted, with the notion self-presentation suggesting that we alter the way we present ourselves according to different situations. Personality may play its part in grooming and the individual may have issues with their body image and satisfaction. Our level of sociability may depend on our levels of self-awareness and self-monitoring. Understanding these aspects may enhance care-giving (Skills for Care, 2009c).

It was noted that we may act out different public performances depending on whether we are in the public eye or in private. A number of life stages and events were also commented on, giving rise to a changing level of grooming. Illness and disability may impact on the level of grooming and health and social care workers may be cognisant of this. The social influences that we encounter, it was highlighted, may come from our peers or derive from targeted advertising or forms of media or a combination of the many factors. Health and social care has its own set of influences, such as *The Code* (NMC, 2015), the *Standards for Pre-registration nurse education* (NMC, 2010) and the *Care Standard Certificate* (Skills for Care, 2015), which will affect both the staff and those in receipt of care. Finally, some lines of enquiry were identified to start exploring the concept of PG, i.e.: a definition; the purpose of, or reasons for PG; allo-grooming; age of starting PG; influences on PG; hidden/covert activities; luxury and minimum aspects; and these will act as guide questions for the study (see Appendix 1: Interview guide).

### **3. Research paradigms and selection of underpinning research methodology**

#### **3.1 Introduction**

This chapter will justify the chosen research paradigm for the study. The philosophical underpinnings will be critically discussed. An analysis of research paradigms will be undertaken before turning to the approach of grounded theory. Aspects pertinent to the methodology - sample selection, data collection and ethical issues - will be explained. Research quality matters i.e. robustness, reliability, and validity will similarly be critically discussed.

#### **3.2 Underlying philosophical approach**

When selecting a philosophical approach for the study Broom and Willis (2007) state that a researcher should consider epistemological and ontological standpoints. My view is that 'truth' is not necessarily established through research, as the outcome will depend on the topic being researched. I can accept that scientific research can arrive at an essential truth at a given point in time. However further advances over time may reveal new knowledge making that 'essential truth' outdated. This stance is supported by Bruce (1999). Where research involves human behaviour then it is less likely to arrive at an absolute finding because of the range of differences in human nature. Philosophically this places me into the interpretive paradigm; although it does not necessarily place the study there. In order to place it accurately the research paradigms need to be explored fully.

The difference between an interpretive paradigm and that of a positivist one, Broom and Willis (2007) state, is that the interpretive researcher will maintain that knowledge is socially constructed and reality is subjective. The positivist position is one of objective knowledge that can be arrived at through rigorous methodology and of a fixed reality. This latter stance seems to imply that the interpretive stance lacks rigour but research principles exist to enable rigour in both paradigms.

The differing research paradigms have their own distinct features. The following table (Table 3.1) summarises the differences between the main, traditional philosophical stances and their later

versions. The features of the philosophical stance can support the nature of the questions asked and the nature of the analysis. Subsequently, in selecting a relevant research paradigm needs to take the factors into consideration.

**See Table 3.1 on next page**

The paucity of contemporary studies on PG suggested an exploratory enquiry, rather than examining a topic that could be measured. Parahoo (2006: 63) expands on the notion of exploration and the link to qualitative research by stating:

The rationale for the use of exploration... is based on the assumptions that researchers can only understand perception and behaviour from participants' own perspectives, in their own words and in the context in which they live and work and that there can be different interpretations of the same phenomena. Ultimately the purpose of exploration is to gain a better understanding of how people think and of their behaviour as individuals and part of a group.

This quote reflects my stance on the topic. The early readings highlighted that PG is not a fixed entity; it has changed over time, giving rise to differing fashions and reasons for undertaking it. This points to adopting the interpretive paradigm. Being able to tell a person's culture from their clothing (Keenan, 2001) indicates that, even in contemporary society, there is an individualistic aspect to the concept and this further supports the use of an interpretive paradigm. Broom and Willis (2007: 24) point out that "all representations ... are socially and culturally constructed" and therefore this fits with the interpretative-constructivist paradigm.

**Table 3.1 Research paradigms' features**

*Features of differing research paradigms, the questions they address and the suitability for this study*

<b>Paradigm</b>	<b>Features</b>	<b>Research questions and analysis</b>	<b>Suitability for this study</b>
<b>Positivism</b>	Positivism discovers laws using quantitative methods Scientific Objective Systematic Observable Deductive Explanation by correlation or causality Experimental or quasi-experimental – use of controls Testing the known Hypothesis testing Based on empiricism Establishing positive facts - deterministic Simple, unambiguous Amenable to valid and reliable measurement	<i>Suitable for research questions that:</i> seek comparison between groups; seek to know magnitude, degree or frequency  <i>Example phrasing of questions:</i> What causes X? Is X more effective than Y? If I know X to what extent can I predict (outcome)?  <i>Presents findings as:</i> numbers, frequencies, amounts, quantities, measurements  Employs statistical techniques	<b>Not suitable</b> for this study because: <ol style="list-style-type: none"> <li>1. Little is known about PG in the sphere of nursing knowledge</li> <li>2. No available validated tools to use</li> <li>3. No hypothesis generated</li> <li>4. Uncertainty over what could be measured</li> </ol>

	Aims to be value-free Reductionist Developed hierarchy of research methods		
(Benton & Cormack, 1991; Bowling, 1997; Eost-Telling, 2014; Kroll & Neri, 2009; Lindsay, 2007; Norwood, 2000; Saks and Allsop, 2007)			
<b>Post-positivism</b>	Not possible to establish 'truth' but aims to get as close as possible Adopts strategies to avoid bias Use of objective tools Acknowledges the 'probable' More likely to seek correlation than cause Accept that some human phenomena cannot be observed but 'can be studied by means of self-report' (using a valid tool) Hypotheses formulated in advance Methods of data collection selected prior to collection Key terms operationalised Can be used for qualitative as well as quantitative studies	<i>Suitable for research questions that:</i> seek comparison between groups; seek to know magnitude, degree or frequency  <i>Example phrasing of questions:</i> Is there a correlation between X and Y? If I know X to what extent can I predict (outcome)?  <i>Presents findings as:</i> mainly quantitative (as above)	<b>Not suitable</b> for this study because: 1. Uncertainty over what to compare other than differing demographics 2. No available validated tools to use
	(Parahoo, 2007)		
<b>Interpretivism</b>	Atomism – exists only in social systems where individuals interact with each other Naturalistic	<i>Suitable for research questions that:</i> imply description, contextualisation and understanding	<b>Suitable</b> for this study because: 1. Aims to fill the gap in the knowledge about PG 2. Study seeks to explore and describe the



	<p>Subjective- experience, perception and language</p> <p>Exploration of intention and motivation</p> <p>Inductive</p> <p>Meanings in relation to social world</p> <p>'Reality' is multiple and socially constructed i.e. Constructivism</p> <p>Recognises value-laden aspect</p> <p>Theory generation</p> <p>Recognises that researchers have preconceptions (which may be 'bracketed' i.e. preventing influence on the research process)</p> <p>Interactive</p> <p>Flexible</p> <p>Person-centred</p> <p>Holistic</p> <p>Examines where there is little knowledge</p> <p>Developed hierarchy of participant/phenomena involvement</p>	<p><i>Example phrasing of questions:</i></p> <p>What is going on here?</p> <p>What does (phenomena) mean those experiencing it?</p> <p>How do people adapt to (phenomena)?</p> <p>What process do people use to cope with (phenomena)?</p> <p><i>Presents findings as:</i> Detailed description of event/ phenomena</p>	<p>phenomena of PG</p> <p>3. Researcher recognises that there may be multiple realities to PG</p>
<p>(Bowling, 1997; Bryan &amp; Ridgway, 2014; Kroll &amp; Neri, 2009; Lindsay, 2007; Norwood, 2000; Parahoo, 2007)</p>			
<p><b>Modernism/Post-modernism</b></p>	<p>Modernism relied on science and rationality</p> <p>Post-modernism considered scientific methods failed to provide meaning</p> <p>Rejects 'truth' and 'reality' as objective</p>	<p><i>Suitable for research questions that:</i> focus on a particular event/phenomena</p> <p><i>Example phrasing of questions:</i></p>	<p><b>Suitable</b> for this study because:</p> <p>1. Study seeks to explore and describe the phenomena of PG</p> <p>However, <b>not suitable</b> for this study because:</p>

	<p>Knowledge is socially constructed or co-created</p> <p>Avoids 'grand theories' and seeks smaller narratives</p> <p>May use quantitative and qualitative data collection and analysis</p> <p>May use texts such as 'images, architecture, music, body art and clothing as well as spoken or written words' (Giddings &amp; Grant, 2009: 132)</p>	<p>What is going on here?</p> <p><i>Presents findings as:</i></p> <p>interpretations, meanings and narratives that are local, contextual and time-bound; extended analysis</p>	<p>1. Less information available on the process of post-modern research techniques at the outset of the research</p>
<p>(Giddings &amp; Grant, 2009; Parahoo, 2007; Thomas, 2014)</p>			

A significant school of thought underpinning the constructivist paradigm is symbolic interactionism. Abercrombie, Hill and Turner (1994) state symbolic interactionism emerged in the 1970s and highlighted the concept of self was linked to reflexivity and surrounding social roles. It is a “study of the self-society relationship as a process of symbolic communications between social actors” (p. 421). Timmermans and Tavory (2014: 498) argue that symbolic interactionism derives from “the social world ...is thus created and re-created through interaction”, hence its usefulness when considering this study, where PG changes according to the day and the events within it. Symbolic interactionism has been employed to analyse roles, socialisation, communication and action, all of which were noted in the early readings as components of PG. Chenitz (1986: 46) suggests that “grounded theory espouse the symbolic interactionist perspective”.

However, the idea that symbolic interactionism totally fitted the philosophical approach to this study seemed questionable. It did not account for personal choice and the issues around covert, private behaviours. Further readings led to the notion of the *idiographic*, which is the “term used to describe methods of study of individual, unique persons, events or things” (Abercrombie *et al.*, 1994: 208). I would contend that it is a more appropriate philosophical stance in this study. There may be individual reasons for PG, despite the many social aspects of PG. Responses to the physical, for example, insect bites, temperature control and protection against the elements may be individualistic. The study is therefore an idiographic social survey, and here the word ‘survey’ is being applied in its loosest sense, i.e. that of examination (Hayward & Sparkes, 1994), rather than the more scientific use of questionnaires or interviews.

Several methodological approaches to aid research have been proposed. I will turn here to the writings of Parahoo (2006) as he explains these approaches well. He identifies features of qualitative research as having: an inductive approach, an interactive and reflexive process, holistic exploration and flexible methods. The inductive approach, as opposed to the quantitative, deductive approach, aims to “develop concepts, conceptual frameworks and themes” (Parahoo, 2006: 64) and requires

listening to people, and reflection on the data and the analysis. The interactive and reflexive process is a comment on the relationship between the researcher and the participants in order to closely study the topic; the researcher develops strategies to get a “close a view as possible” (p. 65) and knows whether to pursue a line of enquiry or to stop or change direction in a conversation. Trust has to be built between the researcher and the participant in order to exchange experiences and personal views. The holistic exploration, according to Parahoo (2006), refers to participants being able to place their responses into context and may reveal aspects that have not been considered by the researcher. Additionally they can report the totality of their experience. The researcher can record the responses into context; areas of historical, cultural and those socially constructed are some categories that Parahoo cites.

The final trait of qualitative research that Parahoo discusses is that of flexible methods. Here he notes that “flexible, imaginative, creative and varied strategies are used to facilitate this process.” (p. 65), the purpose is to, once more, get close to people’s perceptions and behaviour. He goes on to comment that the researcher, along with having conversations and undertaking observations, may have to have considerable communication skills and use of imagination. He cites a case study where the researcher obtained written stories from participants, asked others to draw and describe situations, and had conversations with yet more, to gain a rich insight into the participants “needs, interests and concerns” (p. 66). All of the above aspects feature in this study, either in the philosophical underpinnings (the desire to explore the topic closely) or in the process of data collection (interactive, reflexive, holistic and flexible).

Broom and Willis (2007) set out features of the interpretive/constructivist paradigm, as: interpretive, naturalistic, subjectivity, complexity, political and validity. Once again, the interpretive approach seeks to take a focus on subjective understanding, whilst the naturalistic stance ensures that data is collected in an everyday setting, rather than a controlled environment. Subjectivity in qualitative research, Broom and Willis suggest, means that the knowledge emerging from the study is neither

objective nor neutral but bound up in the particular, such as gender or culture. As such, the complexity feature is one concerned with the richness of the data and the depth of analysis. The political aspect of a study is not one of political parties but the assumption that a researcher is thought to be free from bias. However, in an interpretive paradigm the researcher should acknowledge his or her inter-connectedness to others. The final feature, validity, will be discussed later, in Section 3.9, which discusses quality matters.

This study sought to follow closely the interpretive/constructivist paradigm and its features. As such there was a range of options of qualitative approaches and methods of data collection to choose from. A critical discussion of the alternative available qualitative methods will follow, before moving to the chosen method for data collection and analysis.

### **3.3 Discussion on qualitative methods**

Holloway and Wheeler (2002) point out that qualitative research is often broad in its approach, as opposed to the narrower focus that is found in quantitative research. Parahoo (2007) laid out four common research approaches that sit in the qualitative frame: 1) ethnography, 2) phenomenology, 3) GT and 4) discourse analysis. Norwood (2000), by comparison, just highlights the first three, showing that qualitative methods are evolving over the years. More recent writings demonstrate this evolution and place other methods within the qualitative spectrum (McIntosh-Scott, Mason, Mason-Whitehead and Coyle, 2014). McIntosh-Scott *et al.* list action research, case study research, ethnomethodology, feminist research, hermeneutics, historical research, narrative research, observational research, symbolic interactionism, vignette research and visual research as other potential approaches, in addition to the previous four already mentioned. This growth may indicate the influence higher education has had on health and social care research. Further kinds of qualitative methods are noted as appreciative inquiry (Cousins, 2007), critical incident technique (Aveyard & Neale, 2009), and critical theory research (Kinchloe & McLaren, 2002). More detail is

given about these approaches in Table. 3.2. An outline of each approach, with a description and the relevance to the study is given.

**Table 3.2 Qualitative methods: summary of approaches and descriptions and relevance to the study**

*Descriptions of various qualitative approaches and the suitability to this study*

<b>Approach</b>	<b>Description</b>	<b>Relevance to the study</b>
Action research	Aims to gain more knowledge and change circumstances of participants for the better (Waterman, 2007)	<i>Not relevant</i> : No change of circumstances sought
Appreciative inquiry	Often used in management to find solution to problems using the human imagination (Cousins, 2007)	<i>Not relevant</i> to this topic – not seeking solutions to problems
Case study research	Focus on a case, in-depth study of the particular - recording the subtleties and intricacies (le May & Holmes, 2012)	<i>Not relevant</i> : Not a study that focuses on a particular case of PG
Critical theory research	Focuses on power relationships in society (Kinchloe & McLaren, 2002)	<i>Not relevant</i> : Not investigating power relationships
Critical incident technique	Descriptions of critical events and behaviours to help understand an area of practice (Aveyard & Neale, 2009)	<i>Not relevant</i> to the topic – not investigating critical events
Discourse analysis	Understanding human behaviour through verbal, non-verbal and written materials (Parahoo, 2007)	<b>Some relevance</b> : Research questions were not focused specifically on the use of language of PG
Ethnography	Description of a culture, providing understanding of cultural rules, norms and values (Norwood, 2000)	<b>Some relevance</b> : PG is not particular to one culture although it can reflect a culture
Ethnomethodology	Studying ‘social interactions in everyday situations’ (Mason, 2014: 83)	<i>Not relevant</i> : Aspects of PG are usually undertaken in private and therefore not observable
Feminist research	Aims to keep women’s interest at the heart of the enquiry (Mason-Whitehead, 2014)	<b>Some relevance</b> : However the study is not just focused on females’ PG habits
Grounded theory	Describes the psychological and social processes that people utilise in a given phenomenon – generates theory (Charmaz, 2014)	<b>Relevant</b> : The study was seeking a description of PG from individuals and groups

Hermeneutics	'The study of understanding and interpretation as a process of thinking and being' (Garratt, 2014:97)	<i>Not relevant</i> : PG has aspects of hermeneutics to it, however the study was trying to identify behaviours as well as understanding
Historical research	Focusing on past events (Parahoo, 2007)	<i>Not relevant</i> : The study was based in the present, rather than the past however historical aspects were identified in readings
Narrative research	'Narration of events which unfold sequentially over time' (Grbich, 2007)	<i>Not relevant</i> : The study was not seeking stories of PG
Observational research	Covert or participant observation, often working with the group being studied (Taylor, 2009)	<i>Not relevant</i> : Observation of participants was arbitrary, as PG can change depending on the event of the day and therefore not documented
Phenomenology	'Provides insider information and develop understanding about lived experience' (Norwood, 2000: 48)	<b>Some relevance</b> : The study was not looking for what <i>meaning</i> PG had for individuals but phenomenology can be an element of all qualitative methods (Norwood, 2007)
Symbolic interactionism	A way of understanding the social world – focus on meaning, experience and social action (Smith, 2014)	<b>Some relevance</b> : Not necessarily a method, more of a philosophical status and can be used for analysis. It does have some relevance for PG.
Vignette research	Can be used quantitatively as well as qualitatively – they are simulations of real events to explore 'ideas, attitudes and values' (Mercer, 2014)	<i>Not relevant</i> : The study did not require a prompt of this nature.
Visual research	Can be used quantitatively as well as qualitatively - the use of an image can be part of the data or can be used as a prompt (Woodhouse, 2012)	<b>Relevant</b> : PG is partly a visual phenomenon. Incorporating an aspect of visual research in order to act as prompt (to capture types of products used and identify covert PG activities) seemed appropriate

It can be seen from Table 3.2 that there were many qualitative research methods from which to choose. Norwood (2000: 48) states that, to some extent, “all qualitative research in some way reflects a phenomenological perspective because it is concerned with investigating experiences as they are lived in natural settings”. What sets phenomenology into its own frame is the way the data is analysed, using a particular framework of analysis, often following a Husserlian [classical phenomenology], a Heideggerian [existential phenomenology] or a hermeneutic philosophy (Grbich, 2007) in order to arrive at an outcome that describes ‘personal meanings of an experience.’ In the context of this study, I was not looking specifically to find what PG *meant* to individuals but to inquire about the definition and activities that they engaged in.

Grbich (2007: 20) suggests that there are four types of inquiry: “iterative, subjective, investigative and enumerative”. The iterative is that of hermeneutics, which is described in the above table, looking for meaning through a series of data collections in order to get a picture that answers ‘what is going on here?’. It can follow the hermeneutic approach or be linked to: “grounded theory, phenomenology, ethnography, oral history, action, evaluation, socio-cultural narratives, and feminist versions” of them (Grbich, 2007: 21). The subjective recognises the presence of the researcher within the area of enquiry and data collection may include reflective diaries or regular debriefings. This again points to the use of GT as a potential method although auto-ethnography, heuristic phenomenology, and action research are also available.

The third strand of enquiry, investigative or semiotics looks to understand signs, symbols and language within a cultural context. This would lead the researcher to use content analysis, discourse analysis or conversational analysis of narratives as a methodological process. The final type of enquiry that Grbich (2007) describes is enumerative. With this type the focus is on “listing or classifying of items” (pg. 24) and commonly uses quasi-statistical, transcendental realism or matrix analysis as a means of identifying frequency or ranking of words. Grbich notes that the available



research designs, such as those cited in Table 3.2, can be used flexibly and that a combination of design and types of inquiry may occur within the same study.

Methods that were not relevant to the study's exploratory research were not utilised. The remaining methods each had something to offer, in terms of relevance to the study. After consideration GT was seen as best fitting this type of inquiry (which was of an iterative nature i.e. 'what is going on?'). It may be noted from Table 3.2 that the use of VM was also deemed relevant (utilising it in the overarching umbrella of GT) in order to act as a prompt to capture data of potentially, covert activities (see Chapter 5: Visual methodology).

### **3.4 Discussion on grounded theory**

Benton (1991) states that a reason for using a GT approach is; 1) where there is little knowledge around a topic. Grbich (2007:70) concurs with this, adding that it is also the approach to use when there is a requirement for 2) "new theoretical explanations built on previous knowledge to explain changes in the field" or 3) if there is a need to explore "a microcosm of interaction ...(with) all related aspects". The paucity of literature on PG in the field of nursing would justify its use against the first reason. The dated material noted in the 'Commentary' chapter (Chapter 2) would establish a need against the second reason, whilst the desire to explore the concept of PG can also support its use against the third reason.

The use of GT sits in the qualitative methodology, although the original work of Glaser and Strauss (1967) does not discount the use of quantitative data. They propose that "each form of data is useful for both verification and generation of theory" (pp. 17-18). Glaser and Strauss further suggest that there are times when both forms of data are necessary in order for comparison when generating theory. They contend that GT requires "some imagination, some ingenuity and, most of all, considerable shift in attitude toward qualitative materials themselves" (pg. 161). Thus they are reminding the researcher, when using GT as a methodology, that the qualitative material may be

varied in its nature. They cite that literature (both fiction and factual), letters, diaries and newspapers may be such examples of materials. A passage from a diary and a narrative account of an event helped to shape this study. This replicates Glaser and Strauss's comment: "he will introduce the information in the opening chapter as a prelude to his analysis of his own data, giving the reader a simplified backdrop for the work" (pg. 162). The 'Commentary' chapter (see Chapter 2) has fulfilled this aspect.

It is worth commenting on the distinction between the Glaserian or Straussian GT approaches. Grbich (2007:72) lays out the differences in terms of: style, question, process, literature review, coding, open coding, axial coding, selective coding and theory (the aspects of coding will be discussed further, in section 3.7 Data Analysis). Grbich notes the Glaserian approach follows the style of discovery, questions seek out problems and variations, the process involves emergent directions, and the literature review is ongoing from the time that the first category that is identified. The Straussian approach, Grbich suggests, has verification as its style. The questions seek dimensions and critiquing, the process involves coding and hypothesis testing, whilst the literature *may be* accessed (if it is desired) when categories emerge. The issue around whether the grounded theorist does or does not engage with the literature has been covered in the previous chapter (see Chapter 2). Birks and Mills (2011) argue that whilst a formal review of the literature may be delayed (i.e. rigorously critiqued, which concurs with the Glaserian principle of GT), an informal review (not rigorously critiqued) should treat the literature as data.

Sheppard (2004) concurs that GT is a qualitative or inductive approach and it contrasts to a deductive approach (the latter being more a characteristic of a quantitative study). An inductive approach starts with an area of study, in this case PG, and allows themes and theory to develop from the data. Sheppard suggests that the researcher is more involved, when engaged in GT, than a detached observer. The nature of the engagement may be to put oneself in the position of the other in order to understand the topic being explored. Within this study a reference point was reflecting

on the narrative extracts, noted in Chapter 1. Grounded theory methodology gives a researcher many options when it comes to collecting data.

### **3.5 Discussion on methods of data collection**

Benton (1991: 130) suggests that in GT the data collection “initially starts with an attempt to examine the wider issues surrounding the topic under study” and, as noted above, *may* involve a literature search. Chenitz (1986) also recognises that the literature in GT is a source for data and cautions the researcher in their approach to it. The concerns are that the researcher may blindly accept it or that the ideas remain in the researcher’s mind, thus discouraging independent analysis. Despite this warning Chenitz appreciates that the literature has to be accessed in order to establish the “scope, range, intent and type” of previous research (pg. 44). Benton (1991) states once the wider view has been gained then it is appropriate to take a more focused examination. Saks and Allsop (2007: 25) propose the data collection methods often associated with the interpretive/constructivist paradigm are: “in-depth, semi-structured or unstructured interviews; observation (participatory or non-participatory); FGs; and/or secondary discourse analysis.” Chenitz and Swanson (1986) cite three methods of data collection for a GT study: observation in natural settings; a formal qualitative interview; and the informal interview. Benton, in 1991, speaks of just two data collection methods, interviews and observation, whilst Birks and Mills writing in 2011 have a comprehensive list of the type of data that may be utilised in GT studies. A list is tabulated in Table 3.3, where the types of data and usage in this study have been identified. It demonstrates not only the growth in research methodology but also the Glaserian view, that in GT ‘all is data’.

At the onset of the study the framework of Streubert Speziale and Carpenter (2007) indicated the variety of materials that can be utilised to gather data, citing interviews, field notes, documents, journals, participant observation and literature (see Appendix 2: Streubert Speziale and Carpenter framework).

**Table 3.3 Types of data in grounded theory, and usage in the study***Various kinds of data available to use in grounded theory research and whether used in this study*

<b>Type of data</b>	<b>Used in this study?</b>
Transcripts of interviews and focus groups	<b>Yes</b>
Field notes, memos	Kept informally – anecdotes, thoughts
Journals, diaries, log books	No
Observations	Kept informally – sketch book, anecdotes
Questionnaires, surveys	No
Governmental and organisational policies	No – although accessed for discussion
Scholarly literature, novels	<b>Yes</b>
Photographic images, videos	Used in presentations
Artwork, artefacts, architecture	Used in presentations
Music	Lyrics used in concept analysis
Discourse analysis	Language noted in interviews
Created/Adapted method that advances ideas	<b>Yes</b> i.e. visual data
Birks & Mills (2011); Saks & Allsop (2007) ; Charmaz (2014); Streubert Speziale and Carpenter (2007)	

The comprehensive list of options and the framework were useful tools when deciding the data collection method and the analysis. A range of data collection methods were used during the course of the study, as noted in the table above, in order to build on the notion of constant comparison, which is at the core of GT (Birks & Mills, 2011).

For the initial phase of the study the use of focus groups was favoured. Bloor, Frankland, Thomas and Robson (2001: 4) note that FGs are able provide “group meanings, processes and norms”. They point out that, even though individuals have a sense of agency and choice, there are still aspects of human behaviour that are normative. Focus groups help to “articulate those normally unarticulated normative assumptions” (pg. 5). Further aspects on the use of FGs will be discussed in-depth in the next chapter (see Chapter 4: Focus group interviews). Simultaneously with the FGs interviews, a visual methodology (see Chapter 5: Visual methodology) was utilised. Fade (2003: 141) suggests that using a second method of data collection (known as triangulation) can enhance credibility. This latter method was a means of collecting descriptive data and yielded a quantitative aspect to the study, which, as has been mentioned, is justifiable in GT methodology. Having a second method of

data collection alongside the first was not undertaken specifically for the purposes of the study's validation aspect (see section 3.8 on Quality Matters) but rather a method for exploring potential covert aspects of PG. The findings from the FGs were taken forward into the second phase of the study.

In the second stage of the study the data from the FGs and data collected from literature were combined, in order to undertake a formal concept analysis of PG. In-depth details are to be found in the dedicated chapter (see Chapter 6: Concept analysis). Once the concept analysis was completed it provided a basis for further exploration and the third stage of the study used semi-structured interviews (see Chapter 7: One-to-one interviews). Choosing participants to take part in, firstly, the FGs, and then later for the interviews, was undertaken according to GT methodology.

### **3.6 Discussion on sample selection**

This section will cover issues on sample selection, to arrive at the justification for the sampling process in this study. Watson and Coombes (2009: 130) discuss *probability* samples (where "every member of a population has an equal probability or chance of being chosen") as: simple random; cluster random; systematic; and stratified random. Probability samples are often used in high quality quantitative studies and help in gaining representativeness and objectivity. Samples that are *non-probability* are less likely to be representative of the population and include: convenience; purposive; quota; and snowball sampling (also known as "network" or "referral" sampling [Norwood, 2000: 208]).

It is at this stage of a study that a biased sampling technique (known as *selection bias* [Norwood, 2000]) might be introduced and should be justified and made clear that the findings may not be representative (Watson & Coombes, 2009). Norwood (2000) indicates that in qualitative studies representativeness is concerned with the data rather than the participants. Hence sampling is "driven by the criteria of appropriateness and adequacy" (pg. 210) and so the sampling techniques that enhance this aspect are identified below (see Table 3.4).

**Table 3.4 Qualitative sampling techniques**

*Description of the available techniques of sampling in qualitative research and whether used in this study*

<b>Technique</b>	<b>Description</b>	<b>Used in this study</b>
<i>Purposive: Individuals selected by the researcher. Can be further sub-divided into five strategies.</i>		
<ul style="list-style-type: none"> <li>• Purposive: extreme case</li> </ul>	Selection of unusual or special informants. May more clearly illustrate an aspect of a phenomenon.	No. PG is a universal phenomenon.
<ul style="list-style-type: none"> <li>• Purposive: maximum variation</li> </ul>	Represent a wide variation of the phenomenon. Common patterns may emerge	No, although there is an aspect of variation (i.e. age) within the criteria for the FGs. I did not choose the participants.
<ul style="list-style-type: none"> <li>• Purposive: Homogenous</li> </ul>	Selected to describe in-depth experiences from subgroups such as gender, ethnicity, or culture	No, although there is an aspect of homogeneity (i.e. gender) within the criteria for the FGs.
<ul style="list-style-type: none"> <li>• Purposive: Typical case</li> </ul>	Selected to describe typical experiences rather than making general statements e.g. the use of 'key informants'.	No. The study was investigating a general view of PG rather than a typical case.
<ul style="list-style-type: none"> <li>• Purposive: Politically important</li> </ul>	Selected to explore a high-profile case	No. The study was not investigating a high-profile case.
<i>Snowball/Network/Referral</i>	A participant helps to recruit additional others. The initial informant can help other members to feel safe about taking part.	<b>Yes.</b> The subject of PG can be a sensitive topic and trust is needed between the researcher and the participant.
<i>Volunteer</i>	Advertisement solicits participants. Criteria for appropriateness to the study may be included.	<b>Yes.</b> As noted above, the sensitive nature of the topic demanded that self-selection into the study would possibly allow for intimate and open discussions
<i>Total population</i>	Used for small population studies where exclusion from the study may be seen as rude or offensive. Not all the data may be used though, if deemed inappropriate.	No. Not seen as appropriate for this study, where the population could be very wide.
Norwood, 2000		

When considering the sample size in GT methodology much emphasis is made on the notion of theoretical sampling. This is when, as Birks and Mills (2011: 69) define, “the process of identifying and pursuing clues that arise during analysis.” In other words the data creates more avenues for the researcher to follow, until the moment when no further new aspects arise. Hence, Birks and Mills suggest, it is not always possible to define the nature or type of data that is needed, nor to specify how many participants you will need, or the when, where and how that the data is generated or collected. Roberts (2008: 680), talking specifically about GT sampling pointing out that “open sampling” is initially that of interviewing, observing or examining documents. This progresses to theoretical sampling, “whereby the sample is determined by the issues that have emerged and is more focused on the individuals or phenomena to be studied”. The main characteristics of participants that were sought in this study were that of being a particular age and gender. The movement from the use of FGs (used to explore the issues) led to the concept analysis (i.e. requiring a firm definition of PG), which in turn raised the importance of employment over our behaviours. That gave rise to the investigation of what happens when employment ceases. This latter aspect was explored in the one-to-one interviews.

### **3.7 Discussion on the approach to data analysis**

This section will critically discuss data analysis used in GT methods. Specific aspects will be critically reviewed in future chapters. The goal in examining data in GT is to create concepts that help to explain a phenomenon. Sheppard (2004) suggests analysis involves conceptual ordering or creating categories. This allows for two functions: “a) to identify common types of objects, attitudes, situations and (b) to distinguish one common class of object and another” (pg. 183). The processes involved in examining the data are:

- A. *Open/Initial coding*: identifying a large number of themes; naming and labelling potential themes; groups of concepts come together to form a category. Charmaz (2006) suggests that at

this stage the words should be ones of action; however she also states that it is important for the researcher to remain open and see where the data leads.

What happens after this initial phase may depend on the GT philosophy that is followed. The next possible process is that of:

- B. *Axial/Intermediate coding*: bringing lower order/level themes into higher order ones, making connections between open coding. Birks and Mills (2011) state axial coding is an advanced version of intermediate coding and is more conceptually abstract than the thematic analysis of other qualitative methods. Strauss and Corbin (1990:96) propose axial coding uses a paradigm that involves “conditions, context, action/interactional strategies and consequences”.

This latter analysis is useful when seeking a ‘cause and effect’ relationship in the data. Another approach often used to identify categories in the data is that of:

- C. *Selective or focused coding*: integrating and refining the categories in order to generate theory. Strauss and Corbin elaborate on this, stating a story line is created from the data analysed, which may be a broad name for a phenomenon. Hence it is possible to create a Venn diagram from the data, as Byrne (2002: 67) points out a Venn diagram is an “iconic representation” of relationships among variables, that may emerge from the data. Charmaz (2014) states focused coding is exploring codes that occur frequently.

Throughout the course of analysis there should be evidence of:

- D. *Constant comparative method*: a process of analysing new data against known data (Charmaz, 2014).

The aim of data collection and the analysis is to reach:

- E. *Theoretical saturation*: no new properties or categories emerging from new data (Birks & Mills, 2011).



Depending on the nature of the data it may be possible to examine it for:

- F. *Properties and Dimensional range*: properties may be applied to categories and examine items such as frequency, extent, intensity and duration, whilst the dimensional range can be applied to each property e.g. if 'frequency' is the property then the dimensional range is often/never, for 'extent' the dimensional range is more/less. (Byrne, 2002: 72)

The final possibility of coding in analysis is that of:

- G. *Transactional system and Conditional matrix*: the former term is one of where there are levels of conditions that are interactive and interrelated. These can then be displayed as a conditional matrix, which form a set of circles that represents the conditions, actions/interaction and consequences for the phenomenon. (Charmaz,2006; Sheppard 2004; Strauss & Corbin, 1990 )

Several of the analysis methods noted above will be utilised and highlighted in later chapters. The coding process is a necessary step towards the final aspect of GT i.e. generating a theory. The theory generated is, Sheppard (2004: 185) suggests, the taking of the categories, themes or concepts and seeking out relationships to build a theoretical framework; it should explain a "social, psychological, or educational etc. phenomena". Strauss and Corbin (1990) advocate that the researcher should assist theorising by making use of memos and diagrams. Diagrams, they explain, are the "graphic representation or visual images of the relationships between concepts" (pg. 198). They give examples of this process and it was noted that they used single words or short phrases for categories. Charmaz (2006) recommends that coding should be short in nature and this was found to be a useful strategy.

At this point it is worth returning to the Glaserian and Straussian approaches to data analysis to distinguish their differences. Grbich (2007:72) highlights that Glaser supports constant comparison with the coding; open coding is undertaken on words, lines and sections; axial coding is unnecessary; selective coding uses core variables only; and the end point is theory generation.

Strauss, on the other hand, recommends the data can be split into three levels (identify concepts and categories, that can then be dimensionalised); open coding is carried out on words, lines and paragraphs; axial coding is undertaken meticulously; selective coding investigates core categories to other categories; and the end point is theory verification. Hence it can be seen that some differences are minor (whether a 'section' or a 'paragraph' is coded may be one of semantics, for example) whilst others, that of axial coding and theory outcome are more profound. The question for me was 'what knowledge would be lost if a single approach is taken?' Hence this study used aspects of both approaches (and incorporates the later thoughts of Charmaz) to gain in-depth understanding and maximise the knowledge provided by the data. It is eclectic rather than purist.

### **3.8 Discussion on ethical issues**

Ethical aspects of a study may start with a reflection on the research process and the role of the participant (Lindsay, 2007). An examination of whether there is a belief about the primacy of research versus the primacy of the individual plus exploring universalism of ethics versus moral relativism can help to define the ethical issues. If the research is being undertaken just to practice research skills then that is not a sufficient reason to expose an individual to the process of research. Arguing that the research is justified to expand on the knowledge of society may not mean that the researcher has the right to ignore issues of consent. My stance is that I believe in the primacy of the individual (i.e. that they have a right to refuse to take part in a study), and the belief that the study will be of benefit to society. Alderson (2007) suggests that the ethical aspects of research have to be thought about and that issues may be linked with the methodology. Parahoo (2006) identifies 6 ethical principles in research: beneficence, non-maleficence, justice, fidelity, veracity and confidentiality. Boulton (2009) adds to this list by stating respect for the person (autonomy) is important and makes the link to the right of the individual to decide whether they wish to participate and the gaining of consent. The Royal College of Nursing [RCN](2009) similarly highlights informed consent and confidentiality as a priority, with data protection, the right to withdraw and

identifying potential benefits and harms. The following table (Table 3. 5) identifies how these ethical principles have been addressed in this study:

**Table 3.5 Ethical principles and how they are applied in this study**

*Ethical research principles adhered to in this study*

<b>Ethical principle</b>	<b>Description of principle</b>	<b>How the principle is applied in this study</b>
<i>Beneficence</i>	The 'do good' principle	The study is intended to be of benefit to the service users encountered in health and social care practice.
<i>Non-maleficence</i>	The 'do no harm' principle	Procedures were put in place to prevent psychological and physical harm. See Section 3.8.1, which discusses the ethical approval process.
<i>Justice</i>	Being fair to each participant and treating them equally.	The procedures for the FGs and interviews were as similar as possible.
<i>Autonomy</i>	Respecting the rights of the individual to participate	See Section 3.8.2, which discusses consent issues.
<i>Fidelity</i>	Building a sense of trust between the participants	Carrying out the research principles and procedures in an appropriate and timely manner.
<i>Veracity</i>	Being truthful with the participants	Reporting data accurately.
<i>Confidentiality</i>	Adhering to the participants' right to privacy	See Section 3.8.3, which discusses anonymity and confidentiality.
<i>Willing to participate</i>	Informing participants about the study	See Section 3.8.2 and relevant chapters on 'Recruitment'
<i>Right to withdraw</i>	Informing participants of their rights	See Appendix 3, Consent form,
<i>Data protection</i>	Protecting anonymity and protecting data	By. See Section 3.8.4, which discusses management of the data
Norwood, 2000; Boulton, 2009; Parahoo, 2009; RCN, 2009		

Research governance tries to overcome such problems of: litigation, public mistrust, harm, and the bias towards sponsors. Hence research organisations and universities have established ethical committees in order to "safeguard research subjects/participants, researchers themselves and the standard and reputation of research" (Alderson, 2007: 285). This study adhered to such governance and the research proposal was submitted for ethics committee approval.

### **3.8.1 Ethics committee approval**

The stages of the research were outlined and presented in a written format to the University's Faculty of Health and Social Care Ethical Committee. Aspects that were addressed, prior to submitting for approval, were in relation to informed consent, participation, confidentiality, management of data, protection of vulnerable groups, and a harm-benefit analysis, the specifics of which are discussed below. The research proposal that was submitted to the appropriate University's Ethics Committee in regard to undertaking FG interviews, included a schedule of the interview questions (see Appendix 1: Interview guide), a participant information sheet (see Appendix 4: Participant Information Sheet), a consent form (see Appendix 3: Consent form) and a recruitment flyer (see Appendix 5: Recruitment flyer) for the study. Following adjustment to the title of the recruitment flyer approval was granted by means of a letter, at that point that the study was able to proceed. A subsequent proposal was submitted for the later episode of data collection, the one-to-one interviews with older people, and following discussions over potential payment of travel costs, it similarly received approval (see Appendix 6: Ethical approval letter ).

### **3.8.2 Informed consent and voluntary participation**

Holloway and Wheeler (2002: 58) suggest that informed consent is "within the principle of respect for autonomy" and that participation is voluntary and the participants should be aware of the benefits of the research and the risks involved. They highlight distressing memories may be provoked and time should be allowed to enable participants to work through these. Similarly the Nursing and Midwifery Council [NMC] *Code of Conduct* (2008a) highlights the importance of consent and this was adhered to, ensuring that the researcher obtained informed consent. In addition the NMC's advice on Consent (2008b), which states that written consent provides evidence of discussion and of participants' choice, was followed. Copies of the consent form were retained by the participant and me. All participants were volunteers. They were asked to read the information sheet before signing to give consent to take part in the study. They were informed of the arrangements for

keeping the data secure and that recordings of the interviews would only be retained until the transcribing of the interviews had taken place. No payments were given to any of the participants although they were able to choose an item of toiletry, after completion of the interviews, from a selection purchased by the researcher.

### **3.8.3 Anonymity and confidentiality**

The principles of anonymity, as promoted by Holloway and Wheeler (2002), are an important aspect of research. Confidentiality was maintained, taking the NMC's advice on Confidentiality (2008c), which incorporates the legal aspects in respect to the Data Protection Act, the Freedom of Information Act and the Computer Misuse Act. Therefore participants were made aware of their rights on these aspects. Pseudonyms were used during the FGs and these were assigned by a sheet of coloured paper, consequently some participants were referred to as Mr. Green, Mr. Red, Miss Blue, and so forth, for the duration of the discussion. In the transcriptions the pseudonyms used were sometimes ascribed by the transcriber, using Mr. A, Mr. B and so on. In the one-to-one interviews participants were asked to choose a pseudonym and this was used to differentiate the interviews during transcribing, mind mapping and analysis. Actual names of the participants were not used in any transcriptions. When names of individuals, their relatives, or places that could lead to identification were used these were substituted by the notation 'XXXX (*name of ...*)' in the transcripts.

### **3.8.4 Management of data**

Data was captured using a Morantz PMD661 MKII digital recorder. The NMC's advice on Record Keeping (2007), whilst not specific to the research arena, was adapted and followed, i.e. accuracy and timings were noted. The recordings were then mind-mapped (also known as 'conceptual mapping' [Grbich, 2012: 35]) by myself, which enabled in-depth engagement, or immersion, with the recordings before being transcribed. Fade (2003) proposes the researcher should undertake the

transcription themselves, to ensure that all aspects of non-verbal language are included.

Transcription was undertaken initially by myself, and later (because I have some hearing loss) by a professional audio-typist, who understood the issue of confidentiality. The transcriptions aimed to be “factual, consistent and accurate” (NMC, 2007: 2) with date and times recorded. The mind-maps and transcriptions were held electronically and accessed by using a password-protected computer. I held the password. The recordings, mind-maps and transcriptions will be held for the duration of the study (i.e. until the study is written up and handed in for scrutiny), after which all data will be destroyed by deletion, erasing and shredding techniques. Paper-based documents were stored in a locked cabinet, as per University Regulations on Research Governance (University of Chester, 2013).

### **3.8.5 Considering vulnerable groups**

It was not the intention that this study would involve any members of vulnerable groups. Wilson and Neville (2009) identify vulnerable groups as: children, people with learning difficulties, those with impaired health states (due to disease or illness) and disenfranchised groups such as lesbian, gay, bisexual and ethnic groups. The young or adults with health conditions may lead them not to understand the concept of consenting to participate, whilst those in differing groups may feel trampled on by the dominant group and may feel their views will be skewed by researchers (Wilson & Neville, 2009).

### **3.8.6 Harm-Benefit analysis**

The harm-benefit analysis, in respect to research, is often one that needs to be considered where treatments are being tried out (Alderson, 2007). This study was not of that nature. However I was mindful of the comments made by Holloway and Wheeler (2002), that there was a potential to access difficult memories, which may cause distress. Subsequently, the participants were given information on how to contact me after the interviews should the need have arisen, to have further discussions or direction to supportive agencies. No participants took up this option.

### **3.8.7 Research competence**

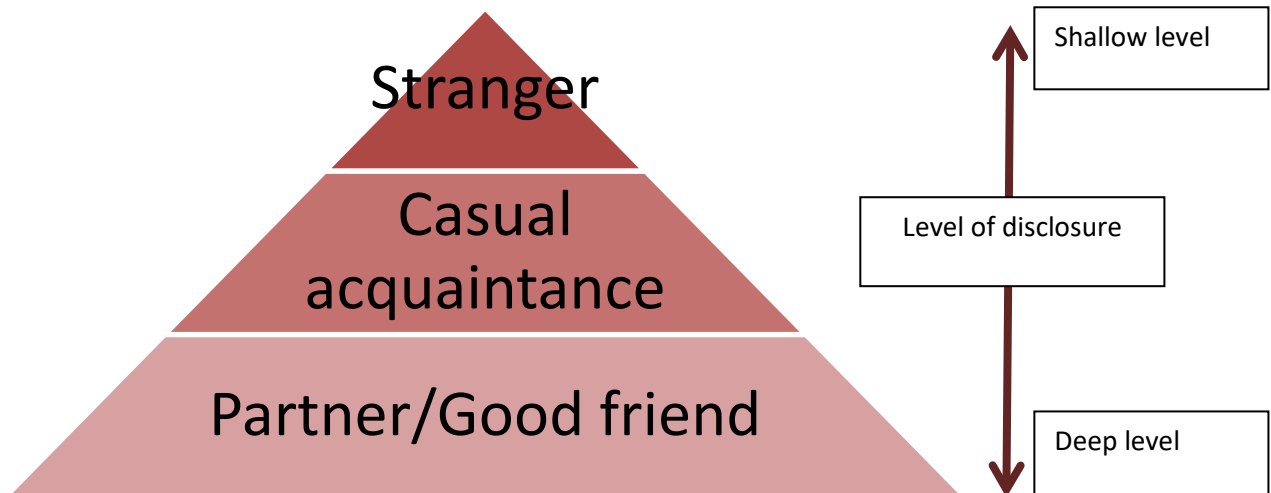
Within the ethical committee guidelines there is a requirement for the researcher to submit his/her *curriculum vitae* in order to ensure research competence. Birks and Mills (2011) argue that many researchers, embarking on a study where GT is the underpinning methodology, may not truly understand the processes involved but will never-the-less have generic skills that can be applied. These include use of resources, scholarly writing and project management. I had both experience of undertaking research and that of interviewing (see Appendix 7: CV). The use of a pilot group interview enabled me to try out the recording equipment, the timing and FG management techniques.

### **3.8.8 Depth of disclosure**

I was aware that the topic was one of a potentially sensitive nature. Many PG activities are carried out behind a closed bathroom door. I was also aware that the groups were going to share personal information and I read around the notion of 'disclosure', as a preparation to carrying out the interviews. Archer (1980) proposes individuals have differing levels of disclosure with others (see Diagram 3.1 below). With strangers the level of disclosure is shallow, the focus being on non-intimate topics and the breadth (i.e. the number of topics) limited, for example the weather, a television programme, and various safe topics. With a casual acquaintance the breadth may be the same as with a stranger, but there may be more depth and a move into an intimate topic area. The final phase is with a partner or best friend, where the breadth is wide (i.e. a range of topics are discussed) and the depth is at the intimate topic level.

**Diagram 3.1 Levels of disclosure, according to Archer (1980)**

*Diagram indicating the depth of disclosure of personal details and attitudes*



My aim was to try and aim for the deeper level of discussion. Parahoo (2006: 339) suggests that a skilled interviewer “can make the respondent reveal intimate details before the latter notices what happens.” If this occurs then the researcher should be mindful of the ethical principles of research. I was to draw on my experience of being both a nurse and also a counsellor in order to gain the level of trust that enabled a depth of discussion. I also used the tactic of using the third person e.g. “what grooming activities do you think that others carry out that they may not want to talk about?” This provided a safe environment for the discussions, both in the FGs and the one-to-one interviews.

### **3.9 Quality matters**

Norwood (2000) contends that “quality control issues are often considered ... a nuisance” (pg. 292) but asserts that attention to such details enhances the reliability and validity of the research process. She suggests there are differences in quality matters, depending on whether the researcher is engaged with either a quantitative or qualitative methodology. Quality matters in qualitative methodology focus on “the series of judgements made by a researcher ... in relation to ... accurate representation of the phenomenon of interest” (Norwood, 2000:290). Hence, Norwood suggests that the concepts sought in quantitative studies i.e. reliability and validity are replaced with the concepts of dependability and credibility. Giddings and Grant (2009) concur with the shift away from



reliability and validity, and stress that validation and trustworthiness, in respect to the interpretation of the data and conclusions drawn from it, are applied to the process of qualitative research. A number of strategies are suggested by Giddings and Grant to enable validation and trustworthiness in a qualitative study; these are highlighted in Table 3.6, page 60, with attention given to these aspects in the study.

Lavin *et al.* (2005) consider the hierarchy of qualitative data (see Table 3.7) in terms of quality (and here they are discussing it in relation to Evidence-Based Practice but it can also be applied to qualitative studies generally) and asks if it is primary, secondary or tertiary in its nature. Primary data is generally considered to be a higher quality than secondary or tertiary kind (Lavin *et al.*, 2005).

**Table 3.7 Hierarchy of qualitative data**

*Description of the types of data in qualitative research to help decide on quality and validity in a study*

<b><i>Data type</i></b>	<b><i>Description</i></b>
<i>Primary</i>	Data gathered at the point of patient (participant) contact
<i>Secondary</i>	Evidenced based on all studies collected from secondary bases e.g. systematic reviews or meta-analysis
<i>Tertiary</i>	Expert opinion: group of nurses, literature reviews, essays, reflections, opinion pieces, fictionalised case studies

This study's validity is enhanced by the fact that the majority of the study is at the primary level i.e. data obtained directly from participants. The concept analysis, which grew out of the initial data, is part-primary, part-tertiary, with participant data and literature being used to inform that part of the study. Slevin and Sines (2000) consider 3 quality aspects of qualitative research: truthfulness and consistency; reactivity countenance; and transferability. Once again, these are tabulated (see Table 3.8, pg. 61) to enable scrutiny against this study.

**Table 3.6 Validation strategies in qualitative research**

*Description of validation strategies in qualitative research and their applicability in this study*

<b>Strategy</b>	<b>Explanation</b>	<b>How it was applied in this study</b>
<i>Research question</i>	Clarification; seeks to focus/describe through exploring factors, characteristics or attributes	Exploratory questions used consistently through the FGs and the 1-to-1 interviews
<i>Triangulation</i>	Use of more than one method of data collection (e.g. interviews and observations) or sources of data (e.g. varied groups of participants)	Visual method used alongside FGs and 1-to-1 interviews plus Concept Analysis Different gender and age groups of participants
<i>Auditability</i>	A clear account of the process of data collection and analysis	Field notes maintained Thesis
<i>Expert critique</i>	Asking other to examine data, decision-making and conclusions made	Coding exercise with PhD students Peer presentations, with Questions and Answers time Supervision
<i>Member checking</i>	Participants checking the researcher's interpretation	Summarising technique during interviews Presentations with members present
<i>Reliability</i>	If a team project – agreement on coding and comparison on conclusion	Whilst it is not a team project, the coding exercise with PhD students produced agreement on coding and the conclusions reached.
<i>Use of negative case</i>	Attempt to find disconfirming evidence	<i>*Not utilised*</i> - this aspect had not come to my knowledge during the study
<i>Relevance of the study and findings</i>	How it contributes to the current body of knowledge; 'study written up in sufficient detail to be generalised beyond the setting of the study' (Giddings and Grant, 2009:127); probability sampling, with interview participants from a range of settings that represent the wider population	Presentations Published article Thesis Demographics of the participants

Giddings and Grant, 2009

**Table 3.8 Quality aspects of a qualitative study**

*The criteria of quality aspects in qualitative studies and whether they are fulfilled in this study*

Quality aspect	Criteria	In this study
<i>Truthfulness &amp; Consistency</i>	Constant comparative method, rich narrative accounts, verification checked, respondent and expert input, use more than one method to gain data. Audit trail Not achieved by accident, reliable	The study obtained rich data that allowed for constant comparison. Analysis was checked by participants and fellow researchers. All documents pertaining to the study were retained. The results were not obtained by accident and are reliable.
<i>Reactivity countenance</i>	Measures detailed to reduce researcher/ respondent response, Demographic differences between the above, Power issues, Interaction, Goals of interaction, Cultural awareness	I wore attire that can be found on sale in the High Street. Competence in interviewing and recording was demonstrated. The use of volunteers reduced the issues of power, along with a reminder that they could withdraw from the study at any time. I was mindful of the need to travel <b>to</b> the participants for the one-to-one interviews, as they were an older age group
<i>Transferability</i>	Provides rich & dense data, focus on the typical, multi-site investigation, studying the leading edge of change, use of a systematic approach	As noted above, rich data was obtained, which focused on the typical person. A range of ages were accessed and the research process followed.
Slevin & Sines , 2000		

The notion of the audit trail has been raised by various authors (Birks & Mills, 2011; Giddings & Grant, 2009; Rolfe, 2006; Slevin & Sines, 2000). Birks and Mills (2011: 173) define this as “a record of decisions made in relation to the conduct of the research”. Giddings and Grant (2009) include the researcher’s choice of the coding system and how it contributes to emerging concepts within the

audit trail. Records of supervision, a dedicated notebook containing thoughts and memos to self, and this thesis aids the audit trail of this study.

Fade (2003: 140) suggests that "... qualitative research papers should invite the reader to consider whether their own experience has any commonality with the findings." She identifies four aspects to the quality of qualitative studies: 1) credibility, 2) criticality, 3) authenticity and 4) integrity.

The first aspect, credibility, Fade states, is the acceptance that "qualitative researchers should expose their biases and personal perspectives and demonstrate that these have been taken into account during analysis" (pg. 141). I have recorded my philosophy in the opening aspects of this chapter. The second aspect, criticality, involves the researcher critically appraising his/her own findings. The section on 'Limitations of the study' in Chapter 9 will address this. The third aspect, authenticity is similar to member checking (as noted in Table 3.6) by ensuring that the experiences of the participants are recorded, plus using quotations from the data to illustrate the findings. This will be demonstrated in the findings sections of the following chapters. The fourth aspect is that of integrity. This aspect is bound up with the ethical considerations of the study plus capturing the aforementioned credibility, criticality and authenticity. Rolfe (2006: 309) gives a view on quality and puts it in the hands of "the wise judgement and keen insight of the reader". He states:

Quality judgements entail a subjective 'reading' of the research text, and the responsibility for appraising research lies with the reader rather than with the writer of the report; with the consumer of the research rather than with the researchers themselves. This does not preclude the researchers from appraising the quality of their own work, but rather suggests that the readings of the researchers carry no more authority than those of the consumers of that research. (pg. 309)

Hence it is to the readers and consumers of this research that will ultimately judge as to whether this thesis has quality.

### **3.10 Conclusion**

This chapter justifies the overall methodology of the study. It has highlighted the philosophical underpinnings and critically described the differences between the varying paradigms, concluding that the interpretive approach was appropriate. Symbolic interactionism was discussed; however it was proposed that this study is an idiographic social survey because of the individualistic nature of PG. The use of qualitative methods has been explored, highlighting those that were potentially appropriate to this study. An in-depth discussion on the use of GT, considering the Glaserian and Straussian approaches, ensued before stating that this study is one of an eclectic approach. Methods of data collection particular to GT methodology were identified and the use of FGs, VM, concept analysis and one-to-one interviews were favoured. Aspects of purposive and theoretical sampling were critically debated. The section on GT data analysis identified the types of coding and categorising that are available. Critical discussion of the Glaserian and Straussian views' on coding followed. Further specific discussions on analysis will be addressed in later chapters.

Ethical principles were defined; procedural aspects were explained; consideration was given to how the participants might be affected on disclosing private details in a FG. These aspects were managed through the judicious application of ethical principles, consequently informed consent, voluntary participation, respecting anonymity and confidentiality, and the management of data were critically discussed. The discussion considered vulnerable groups, harm-benefit analysis, research competence and, an important factor in FG or interviews, the depth of disclosure aimed for. All featured under the over-arching umbrella term of ethical behaviour towards participants.

The final section of the chapter considered the quality issues of the study. Measurements of quality were identified and the issue of validation in qualitative studies was critically explored. The hierarchy of data, which may affect validity, was highlighted. Further quality issues – truthfulness, consistency, reactivity countenance, transferability, criticality and integrity – were all reviewed against this study and noted to have been respected. The final quality dimension, judgement of the study, was placed

back into the hands of the reader. The next four chapters will outline how the GT method was operationalised.

## Chapter 4 The first phase of formal exploration: focus groups

### 4.1 Introduction

In this chapter the initial phase of the study, i.e. data collection via focus groups, is discussed. The use of FGs is explored, justifying their use. Information is given on the recruitment and procedural aspects of FG management. The method of data analysis is explained and the findings from the FGs given. This latter aspect is particularly important in a GT study, as one episode of data collection may lead to the next one. So whilst there is an overall review of the findings in Chapter 8, it is necessary to report each episode of data collection, to accurately report the process of the research as it occurred.

### 4.2 The use of focus groups

As noted in the previous chapter (see Chapter 3: Overall methodology) I chose to use FGs as the initial means to exploring the topic of PG. Vaughan, Schumm and Singagub (1996) give 4 reasons why FGs might be used to gather data. All of these help to underpin their use in this study.

Reason 1) is: that they “offer variety and versatility to both qualitative and quantitative research method” (Vaughan *et al.* 1996: 14). Birks and Mills (2011:76) state that their use in qualitative research, and GT in particular, have “specific advantages”. Vaughan *et al.* (1996) provide some of the advantages by commenting on the variety and versatility of a FG. It generates a larger amount of data because of group interaction (*synergism*) and initiates a chain reaction of comments (*snowballing*) [not to be confused with snowball sampling technique]. The group generate enthusiasm for the topic (*stimulation*), they provide comfort and are encouraging to each other (*security*), and they can choose which questions they respond to (*spontaneity*). Birks and Mills (2011:76) concur with this noting that an “assembly of people ... is effective in engendering conversation as each participant responds to and feeds off the others”. This was the effect that was sought at this initial, exploratory stage of the study.

Reason 2) is: that a FG fits with the qualitative paradigm (Vaughan *et al.*, 1996). The conversations can demonstrate multiple views of reality occurring. It enhances the researcher-participant interactive relationship, with the 'moderator' (the person who leads the discussion) using a list of topics to enhance the exploration of the topic. The resulting conversation may not be generalizable to a larger population, matching the qualitative paradigm.

Reason 3), according to Vaughan *et al.* (1996), is: the direct contact with participants. Social scientists may, for example, want to have more contact with stakeholders or service users. Researchers may learn a lot and gain insight from having extended conversations with participants. Thoughts, feelings and behaviours may be articulated within the group and the moderator can clarify or further explore the issue under discussion.

Reason 4) is: the group discussion yields rich, in-depth, descriptive data (Vaughan *et al.*, 1996). There is interaction between the moderator and the participants and between the participants themselves. The group support each other and encourage openness, simultaneously allowing for individuals to form opinions through the process of interaction. Whilst the moderator has a formulated research question and a prompt sheet to use as a guide, the group may throw up unanticipated issues related to the topic under discussion.

Given that the early readings on PG were limited I sought to gain a wide perspective on the topic. Focus groups generate in-depth views and promote ideas beyond that of the researcher's knowledge, which makes it an appropriate technique to use to gather data. Norwood (2000: 260) suggests that the use of FGs enables the researcher to "gather a variety of perspectives on an issue in a relatively short period of time." Whilst the time aspect was not one under consideration, the range of ideas generated by a FG method was uppermost. Focus groups are usually quoted as being a relatively small group of people, numbering between 6 to 12 participants (Bloor *et al.*, 2001; Vaughan *et al.*, 1996). However, in relation to GT, 2 or more participants being interviewed together



have been accepted as a FG (Birks & Mills, 2011). Bloor *et al.* (2001) contends that the researcher, despite aiming for a specific sized group, is often at the mercy of how many participants turn up.

Bloor *et al.* (2001) debate the use of either a 'strangers to each other' type of group versus that where participants are 'known to each other'. They suggest the former type, often used by market researchers, does not necessarily generate the level of discussion that social scientists need, because strangers may not freely express their views with others. It can therefore take time for strangers to get into the conversation. However, because they do not know each other, they may find it easier to disclose information because there is no fear of repercussions (Vaughan *et al.*, 1996). Where the participants are 'known to each other' they are more likely to act as prompt conversations, remind each other about aspects of behaviour and maybe even challenge each other during the session. Another aspect of a 'know each other' group is, as Bloor *et al.* (2001) point out, is that "attendance at a group may be less likely to seem daunting to an individual ..." (pg. 23). As a final caution, Birks and Mills (2011) suggest that it is inherent on the researcher to maintain the focus on the topic and that there should be an awareness of potential problems in order to minimize their effect. It transpired that the groups assembled were to fit the 'known to each other' type. Whilst this was not intentional, they appeared to support each other during the interviews.

#### **4.3 Previous focus group studies**

The use of FGs, as a means of gathering data, is used increasingly (Foster-Turner, 2009). Previous studies that have used FGs are as follows: Stephens (2001) investigating how the menopause is experienced; Schartau, Tolson, and Fleming (2003) exploring how Parkinson's disease affects females during menstruation; Riley and Cahill (2007) investigating body art; Gallagher (2007) exploring student nurses understanding of nursing; and Ayalon and Baum (2010) who wanted to discover the views of social workers in home care settings. Some studies used FGs either as an initial method of data collection, which was then followed by interviews (Stephens, 2001; Gallagher, 2007), or as an optional data collection method for participants (Schartau, Tolson & Fleming, 2003). The

topics of menopause, menstruation and body art indicate that a FG can be used to investigate sensitive and personal information. The studies of Stephens (2001), Gallagher (2007) and Ayalon and Baum (2010), all of whom use coding as a means of data analysis, show that FGs can be utilised within a GT methodology. Birks and Mills (2011: 77) report that FGs have been used on their own in GT methodology, or have been used following interviews, or used to “generate initial concepts for later follow up”. This last aspect was the reason for using this approach to gathering data.

#### **4.4 Recruitment to the focus groups**

Once the use of FGs had been decided upon, the next step was to structure them and this arrived at a total of five groups: 1) a pilot group; 2) over 45s; 3) parents of school-age children; 4) males aged between 18 -45; 5) females aged between 18-45.

The reason for choosing this structure is addressed below. Recruitment to the study was through the use of volunteer sample method, via small poster displays within an academic campus (see Appendix 5). The posters identified the nature of the study, i.e. PG, gave the age ranges wanted, the date of the proposed FG and contact details.

The study aimed to gain a gender perspective hence the target population included men and women, in the age range of 18 – 45. In addition parents of school-age children were sought, to identify early socialisation aspects to grooming activities. The views of mature people (46 +), who might be carers of elderly persons, were also sought. The reason for the age range split was because of bodily changes that take place during the female menopause, which may occur in women in their late forties and early 50’s (Porth, 2007). Men, similarly, start to show signs of aging with greying or loss of hair and thickening waistlines (Porth, 2007). The target groups were found within the population of the academic campus (for pragmatic reasons), either as students or as staff members. It was noted that there could have been a potential for conflict of interest (BPS, 2006), i.e. the impact of a power relationship. This could have arisen if a student (or students) volunteered from

the area in which I worked. To counter this aspect recruitment to the study was entirely voluntary. The FG discussions were carried out using the underpinning RCN's (2009) professional values of ethical behaviour (see Chapter 3, Section 3.7). Only one student came forward and therefore the power difference was confined to the interviewer/participant role.

The numbers recruited to each FG did not achieve the ideal size of 6-12 participants, as recommended by Vaughan *et al.* (1996), but they did satisfy the numbers mentioned in GT text of 2 or more participants (Birks & Mills, 2011). A factor for the low recruitment was trying to arrange people to organise their work/study commitments to be available at the same time and in the same place. In addition there was confusion over individuals' understanding of what was meant by the term 'personal grooming', sometimes interpreting it as sexual grooming. The number recruited to each group is identified in the table below (Table 4.1). It also records if the VM (mentioned in Chapter 3, Table 3.2) was utilised.

**Table 4.1 Focus group details**

*Information on the focus groups, with number of participants and whether a visual method was used*

<i>Method</i>	<i>Comment/Numbers</i>	<i>Visual method used in parallel</i>
Focus Group: Pilot group	Four females and one male participated. (n=5)	No: the focus group was time-limited
Focus Group: Over 45s	Two female participants. (n = 2)	Yes
Focus Group: Parents of school-age children	Two groups with two, then three participants in each group (n=5)	Yes
Focus Group: Males 18-45	Four participants (n=4)	Yes
Focus Group: Females 18-45	Two participants (n=2)	Yes

The timings of the FGs were intended to be held week apart. This was to allow for reflection between meeting each group and to adjust the style of facilitation if necessary (Vaughan *et al.*,

1996). The actual schedule for the FGs was further apart, due to the difficulty of recruiting participants. Individuals were sent details of the study via an e-mail together with a copy of the Participant Information Sheet (see Appendix 4) and a consent form (see Appendix 3). The participants' rights were re-iterated before starting the discussion; copies of the consent form were signed by me and each individual. Participants were reminded of confidentiality issues, in respect to being in a group i.e. they could talk elsewhere about their contribution but should not discuss others' responses.

A specific ethical issue was in addressing the effect of sharing information. Contact details were supplied to each participant if a private conversation was required afterwards. Contact numbers of referral agencies would have been obtained had there be an extreme response to the event. These 'good practice' strategies were recommended by the British Psychological Society [BPS] (2006), which gave greater details on overcoming psychological harm than the NMC or RCN research ethics guidelines. None of these contingency plans were needed.

Health and safety aspects were adhered to. Attention was paid to the room size and layout in order to provide sufficient room for the participants and the recording equipment. A room was pre-booked to ensure its availability and a sign was hung outside the door to indicate that recording of interviews were taking place. Prior to starting the interviews familiarisation with the recording equipment took place and electrical wires were located in such a way as to minimise trips.

#### **4.5 Focus group discussion details**

The interviewer or 'moderator' (Vaughan *et al.*, 1996) has to lead the discussion and know whether the object is to explore past, current or future behaviours, thoughts or feelings. It was intended that there would be a sequence of opening and prompt questions that would lead the group members from the broad topic to a more personal level. This approach is recommended by Morgan (1997). A topic guide was devised (see Appendix 1) in order to promote the conversation which would explore

the topic to some depth. The guide would be utilised, acting as a prompt, during naturally-occurring lulls in the conversation. The guide reflected issues noted during the early readings of the literature, for example the ideas of allo-grooming and luxury items.

#### **4.6 Recording the data**

Data was captured through the use of audio recording equipment. This was made explicit to the participants, as per the BPS guidelines (2006). Brief field notes were taken to obtain any aspects not captured by the recording, such as afterthoughts, non-verbal language or body language. The participants were also asked to use a blank body shape, in order to capture data in respect to specific PG activities (see Chapter 5 Visual Methodology). The data was to be transcribed and read prior to formal analysis. Analysis of the recorded conversations would follow the four basic processes of qualitative data analysis, as described by Morse and Field (1996, cited in Parahoo, 1997: 354) as “comprehending, synthesising, theorising and reconceptualising”, prior to coding the data.

#### **4.7 Transcribing**

It was the intention that I would transcribe all the discussions. Norwood (2000: 378) states that data familiarization involves immersion, ““reading and re-reading transcripts and field notes, listening to interview tapes, and so on to get a feel for the information contained in the data.” Charmaz (2014: 92) exemplifies this and notes that in the transcribing process during one of her studies she “not only preserved detail but also gained understanding about the construction of the interview content”. The discussion recordings were loaded onto a disc before transcribing them (see CD: Transcripts). The transcribing was enhanced by the use of the software known as Audacity (a free, downloadable programme that enables sound files to be manipulated); it allowed for easy stopping and starting whilst listening to conversations. The transcription, once completed, was mind-mapped using FreeMind (free, downloadable software). The benefit of mind-mapping is that it is easy to view where a discussion point prompts a lot of debate, over those that prompt little. The process of

looking for open codes and categories was also made simpler by virtue of using a visual representation.

#### **4.8 The pilot focus group discussion: format and findings**

Parahoo (2006: 309) points out that a FG can be used to “pilot test” a potential questionnaire, which may be used in later interviews. Dick (2007: 406) argues that GT researchers may find using a FG a “demanding task”. One way of overcoming this is by using a pilot FG. I was confident in my communication skills in a group but I wanted to try out the prompt questions, check the timings and use the recording equipment correctly.

##### **4.8.1 The pilot focus group**

Recruitment to a small pilot FG was straightforward. Four females attended during a lunch time and were joined by a male two-thirds of the way into the conversation, which noticeably altered the dynamics of the group i.e. the females were not as vocal as they had been previously. Charmaz (2014) points out that dynamics of power and gender may affect the gathering of data. As this was the only occasion where the genders were mixed it was not to be an issue in further aspects of data collection. The total time in conversation was 25 minutes, with 5 of the prompt questions being utilised.

##### **4.8.2 Findings from the pilot focus group**

Data from the pilot group serves as the first step into discovering emerging categories; this follows the GT principle that “all is data” (Glaser & Strauss, 1960). An extract from the discussion, an example mind-map, and a summary of responses are presented below.

N.B. Identified codes are *italicised* in this chapter.

#### 4.8.2.1 Response to 'definition of personal grooming'

There did not seem to be a clear definition of what PG is. Individuals in the pilot group exemplified this well.

Mrs Yellow: ... taking care of your hair, ... stuff like manicure, pedicure and skin treatments – but whether you would be doing it to somebody else or whether you you're your own personal grooming –it depends whether you are doing to yourself or another

Mrs Red: I'd go with hair, I wouldn't go with manicure or pedicure but I'd go with hair, clothes, make up, shoes, clean clothes - ironed, the very sort of superficial things that other people can see. That would be my perception.

Mrs Lilac: erm... I think it's probably different things to different people ... and it's your usual standard of personal hygiene ...

These responses seemed to indicate that the concept of PG was very individual although some elements, such as hair care, were mentioned consistently.

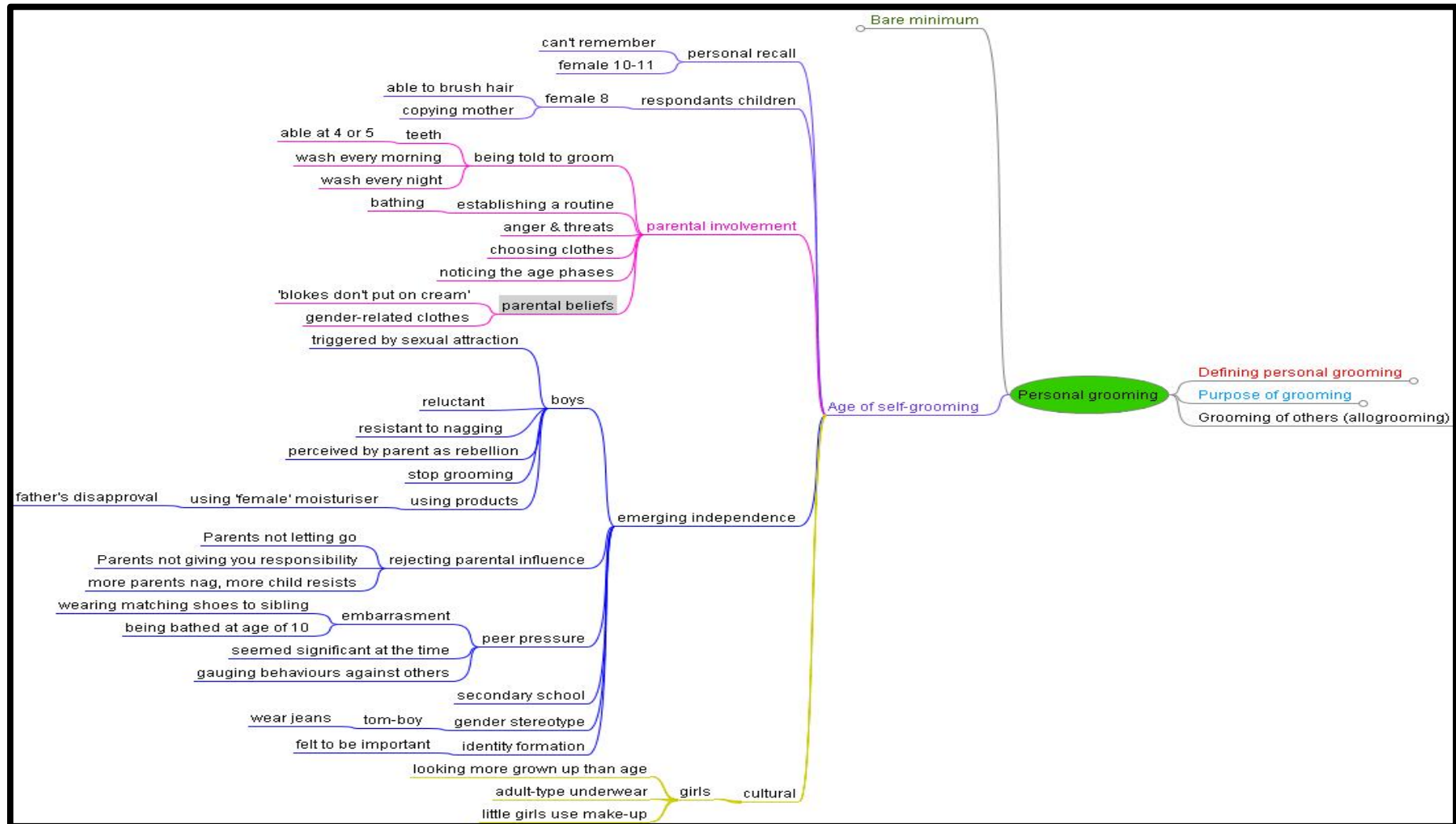
#### 4.8.2.2 Response to 'what age did personal grooming start?'

The conversations were mind-mapped, clustering aspects of the conversation around a particular conversational thread. Below is a mind-map (Diagram 4.1) to exemplify the process of mapping and represents the data on the question about the age of starting grooming.

**See Diagram 4.1 on page 73**

As it can be seen, not only was the age reported – cited from 4 years and above – but also engagement with *hygiene-orientated activities*, the degree of *parental involvement*, the *emerging independence*, *gender differences* and the impact of *culture*. The mind map indicates that 'emerging independence' formed a large part of the discussion.

Diagram 4.1 Age of starting grooming (Pilot study)





#### **4.8.2.3 Response to ‘what is the purpose of grooming?’**

The mapping (see CD: Mind Maps) showed that the participants recognised that they *groom for others*, the so-called public face or *self-presentation*, and were aware of the *social aspects*. They spoke of the *professional image* and what indicates an unprofessional image. They highlighted that PG affects how they may *feel about themselves* and were aware of a changing culture in respect to *body modification*.

#### **4.8.2.4 Response to whether individuals had undertaken allo-grooming**

The responses roughly fell into ‘who’, ‘what’ (*activities*), ‘when’ and ‘why’ (*influence*) categories and it was noted that *allo-grooming* is carried out on significant others (*interpersonal*) and involved a variety of activities. Whilst aspects such as a self-care deficit, e.g. when *illness* occurs, and promotion of *bonding* were expected, an unexpected response was that of *allo-grooming post-death*.

#### **4.8.2.5 Response to ‘what would be the bare minimum of your grooming?’**

This question, which arose from the participants’ conversation, was not fully explored as the time for the interview ran out. However it was noted that a range of *products* were identified (see Table 4. 4, below), plus basic *hygiene* aspects. It was noted that some items are considered to be *essential*, with the term ‘can’t be without’ being used.

#### **4.8.2.6 Creating a diagram of the elements of personal grooming**

Following the pilot group discussion a Venn diagram was constructed (See Diagram 4.2), which reflected the discussion on hygiene and PG and body modification. Diagramming, Charmaz (2014: 218) suggests, is an “intrinsic part of grounded theory” as it provides “a visual representation to categories and their relationships”. In particular a Venn diagram, Dey (2007: 181) argues can offer the grounded theorist to “illustrate the logical relationship between groups of things (sets), such as cases of overlap between categories. These have the advantage of requiring far less stringent

assumptions, more constant with the realities of everyday categories.” Consequently it helps in broadly drawing together some of the selected data, to aid understanding. The notion of hygiene initiated a conversation on washing, bathing, showering and activities on cleaning the hair and of the teeth. Hence *facilities, tools, and products* were mentioned. It was thought that hygiene and PG differed. A varied list of reasons why you may engage in PG emerged. A third element in the conversation was of *body modification*, which was seen as a separate aspect of PG. The following quotation demonstrates that aspects of body modification are not always seen in a positive light:

Mrs Orange: Well, it's difficult because it more cultural now, isn't it, to have an identity with tattoos and piercing however someone of an older generation it's associated with certain walks of life, isn't it? – like, you know, armies or sailors, I know I'm making assumptions here, would have a tattoo, but that typical middle-class might not. It about how people are portrayed. There has been some work, I think, where older people ...er, mm... have just been scared, because ...um...how people are portrayed with body piercing.

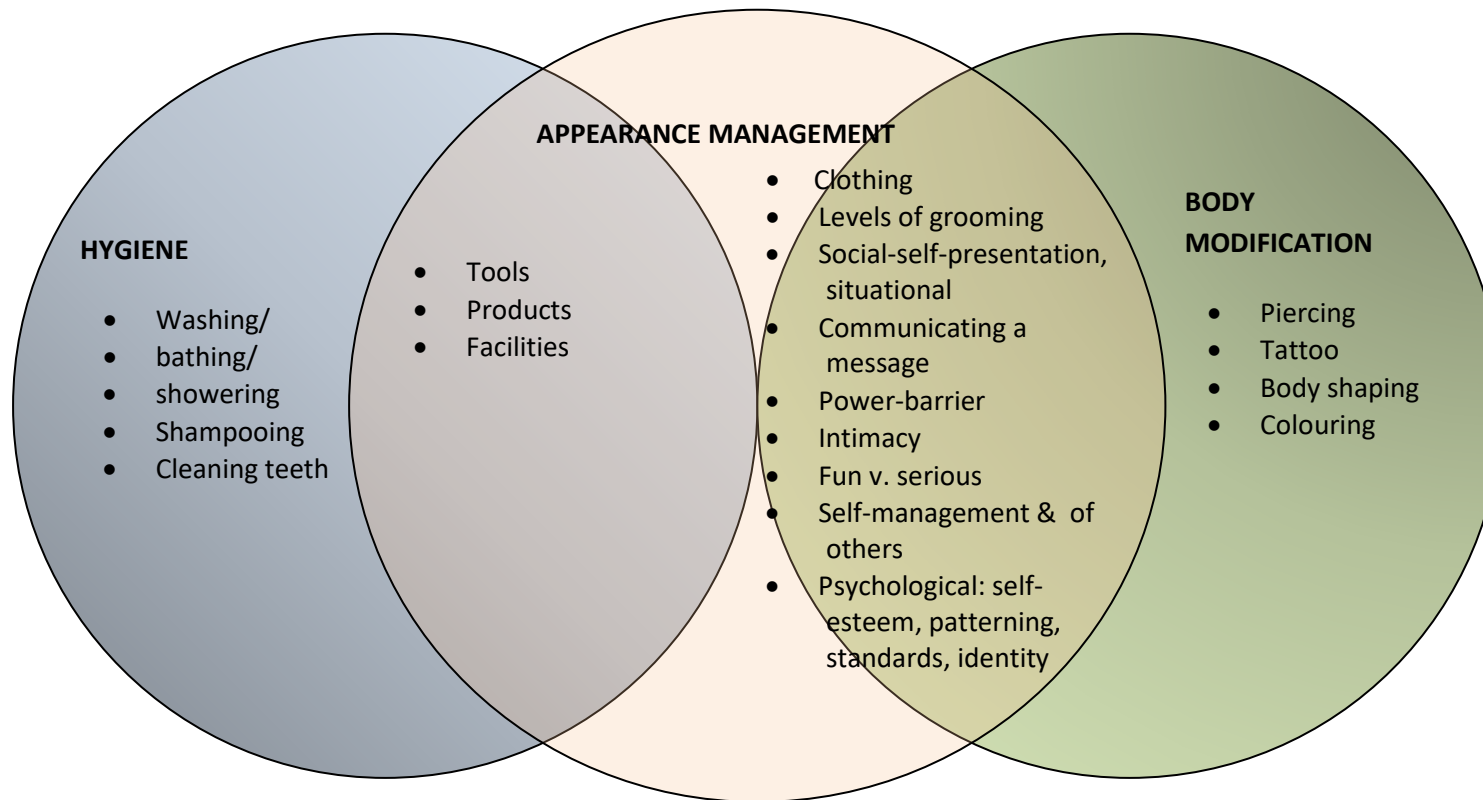
Hence piercings, tattoos, body shaping (i.e. weight control) and colouring of hair featured. These aspects are not (normally) everyday activities in the same way that hygiene and PG are. However 'personal grooming' contained aspects of 'appearance management' [a term used by Tiggemann (2004) to mean attention to grooming and dress], and so the Venn diagram reflects the three elements of PG *per se* as hygiene, body modification and appearance management.

**See Diagram 4.2 on page 76**

The Venn diagram illustrates activities that may be carried out singly i.e. just hygiene, just appearance management or just body modification, **or** it can represent overlaps and/or the whole concept of PG.

**Diagram 4.2 Venn diagram: relationship between hygiene, appearance management and body modification**

*A representation of personal grooming, drawn from the responses on being asked to define it*



### **4.8.3 Poster presentation on findings from pilot focus group**

The findings from the pilot FG were presented at an annual Post-Graduate Student's Day. (see CD: Presentations). The findings noted that a 'bare minimum' of grooming activities emerged, some of which were hygiene-orientated (wash, shower, clean teeth, wash hair) i.e. the removal of dirt and dust. Other minimum activities included applying products to the body (deodorant, cosmetics, creams). These latter activities relate more to the notion of PG, rather than one of hygiene. Hence it gave a simplistic differentiation of the two concepts. Feedback on the poster consisted of anecdotes being shared with me about relatives who had received allo-grooming from health and social care workers.

### **4.9 Progressing with the study: the four focus groups**

Changes made following the pilot group were: 1) to allow more time for the group discussion; 2) to guard against late arrivals and 3) to ensure that the body shape VM was employed.

There follows the format and findings of the individual FGs: the over-45 group [+45FG]; the male 18-45 group [MFG], the female 18-45 group [FFG]; and the child-related group [C-rFG]. Findings are given in order to continue the process of constant comparison. The following sections will report on the ensuing FGs and how they were conducted and managed.

#### **4.9.1 Focus group 1 (Over 46s)**

The first FG (over-45s) had two participants, both female; one was an administrator, the other an ex-teacher. The number of participants is the minimum number for a FG (see Section 4.2) and the findings are not generalizable. The body shape diagram, used to capture activities of PG (see Chapter 5: Visual methodology), was introduced at the end of the interview. There was, however, a failure in recording the discussion as the recorder had been switched to 'telephone' mode. Field notes were made (see CD: Transcriptions), recalling the responses to the questions. These were mind-mapped

and e-mailed to the participants for their verification. Both verified the content as accurate. This fulfilled an aspect of verification of the results, as noted in Chapter 3, Section 3.8 on quality matters.

#### **4.9.2 Focus group 2 (Child-related group)**

The second FGs were parents of children of school-age. Five people came forward to take part. Two could only come on one day, and the other three on another. Hence two episodes of discussions took place. This may have diminished the advantage of using FGs, where the purpose is to have participants interacting with each other (see Section 4.2). The first of these discussions went to plan and the recorder functioned correctly. The audio department transferred the recording onto a disc. The audio department's disc was, however, found to be blank, leaving just the body shape diagrams as data from the first group. After the second discussion I downloaded the recording onto a disc. These incidents are part of the trials and tributes of being a researcher and although the first discussion was lost, the data on the diagrams was utilised.

#### **4.9.3 Focus group 3 (Males 18-45)**

The third FG was that of males, aged between 18 and 45, and recruited four participants. This number is satisfactory for a GT study but remains below the ideal size of 6-12 (see Section 4.1). This session went to plan, as did the downloading and transferring of data to disc.

#### **4.9.4 Focus group 4 (Females 18-45)**

Two female participants in the 18-45 age criteria came forward and took part in this final FG. This is the minimum number for a FG and so all of the findings must be treated as not generalizable. The recording went satisfactorily, as did the transfer of data onto disc.

#### **4.10 Transcribing issue**

During the process of transcribing I discovered that I had some hearing loss, which slowed the activity. I therefore contacted an audio-typist, who was familiar with the issue of confidentiality, to

complete the end of the male FG conversation and the entire female group discussion. The process of mind-mapping each conversation, however, ensured I had listened to them closely.

#### **4.11 Findings from the four focus groups**

Following transcribing I returned to the literature on GT analysis (Holloway & Wheeler, 2002; Streubert Speziale & Carpenter, 2007) and found Streubert Speziale and Carpenter's (2007) framework (see Appendix 2) useful to guide me through the data, keeping in line with GT methodological principles. Streubert Speziale and Carpenter (2007: 144) propose concept formation starts at the beginning of the study through the accumulated data drawn from a variety of sources, with "data collection, coding and analysis occurring simultaneously". I went through the transcripts line by line and mapped them out. The following sub-sections outline the prompt question and the findings. Composite mind maps were generated for each question, these may be viewed on the accompanying CD to this thesis. The use of tables has also been used to present the material. Like mind maps, a table allows for the use of constant comparison of the data (Scott & Mazindu, 2014). These strategies help when it comes to scrutinizing the data for codes and categories for, as Charmaz (2014:296) points out "their power, purpose and pattern" may be identified.

##### **4.11.1 A definition of personal grooming?**

A composite mind-map, i.e. from all of the FGs, was made (see CD: Mind maps) in response to each of the prompt questions. This allowed for comparison for each groups responses, using selective coding. The composite map suggested PG involves cleanliness of the body, with particular areas of *the body* being mentioned. Application of *products* were remarked on, as were wearing of *clothing* and *shoes*. *Self-presentation* was cited in four out of the five groups, recognising that a social situation may dictate our level of PG. *Self care*, *self management*, and *self esteem* emerged, as did the acquisition of PG *standards*.

#### **4.11.2 The purpose of personal grooming?**

In the composite mind map generated by this question, *social encounters* and *sexual attraction* featured in all of the groups' responses. Notions of a *public face*, a professional *identity*, a work *role* and a means of *communication* were highlighted. Psychological aspects, such as *comfort*, *feeling good* and *confidence* feature; recognition occurred that *clothing* can be a target for bullying, competitiveness and a *source of conflict*. It was noted that activities may drive a change in PG and that *peer groups* may affect the *style* of grooming.

#### **4.11.3 Age of starting grooming?**

The groups were asked about the age that they started grooming, to explore how we learn to self-groom. Varied ages and activities cited. The composite mind map recorded that a 3 year-old boy engaged with what he wears, the *ability* to clean teeth is recorded at the age of 4 or 5, whilst a 6 year old girl *experimented* with makeup and wearing jewellery; another speaks of bathing without supervision at the age of 10 or 11.

Parents recalled children aged 8 *combing* their hair, whilst an adult female recalled *shaving hair* off her arms at that age, due to comments made to her in the playground. Around the age of 10 and the time of attending secondary school there appeared to more independence happening. The need for *privacy* is mentioned, as is the tension between *parental involvement* and the struggle for *independence*, which was viewed as 'rebellion' by a participant. Once puberty and aspects of *sexual attraction* occurred the individuals reported a higher *interest* in their PG.

#### **4.11.4 Undertaking allo-grooming (grooming another)**

The responses noted in the composite mind map suggested that PG on another is carried out if there is a familial *relationship* occurring i.e. partner, children, parents, siblings or in-laws. Those mentioned outside of this circle were friends or fellow-students. This finding has importance when delivering care, where service users may be recipients of allo-grooming from strangers. *Hair care* was the most

frequently cited allo-grooming activity, whilst *nail care*, *massage* and *bathing* were mentioned. *Shopping* for clothing, with and for a partner or children, was discussed by the male group. Parents of children listed the activities related to grooming their children: attending to clothing, buying products, maintaining stocks of items, overseeing hygiene activities, and enabling the transition to the child's *self-care*. Two individuals, in different groups, spoke of the *emotional aspect* of allo-grooming (in both cases it was an older in-law): for one there was an initial sense of reluctance, whilst for the other a sense of being privileged in being allowed to carry out care.

**[Gap left on purpose to present subsequent findings coherently]**



#### 4.11.5 On what occasions are you more groomed?

In response to this question the findings from the groups were collated into a table (see Table 4.2); this was to avoid a large composite map. The over-45s suggested older relatives had an increased attention to PG. There discussed intergenerational *comparison*, recalling photographs as a point of reference. The men recalled how their childhood informed their ‘most groomed’ moments i.e. meeting parental *approval*. The desire to project a *professional image* informed their day-to-day wear and they acknowledged that special occasions demanded a higher *level of grooming*. The men also commented that spousal approval was a *driver* towards a higher standard of grooming. The child-related group noted activities such as *sport, events* and adult-centred *special occasions* as a reason for more investment in PG. As the child got older *peer group pressure* started to shape grooming behaviours. The female group highlighted a list of special occasions that would prompt more attention to PG.

**Table 4.2 Occasions most groomed**

*Collated responses to the enquiry of when individuals are most groomed*

<i>over 45s</i>	<i>Males 18-45</i>	<i>Child-related</i>	<i>Females 18-45</i>
<ul style="list-style-type: none"> <li>•To get increased attention</li> <li>•Being more meticulous</li> <li>•Control over a shrinking world</li> <li>•Influenced by TV</li> <li>•Comparison of generations via photographs.</li> </ul>	<ul style="list-style-type: none"> <li>•Meet parental expectations</li> <li>•Professional image</li> <li>•Occasions: wedding/ job interviews/ church/ meeting dignitaries or other professionals/ out for a meal</li> <li>•Making an effort for their partner</li> </ul>	<ul style="list-style-type: none"> <li>•‘Rose Queen’ event</li> <li>•When appearance is judged: weddings/ birthday parties/ special occasions/ proms/ to look older</li> <li>•Within their peer group: shopping/ fashion items</li> <li>•Special activities: horse riding/ sports/ ballet</li> </ul>	<ul style="list-style-type: none"> <li>•Going out</li> <li>•Occasions: weddings/ Christenings/ parties/ formal events/ award ceremony</li> </ul>

#### 4.11.6 On what occasions are you least groomed?

The responses to this question were similarly collated into a table (see Table 4.3). It can be seen that there is *language* applied to not getting dressed ('sloppy'; 'pyjamas'; 'chill') when there is no need to go out of the house. Where there was likely to be contact with *dirt* and wet (gardening/ DIY/ fishing/ walking) then there was less emphasis on PG. The impact of the *physical* and *emotional* state was highlighted by the female group.

**Table 4.3 Occasions least groomed**

*Collated responses to the enquiry of when individuals are least groomed*

<i>over 45s</i>	<i>Males 18-45</i>	<i>Child-related</i>	<i>Females 18-45</i>
<ul style="list-style-type: none"> <li>•Gardening</li> <li>•'Sloppy days'</li> <li>•Rebelling against work routine</li> <li>•No make up</li> </ul>	<ul style="list-style-type: none"> <li>•In the house</li> <li>•Gardening</li> <li>•DIY</li> <li>•Going fishing/ walking</li> <li>•'Letting hair down'</li> <li>•Weekend: no shaving</li> <li>•Risk censure from partner</li> </ul>	<ul style="list-style-type: none"> <li>• 'Pyjama days'/ 'chill' days</li> <li>•Weekends</li> </ul>	<ul style="list-style-type: none"> <li>•Staying in</li> <li>•When not feeling well</li> <li>•When in a hurry to get out</li> <li>•Putting children first</li> <li>•Depends on how you feel on the day</li> <li>•Informal occasion</li> </ul>

#### 4.11.7 What influences your style of grooming?

The responses to what influences the participants own style of PG is collated in Table 4.4. The male group identified that *early socialisation* playing a factor in PG. The child-related group identified a range of activities that contribute to the socialisation process. Whilst *peers* seem to be present in 3 of the groups, the females did not refer to them. On the contrary, there was a sense of obligation at having to dress as others do.

**Table 4.4 Influences on personal grooming**

*Collated responses to the enquiry of what drives individuals to undertake grooming*

<i>over 45s</i>	<i>Males 18-45</i>	<i>Child-related</i>	<i>Females 18-45</i>
<ul style="list-style-type: none"> <li>•Eradicating smell</li> <li>•Television</li> <li>•State of health</li> <li>•Body size: fluctuating/compare to relatives</li> <li>•Wanting to wear smaller clothes/previous styles</li> </ul>	<ul style="list-style-type: none"> <li>•Peers</li> <li>•Early socialisation</li> <li>•To 'blend in'</li> <li>•Religion</li> <li>•Age-related</li> <li>•Income: what could be afforded</li> <li>•Preference for an item</li> <li>•Professional stylist</li> </ul>	<ul style="list-style-type: none"> <li>•Peers</li> <li>•Groups: cubs</li> <li>•Sports</li> <li>•Media</li> <li>•Texture</li> <li>•Colour</li> <li>•Comfort</li> <li>•Brand names</li> </ul>	<ul style="list-style-type: none"> <li>•Myself</li> <li>•How feel on the day</li> <li>•Feel obliged if going to a formal occasion</li> <li>•Need to 'present' or 'sell' self to others</li> <li>•Liking dressing up</li> </ul>

#### 4.11.8 What is the minimum amount of items that you need for grooming?

The findings from the question ‘what items would you need for the bare minimum of PG?’ are presented in Table 4.5. It can be seen from the responses that attention to teeth was mentioned in three out of the four groups. Along with *dental hygiene*, washing and showering was identified as important, as well as attention to hair. *Shaving* and *application of creams* also appeared to be part of the minimum schedule of PG activities.

**Table 4.5 Minimum items required for personal grooming**

*Collated responses to the enquiry of what are the minimum of items needed for grooming*

Over 45s	Males 18-45	Child-related	Females 18-45
<ul style="list-style-type: none"> <li>• Soap</li> <li>• Flannel</li> <li>• Toothpaste</li> <li>• Toothbrush</li> <li>• Deodorant</li> <li>• Talcum powder</li> <li>• ‘Possibly’: face cream/perfume</li> </ul>	<ul style="list-style-type: none"> <li>• Toothpaste</li> <li>• Toothbrush</li> <li>• Shower gel (used as shampoo)</li> <li>• Underwear</li> <li>• Towel</li> <li>• Soap</li> <li>• Razor</li> <li>• ‘Possibly (if holidaying)’: aftershave/hat</li> </ul>	<ul style="list-style-type: none"> <li>• Toothpaste</li> <li>• Toothbrush</li> <li>• Hairbrush</li> <li>• Parents would add: clean socks/underwear/soap/towel</li> <li>• Teen boys: Aftershave/hair gel/deodorant</li> </ul>	<ul style="list-style-type: none"> <li>• Anti-age wrinkle cream</li> <li>• Deodorant</li> <li>• Perfume</li> <li>• Shower gel</li> <li>• Lady shaver</li> <li>• Shaving gel</li> </ul>

#### 4.11.9 What are the maximum items that you would like for grooming?

When asked about luxury or maximum items the following table (Table 4.6) records the responses from the group. The over-45s seem to desire *relaxation* and associated products. It can be seen that the men and women in the 18-45 age range were able to identify a raft of items. For the females it appears to be centred on *hair products*, while for the males it is *shaving products*. The parents did not give any details as to what extra items a child may want.

**Table 4.6 Maximum/luxury items**

*Collated responses to the enquiry of what are the maximum or luxury of items of grooming*

Over 45s	Males 18-45	Child-related	Females 18-45
<ul style="list-style-type: none"> <li>•Perfume</li> <li>•Aromatherapy oils</li> <li>•Bubble bath</li> <li>•Long soak baths</li> </ul>	<ul style="list-style-type: none"> <li>•Barbers or hairdresser – hot towel shave, neck massage</li> <li>•Antiperspirant/Deodorant</li> <li>•Tailor-made suit</li> <li>•Newer men’s products: aftershave balm, pre-shave balm, shaving gel, shaving ointment</li> <li>•Travelling light</li> </ul>	<ul style="list-style-type: none"> <li>•Toothbrush</li> <li>•Toothpaste</li> <li>•Wet wipes</li> <li>•Child may add in their own items</li> </ul>	<ul style="list-style-type: none"> <li>•Things to do the nails with</li> <li>•Shampoo</li> <li>•Conditioners, Hair-straightening products</li> <li>•Hairspray</li> <li>•Hair gel</li> <li>•Make-up Perfume</li> <li>•Body spray</li> <li>•Shower gel</li> <li>•Moisturiser</li> <li>•Antiperspirant</li> </ul>

**4.11.10 Are there any covert or hidden grooming activities that you think people would not want to tell others about?**

The responses to the question about covert or hidden PG activities are reported in Table 4.7. The presence of *hair growth* in the ears, nose and on the body were targets for removal, mentioned by all the groups. Care of the pubic area was also deemed a body area where covert grooming took place. Some *hair removal* was of a temporary nature, whilst other, more permanent, measures were mentioned.

**Table 4.7 Covert or hidden grooming activities**

*Collated responses to the enquiry of what are the covert or hidden activities of grooming*

<i>Over 45s</i>	<i>Males 18-45</i>	<i>Child-related</i>	<i>Females 18-45</i>
<ul style="list-style-type: none"> <li>•Removal of female facial hair</li> <li>•Concern over vaginal discharge</li> </ul>	<ul style="list-style-type: none"> <li>•Treating skin infection in groin area</li> <li>•Cleaning under the foreskin</li> <li>•Shaving pubic hair</li> <li>•Trimming/ shaping eyebrows/ remove uni-brow</li> <li>•Hair straightening</li> <li>•‘Back, crack and sack’ hair removal</li> </ul>	<ul style="list-style-type: none"> <li>•Nose picking</li> <li>•Trying shaving of: face/ under arms/ legs</li> <li>•Anything to do with menstrual cycle</li> </ul>	<ul style="list-style-type: none"> <li>•Trimming/ waxing body hair: pubic/ back (on males)</li> <li>•Eyebrow trimming (on males)</li> <li>•Tattoos &amp; piercings in genital area</li> <li>•Bleaching/ laser/ electrolysis of female facial hair</li> <li>•Removal of male ear/ nose hair</li> <li>•Shaving toe hair</li> </ul>

#### **4.11.11 Responses that added to the concept of personal grooming**

The point of using a FG, as noted in Section 4.2, is that responses are provoked over and above those that may be those that a researcher has already thought of. Subsequently this section covers aspects that the groups added to the discussions. They are presented group by group and snippets of conversation are used as exemplifiers. (The full transcripts are available, on the CD: Transcripts.)

##### **4.11.11.1 Over-45s group**

In the conversation with this group the notion that grooming is part of a spectrum i.e. a continuum emerged, with differing levels occurring along it. It was noted that grooming could, on one part of the spectrum, be for medical purposes. Female competitiveness was mentioned by the participants. It was commented on that hair colour could alter another's perception of you. Relationships helped to inform on choice in respect to clothing, with a need for getting feedback on clothing choice from sibling or friend. These others provided encouragement to try different styles from usual wear. The participants brought out aspects of comparison as they discussed the younger generation, and spoke of socialisation and the effect that the media might play towards it.

##### **4.11.11.2 Males 18-45 group**

The use of clothing and power was brought out in the conversation. Two quotations exemplify this aspect.

Male D: ' ... I've played the power game, suits... going to meetings specifically, in your uniform, says "I'm too busy".'

Male B: 'I think there is enough of a barrier between myself and the students ... You get to see very contrasting dress codes of the male staff here – there are those who seem to power dress'.

This suggests that clothing may be used as a method of unspoken communication to others, that it can act as a barrier, and that there are dress codes within the work place. When individuals thought they were inappropriately dressed they spoke of feeling uncomfortable and shame. One participant spoke of how a low income (i.e. resources) of his parents, when he was a child, affected his PG. The

word 'scruffiness' was mentioned and the attempt of trying to hide it, the wearing of 'hand-me-downs' in childhood, and then, as a youth, the getting of a part-time job in order to buy clothing. A patterning developed in him that gave heed to the cost of clothing, and hence expensive brands were avoided. Because the participant was not dressed as his young, peer group he became a target for stigma and bullying.

Aspects of sexuality and relationships were brought out. One spoke how when he started taking notice of girls that he started to pay attention to his presentation. Another aspect was ceasing to groom highly after marriage. It was mentioned that 'you don't have to try any more' because of being relaxed in the relationship and 'you know you've got your woman'. Despite that, the female was instrumental in maintaining a standard of grooming, with the males reporting that they would incur their partner's displeasure if it was allowed to lapse. One participant joked that his wife still put out clothes for him to wear. (There was much humour displayed in this FG.) Mention was made that personal hygiene was paramount before any sexual encounter happened. Shopping for clothes was mentioned and, like the over-45 group, having the spouse present helped in the decision-making process. Brief mention was made of culture, and religious aspects (e.g. attending church in a suit) and of generational aspects.

#### **4.11.11.3 Females 18-45 group**

This group highlighted that having children reduces time to attend to PG.

Female 1: Yeah. Having young children as well, I think, can almost...it stops you spending a lot of time on personal grooming and it can be a case of just grabbing something to wear that might be practical, hard wearing and easy to clean (laughs) and you know, your hair back in a pony tail. I haven't got time to do make-up or something like that. It's just dressed, ready, go.'

Even if they had enough time they considered that a high level of grooming would require too much effort if it was a daily demand. The stereotypical version of the female putting on make-up in the car was mentioned as a habit that one of the participants had acquired in order to save time. Like the males, they commented on aspects of sexuality, i.e. what they found attractive in a male. There was



a conversation about the hair on males' back and body; the two participants did not think it was an attractive feature. Aspects of smell were noted i.e. washing off the 'smell' of work when arriving home. It included changing of clothing, which was a boundary between work and home (i.e. environment). A comment was made about a child finding that the smell of their mother was a comfort, whilst a parent noticed the 'smell of school' on the child.

#### **4.11.11.4 Child-related group**

One of the first things mentioned in this group was the need for a mirror (i.e. a tool or resource). The notion of trust was commented on, with the parent building up a level of trust with the child. The idea of beauty was brought out through the use of positive comments made to the child. The parents spoke of how they patterned and controlled the habits of the child, and later how the child rejected those aspects.

*Mrs A:* well it's..(laughs)..just 'shabby', rather than sort of like.. yeah.. there's shabby, you know the shredding of the jumpers, you know sleeves, and the messing up of the hair ... you know.. it can't be flat any more it has to look like they've just slept (laughs) and not brushed it .. and you know – I've been through that phase, with her – (laughs) and the trousers are shredded at the bottom. That I don't see ..erm .. if they've worn them for five days, then all the better.. you know ..so it's that going against hygiene and I want them to come out for the wash, for me, okay, I want them in the wash. For them – they want them to look as they were before they went in the wash.

It is recognised here that the child is going through a phase in their life. Another spoke of having a grooming-conscious child that gives the parent and the grandparent advice on PG and has an 'eye for detail'. However, younger children were not aware of the expense of clothing. Mentions were made of the children's varied social and sporting activities. Various items of clothing were identified, for example, the wearing of hats was for protection or for fashion, which might result in a collection of hats.

#### **4.11.12 Further selective analysis of the data**

In addition to creating the maps and tables from the transcripts, analysis took place in order to explore grooming behaviours across the lifespan. This focus on one particular aspect in the data is

selective coding, which Birks and Mills describe as “attention is turned to generating codes around an identified core variable” (Birks & Mills, 2011: 97). It was undertaken to understand the normative PG process in people, as insight may help when considering care delivery across the age-spectrum.

#### **4.11.12.1 The age continuum (timeline) of grooming activities**

The data was examined and age-related threads were noted. Using selective coding they were categorised into pre-school, primary school, pre/early teens, mid/late teens, adulthood and late adulthood. The varying age-related behaviours were tabulated (see Table 4.8) according to the ages mentioned in the discussions and this enables an easy presentation of the findings.

**See Table 4.8 on page 92**

The table reflects reports from parents, rather than actual observation, but it indicates parental choice in the early years, awareness of PG in childhood, the interest or disinterest in the teen years, and the adult who may use PG to fulfil a role. Later adulthood brought mentions of medicalization, ageing and other physical aspects of grooming.

**Table 4.8 Timeline of grooming activities: all focus groups**

*Age-related behaviours in respect to personal grooming, as described by the participants, drawn from all the focus groups (n=14)*

Pre-school	Primary school	Pre/Early teens	Mid/Late teens	Adulthood	Late adulthood
High involvement by parent re: hygiene and personal grooming	Increase in skills	Transition to secondary school usually cited as an important time	Interest in sexual partnership re-ignites grooming behaviours	Established own pattern of grooming	May be aware of 'medicalization' of grooming
Patterning commences	Parents mainly still in control over way child looks	Privacy more important – may lock doors	Peer influence more important than parental one	Recognises influences on personal grooming	Awareness of smell aspects-hence may be: Increased focus on grooming
Child may choose clothing	Awareness of gender-related clothing	Attention to hygiene and grooming may diminish	Parents may view independence as rebellion	May seek feedback on grooming	May view younger persons grooming activities with negativity
May express personal preferences	Awareness of clothing source (new versus old)	Parents may nag to initiate hygiene and grooming habits	Social situation influences clothing	Understands societal norms and values regarding grooming	Tension between aging process on body and retention of 'younger self' image
Learns basic skills – cleaning teeth, brush/comb hair, getting dressed	For females: 'girly' versus 'tomboy'	Experiments with using make-up – may be over-use of colour	Adopts a 'look', influenced by peer group	Will groom for role	Awareness of bio-physical aspects that impact on pattern of grooming
Plays with dressing up, make-up	Copies parent grooming - in females this may lead to parental/societal worries of early sexualisation	Attempts to look older than chronological years	Attention to personal hygiene more important	Will utilise grooming to enhance self-esteem	May see weight control as a 'battle'
	Parent re-enforces patterning	May not be concerned if clothes are grubby or damaged, especially if they are functional or favoured	Parents may be asked about menstruation or how to shave	May engage in allo-grooming	May be more involved in allo-grooming, especially elderly relatives
	Peers may tease/bully about appearance	May start shopping for clothes accompanied by peers rather than parent	Specific clothing chosen for dating or special occasions	Ideas on body modification are more rigid	May choose home visit by hairdresser, etc.
	Privacy starts to be desired for bathing		May continue to desire to look older than chronological years in order to access public house	Understands cultural differences of grooming	Less concerned about societal influences on grooming
	Awareness of activity-related clothing			Recognises importance of grooming in sexual partnership	
	May start to use products such as hair gel			If parents: supports personal grooming behaviour of children	
				Aware of financial aspects of grooming	

#### 4.11.12.2 Identifying psycho-social processes

Another selective coding aspect was looking for the psycho-social processes at work, a strategy suggested by Streubert Speziale and Carpenter (2007) to fully explore the data. The transcripts were examined line-by-line and coded, as demonstrated below:

*Miss Lilac:* erm... I think it's probably **different things to different people** ... and it's your **usual standard of personal hygiene** ... so to me it could one thing but for Miss Red could be something completely different ...and it probably **depends on where you are at that time** regarding personal grooming because for me personally to feel fine one day and **your moods** ...whatever.. er.. lifted .. then you probably put **more effort** into personal grooming **depending on what you're doing that day** but then on an alternative day if you're **stopping at home and relaxing** then you're obviously still doing the basics of personal grooming **but the actual clothing, that you'd wear, might be altered.**

From this snippet of conversation the following open codes were created: social activity (SOC.ACT), hygiene standard (HYG.STAND), emotional response (EMOT.RESP), emotional mood (EMOT.MOOD), effort (EFFORT), social activity of the day(SOC.ACT.DAY), environment: home (ENVIRON.HOME), emotional response: relaxed (EMOT.RESP.RELAX), clothing : altered to suit activity (CLOTH.ACT).

The use of shortened word codes for coding is recommended to enable ease of use for the coder (Charmaz, 2014; Miles, Huberman & Saldaña, 2013); it was found to be a simple system to adopt, as I recalled the specific codes used and words in the data suggested new codes.

The coding was carried out using a table in a Word document to facilitate the process (see Table 4.9). Sub-categories and properties were noted, with the major categories of sociological and psychological elements recorded, as per the Streubert Speziale and Carpenter model. A total of 159 codes were created. It was apparent that the two elements were insufficient to account for all the data, as physical and spiritual categories emerged. These categories were subsequently added.

**Table 4.9 Example of the coding process**

*How the open coding was facilitated, with initial codes, major and sub-categories*

Initial code	Code	Sub-Categories and Properties (P: )	Major category
Alters according to activity	SOC.ACT	Activity; P: alters	Sociological
Range of social activities	SOC.ACT.RAN	Activity; P: range	
Clothing worn for 'roles'	ROLE	Social; P: role	
'Public face' v. private activities	PUB.FACE/PRIV.	Activity; P: public/private	
Professional image	PROF.IMAG	Work; P: professional image	
Perception of competence	COMPET.	Work; P: competence	
Social rituals of washing/dressing	SOC.RIT	Social; P: ritual	
Self-presentation to 'norms'	S-PRES.NORMS	Self-present; P: cultural norms	
Power over others	POW.OVER	Social control; P: power	
Influenced by peers, parents, partner	INFL.OTH	Social; P: influence	
Private v. public – place of grooming	PLACE	Environment; P: public/private	

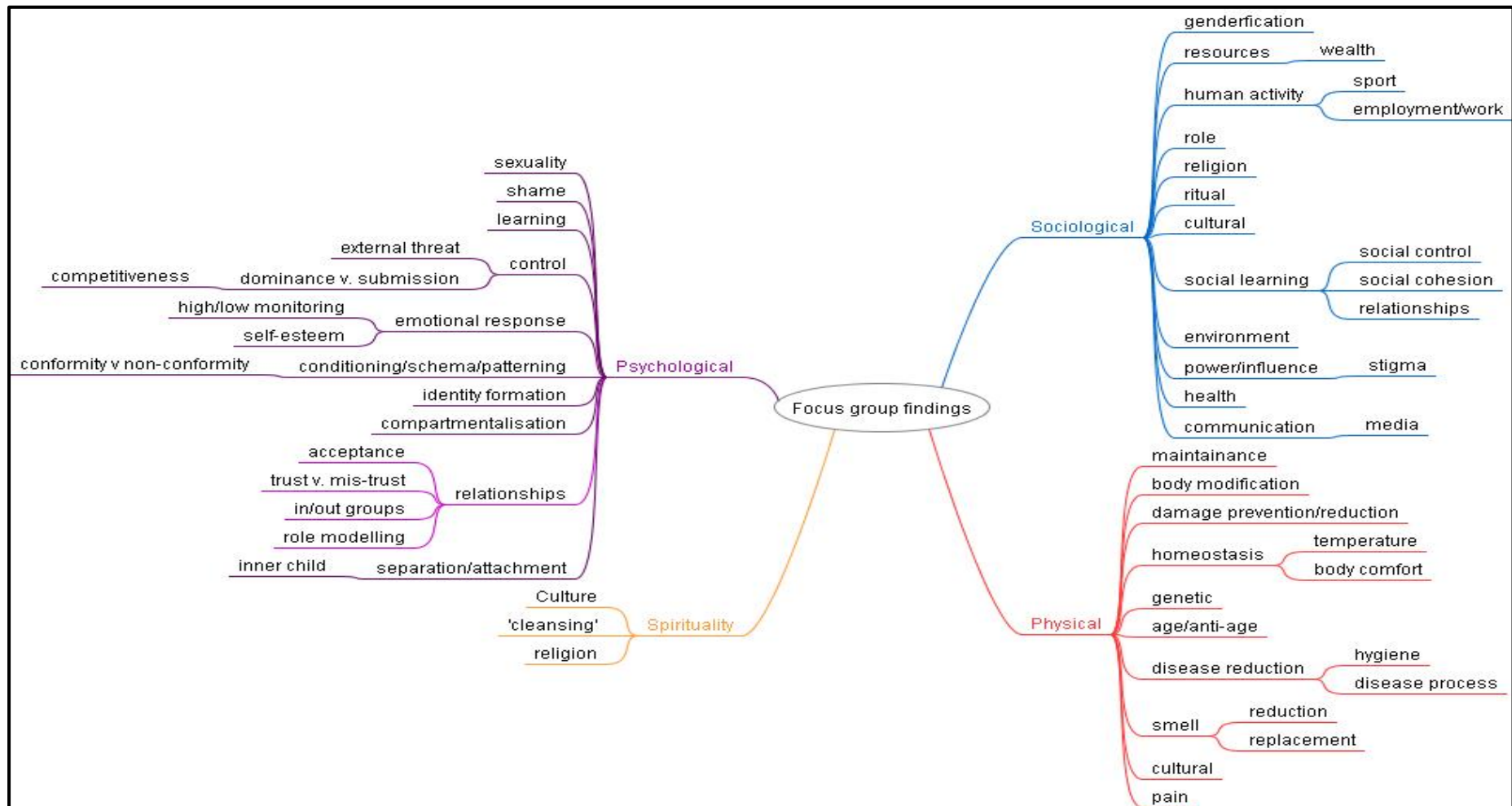
The major categories were mapped out using the mind-mapping technique (see Diagram 4.3); this enabled a visual balance of the codes between the differing categories.

**See Diagram 4.3 on page 95**

The analysis suggests that the *sociological drivers* to PG are: gender, resources, human activity, role, religion, ritual, culture, social learning, environmental factors, power and influence, health and communication. The *psychological drivers* are: sexuality, shame, learning, personal control, emotional responses, conditioning, identity formation, compartmentalisation, relationships, separation and attachment. The *physical drivers* are body-related: maintenance, modification, damage prevention and reduction, homeostasis, genetic aspects, age and anti-ageing, disease reduction, smell eradication, culture and pain avoidance. The lesser aspect, with these FGs, was those of *spiritual drivers*: culture, ritual cleansing, and religion.

**Diagram 4.3 Mind-mapping of the categories**

*Categories organised into psycho-social, physical and spiritual processes, drawn from all the focus groups*



#### 4.12 Conclusion

The initial phase of the study explores the concept of PG. A critical evaluation on the use of FG was given, justifying their use in this study. Details were given of the pilot group and preliminary findings. A Venn diagram, drawn from the data, illustrates the relationship between hygiene, appearance management and body modification. It suggests the emerging complexity of PG. An account is given on recruiting to the four FGs, their participants and how the interviews progressed. It is recognised that the four FG were small in size and this may present a limitation to the results. However, the findings of the FGs were presented and are summarized here.

In defining PG it is noted that a simple classification is removing dirt is hygiene, whilst applying things (e.g. creams or clothing) equates to grooming. The FGs highlighted that hygiene is not the only consideration. Consequently this may be important when giving care to another. As it was noted in the Chapter 1, nurses, in the main, are efficient in attending to hygiene. Knowing that PG may involve putting things onto the body may prove a useful distinction. Attention to hair i.e. washing and brushing it featured, as did care of the nails and teeth. Removing body hair and applying deodorants, perfumes or moisturisers are noted to be part of PG.

Enquiring about the 'purpose of grooming' revealed that presenting a social face, expressing sexuality, maintaining identity, having feelings of comfort, confidence and a general sense of well-being were important. The findings also show that having privacy was a feature of PG and enabled young persons, already patterned by their parents, to learn to self-care, especially during the years of puberty. This finding may be important for those working in the child field of nursing. It was noted that PG, especially clothing, can become a source of conflict or competitiveness.

Receiving personal care from another, allo-grooming, was usually via a family member and it was noted that trust was needed to enable this to happen. This has implications for those needing personal care from health care workers. Certain areas of the body, for example, i.e. the pubic area

and nasal and ear hair are targeted for care in private. These may be taboo topics, as they were cited as aspects of covert PG activity.

Illness is a time when individuals may be least groomed but there is still a desire to eradicate smells and obtain comfort. The minimal activities suggested were attention to hair, teeth, shaving and applying deodorants and creams. The participants spoke of times when they were most groomed, such as special occasions, eating out or meeting others expectations. Their style of PG was governed by how they liked to present themselves, their body size, the desire to remove body smells and how they felt on the day.

The findings intimated that grooming behaviours change over the lifespan and a timeline was consequently created. Whilst Streubert Speziale and Carpenter's GT framework located the socio-psychological elements of PG present in the data, it was also noted that there were the extra dimensions of the physical and the spiritual operating. These were illustrated in a mind-map. This demonstrated that the Streubert Speziale and Carpenter's GT framework was insufficient to account for all of the data. The four dimensions indicated the complexity of PG; that it may occur for differing reasons.

The FGs' participants had a task of completing a diagram of the body, in order to gather information on the range of grooming tasks. This has not been reported in this chapter but will be discussed in the next (Chapter 5: Visual methodology). One important finding that emerged from the pilot group was the lack of consensus of defining PG; it seemed a constant in the FGs. Subsequently defining 'personal grooming' remains an element that needs further study and will become the next phase of data collection i.e. undertaking a formal concept analysis.



## **Chapter 5: Identifying grooming activities using a visual methodology**

### **5.1 Introduction**

This chapter will add the previous chapter and the initial phase of data collection, where I reported that the FGs used a visual methodology [VM] to identify specific grooming activities. This methodology is of particular interest to me, as I would describe myself as a visual, artistic person. A definition of VM is given. Research paradigms are revisited, in order to identify the suitability of the method for this study. Previous studies highlight the variability of its use and the visual research traditions are identified. This will marry up the adopted approach to the underpinning methodological philosophy. The advantages and disadvantages of the methodology are critically discussed, with specific ethical aspects. An important aspect of VM is an understanding of the associated terminology, so due regard is paid to this in order to provide a reasoned use of a body shape outline. The chapter reports on the analysis and findings; these are presented in a table format. A reflection on the use of the chosen method concludes the chapter.

### **5.2 Defining a visual methodology**

Visual materials, according to Rose (2007), are representations of the way that people behave in everyday life. I have reported that VM is one that is on the increase in research (Woodhouse, 2012). Traditionally it has been used in ethnographic studies (Banks, 2001; Pink, 2006) however its use has been widened and it can now be found in a variety of disciplines such as art therapy, media, education, environmental studies and health and social care (Emmison & Smith, 2000; Gilroy, 2006; Woodhouse, 2012). The notion of 'visual' is broadly interpreted and data can be in the form of fine art, still images such as book illustrations, maps, postcards, photographs, paintings, and cartoons (Rose, 2007). In addition items to be found in advertising and signage may form the data collection (Emmison & Smith, 2000) or there may be the use of moving images such as films and TV programmes (Rose, 2007). With such a range of items available it may pose a problem to the

researcher as to which type of visual source to choose. Thought has to be given to the research question and the underlying philosophical paradigm of the study, in order to obtain a methodological 'fit'. Wagner (2011) notes that "visual studies may be empirically sound ...but may contribute little to our knowledge of culture and social life" (pg. 50), suggesting that researchers do not, yet, see it as an academic discipline. However he argues that visual materials abound in academia and in the interchange of knowledge between research communities. As its use grows it has formed its own branches such as visual studies, visual sociology, visual anthropology and fine art. Gilroy (2006) suggests a picture can promote a research question and drawings can be psychologically revealing. In addition, words may be used alongside a drawing, thereby clarifying aspects of an image. This implies that the image is not enough, which may be why the use of VM has been quite slow to take off as an academic discipline; there is a need for supplementary data. Nevertheless it can hold its place in the research process because of its adaptability, as exploring the research paradigms will show.

### **5.3 Visual methodology and research paradigms**

Visual methodology can fit into a qualitative or quantitative paradigm. As with any research the methodology is dependent on the question being asked. A perusal of previous studies reveals its flexibility as a research approach. In 2001 Pink, for example, used visual ethnography, in the form of photographs, to explore the lives of people in different cultures, whilst Iedema, Long, Forsyth, and Lee in 2005 have similarly used the approach within a hospital setting, in order to map the patient's journey through services. Riley and Manias (2003) used photographs to consider how the operating theatre functioned and Carroll (2009) took a video camera into an intensive care unit to record power relationships in clinicians and staff. Alternatively Zwerdling (2004) collected archival data, in the form of postcards, to explore the changing image of nurses, whilst Foss and Kirkevold (2008) sought published cartoons to investigate gender issues related to patient participation. Henderson, Scott, and Hotopf (2007) use the drawing of a clock, by patients, as a diagnostic tool, allowing the

technique to monitor changes in cognitive stages over time. Similarly Royall *et al.* (2008) used drawings for their study of depression and mortality. Drawings were used by Dumont (2008), to explore children's family relationships, which were mapped out using differing colours to determine the strength of the relationship. Roberts, Hearn and Holman (2003) also used drawings by individual student nurses to explore their perceptions of ageing. It can be seen that the method can be used within the quantitative paradigm (as in Zwerdling's study) or the qualitative paradigm (as in Roberts *et al.*'s research).

In this study I wanted to explore the number of grooming activities that are undertaken, making this aspect of the study quantitative in nature. I was aware that a question about covert or hidden PG activities was of a sensitive nature. Hence responses given in an open arena, even though confidentiality of the data was assured, may not have been truthful or revealing. The use of the VM would enable a private recalling of grooming activities by the participants. It would also enabled perceptions of 'other gender' grooming, based on individual experiences, to be expressed. However, there are advantages and disadvantages to using a VM, which have to be weighted up.

#### **5.4 Advantages and disadvantages of visual methodology**

In choosing VM as a research approach there has to be a weighing up the advantages and disadvantages of using the approach (Woodhouse, 2012). In terms of the advantages they can be cited as: there is a lot of material already available via the Internet, magazines, and other sources; data can be obtained quickly as digital cameras can easily take photographs and/or record drawings or paintings (Mitchell, 2011); these electronic copies are easy to store and collate; software enables a focus to be taken particular aspects of a photograph, so that it is possible to zoom in on a particular object; and, crucially, research is *with* informants rather than *on* them.

In respect to the disadvantages, they are as follows: issues may arise involving how to use technology (Mitchell, 2011); the need to gain permission might be problematic (photographs

especially can show up good and bad aspects of an environment); if participants are photographed then they may not like their image and seek to withdraw the photo from the data (Rose, 2007); images on their own are not sufficient, they need to be contextualized. In addition there may be copyright issues; permissions have to be sought to use a participant's photograph (Rose, 2007) or art work (Gilroy, 2006). It is better to get that permission in writing, rather than verbally. Lastly, dissemination may be more problematic as journals and books are reluctant to print images because of cost. This aspect may be overcome if the journal is an online version, where it is easier to publish visual material. It is worthwhile to explore the variety of VM in order to see where the chosen approach sits in a broader framework of visual research traditions.

### **5.5 The variety of methods within visual methodology**

There are, along with differing forms of data (some of which have already been mentioned above), also differing approaches to that point at which the participants and the researcher interact. Cousin (2009) categorises them in the following way:

- 1) *Archival data*: using existing images;
- 2) *Visual ethnography*: images that observe, either overtly or covertly;
- 3) *Visual elicitation*: a participant chooses their own archival material;
- 4) *Auto-driven visual elicitation*: a participant takes photographs or video;
- 5) *Picture elicitation* (or external-driven visual elicitation): a participant draws a picture;
- 6) *Video diaries*: a participant or researcher records reflective accounts;
- 7) *Visual as prompt*: a participant is shown an image. The purpose is to direct discussion.

Wagner (2011) similarly notes six methods of enquiry: artefact acquisition and analysis; photo and video documentation; researcher-guided image elicitation; image-based ethnography; neuro-physical measurements of visual perception; and formal and semiotic analyses of visual representations. It is the third of these - researcher-guided image elicitation- that provides a method which "encourages subjects to disclose their perceptions, sentiments and ideas." (pg. 55) He goes on

to state that “researchers present visual artefacts of this sort - made or acquired by researchers or subjects - as prompts for subject interviews and FGs” (pg. 55). This has been utilised within this study. The visual artefact, a blank body outline (see Diagram 5.1, pg. 107), acted as a *visual as prompt* to the participants.

The body outline was brought in at the conclusion of the FG discussions. The participants were asked to draw a line down the middle and label each side ‘male’ and ‘female’ before adding, in words, the activities of grooming that they knew of. As the final prompt question in the FG related to covert or unspoken PG activities I expected it would remain in the minds of the participants, that they would be able to document both overt and covert grooming activities. Sufficient photocopies of the outline were obtained prior to the FGs, so that each participant had one to complete.

## **5.6 Ethical aspects of the methodology**

Gelling (1999) notes the principle of fidelity, which is the building of trust between the researcher and the participants, and points out that it is important for the researcher to safeguard the participants and consider their welfare. As with any aspect of research the ethical dimension of collecting, storage, and use of data plus attention to the protection of participants should not be ignored. Visual methodology is no different to other forms of data collection. I was aware of the principle of fidelity, where trust had to be built quickly with the participants and that potentially sensitive information could and would be disclosed. Leaving the collection of this data to the end of discussions was deliberate, as I aimed to build up trust during the course of the FG event. The completed body outline diagrams were collected from the participants and placed into an opaque folder, so that they remained out of sight to others. The ethical issues of storage, and the veracity in recording the information contained on the diagrams, were addressed. The storage aspect meant that the diagrams were kept in a locked drawer until information was transferred onto a computer. Visiting the data several times, to undertake constant comparison, ensured the veracity of the emerging information.

## 5.7 The language of visual methodology

Before carrying out any kind of analysis the researcher has to be aware of the distinct terminology associated with VM, as this may guide the route to analysis. Terms such as: *frame*; *decoding*; *preferred, hegemonic or dominant meanings*; *oppositional or divergent views*; *signs, signifiers* and *signified representation*; *genre*; *binary opposites*; *iconography*; and *visual semiotics* feature in the language of visual research.

An image can be viewed in several ways. First there is the context of the image, or what is known as the *frame*. Framing, van Leewen (2011) suggests, is a “visual device that can create degrees of connection or disconnection between an elements of a composition” (pg. 561). A *sign* is a thing plus meaning (Rose 2007); it is a basic unit of language, and consists of two parts. Part one is the signified, which may be a concept or an object, for example ‘a caring person’. Part two is the signifier (or signifiers), which may be a sound, image (Rose, 2007) or the written word (Pauwels, 2011) that is attached to the signified. A *binary opposite* (Rose, 2007) is a simple aspect of analysis and is exemplified by words such as: man/woman; light/dark; up/down; left/right; or doctor/nurse. However this technique of looking at an image may reveal more about **what is missing** from a scene than **what is present**. In *visual semiotics* the “key idea is layering of meaning” (van Leewen, 2001: 94). The layers consist of two parts, denotation (“what, or who, is being depicted here?”) and connotation (“what ideas and values are being expressed through what is represented, and through the way it is represented?”) (van Leewen, 2001: 94). Nöth (2011) highlights items such as drawings, paintings, poster designs, traffic signs and diagrams as examples of visual semiotics. Schaverin (1992) and Diem-Wille (2001) both discuss the idea of *symbolism* within an image, stating that it can help to explore a drawing or painting. Schaverin (1992) distinguishes paintings and drawings as being either a *diagrammatic image*, or an *embodied image*. A person following a “preconceived idea” (pg. 86) may produce a diagrammatic image, adding words to it, in order to describe the intention of the resulting image. For example, a landscape may be drawn to represent a leisure activity. With an

embodied image the preconceived idea may be absent instead the individual makes marks on the paper. That, in turn, may prompt recall of a memory or be suggestive of other marks. The finished work may then bring a meaning for the person. An example may be that the person works with the colour blue and that 'becomes water', with memories associated with that element. Without a conversation with the person who has produced the image it would be very difficult to interpret it, as the researcher may just view the images as a landscape or a painting involving the colour blue. Hence Schaverin (1999) reminds the researcher that it is preferable to have a dialogue with the person producing either a diagrammatic or embodied image.

Once an understanding of the terminologies is gained, one can review this study's approach to the diagram and the subsequent data it generated. The body outline, which was a diagrammatic image, was verbalised as existing in the frame of 'personal grooming', therefore I set the context for the participants. The participants understood the meaning of the body outline, i.e. that it was a visual semiotic, that its purpose was to represent their (or other's) body and that grooming activities were carried out on differing areas of the body, which they could record in words onto the body outline. This reflects that the signifier of 'personal grooming' is signified by a range of grooming activities. There was active encouragement to explore the binary opposites when the participants were asked to consider the PG activities of the other gender.

### **5.8 The rigour, validity, reliability of visual methodology**

As with any research method the rigour, validity and reliability of the approach should be considered by the researcher. As VM is a relative newcomer to the academic world of research then attention needs to be paid to these aspects. Newberry (2011: 662) reminds us that "visual scholarship demands that we treat images with the same seriousness and rigor as we apply to other materials with which we work." A positive aspect of using a VM is noted by Wagner (2011), who comments on what he terms as 'phenomenal fidelity', stating:

Media that support written or spoken language (text on paper or audio recordings) provide analog fidelity for different forms of spoken or written discourse that represent, in turns, an analog of how people think. (pg. 64)

The above comment helps to support the validity of the approach. The validity is also enhanced by the fact that the body outline enabled participants to record aspects that they had previously discussed in the FG i.e. PG activities. No extraneous data was recorded on the body outlines by the participants. The reliability aspect was ensured as the method worked in each FG; no changes were needed in instructing the participants how to use it. I recorded which FG the data was gathered from, in order to collate the findings in the appropriate age-related/gender group; no other demographic was noted (in order to protect anonymity).

## **5.9 Findings**

The data was examined and key words and items relating to PG activities were noted, along with the area of the body that they referred to (see example Diagram 5.1).

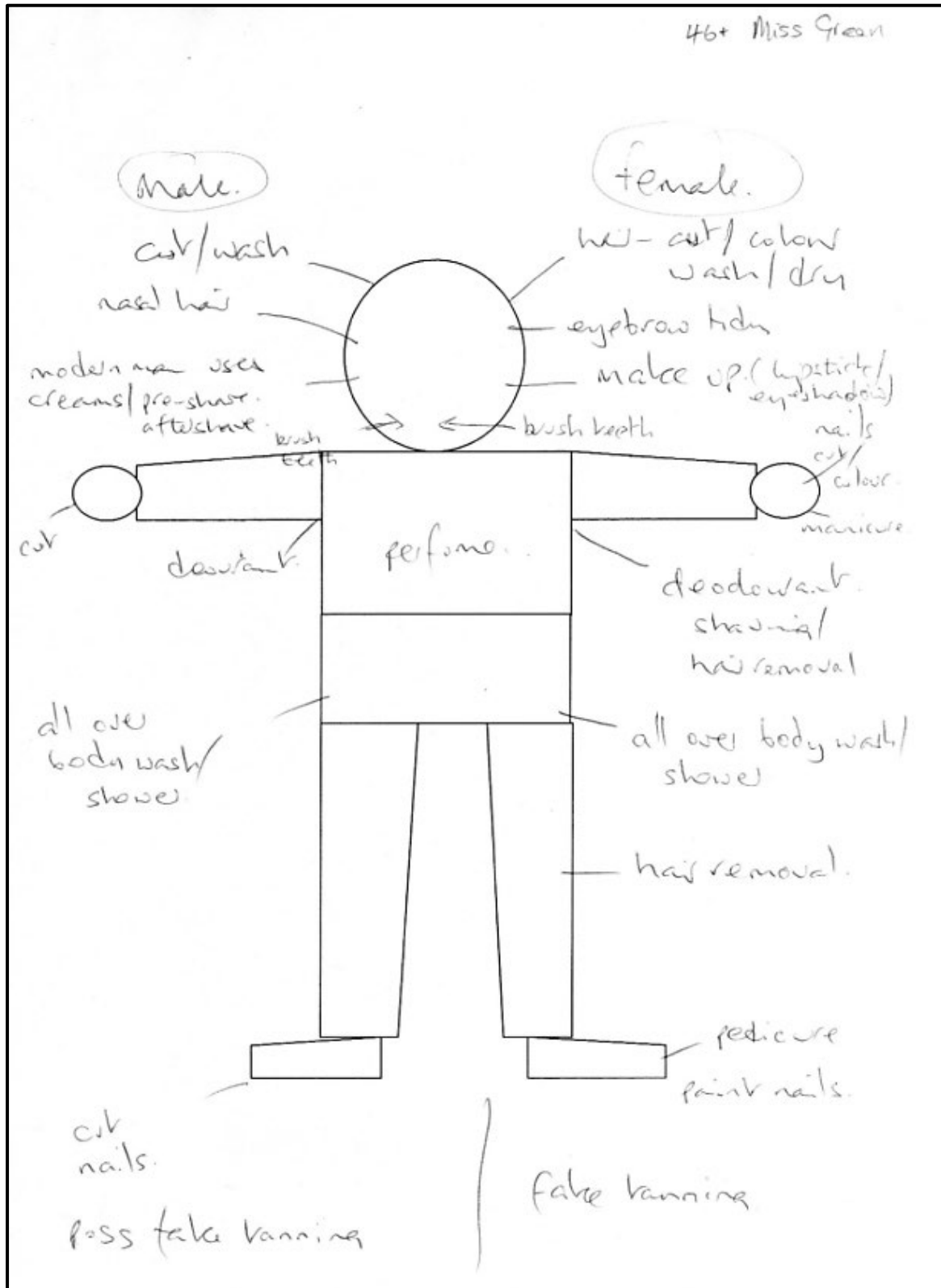
### **See Diagram 5.1 on page 120**

The example shows how the participant indicated specific body areas through the use of line leading to particular places and naming of products and activities. The areas of the body were thus categorised into: head, hands, underarm, torso, pubic, legs and feet. An additional category of 'Other' allowed for extra information to be recorded. The binary opposites of male and female-related PG activities were duly noted in their word format. Items such as: 'shampoo', 'nail varnish', 'hair colour' were recorded and the frequency of these words was also logged. These were collated in a table format within a Word document and later an Excel spreadsheet. The statistics were initially generated by the use of a basic calculator and later, as a means of checking, through using Excel. This provided descriptive statistics.



Diagram 5.1 Example of completed body outline

A body outline depicting words related to personal grooming, that are gender-specific



Words used by the participants can be seen in the example below (Table 5.2).

**Table 5.1 Example of words used, identifying products and activities (taken from the male 18-45 group)**

<b>Body area</b>	<b>Words/Items</b>
Head	Hair: wash, cut, dye, curls, toupee, perm, straighten, gel, hairdressers, rinse, shampoo, style, extend; Trim nasal hair; Teeth: clean; Face: wash, shave, after shave, lotion; Ears: remove wax, pierced; Skin: moisturiser, inject; Perfume; Make up: lip gloss, make up remover, lip stick; Eyebrows: wax/pluck, shape, tint
Hands	Nails: cut, bitten, manicure, polish; Bracelets; Shave
Underarm	Anti-perspirant (roll-on); Wash; Hair removal: shaving
Torso	Back wax; Shave; Lotion; Chest wax; Body tone/shape; Skin care/body lotions; Preoccupation on shape – chest, arms, tum, bum, legs.
Pubic	Crack wax; Sac wax; Wash; Shave; Brazilian
Legs	Leg wax; Shave; Lotion; Wash
Feet	Nails: cut, pedicure, polish; Massage; Wash; Socks
Other	Medicinal; Tattoos; Jewellery

The words (and the frequency of their occurrence) of the grooming activities were tabulated into male and female columns and recorded for each FG. The total numbers of perceived activities for each gender, by FG, are noted below in Table 5.3.

**Table 5.2 Number of perceived grooming activities identified, by four focus groups (n=14), by age and gender**

	<b>Children</b>	<b>Females 18-45</b>	<b>Males 18-45</b>	<b>+ 46</b>	<b>Total</b>
<b>Male</b>	40	32	40	22	<b>134</b>
<b>Female</b>	68	48	40	32	<b>188</b>

The parents reported less male-orientated grooming activities than female-orientated one. It must be borne in mind that these, for all groups, are **perceived** activities not factual ones. The women perceived more activities for themselves than for men. The over-46 (both women) had a similar

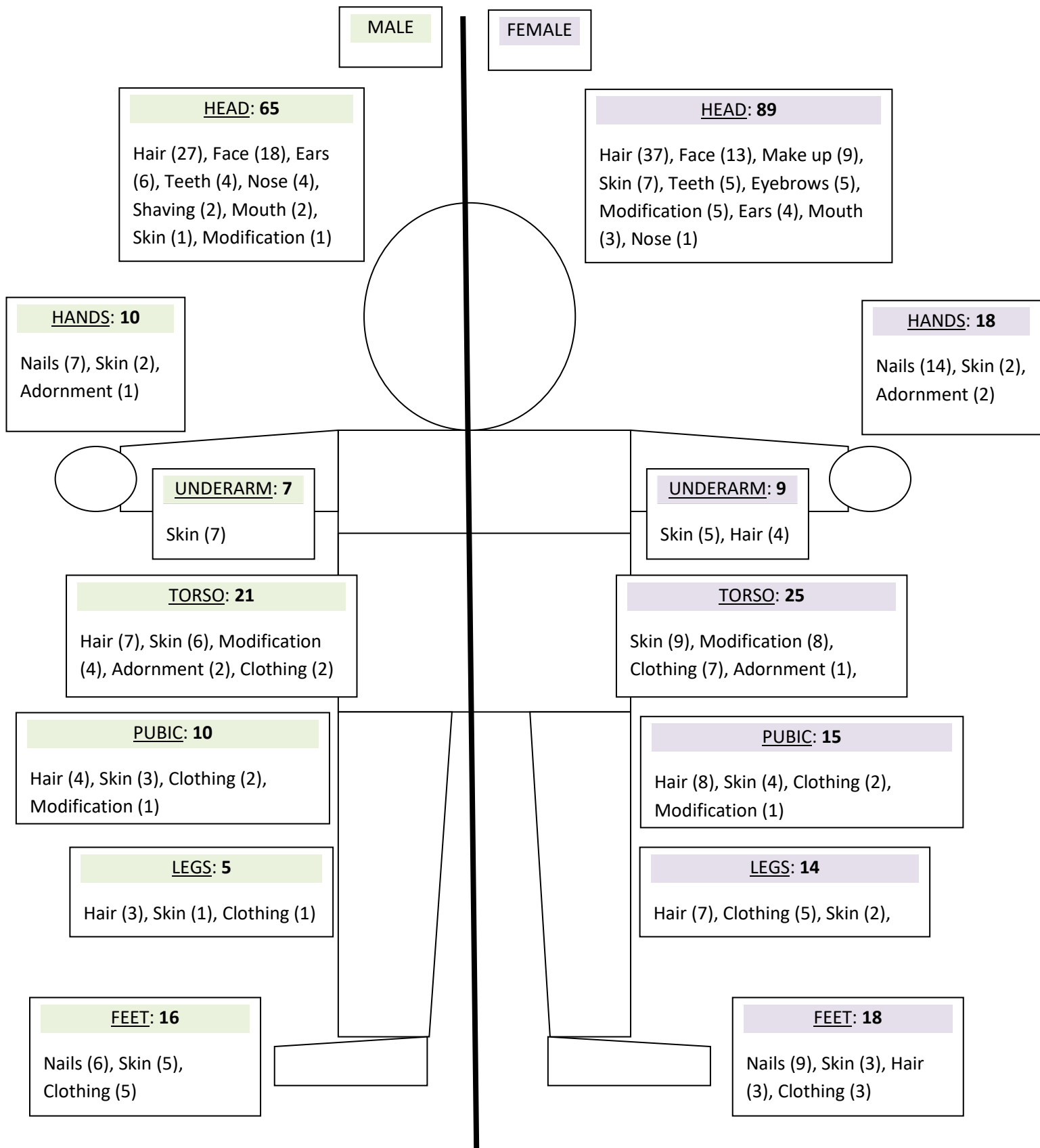
perception of having more grooming activities than men. The men perceived an equal amount of grooming in women to themselves. There appeared to be a reducing amount of perceived grooming activities from childhood to older adulthood. It should be borne in mind that these groups were not of equal size and so no inference should be taken from them other than the gender differences.

In addition to the above table, the perceived activities that were identified were tabulated, by gender, into areas of the body: head, hands, underarm, torso, pubic, legs and feet. The results can be seen below in Table 5.4.

**Table 5.3 Number of perceived grooming activities identified, by body area, by four focus groups (n=14), for each gender**

<b>Body area</b>	<b>Males</b>	<b>Females</b>
Head	65	89
Hands	10	18
Underarm	7	9
Torso	21	25
Pubic	10	15
Legs	5	14
Feet	16	18
<b>Total</b>	<b>134</b>	<b>188</b>

Specific areas of focus within these body areas, such as attention to skin or hair, were mapped onto a body outline, Diagram 5.2, and the data for the genders put side by side. This visual presentation of data allows for easy comparison; for example, it can be viewed that the hair and face, for both sexes, are identified as areas of grooming that may receive attention. The next cited area of focus for men, are the ears; the women identifying make-up. The men highlight attention to the underarm area, whilst women consider hair (and its removal) and attention to skin. The reverse appears to happen when it comes to the torso, with men identifying attention to body hair, whilst women attend to the skin. When it comes to the lower half of the body- from pubic area to feet - hair (and its removal) once again features, more often for women than for men.



**Diagram 5.2 Number of perceived grooming activities, identified by four focus groups, for each gender (n=14)**

The above data was calculated into percentages, which again helps to highlight the focus of grooming activity by each gender. The results are collated below in Table 5.5

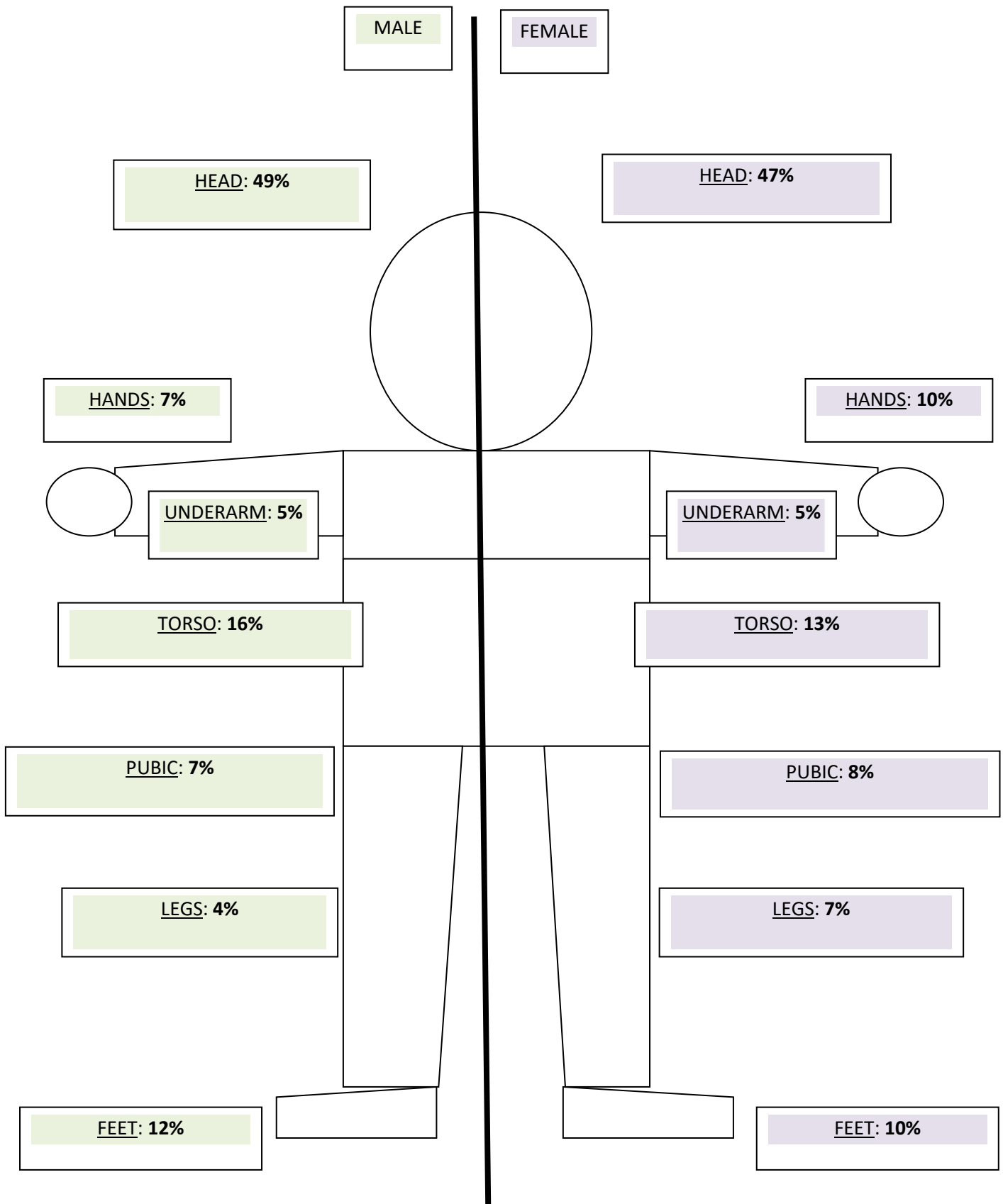
**Table 5.4 Percentage of perceived grooming activities identified by body area, by four focus groups (n=14), for each gender**

<b>Body area</b>	<b>Males</b>	<b>Females</b>
Head	49%	47%
Hands	7%	10%
Underarm	5%	5%
Torso	16%	13%
Pubic	7%	8%
Legs	4%	7%
Feet	12%	10%
<b>Total</b>	<b>100%</b>	<b>100%</b>

These were also mapped onto a body outline, Diagram 5.3 on next page, to allow for visual comparison. It can be seen that in the men the head, torso and feet have slightly more perceived focus paid to them than the women. In women the perceived focus on hands and on legs are slightly higher than that of the men.

### **5.10 Discussion on the use of the body outline**

The use of the body outline, in order to gather data, was easy and unproblematic in its application. The participants readily understood what was required of them, indicating that the body outline was both diagrammatic (Schaverin , 1992) and served as a representation (Van Leeuwen & Jewitt , 2001) of the body. The instruction to divide the diagram into male and female sides in order to elicit perceptions of ‘other’ gender PG activities was similarly understood and acted upon. Some participants chose to the right side of the diagram to be ‘female’, whilst others chose the left. No conclusions have been drawn from this.



**Diagram 5.3 Number of perceived grooming activities, identified by four focus groups, by percentage for each gender (n=14)**

The time it took to complete the diagram was around five minutes. Participants used words to indicate different PG activities and arrayed the specific word close to the body area involved in the activity. All the data was legible.

The use of words sits with the notion of discourse, which as Rose (2007: 142) highlights, “refers to a group of statements which structure the way a thing is thought, and the way we act on the basis of that thinking.” The words, when written onto an image of the body, provided discursive formation (Rose, 2007) where meanings are connected together. Hence the word ‘wax’, on its own, may conjure up bees or candles, whereas when set in the context of PG and the body it means an activity that results in hair removal.

Given that the sample size was small ( $n = 14$ ) and that it was a gathering of perceptions rather than actual observations, the results cannot be considered accurate or generalizable. However they do add to the knowledge of what is known about PG, in that many activities have been formally identified and the focus of the body area that receives most attention. They provide a base for further exploration. Bowling (1997:355) noted that often FG transcripts “are presented simply to illustrate quantitative data.” However the reverse is true in this study, with the quantitative data, discussed above, supporting the conversations within the FGs and providing a means of personal expression.

### **5.11 Conclusion**

This chapter set out to discuss a visual methodology and the appropriateness of its use in this study. The definition of VM demonstrated that it a broad approach and can draw on many sources that make up our visual world. The various visual traditions were explored and the notion of ‘visual as prompt’ was identified as the chosen method of data collection. The advantages and disadvantages of using a VM were noted, as were the ethical considerations. Particular emphasis was made of the

principle of fidelity, which was an important aspect of the FGs and the decision to employ a visual methodology.

Visual research requires an understanding of the terminology used and explicit terms were highlighted and explained. This allowed for a conceptual understanding of the body outline that was used to collect the data. The diagrammatic image prompted word responses; these were collated through the use of tables in Word and Excel formats. The findings were reported in tables and diagrammatic formats to allow for ease of comparison.

The findings indicate that there is a perception that women use more grooming activities than men. This was noted in the child-related group, the female group and the + 46 group. The men's perceptions, however, identified the same amount of grooming activity for females as males. When the number of grooming activity per body area was considered, it was found that the head received the most attention, in both genders. The torso was next in consideration, followed by foot care. The numbers were calculated as a percentage of attention to a particular body area; it was noted that males paid slightly more attention to the head area than females. Women perceived that they gave more attention to their hands than the men. This information may be useful to those giving care to another. If there is any truth in the findings it might indicate that more time might be needed to address the personal needs of a woman than for a man. There may be gender differences when it comes to prioritising areas of the body to receive PG tasks. The findings re-enforce that a 'top-to-toe' approach to PG is needed.

Finally, the VM (i.e. visual as prompt) was easy to use and provided data that both supported and expanded on the data collected via the FGs. It is vital, when using such a methodology, to have conversations with the participants, in order to establish the context of the words with the image.



## **Chapter 6 The second phase of the study: concept analysis of personal grooming**

### **6.1 Introduction**

This chapter reports the second phase of the study, addressing an issue noted in Chapter 4, i.e. a lack of definition for PG. The second phase occurred in the timeframe between June 2011 (the end of the FGs) and July 2012. The methodology of Concept Analysis will be explained and explored, demonstrating its context to GT research methodology and how it enables an understanding of PG. A hybrid version of Walker and Avant's model of concept analysis will be outlined (Ravelin, Kylmä, Korhonen, 2006). Reference will be made to other relevant researchers who have used concept analysis. Data will be drawn from the literature and the FG discussions. Related concepts will be recorded from those accessed in the literature, whilst verbatim quotes, taken from the FG transcripts, will highlight aspects of the critical attributes, antecedents and consequences of PG. Example cases will be provided. The empirical referents of PG will be identified. A definition will be arrived at and the concept analysis model will illustrate components of PG. This work has been presented to peers at a PhD student conference (see CD: presentations).

### **6.2 An outline of concept analysis**

Within the framework of GT, as suggested by Streubert Speziale and Carpenter (2007) (see Appendix 2), the use of literature and other sources are part of the data collection that helps to inform the overall concept being explored. Birkin and Mills (2011) suggest that it is important to understand the differences of how concepts work in GT studies. Roberts (2008: 679) argues that GT "seeks to identify and explain what is happening in a social setting." The data from the FGs showed that there was no clarity over what constitutes the concept of 'personal grooming' and so it seems logical to explore it.

The use of data, usually drawn from a review of the literature, to define a concept is one that is well-established, with the seminal text of Walker and Avant (2005) much cited. The theory construction is

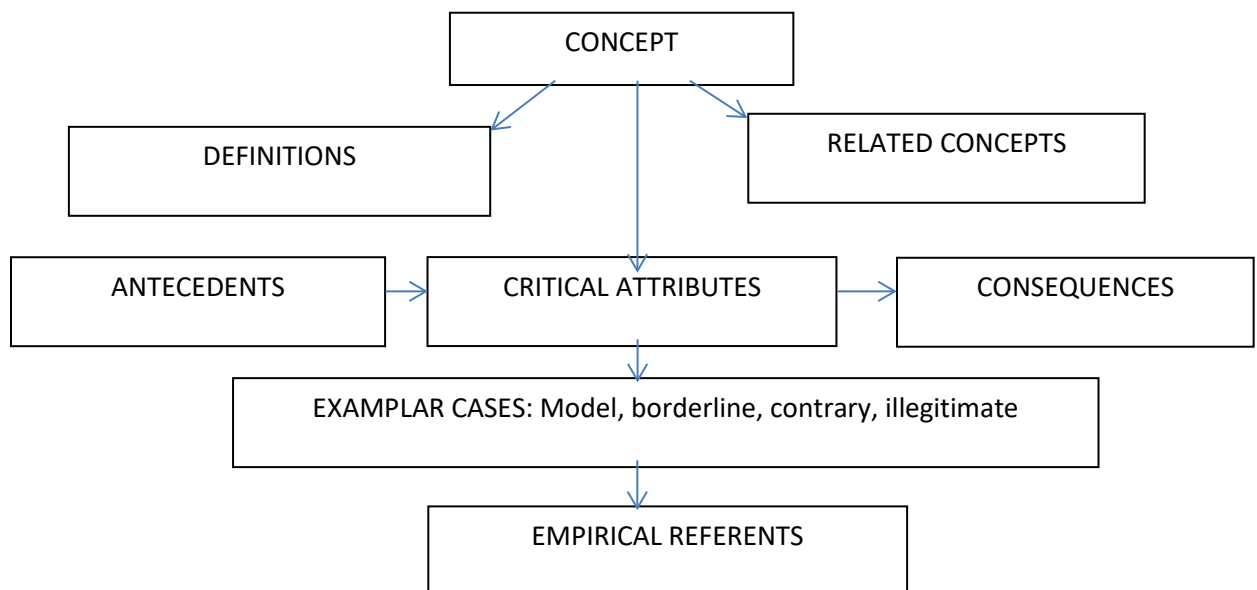
a process known as concept analysis. It helps to clarify a given concept; to say what it is and what it isn't, as well as giving examples of the concept in order to give a clear understanding of its application. Spear and Kulbok (2004: 145) summarise this by stating, concept analysis is:

“identification of concept, attributes of concept, antecedents and consequences, concepts that are related to the concept of interest, and empirical referents.”

Walker and Avant (2005: 67) cite it is important to explore as many uses of a concept as possible, considering “all uses of the term”. Sumner (2006: 10) states, drawing on the earlier 1995 work of Morse, that “a concept may be applicable in more than one way but inherently stays the same”. The key feature of concept analysis is that it examines the data in a particular way, searching for distinct categories. Those categories are: definitions, related concepts, critical attributes, antecedents, consequences, model case, borderline case, contrary case, illegitimate case, and empirical referents (Walker & Avant, 2005). These have been laid out in a diagrammatic form below (see Diagram 6.1). More details on these categories will be given, as they are met, later in the chapter.

**Diagram 6.1 Diagrammatic form of Concept Analysis**

*How a concept is examined: the journey through the categories (Walker & Avant, 2005)*



Some concepts that have been defined using this approach are those of: healthy aging (Hansen-Kyle, 2005); self-healing (Waldspurger Robb, 2006); and dance (Ravelin *et al.*, 2006). This latter work of Ravelin *et al.* (2006) extends the Walker and Avant model of concept analysis to one of a hybrid model. They state that the literature review of definitions is: 1) the *theoretical phase*. It may draw more heavily from some writers, if the discourse is rich in regard to the concept, than others. This is followed by: 2) the *fieldwork phase*, where the concept is refined by field work, such as interviews, so in this instance data will be used from the FGs. The model concludes with: 3) the *analytical phase*, which is where the two previous stages are combined. I have adopted the hybrid model for this study in order to add strength to the literature, using examples found in the transcripts, or to locate aspects not found in the literature. The readings are drawn from the wider field of 'body image', using studies which referred to PG.

Keil (2004) identifies that some words or phrases are easily defined, citing the example of the word 'dog', as an object with definable characteristics. Other words or phrases are more abstract and hence concept analysis is the "process of trying to arrive at consensus over the use of words" (pg. 659). Falan (2010), for example, used concept analysis to examine the notion of 'similarity' within nursing, noting that 'similarity' can also be found in the fields of music, linguistics, mathematics and geometry, research, business and relationships. Each of these fields has a slightly different understanding of 'similarity' and, when using the term in nursing, it needed a fresh exploration and evaluation.

### **6.3 Justification for using concept analysis in this study**

Concept analysis is necessary in this study because: 1) it helps to establish the philosophical premise of 'personal grooming', and 2) addresses the lack of clarity noted in the FGs. Concepts are not concrete aspects of life, we cannot touch one or see it and yet our lives are moulded and governed by these abstract notions. Thus concept analysis helps us to answer the simple question 'what do you mean by PG'? This question was one that I encountered several times when the topic was

mentioned in conversation. In modern parlance the word 'grooming' has connotations of grooming others for sexual exploitation. This alternative meaning had a direct bearing when it came to recruiting participants, as some thought that the study was related to sexual activity. Those that did volunteer seemed to not require a definition, thereby showing that, for them, they understood what PG was.

#### 6.4 A review of definitions

The first stage of concept analysis is a review of definitions. Walker and Avant (2005) remind the researcher not to limit the search for a concept but to seek as many variations as possible at this stage. The etymology of the word 'groom' reveals that it was first used in the 12<sup>th</sup> century when, in its form of *grome*, meant male child or boy (www.etymology.com, 2015). By the 16<sup>th</sup> century it was used to indicate young males, or an officer class in the Royal household or a male servant tending horses. In the 1600s the term bridegroom was being used, which was the meeting of the words *bryd* and *guma* (the latter meaning 'man'). The shortened version of 'groom' indicated a newly-married man. It was in the early 1800s that the verb 'to groom' transferred from caring for a horse to the notion of 'tidying oneself'. By the late 1800's the notion of 'grooming' was being used in relation to preparing someone for a role. A further link to today's PG came in the 1920s when 'toilettries' were items used in the grooming process (www.etymology.com, 2015). A modern definition of the word 'groom' from oxforddictionary.com (2011) reflects its past history, as can be seen below.

**Groom:** *Noun:* 1. a person employed to take care of horses; 2. a bridegroom; 3. *British* any of various officials of the royal household

*Verb(with object)*

1. brush and clean the coat of (a horse, dog, or other animal):
  - *the horses were groomed and taken to shows*
  - (of an animal) clean the fur or skin of (itself or another animal): *their main preoccupation is licking and grooming themselves*

- (often as adjective groomed) give a neat and tidy appearance to (someone):  
[with submodifier]: *a beautifully groomed woman* (as noun grooming) *she pays great attention to grooming and clothes*
- look after (a lawn, ski slope, or other surface): *groom your lawn—keep the grass cut*

2. prepare or train (someone) for a particular purpose or activity: *star pupils who are groomed for higher things*; (of a paedophile) prepare (a child) for a meeting, especially via an Internet chat room' (oxforddictionary.com, 2011)

In respect to appearance, the synonyms for the word 'groom' are: smarten up, dress, clean, turn out, get up (informal), tidy, preen, spruce up, primp, gussy up [the latter word being slang, mainly used in the United States] (oxforddictionary.com, 2011). It would appear that the range of applications for the word 'groom' could lead to some confusion despite the pre-fix of 'personal' being added to it. Individuals have an understanding of the differing meanings of the word 'grooming' but need it to be set in context. The following sections aim to differentiate versions of 'grooming'.

#### **6.4.1 Differentiating personal grooming from social grooming**

Fu and Lee (2007) discuss a version of grooming, that they call social grooming, describing it thus:

Chief among these social grooming methods are opinion conformity (e.g. agreeing with another's views), rendering favors [*sic*](e.g. giving gifts), downward self-presentation (e.g. showing modesty), verbal and nonverbal dissemblance (e.g. telling white lies), and flattery (or a more neutral term, 'other enhancement', which is operationally defined as presenting overly positive information about an individual in front of the individual). (pg. 255)

This quote seems to suggest that an attitude, expressed in words and behaviour, is the main factor in social grooming and that it forms a dialogue between two people. The words used appear to involve alterations to truth-telling and this could be a factor in another sort of grooming, that of sexual grooming.

#### **6.4.2 Differentiating personal grooming from sexual grooming**

Two definitions are offered here for comparison. The first is:

“The sexual grooming concept is a process whereby an offender creates the opportunity to sexually abuse or exploit a child by first winning the victim’s trust.” (Shannon, 2008: 161)

With this definition it can be seen that ‘winning the ... trust’ would rely on communication skills rather than that of PG. The second definition expands on some of the same themes noted in the first one:

‘Grooming’ is a term used to describe the process by which sex offenders carefully initiate and maintain sexually abusive relationships with children. Grooming is a conscious, deliberate, and carefully orchestrated approach used by the offender. The goal of grooming is to permit a sexual encounter and keep it a secret (Knoll, 2010: 374)

Both definitions contain the idea that grooming is done by one person (often one in a more powerful position) to another (in a less powerful position). Neither definition, nor that of social grooming, refers to the individual’s daily activity of body care that we all encounter. However when looking at previous animal studies (see Chapter 2) a definition was found that corresponded with body care.

#### **6.4.3 Definition of grooming: animal -related**

Grooming activities have been studied extensively in animals, so it is to be expected that a definition of grooming appears in the literature. Within the following definition not only is the body mentioned in relation to grooming but also a purpose of grooming the body is noted:

Grooming, broadly defined, involves all forms of body surface care, and is an activity of importance to the survival and well-being of animals. Either directed to an individual’s own body or to that of a *conspecific*, grooming is virtually ubiquitous among terrestrial vertebrates.(Mooring, Blumstein & Stoner 2004: 17).

The word ‘conspecific’ refers to the fact that animals tend to (but not exclusively) groom their own species. So a dog may groom another dog, cattle may groom other cattle and cats may groom other cats. Humans not only groom themselves, and sometimes other people, but also their animals too. Despite this there appears to be few definitions of the human activity, that of PG.

#### **6.4.4 Definitions of Personal Grooming**

One such definition, noted in *Charting: made incredibly easy* (n.a., 2002: 154), cites grooming as an:

“ability to tend to personal hygiene needs (i.e. washing face and hands, shaving or make up, teeth or denture care, fingernail care.)”

Within the *Charting* book the concepts of bathing and dressing are considered separately to that of grooming. Swann (2006a: 517), defines personal grooming as:

“several activities or carrying out of tasks, some which are concerned with hygiene, whilst others are concerned with appearance “.

Example activities cited by Swann are hair care, tending to nails, putting on make-up and shaving. However these definitions do not seem to capture what individuals perceive as PG. Whilst the FGs (see Chapter 4) highlighted similar aspects to the definitions above they also brought out other components to grooming (see Diagram 4.3 in Chapter 4). These were: having an internal schema in respect to standards of hygiene, the link to self-esteem, the awareness of social situations where adaptation to patterns of grooming may alter, the notion of self-presentation, body modification, the maintenance of health and the ability to control aspects of the body. Subsequently a definition of grooming should suggest that it is not just about hygiene but something beyond that. However before arriving at a concluding definition it is important to look at related concepts.

#### **6.5 Related concepts**

There are many terms and expressions used in relation to the body to be found in the literature. Some are seen through the eyes of sociology, whilst others consider the psychological stance. For ease of reading, the terms and related concepts have been organised in an alphabetical order as this reduces any notions of importance of one concept over another. Writers may use more than one term and words or expressions may be used interchangeably. Where these occur they have been

highlighted in bold along with the principle word or expression. Each bullet-pointed, related concept is given a brief definition, which is denoted by an *italic* font.

- **Affect:** *the body without image* (Featherstone, 2010). The affective body may be unseen and unnoticed but never-the-less may have an impact on interactions with others. For example, the height and size of a person may affect relationships, as might the physiology of the person. Within PG the affect can be altered by clothing or hair style, making the body appear bigger or smaller. Muth and Cash (1997) comment that affect may bring about emotional experiences in differing situations. So whilst we feel comfortable about our body and the way we have dressed it in one social situation, this may not hold true in another.
- **Agency:** *active and knowledgeable choice* (Budgeon, 2003). Individuals use agency to make decisions about aspects of their PG and other aspects of caring for the body. Examples of constrained agency are dieting and exercise, which can become repetitive and obsessive (Budgeon, 2003).
- **Allo-grooming:** a term frequently used in animal studies that denotes *one species grooming another of the same species*, such as a mother cat grooming her kittens. (Smith, 2007) However, Thompson (2010) has adopted the term in her study of humans and their grooming behaviours.
- **Appearance:** (*also termed as 'looks'*). Carr, Harris and James (2000) state it is "central to social experience and social interaction" (pg. 201). They suggest that it communicates ethnicity, character, and physical and emotional states. Gill *et al.* (2005) notes that young men consider 'discussing appearance' is a taboo topic, for fear of seeming vain and narcissistic.
- **Appearance anxiety:** *concerns about one's appearance*. Also labelled as **Appearance concern** (Carr *et al.*, 2000; Johnson *et al.*, 2004; Rumsey & Harcourt, 2005) and as **Self-consciousness of Appearance** (Carr *et al.*, 2000).
- **Appearance-management behaviour:** *Controllable aspects of grooming*. Noted as: hair style, clothes, make-up and jewellery (Tiggemann, 2004).
- **Appearance-management strategies:** *dress and adornment to ameliorate effects of issues such as growing old* (Tiggemann, 2004).
- **Attractiveness:** this concept appears to be multi-factorial; "*sociable, dominant, sexually warm, mentally healthy, intelligent and socially skilled*" (Santor & Walker 1999: 464)
- **Assisted Personal Body Care (APBC):** APBC is *assistance that is given by another to the self* (Lomborg, Bjørn, Dahl & Kirkevold, 2005). APBC brings a paradox: "simultaneously preserving and threatening ...personal integrity" (pg. 268).
- **Auto-grooming** (sometimes known as '**Body care**'): *activities carried out by the self, on the self*. (Lomborg *et al.*, 2005) Lomborg *et al.* (2005: 267) explain it is "comprehensive personal body care consisted of washing of whole body, tooth brushing, hair washing and dressing" For males it also includes shaving. Thompson (2010: 289), an anthropologist, cites auto-grooming as "*self-directed grooming behaviours*", which are directed at hygiene measures and the reduction of parasitic infections. An increase in auto-grooming may be seen in the germ-phobic individual or those under psychological stress. Thompson suggests that auto-grooming may be linked to maintenance of health, physical appearance and mate attraction.
- **Body autonomy:** Gill *et al.* (2005) use this term to explain *that the individual perceives the body as something over which they have Control*. It highlights that choices can be made, which includes care and attention to and of the body. Control of the body may be associated with the notion of "healthiness" (Johnson *et al.*, 2004). To not care for the body or exercise body autonomy brings: "moral reprobation" (Gill *et al.* 2005: 55), with the individual viewed as a moral failure; a view that considers individuals are losing their "self-respect" and "letting themselves go" (Gill *et al.* 2005: 58); and a sense of self-blame and failure (Johnson *et al.*, 2004).



- **Body dissatisfaction:** *to arrive at dissatisfaction the individual must evaluate against a satisfaction-dissatisfaction continuum of physical attributes, as well as their thoughts and beliefs about their appearance* (Muth & Cash, 1997). Dissatisfaction in women is a “normative discontent” (Tiggemann, 2004: 30). Strachan, Wilson, Cressman and Buote (2006) suggest that body dissatisfaction occurs through the process of **Social comparison** (see below). Johnson *et al.* (2004) use the expression **Body shame**, a term similarly used by Orbach (2009). Muth and Cash use the term **Dysphoria**, which is a psychological state of unease or dissatisfaction (Oxford Dictionaries Online, 2012), that body dissatisfaction can bring about.
- **Body image:** *‘Body image may be construed as a multi-dimensional self-attitude towards one’s body, particularly its appearance’* states Muth and Cash (1997:1438). Grogan (2006: 524) adds “Body image relates to a person’s perceptions, feelings and thoughts about his or her body and is usually conceptualized as incorporating body-size estimation, evaluation of body attractiveness and emotions associated with body shape and size”. The idea exists that individuals are held responsible for their body shape and weight but not for their “height, eye colour, or size of feet” (Tiggemann, 2004). Featherstone (2001: 194) suggests that body image is “a mental image of one’s body as it appears to others”.
- **Body maintenance:** *the looking after of one’s own body* (often thought of in terms of health) (Watson, 1998). It is usually directed at the corporeal aspect rather than the externalised PG activity.
- **Body modification:** *changing the shape and size* (weight, for example) (Budgeon, 2003); *actions taken to achieve ideals of beauty* (Donohoe, 2006). Examples of actions cited are: dieting, exercising, using cosmetics, tanning, body piercing, using botox, dermal filling, chemical peeling, body shaping clothing, cosmetic surgery and tattooing (Donohoe, 2006; Gill *et al.*, 2005). The actions may alter over history or by culture. With body modification there may exist the idea that the body is ‘unfinished’, i.e. a project to be worked on (Gill *et al.* 2005).
- **Body projects:** *‘attempts to construct and maintain a coherent and viable sense of self-identity through attention to the body, particularly the body’s surface’* (Featherstone, cited by Gill *et al.* 2005:40). Featherstone (2010) also calls this **Body Work**.
- **Body schema:** *the non-visual sense of the body, the feelings and sensations of the body* (Featherstone, 2010).
- **Control:** see ‘**Body autonomy**’
- **Corporeality:** *to do with the body* (Budgeon, 2003).
- **Disciplinary practices:** *diet, makeup and dress* (Bordo, cited in Budgeon, 2003).
- **Disfigurement:** *an aspect of the body that is different from the norm* e.g. ‘seriously wrong’, ‘defect’ (Gill *et al.* 2005). Examples cited are birthmark, ears that stick out, disfigured by an accident, moles that caused teasing and therefore psychological suffering, ugly, abnormal, undesirable features. Carr *et al.* (2000) cite “congenital malformations, disease and its treatment, trauma and burns” (pg. 202) as disfigurements, adding that these can cause social disadvantage, interpersonal difficulties, stigmatisation and isolation. They go on to recall that minor disfigurements such as skin blemishes, obesity, growth being disproportionate, child birth and ageing effects can cause worry and concern.
- **Dress/dressways:** *the study of dress and its link to social life* (Keenan, 2001). This is an academic discipline in its own right, with a wide terminology that considers aspects of dress in all its forms. For example, the religious influences on dress (Barker, 2001), dress in the workplace, dress and genderfication (Davies, 1992) are all topics for scrutiny.
- **Embodiment:** *The body reflecting the identity of the individual*. Crossley (2006:1) extends the term to that of **reflexive embodiment**, which “refers to the capacity and tendency to perceive, emote about, reflect and act upon one’s own body.”
- **Embodied identity:** *a point where idealized self is resisted, and transformation of self through adopted practices* (Budgeon, 2003)

- **Habitus:** *techniques of the body, forms of embodiment in eras and culture* (Mellor & Shilling, 1997). Hence bodies (and by extension PG) are affected by upbringing, existence in locations, status-based, gendered, racially influenced and by other social factors.
- **Hygiene:** see 'Personal hygiene'
- **Identity assimilation:** *maintaining a consistent view of self when interpreting age-related experience* e.g. finding wrinkles, and not becoming preoccupied, discouraged or overtly negative (Whitbourne & Collins, cited in Tiggemann, 2004)
- **Identity process theory:** *a consistent view of self* (Whitbourne & Skulety, cited in Tiggemann, 2004).
- **Impression management:** *the self is influenced by the social environment* (Santor & Walker, 1999).
- **Investment:** *the extent of attentional self-focus on one's appearance* (Muth & Cash, 1997; 1438). This includes behaviours that help to manage or enhance appearance.
- **Lived body:** *an awareness of the body and its relationship with the world.* Nettleton and Watson (1998), citing Leder, highlight that the lived body engages with the world by using the "senses, motility, language, desires." (pg. 11). They go on to point out that there is a difference between "having a body, doing a body and being a body".
- **Letdown reflex:** *"a neuro-hormonal influence which can be inhibited by psychological influences"* (Britton, 1998: 66). This is usually applied to the sensations of milk leaking during breast-feeding but can also be applied to discharges, incontinence and menstruation. Hence pads, such as breast pads or panty liners, may be marketed in order to control and protect the individual in order to avoid "being discredited in public" (pg. 75).
- **Mind/body dualism:** *the mind reacting to the natural body* (Giddens, cited in Budgeon 2003), hence the body may become a project. The mind (and reflexivity) considers it has choices and options in order to shape the body, which may lead to disembodiment. Bodies are "less of a given by nature and more of a product of choice" (Budgeon, 2003: 44).
- **Personal hygiene:** *"the physical act of cleansing the body to ensure that the skin, hair and nails are maintained in optimum condition"* (Ashurst, 2003: 104). Ashurst goes on to point out that it is an activity (along with grooming) that is "basic to self-respect ... and usually carried out in private" and that personal preference and religious and cultural needs play a part in the activities.
- **Primary control:** *"the ability to maintain the function of the body"* (Price, 2010: 34). As we grow older this ability may lessen due to illness or disease. However **secondary** or **cognitive control**, such as appraising ourselves against others, may boost confidence or self-esteem.
- **Reflexive body technique (RBT):** *the manipulation of the body to modify, maintain and thematize it.* The body is an object for ourselves and enables us to self-define and self-develop (Crossley, 2006).
- **Self-presentation:** *wearing of clothes, style of hair* (Tiggemann, 2004); *role adoption* (Goffmann 1959). Featherstone (2010: 196) notes that individuals not only wear 'a look' but may also "reform the way they walk or stand, hold their head and hands, and so on." He likens it to method acting, that of playing a part. McGee, Hewitt, Sherry, Parkin and Flett (2005) use the term **perfectionistic self-presentation**, proposing this often applies with those with eating disorders, hence links with corporeality. However it may also be applied to PG habits, where perfectionism requires the need to *be* perfect or appear perfect to others.
- **Social comparison:** *the act of comparing oneself to another* (Strahan, Wilson, Cressman & Buote, 2006). The preferred direction is that of downward comparison, which is "self-protecting or self-enhancing" (pg. 212) and the other person is usually viewed as someone who is "worse off" (pg. 213). However, Strahan *et al.* also note that upward comparison may occur if the individual has self-improvement in mind or lateral comparison if the purpose is to affiliate with another. Targets for comparison are mainly friends and family and acquaintances, with models and celebrities being cited by females for other comparisons and professional sports persons for males.
- **Surveillance:** *self-monitoring of the body, in respect to weight and appearance* (McKinley, cited by Johnson *et al.* 2004). Johnson *et al.* (2004) note this 'watching' or **Body Vigilance** in their sample

narratives, whilst Price (2010) calls this process **Self-Monitoring**. Price goes on to state that “human beings monitor their bodies, not only to determine whether they are well or healthy, but also to determine whether we are accepted by others.” (pg. 32).

- **Transformation:** *the ‘before-and-after’ image* (Featherstone, 2010: 197). The new image, Featherstone suggests, is ‘proof’ of the value of the time, money and energy expended.

Some of the above related concepts are stronger in their association to the concept of PG than others, such as self-presentation, habitus and dressways. There are those that may appear to medicalize aspects related to PG, such as appearance anxiety and disfigurement. Assisted personal body care seems to be a nursing term for allo-grooming. However the related concepts all interact with the central notion of PG to some degree or other. The next stage of concept analysis, looking for the antecedents, is the search for characteristics common to PG.

## **6.6 Antecedents**

Antecedents are those incidentals that are always present if the concept itself is to occur i.e. necessary or sufficient conditions (Walker & Avant, 2005). The literature and the data from the FGs highlight there are many antecedents to PG, and care of the body generally. To try and put these in a logical format can be challenging, as they may be occurring simultaneously. The use of sub-sections will therefore be used to discuss a range of antecedents. Some receive more discussion than others and this reflects the details found in the literature.

### **6.6.1 Schemas and personal grooming**

Schemas are “mental representations or ideas about what things are and how we deal with them” (Davenport, 1988: 163); they begin to build up from babyhood. When several schemas combine they become ‘operations’, where they allow for logical actions or use of the imagination. Early schemas emerge from parental influence (Budgeon, 2003; Swann, 2006a) or those that are closely around us (Yonwin, 2000). An infant builds up various schemas, one of which may be the concept of dirt and impurity (Douglas, 1966). From personal observation of family members, a dirty nappy is greeted with both verbal and non-verbal language and behaviour that reinforces that being soiled is an

unacceptable state. Yonwin (2000) comments that hygiene and appearance may affect the way others respond to an individual.

As an individual gains understanding of dirt they may also gain a schema of health (Cash, Melnyk, & Hrabosky, 2004). A further schema is that of private versus public activities (Swann 2006a). Privacy, in the British culture, is usually needed to carry out the activities of hygiene and grooming (Ashurst, 2003), and this helps in the maintenance of dignity. As a child grows additional schemas are built such as a sense of integrity (Lomborg *et al.* 2005), of knowing oneself or the concept of beauty (Donohoe, 2006; Tiggemann, 2004). The concept of beauty may promote the 'ideal woman' and 'ideal man', which Donohoe (2006: 3) reports as:

Ideal woman: small chin, delicate jaws, full lips, a small nose, high cheek bones, large and widely spaced eyes, waist-to-hip ratio of 0.7

Ideal man: taller, waist-to-hip ratio of 0.9, rugged features- dominant, rectangular face and chin, deep-set eyes, and heavy brow

This type of classification of what is considered as beauty is one that may be culturally dependent but it may give an individual a set of criteria to compare themselves to. Along with the concept of beauty may come the concept of vanity (Gill *et al.* 2005), which Gill *et al.* state is to be guarded against and avoided. Vanity, Gill *et al.* (2005) suggest, is not an accepted reason for seeking cosmetic surgery, whilst major disfigurement is. A line can be drawn on what constitutes vanity and what doesn't; this line appears to be individualistic and may be influenced by cultural practices (Donohoe, 2006). Another schema that may also act as an antecedent is the trait of obsessive versus well-balanced (Gill *et al.* 2005). Socially, Gill *et al.* state it is permitted to talk about obsession when viewed as a past phenomenon. Many practices may fall into 'obsessive' construct such as gym use, diet, and health practices. A further schema is the concept of pleasure and pampering (Swann, 2006b). These schema are very individualistic and so what appears to be pleasurable to one may be viewed as obsessive by another. A participant in the male FG exemplified this aspect, by recalling a moment of obsession displayed by another:

Male D: I remember one time going to a concert and the fella who was singing, he went off stage for about ten minutes, or five minutes, and came back on...this is in the middle of the concert, the band was still playing and my wife said "He's had his hair straightened." Doing that in the middle of it! And I thought, God, he has!

As we mature we become aware of the concept of 'life course'. This, Hockey and Draper (2005: 42) note, "reflects an awareness of historical context, a recognition that age-based social identities are particular to eras or centuries" and that early life identities have implications for later life. Hockey and Draper distinguish between 'life course' and 'life cycle', stating that the latter is "a predetermined map" (pg.43). Therefore we have an established schema for perceptions of older age and the issues that it will bring. In the over-46 FG worries were expressed about becoming a 'smelly woman' and experiencing incontinence and so attention to PG was seen to be important (see CD: Transcriptions). This is a reminder that schemas may have both positive and negative effects on individuals.

### **6.6.2 Patterning**

Patterning is term used by psychologists to describe how behaviours are acquired or learned (Gesell, 1933). This can be at a biological level, such humans being patterned to stand upright, or achieved through social learning. Roach and Eicher (1965) state that dress is part of patterning, with four types of patterns occurring: technical, aesthetic, moral, and ritualistic. Technical patterns refers to the knowledge required to make or utilise fabrics and then to shape them to the body. Aesthetic patterns are individualistic and a person can conform to cultural norms or innovate. The body may become a medium for artistic expression. Moral patterns are those where "society classifies clothing into proper and improper, right and wrong, and makes it evident that conventions and moral standards are universal" (Roach & Eicher, 1965: 14). Ritualistic patterns are those where an activity is taken "seriously by the participant or participants". It can be part of the life cycle or can refer to a ceremony of some kind. Clothing can often be part of such rituals (Roach & Eicher, 1965). The

notion of ritual pattern and the establishment of a routine are exemplified by a quote from one of the FGs, illustrating the effect parental influence has on patterning:

Mrs Orange: It's down to personal preference though, and socialisation, as well because if you're used to washing every day, dressing every day, putting make up on - it's mirrored in children – I know my children do like make-up and it's my influence.

The daily attention to the body, noted above, can become a ritual pattern that may sink into the subconscious.

### **6.6.3 The impact of culture**

The notion of patterning may be culturally dependent, as a woman in the 18-45 FG highlighted. She provides an example of living in an alternative culture to that of Britain:

Female 2: I think that's the fundamental part of grooming. I mean, you can add to that and put on layers of it being hygiene. It's to stop infections, it's to stop you smelling but I think that's just because of the way that we live in society. I think if you're an aborigine living in the heat of Northern Australia then that wouldn't be important...as important as it is living in the UK. So I think a lot of the layers are cultural things ...

The participant is recalling a different, societal standard and this is an aspect that children become more aware of as they grow, when the standards gain more meaning (Tiggemann, 2004). Societal pressure may also be part of the cultural aspect. Carlyle (1838) refers to the 'social police', meaning that society influences clothing choices. Social pressure was brought out clearly in the MFG, with one participant stating:

Mr. A: Having listened to others there is an element of presenting yourself to other people – how do you present yourself to other people - with that there are definitions

Another participant noted how attendance at a social event would prompt thought about his PG:

Mr. D: ... whenever I was getting dressed my wife would say "Have you got a big meeting today?" and I would say "What makes you say that?" "Because of the shirt". And I would wear shirts that were more formal , not necessarily look older but more business –like, mature maybe, and I would purposefully wear certain shirts for certain meetings.

Cultural influences, as exemplified, can therefore be geographical, situational, and relational.

#### 6.6.4 The need for resources

Access and availability to resources such as clean water, facilities, toiletries and equipment (Ashurst, 2003) play their part in PG. Clothing needs to be laundered and crumples removed in order for a person to appear well-presented, hence resources such as laundering equipment and electricity are required. Another resource required is time; it is needed to do personal body care (Lomborg *et al.* 2005) and to do PG effectively (Swann, 2006b). The degree to which a person grooms may be dependent on the resource of time, as the female FG noted:

Female 2: You're in a hurry to get out. Well even then you try and find some time, but...

Female 1: Yeah. Having young children as well, I think, can almost...it stops you spending a lot of time on personal grooming and it can be a case of just grabbing something to wear that might be practical, hard wearing and easy to clean (*laughs*) and you know, your hair back in a pony-tail. I haven't got time to do make-up or something like that. It's just dressed, ready, go

The availability of ready-to-wear clothing plays a part in the above scenario. For some, financial resources may be an issue. Price (2010: 32) comments that older women may "conduct beauty work, by improving their grooming or purchasing expensive clothes or make up." She further adds that "dress is used by affluent older women to suggest a number of different personal attributes, including social status and sophistication" (pg. 33). Price highlights the monetary aspect of PG by stating "...it takes financial resources to manipulate appearance" (pg. 33) citing dieting, cosmetics, temporary and permanent surgical interventions as some means of manipulation. Consequently resources are needed at the most basic and higher levels of grooming.

#### 6.6.5 Gaining the skills to auto-groom

Personal grooming, Swann (2006a: 517) suggests, requires "a complex sequence of events" involving body manoeuvrability, muscle power, fine finger movement and control, good sensation, good vision and dexterity. The acquisition of skills is an antecedent to the 'personal' aspect of grooming, for without them the grooming may remain dependent on others. A child will usually start

to play an active role in its PG by learning to attend to their hair and taking their clothes off or putting them on. The child-related FG brought out these facets, with one parent commenting:

Mrs C: I think at probably different ages they see and respond to different things. Like the little girl who will look in the mirror, at her hair, and will still turn around and say “Is it slack?” when she’s putting a ponytail in. “Is it slack, Mummy? Does it look right?” So there’s that constant reassurance about how she looks but there is also that image of wanting to look at herself as well.

Then later adding:

Mrs C: Well, I don’t know.... I don’t think, for him these cardigans, I don’t think it’s much about colours ...I think it’s the fact it’s independence – he can zip the cardigans up. So he’s found something that he can just take, put on and do it himself

Both of these scenes depend on a level of motor skills by the children in manipulating the hair and putting on the article of clothing.

#### **6.6.6 The effect of climate on personal grooming**

Clothing is a simple way of adjusting thermo-regulation of the body (Linden, 1993) and the child will become used to putting clothing on and off when going outdoors and returning indoors. Hence the climate will have an influence over the amount of clothing that is worn. The quote about aboriginal culture in Section 6.5.3 referred to heat as being a factor in PG. Hoebel (1965) cites clothing, hats and shoes as items that are used to protect against climatic changes.

#### **6.6.7 Activity and personal grooming**

In addition, in the early years of childhood, exposure to sport and exercise (Grogan, 2006) may bring to the fore that different activities require different grooming and clothing. This was noted in the child-related FG:

Mrs C: .... And going in line with what you were saying, .. one day she wanted to play football, which, for her, seemed a complete and utter contrast to her personality. And I said to her “Why do you want to do football?”, you know, thinking “the kit won’t appeal to her, the boots won’t appeal to her”, it’s just totally out of character.



This may provide the developing child with another schema or operation to add to others, that clothing is changed according to the activity.

#### **6.6.8 Knowing one's gender**

An antecedent to PG will be an understanding of gender. Social factors play a part in this (Grogan, 2006). Females have, historically, been: “defined, directed and controlled through the application of disembodied, objective, masculine knowledge” (Budgeon, 2003: 37). The wearing of trousers, for example, was considered unfeminine (Sharpe, 1976) until work undertaken by women in World War 2 brought about a change of attitude towards the clothing. The media also adds to influencing aspects of genderfication (Grogan, 2006; Budgeon, 2003) with their representations of femininity (Budgeon, 2003) and masculinity. Hargreaves and Tiggemann (2004) note the portrayal of the ideal body shape in commercials, for both sexes, men being bare-chested and women being thin. Exposure to such images may impact on the internal concept of the ideal self, hence the individual may have a perceived discrepancy between current and ideal self (Grogan, 2006). Adolescent girls are more like to view themselves negatively against idealized bodies seen in commercials than boys of a similar age (Hargreaves & Tiggemann, 2004). It is mentioned that “women live with the constant sense of the body as being in need of improvement” (Budgeon, 2003: 39) and as a consequence “women’s body image and body control ...(is) subject to research and media attention” (Johnson *et al.* 2004: 398). Early writings by Zwerg (1965: 111) cite that a man’s selection of clothing depends on “age, marital status, pastimes, education and upbringing, job and income level, individual desires and values, and physiological characteristics (especially circulation), the texture of the skin and general health”. It could be argued that this list may not be exclusively applied to males.

#### **6.6.9 The body's changing physiology**

As the child gets older the biological milestone of puberty is reached and, for women, later followed by possible pregnancy and the menopause; both causing changes in the body shape, skin and hair

quality (Heinberg & Guarda, cited in Tiggemann, 2004). Women may recognise a tension between body fluctuations caused by the menstrual cycle and seasons (Johnson *et al.* 2004), whilst males are not thought of as *bodies* but are known for “thought, language, signification, logic ...” (Budgeon, 2003: 41). Hence men may be in a more privileged position, relying on intellectual, political and military feats (Donohoe, 2006). There may be an increased concern in respect to the body in early teens, especially in young women (Budgeon, 2003; Johnson *et al.*, 2004) however Gill *et al.* (2005) note boys and young men have similar concerns of health, self-esteem, body image and eating disorders. Peer influence is important at this stage of life (Budgeon, 2003; Grogan, 2006; Tiggemann, 2004) and PG and attention to the body generally may be influenced by social pressure (Budgeon, 2003; Grogan, 2006), social importance (Carr *et al.*, 2000) and social control (Bordo, cited in Budgeon, 2003). Personal motivation to take control of PG often starts in the pubescent years. This is exemplified by one of the comments made in the parent FG:

Miss B: I think I would agree ..erm – it’s now just a case of providing. My xxxx got a little shelf in the wardrobe so we put bits and pieces there – it might be deodorant or different but she’s **very** (*emphasis*) much, sort of, “I’ll take myself off for a shower now – you don’t need to know about it” She’ll wash her hair and I don’t know anything about it .. and it’s very much “You can leave me alone now” and she’s twelve. “I don’t need this”. And that been going for a while actually, perhaps a couple of years. She actually doesn’t want me involved in that – it’s changed...

Knowledge of the body (especially the effects of food and exercise) increase with age through observation of others, personal experience, self-analysis and information provided by others (Johnson *et al.*, 2004) and there is an increased awareness of body-damaging behaviours. Once more, for women, there may be consistent dissatisfaction experienced across the ages, the felt age versus the chronological age (Tiggemann, 2004), and as age increases we become more responsive to internal cues rather than external ones and less responsive to externally-imposed appearance standards. Age itself may not be an explanatory variable, but may be down to “individuality of experience” (Johnson *et al.*, 2004: 405) but on the other hand there is the double standard of ageing, where older women are more harshly judged than men (Tiggemann, 2004). Price (2010: 32) argues that the media “conveys ageing as a battle against deteriorating appearance” leading older women

to try and “sustain an appearance that protects her dignity”. There may be increased concern at reaching age milestones, such as 40 or 50 (Johnson *et al.*, 2004).

The ability to control the body decreases after the age of 55, bringing resistance to body shaping and weight increases (Coleman & O’Hanlon, 2008). There are stereotypes of post-menopausal women that promote an absence of sexuality however Johnson *et al.*’s (2004) study showed a continuing interest in attractiveness and sexual activity. Individuals at this stage may have to consider the differing approaches to fashion (Yonwin, 2000), older fashion versus modern clothes. Price (2010: 32) notes that “older people might be judged as less reliable, weaker or less adaptable, based not on a careful assessment of their ability, but on impressions derived from their appearance.” Concern with avoiding health-related difficulties in old age enhances body control and adoption of health behaviours (Johnson *et al.* 2004). With ageing comes further physiological changes, in joint mobility, weight, posture, skin, and hair quality plus functional aspects such as glasses, hearing aids, and walking canes (Grogan, 2006; Christler & Ghiz, cited in Tiggemann 2004).

The wearing of clothes may be for warmth, protection, or to look good (Yonwin, 2000) but may also mediate against the imperfect body that shows signs of illness, accident or ageing (Grogan, 2006). With the latter, for example, the physiological changes may impact on what we do to the body in terms of grooming, as well as how we do it. The +45FG suggested that it was a time when PG became ‘medicalised’. Hence as we age there is less emphasis on perfectionism and an increased realism on flexibility and standards for the body (Johnson *et al.*, 2004).

To summarize this section, the antecedents of PG are those of various schemas, formed through patterning and a wealth of other influences, such as climate and culture. We undertake PG to reflect our gender and according to the activities we are engaged in. We respond to the physiological changes of the body, both in the short-term in regard to thermo-regulation, and the long-term where ageing impacts. Self-care is reliant on utilising motor skills and having the necessary

resources. These latter aspects have meaning for those in health care, where help may be needed to assist someone to carry out grooming and resources may have to be supplied.

## 6.7 Critical attributes

Having looked at the antecedents, the next aspect to consider are the critical attributes of PG, As far back as 1838 Carlyle wrote that humans are naked then adorned in cloth (Carlyle, 1838). So the concept of PG appears to involve changing our naked state through some action to make us either socially acceptable or acceptable to ourselves. In order to assert the critical attributes it may be helpful to consider the binary constructs to explore representations of constructs, associations and images (Budgeon, 2003). In other words, what previous definitions and related concepts are **not** PG. We know, by the virtue of the pre-fix of 'personal' before the word 'grooming', that it is not anything to do with animals or inanimate objects. Similarly social grooming involves the concept of interactions with others through the use of verbal (although not exclusively) dialogue. Sexual grooming, again, involves another for the specific purpose of sexual encounters. The FGs, in their definitions, made clear that PG was not just hygiene. The list of related concepts reveals some words and expressions that are closely associated to the activity of PG but there are many more that describe aspects of the body that are to do with control over its size and musculature. Other related concepts are those of perception and measurement, such as social comparison and surveillance; how do we see ourselves against the backdrop of others? Whilst this may provide a motivation to attend to PG it is not a critical attribute, as the individual may not respond or take action to the comparisons they make.

Those related concepts that do come close to PG are appearance-management behaviour and appearance-management strategies (Tiggemann, 2004), as they incorporate dress, attention to hair and maybe adding adornments. The actions change the body's state from one of nakedness to one that is presentable to others. However Tiggemann (2004) only notes a few actions of grooming i.e. organising the hair style, and wearing of clothes, make-up and jewellery. The FGs identified more

aspects, such as attending to hygiene, meeting intra-personal and inter-personal standards, and recognising the social and psychological importance of PG. These attributes are cited in the extract below, which is drawn from the male FG transcript, highlighting their interpretation of PG:

Male A: more than idea of what it means to me – it's more than superficial wearing of colourful and clean clothes – but is more involves the internal – by what is not visible - what looks very, very clean and attractive or clean on the outside but you wore them on an unclean body – so make sure your body is very, very clean, that completes the health as well as external appearance, the complete self-management

Male B: I agree – it's more than cleanliness, its presentation, basic hygiene needs addressing, but grooming meets different expectations of what you go into – social expectations – you don't go to an interview looking scruffy. For example XXXX was wearing a black tie and I thought he looked smart but it turned out he was going to a funeral.

Male C: It the sort of things you do to your body for hygiene, such as shower, whereas grooming would be clipping nasal hair, using hair gel - would be personal grooming, whereas hygiene is shower, or cleaning the teeth

Male D: there is the element of why do you groom – do you want it to be for yourself or is it the message you want to put across – it's not just about .. it's not just about how you wash, or how you dress ...

Each participant has a slightly different schema of what constitutes PG. However, the participants are describing actions that change the state of the body in order to self-present to self or others. Hence it is feasible to arrive at the critical attributes of PG as: 1) a changed state; 2) an action; and 3) self-presentation. Reflecting on this last aspect, the notion of self-presentation is important, as many patients I have encountered have been washed and had their hair combed but still insist that they don't want visitors as they 'don't want to be seen like this', perhaps indicating that the image presented is not what they would choose.

## **6.8 Consequences**

The next aspect to consider in the concept analysis is that of the consequences of PG. Once again these will be presented in sub-sections; the consequences are not distinguished by their importance. Further research may be needed to determine if there are dimensions that are more important than others. However, within the literature, there are a multitude of consequences to undertaking PG.

Some of these are circular in nature i.e. the antecedents becoming consequences, which in turn becomes antecedents for the next generation.

### **6.8.1 Social pressure leading to social pressure and culture**

Social factors play a large part as an antecedent to our PG behaviour (Grogan, 2006; Budgeon, 2003). Aspects of parental influence and privacy combine, for example, and there emerges private routines of person grooming (Swann, 2006a). Social pressure to conform becomes the normative consequence and we may unwittingly, or consciously, become an instrument in exerting social pressure on others. If we recognise the social importance (Carr *et al.*, 2000) of PG then we may act upon it, for example a nurse looking clean and smart in a uniform. In turn we may monitor others, using social comparison (Strachan *et al.* 2006) of others and as a result we silently police or enforce the expected standard (Crossley, 2006). As such, aspects of PG may become an 'ought' or a 'right' because it signifies a basic human standard (Crossley, 2006). As individuals we become players in exerting social control and there may be a pre-occupation with appearance, which often is more centred on women than men (Bordo, cited in Budgeon, 2003). Similarly society may enforce cultural practices, some of which may control female sexuality, such as genital mutilation (Donohoe, 2006). There may be negative consequences if the individual does not engage with PG (Crossley, 2006). Within these societal standards aspects such as status and value via appearance, especially for women, may become enshrined (Tiggemann, 2004). Tiggemann suggests that men gain status through qualities such as intelligence, wealth or power, not necessarily through their grooming. We are, essentially, enhancing a sense of 'tribal' belongingness (Gill *et al.*, 2005). Yonwin (2000) notes that in wearing certain clothes we may denote our religious or cultural group or professional identity, and that helps in identifying our 'tribe'.

### **6.8.2 Arriving at objectification**

There emerges objectification (again predominately in women, and in Western society) which is the sense that the body is an object to be looked at and evaluated, and this occurs more in the reproductive years (Tiggemann, 2004). Gill *et al.* (2005), however, propose that objectification is also occurring in men. Personal grooming becomes a representation of gender (Budgeon, 2003) and men are now idealized and eroticised; leading them to be looked at and desired (Gill *et al.* 2005). There is a rise in “visibility of the male body in the media and popular culture” (Gill *et al.* 2005, pg. 38). Hence an understanding about the way gender differences are expressed through the use of clothing and other means, such as hair styles, is a consequence of observing PG.

Researchers are party to some objectification, as the body and all its activities are worthy of gaze and an area of research and measurement (Johnson *et al.*, 2004). Carr *et al.* (2000) cite several measuring tools: ‘Appearance Schemas Inventory’, ‘Multidimensional Body-Self Relations Questionnaire’, ‘Body Image Avoidance Questionnaire’, ‘Body Dysmorphic Disorder Examination’ before adding their own to the list, that of the ‘Derrisford Appearance Scale’. All of these tools and scales seem to be aimed at the abnormal state of the body rather than normal state. Most are about the actual physicality of the body rather than the aspects that can be changed through the use of PG techniques. However these aspects of measurement are a reminder that, as individuals, we are under the close scrutiny of others, be that in or out of a research study, and, as a result, our attention to PG matters.

### **6.8.3. Personal grooming and the potential power factor**

Featherstone (2010) suggests that giving attention to appearance can be linked to the quest for power, and seeking to become charismatic. Whilst the search for power is not exclusively a male trait it does seem to come to the fore more in the literature and in the data. Comments in the male FG support this, for example:

Male D: '... but in other previous jobs I've played the power game, suits... going to meetings specifically in your uniform says "I'm too busy".'

Male C: ... there is a certain gentleman ... who always seemed to power-dress, a long overcoat, a three piece suit (not three-piece suite, as I used to call it) - I'm sure if you put him into T-shirt and jeans and asked him to come into work I'm sure he would feel as uncomfortable as I would in his clothes ...

#### **6.8.4 Personal grooming as a discussion point**

The body and aspects of PG can become a forum for discussion (more so for women, than men) (Grogan, 2006). Gill *et al.* (2005) thought that men would be hostile to talking about body aspects but found they were open to discussion. However the men in their study, they reported, had a limited range of discourses. In Gill *et al.*'s study it was noted that men "work on and discipline their bodies whilst disavowing any ... interest in their appearance" (pg. 38), using their bodies to "define themselves", especially working class men. However they also note that fewer male, manual jobs exist so less physical strength is needed, therefore musculature is not an indicator of social class any more.

Men use products in "instrumental terms" (Gill *et al.*'s, 2005: 50) i.e. for health reasons rather than improve appearance. It is also suggested that men build muscle for instrumental reasons, e.g. getting a job as a fire-fighter, or for self-defence purposes. Gay men might be more concerned about their appearance than heterosexual men but still would not like to be considered narcissistic, Gill *et al.* (2005) go on to comment. Neither do males, that Gill *et al.* interviewed, take themselves too seriously and will create a distance between taking themselves "too serious, too committed, too earnest" (pg. 54); this has been described as a Post-modern stance within popular culture. The notion of *Cool* is seen as a "stance of distance or disinterest". (Gill *et al.* 2005:54).

It was also noticed that serious or revealing comments, within Gill *et al.*'s FG discussion, were quickly ironized (unless it was about football, beer or sex, which were 'legitimate' obsessions). Similarly they noted that the males disavowed homosexual aspects whilst casting aspersions of other's manhood.



Males would use teasing as a means of making critical comment within Gill *et al.*'s (2005) study and the authors also use the term "policing" (pg. 56). This aspect of using humour and stance to aspects of apparel was apparent in this study's male FG:

Male B: Mr X would say that – I've been taking the Mickey out of him about his T-shirt (*laughs*)...

Men are more likely to articulate "what they did not want" over their aspirations or desires (Gill *et al.* 2005:58). In addition it is suggested that males are more flattering than critical of themselves (Strachan *et al.*, 2006); they point out that men are more generally satisfied with their bodies than women and there is less pressure on them to "attain certain ideals of physical attractiveness" (pg. 218). This aspect may be changing though, as it has been noted that the number of American men that engage in a raft of body work is increasing, such as: the use of botox, chemical peels, eyelid surgery, hair transplantation, microdermabrasion, liposuction, penis enlargements, calf and pectoral implants (Donohoe, 2006). None of these were mentioned by the males in this study's data but attention to body hair featured:

Male B: ... So what I tend to do now is perhaps (*missing word*) is shave every other day and that allows me just a few extra minutes in the morning whereas you know, 12 months ago I would shave every day religiously, you know and perhaps at weekends but other than that when...probably do most grooming is when the social situation particularly demands it. And then again it's realistically it's the same standard of cleansing but a higher standard of paying attention to clothing to hair to...perhaps if you're having your hair cut, eye brows trimmed (*laughs*).

Male C: Nasal hair shaved. (*Shared laughter*)

Male B: Why does he smile at me as he says that?

Crossley (2006) notes that men have choice over shaving i.e. whether they have a beard or are clean shaven, whereas women may be pressurised into shaving to express their femininity. Similarly nail varnish worn by women is a normative value, whilst men may experience normative prohibition, although the choice of colour (such as black or green) may achieve acceptance.

Women, on the other hand, have more negative body-image evaluations than men (Muth & Cash, 1997). They noted that women also invested more in their appearance and had a greater amount of

body dissatisfaction. Physical aspects that caused dissatisfaction were body proportions and muscle tone. Those women that have a good self-image invested less in personal appearance (Rudiger, Cash, Roehrig & Thompson, 2007). For women, the consequences of PG are linked with garnering and holding the interest of others, dominance, and physical attractiveness (Santor & Walker, 1999). In women discussions about self and body image may frequently arise e.g. 'fat talk' maybe seen as a way of fitting in in social circles, giving rise to external pressure to be dissatisfied with one's own appearance (Tucker, Martz, Curtin, Bazzini, 2007). These conversations can then lead to self-derogation (disparaging remarks made about self). If a thin person engages in 'fat talk' about herself then a larger person may feel more negative about themselves. In Tucker *et al.*'s (2007) study it was noted that women talking positively about one's body image may be viewed negatively by other women but not by men. Adolescent girls, it is suggested, are more likely to view themselves negatively against idealized bodies seen in commercials than boys of a similar age (Hargreaves & Tiggemann, 2004).

#### **6.8.5 The spectre of stigma**

Stigma, Goffman (1963: 12) states, is where an individual "demonstrates an attribute that makes him different from others ...of a less-desirable kind"; it can be "a failing, a shortcoming, a handicap." Aspects of the body and its appearance can be a source of stigma where, in Western culture, it may be the state of being overweight (Grogan, 2006). Being overweight has been viewed as "fatness as sin, disease, crime and ugliness" (Johnson *et al.*, 2004 citing the 1984 work of Sobal). In Johnson *et al.*'s study, deviating from the 'proper' body was seen as unpleasant and imperfect (therefore ugly). Other people may reason that this state of fatness is brought about by personal deficiencies and transgressions (i.e. sins and crimes) or uncontrollable corporeal factors (disease). Tiggemann proposes (2004) that Western society has a belief system that considers we have control over the self. This can be 'secondary control', which is giving a lower rating on importance of appearance and greater acceptance of age-related changes. Alternatively it can be 'cognitive control', where there is

reappraisal and lowering of expectations; both types of control are greater in older women than younger women (Tiggemann, 2004).

Failure or difficulties to control the self are considered as 'personal failings' e.g. a lack of commitment, complacency, laziness, lack of motivation, or just stupidity (Johnson *et al.*, 2004). Hence we take on a sense of responsibility for the body; individuals may cultivate and attempt to reconstruct the body through lifestyle options (Budgeon, 2003). We may perceive that we are (in today's culture) "responsible for the design of our bodies" (Gill *et al.*, 2005: 40). Gill *et al.* (2005), for example, notes that young males see the body as something which is their responsibility to discipline. Body care and PG becomes an "imperative, a duty" in consumer culture to look after oneself (Featherstone, 2010: 195), those that do not are seen "not only as slothful, but as having a flawed self".

As a counter to the adoption of body autonomy and such moral accountability a 'Libertarian self' may emerge (Gill *et al.*, 2005), i.e. it's your body so you can do what you want with it. Such thoughts may formulate a defiant stance against a religious, authoritarian or moralistic doctrine. Implicit boundaries to bodily autonomy may become defined: one should not be vain, one should not be obsessive, and yet one should not "let oneself go" (Gill *et al.* 2005: 49). Subsequently a delicate path between appropriate level of care and vanity or obsession is walked. The adopted PG habits may be articulated in different ways. With judicious use of PG, often through the use of clothing, it can help to disguise the body below (Woodhall & Constantine, 1996) and the book market and TV programmes help to promote such examples.

#### **6.8.6 Media attention**

The role of the media has its place in this stigmatization process (Grogan, 2006; Budgeon, 2003). It is the media that is cited as the pre-dominant force in shaping idea about how the body should look (Budgeon, 2003). There are both phallogocentric and gynocentric forms of representations, with

projections of thin, fashionable and glamorous women (Budgeon, 2003) and a rise in the “visibility of the male body in the media and popular culture” (Gill *et al.*, 2005: 38). Hence the media may be relevant for both genders in respect to self-appraisal (Strachan *et al.*, 2006) however there are more ‘cultural norm’ adverts in magazines for women than in men’s magazines. Portrayal of ‘ideal’ body shapes are seen in commercials for both sexes, men being bare chested and women being thin (Hargreaves & Tiggemann, 2004). Cultural norms are subsequently established, re-enforced by media representations (Strachan *et al.*, 2006); these are instrumental in potential self-improvement goals.

### **6.8.7 The sense of worth and self-esteem**

The social consequences of PG can be manifold. Looking after the body in all its forms has been linked to moral worth; being good-looking increases the possibility of marriage, being hired, being paid more, and being promoted more (Donohoe, 2006). The physical attribute of height has been linked to leadership and income, hence subtle ways of grooming may attempt to enhance the appearance of height. The body, and the way it is groomed, becomes a bearer of symbolic value and a source of symbolic capital (Donohoe, 2006). Hence, socially, it is more about how the body *looks* rather than what it can *do* (Gill *et al.* 2005: 40).

Therefore maintenance of the body and associated activities may become a moral activity (Crossley, 2006). As such the body becomes an ‘object’ on which culture writes its meaning, with the body experiencing ‘events’ i.e. continually in the process of becoming (Budgeon, 2003: 50) (e.g. childhood growth, puberty, adulthood, pregnancy, ageing) and the body can be a means of self-definition and self-development (Crossley, 2006). However it has been noted that there are improved levels of self-esteem after taking exercise, which helps to mediate against body dissatisfaction (Tiggemann, 2004). Personal grooming is linked to levels of self-esteem. Yonwin (2000: 243), for example, argues that personal hygiene and appearance “makes a vital contribution to the way people feel about themselves, their self-esteem and dignity”.

Self-esteem levels, particularly in younger females, have a strong link to body satisfaction or dissatisfaction (Grogan, 2006); the levels have been recorded to go into sharp decline around the ages of 60-70. Women, it is suggested, are “using shape, style and design to resist or transgress class assumptions that rendered them inferior” (Gill *et al.*, 2005: 40). This quote suggests that maybe women are keenly involved in surveillance and social comparison. Johnson *et al.* (2004) contend that often there is increased appearance concern at noticing weight gain in peers. Hence the way we look on the outside may be a reflection of our inner state and becomes another area for self and others to monitor.

Monitoring or ‘self-objectification’, which is habitual and constant monitoring, may lead to body shame, appearance anxiety and disordered eating (Johnson *et al.*, 2004). Despite lowered self-esteem levels noted above ‘body surveillance’ decreases, in women, with increasing age (Tiggemann 2004). Reflexive monitoring (and control) is essential for action (Budgeon 2003). An emerging self-worth may be linked to the degree of social inclusion or interest garnered from others (Santor & Walker, 1999). Such self-worth is derived from a combination of intelligence, physical appearance and sociability plus performance. It is easy to see how the links between our appearance (as regulated by our PG activities) and the notions of self-worth and self-esteem are formulated. Self-worth and self-esteem can be lowered by being stigmatised and in the Western culture being overweight can be a source of stigma (and subsequent depression) (Grogan, 2006). Being overweight brings health risks, such as diabetes, hypertension, and high blood lipids (Grogan, 2006). Hence PG may be used to conceal the less-than-perfect body that lies below.

### **6.8.8 Personal grooming and employment**

Employment, Donohoe (2006) suggests values youthfulness, stating that the values of the American job market has led to an increase use of cosmetic surgery in both sexes. Hill (2001), commenting on the British nursing profession, remarks that making a ‘first impression’ at interview or with colleagues is important. The notion of being able to ‘look’ professional implies that you are able to

handle responsibility, with a good level of PG indicating that you are able to look after the self, ergo you are able to look after others. As such Hill makes a link between the appearance and competence although his work is an opinion piece and not grounded in research. However Davys, Pope and Taylor (2006) also comment on the first impression factor, citing a colleague's discomfort of an unprofessional appearance when confronted with things such as nose studs, body piercings and tattoos. These writings are supported by the findings in the pilot FG, in which conversations around appearance and competence emerged.

Mrs Lilac: mm .. yeah .. I was doing a session with the students yesterday, about the NMC Code of Conduct, and it was really amazing – because I'd said to them ... I'd asked them three questions: What would you think of a nurse if we didn't have a regulatory body? What would a nurse look like and present like? If we got a nursing regulatory body what do they present like? And what would you want a nurse who looked after you to be like? And in every single category what they looked like, how they presented themselves and hygiene was the top of every single category, whether with certain regulatory bodies or not, and they said, for them, that would be the crux of a nurse. They'd want someone to be confident and competent but they'd they also want them to present themselves in a way that they saw fit.

Mrs Red: It gives an impression, doesn't it, or we make judgements about what somebody is like by what they look like. Because I ... I must admit I do that – I see a nurse who is dressed properly in uniform, looks smart, looks clean, I expect that person to be professional. But if I see somebody in a sloppy uniform, with a cardigan and jewellery, then my expectations of their competence is lower.

Mrs Yellow: I wonder about the impact of piercings and tattoos. What does that ... what do people think then, about the nurse that presents with those? Would that .. maybe doubt their competence or their ability as a nurse? 'Cos that's quite a difficult area.

So it seems that there is a socially accepted schema that does equate the level of PG to the 'self' that lies beneath. However these findings may just hold true for the nursing profession, where the expectation of health and hygiene are to the fore, as opposed to other professional groups where health and hygiene are not such an issue.

### **6.8.9 Product manufacturing**

The use of products as part of a PG regime gives rise to another consequence of the concept, that of manufacturing, advertising and distribution of those products. In today's consumer culture grooming regimes are available to those with time and money (Featherstone, 2010), and are within the reach

of ordinary men and women. Hutchinson (2006) points out that consumer culture dominates Western society and that it relies on the body as a vehicle for pleasure i.e. promoting youth, health, fitness and beauty. This differs from that of the body being a means to higher spiritual purpose. It is noted that the cosmetic industry is large (Donohoe, 2006), and there has been the creation of an industry to keep up appearances (Swann, 2006b) from the barber's shop to leisure spas. Cosmetic use is seen as a symbol of women's rights and independence (Donohoe, 2006), with beauty products and treatments no longer just for the wealthy (Swann, 2006b). This attention to the self gives rise to the notion of 'pampering', where activities such as spending time on skin care, having a facial, scalp, and/or foot massage enables the skin to remain in good condition. Indulging in pampering may be a regular occurrence or perhaps only when going to an important event (Swann, 2006b).

#### **6.8.10 Personal grooming and exercise**

It has been noted that exposure to sport (Grogan, 2006) in the early years may form part of the antecedent patterning in respect to PG. Continued interest in sport and exercise may also become a consequence, with exercise being used to improve 'perceived physical appearance' for older adults (Tiggemann 2004). Such use of exercise may improve the individual because they are "doing something to make them feel better" (Budgeon, 2003: 47). Sport and exercise helps to emphasis difference versus conformity (Gill *et al.* 2005), with team sports perceived as free and of independent spirit. Gym use, on the other hand, might be considered as 'vain' by non-gym users (Gill *et al.* 2005). The number of times of visiting a gym may cause the 'other' to be deemed obsessive. Exercise has a tension between "spontaneous and enjoyment-driven to a sense of being obliged to exercise" (Johnson *et al.*, 2004: 403). Whilst there may be attention paid to PG for such activities, such as the right clothing and footwear, the outcome of sport and exercise is more related to that of body modification and body control. Exercise may enhance the body as an expression of health (Gill *et al.* 2005). Swann (2006b) for example, notes that massage can help to relax and skin treatments of

that nature enable the skin to become nourished, muscles toned and cellular regeneration encouraged.

#### 6.6.11 Constructing an identity

One perceived consequence of PG is that of identity construction. The participants in the pilot group brought up the concept of identity during discussions on parents choosing clothing for children:

Mrs. Red: I was the opposite. 'Cos, as I said, I was a bit of a tom-boy and I had about twenty pairs of jeans, in varying order of importance, and my dad used to say to me (*affects a different tone of voice*) "Will you wear a skirt. For goodness sake, will you put a dress on?" And I wouldn't. And the more he said it, obviously, the more I wouldn't. But in my way, my jeans, that I was wearing was extremely important, so it was my version of my outfit.

Mrs Orange: That's your identity, though, isn't it?

Mrs Red: Yeah.

Miss Orange: ... and that's important.

Miss Lilac: It is ... but when you're not allowed to develop that identity, and it still carries on, like when you're at secondary school and they're still picking your clothes (*others laugh, as does Miss Lilac*) ... they still are, you know, I can buy them myself now, mind you she [*her mother*] still comes with another bagful! (*giggles from others*). But what I'm saying is, you know, it does take on that ... and it can end up in peer pressure then. But you laugh about it now. But at the time it takes on a significance ... when you're both in matching polyvelts! [Note: a type of shoe], (*this causes the others to laugh*) ... which does happen.

The embodied identity requires considering the impact of "work, education, leisure, consumption, media representations, health and a range of ... intimate relationships" (Gill *et al.* 2005:41) It is suggested that the surface appearance does not correspond to the "transformation of self in and of itself" (Budgeon, 2003: 46) i.e. the body is the self, the self is the body. To gain an identity may mean understanding individualism and that of 'being different'. Being different, Gill *et al.* (2005) suggest, means that some men use branded labels in order to express difference, whilst others use non-branded items to be different. It is postulated that there are 3 ways at which men display 'difference' that is achieved without the use of assertion: 1) the notion of 'rebellion' i.e. the "revolt against conformity and uniformity" (Gill *et al.* 2005, 45); 2) the idea of having "complete independence and autonomy" over bodily (and other) choices (pg. 46); and 3) criticising other men



by contrasting to own intrinsic values, often using derogatory terms such as ‘followers’, ‘sheep-like’, ‘clones’ and ‘fakes’ and adopting a “grammar of individualism”. So here we see the opportunity for social comparison to take place, with the focus on the body and aspects of PG.

Gill *et al.* (2005) cite 5 factors concerned with the normal expression of identity: 1) libertarianism and the autonomous body; 2) unselfconsciousness and the rejection of vanity; 3) a notion of ‘well-balanced’ and un-obsessional self; 4) self-respect and, finally, 5) the morally accountable body.

Grounded in the body, the body is a means of “self-expression, reinforced by consumerism” (Gill *et al.* 2005: 40). However Crossley (2006) considers the relationship between selfhood and identity and suggests that if there is no control over grooming then it affects the interface between ‘myself and the world. Budgeon (2003: 46), on the other hand, brings in the notion of confidence into the equation of self and identity, stating: “changing one’s body would allow the self to enter into situations with an increased sense of efficacy”. Budgeon suggests that the use of cosmetic surgery may temporarily boost confidence.

Other similar resources that address the body beneath the PG are drugs (anabolic steroids, slimming pills) (Grogan, 2006, ); there are ‘body conscious’ locations, such as gyms, nightclubs, shopping centres, schools, universities, youth clubs, gay organisations and then there are grooming products (Gill *et al.* 2005). All of these require a level of affluence (Gill *et al.*, 2005).

To conclude this section, the consequences of the concept of PG are varied, with many factors involved. Many are socially-orientated such as social pressure, cultural practices and avoiding stigma. Others such as self-esteem, a sense of worth and a construction of identity are psychological. These aspects are relevant to health and social care, as in maintaining a level of PG to the individual’s standard is beneficial.

## 6.9 Example cases

Once the antecedents, critical attributes and consequences have been explored the framework of concept analysis suggests that exemplar cases are presented to aid understanding (Walker & Avant, 2005). There follows the different cases (with explanatory information about the cases in brackets), namely a model case, a borderline case, a contrary case, and an illegitimate case. The chosen vignettes have been taken from song lyrics. I felt that song lyrics enabled clarity of explanation and as they already existed in the world rather than having to create cases. This latter approach is often the one taken in other concept analysis studies, but, as a result, may be highly subjective. The song lyrics consequently provide a sense of objectivity.

- MODEL CASE (*Vignette that depicts the concept includes critical attributes, antecedents and consequences*)

The song lyrics of '*I say a little prayer*' (Bacharach & David, 1967) help to exemplify the model case of PG. The female protagonist sings in the first verse:

The moment I wake up  
Before I put on my makeup  
I say a little prayer for you  
While combing my hair, now  
And wondering what dress to wear, now  
I say a little prayer for you

Within this song the protagonist is changing the state of her body by applying cosmetics, re-arranging her hair and getting dressed ready to face the day.

Similarly The Beatles, when singing '*A day in the life*' (Lennon & McCartney, 1967), records a similar event:

Woke up, fell out of bed  
Dragged a comb across my head  
Found my way downstairs and drank a cup  
And looking up, noticed I was late

Found my coat and grabbed my hat

Made the bus in seconds flat

This second song demonstrates attending to hair and clothing before going out of the door. Both of the songs record the critical attributes of PG, i.e. reporting an **action** (as underlined) that **changes the state of the body** in order to **self-present to others**.

- BORDERLINE CASE (*Vignette that depicts some but not all of the concepts critical attributes*)

The song 'Soap and water' by Suzanne Vega (2001) considers the hygiene aspect and is linked with removing impurities on the body (and the mind)

Soap and water

wash the day from my hand

scrub the salt from my stinging skin

slip me loose of this wedding band

This song involves an **action** and **changing the body's state** (by removing salt from the skin) but does not imply any notion of self-presentation.

- CONTRARY CASE (*Vignette that depicts extreme opposition to the model case*)

An extreme opposition example is hard to find because most human beings engage in PG, and if they don't, someone else usually assists them to be groomed. The nearest to be found in song lyrics is that of David Bowie's (1969) '*Unwashed and slightly dazed*':

I'm a phallus in pigtales

And there's blood on my nose

And my tissue is rotting

Where the rats chew my bones

And my eye sockets empty

See nothing but pain

I keep having this brainstorm

About twelve times a day

So now, you could spend the morning walking with me, quite amazed

As I'm unwashed  
and somewhat slightly dazed

In this song there is **no** action, **no** change of state, and **no** attempt to self-present; there are no critical attributes present.

- ILLEGITIMATE CASE (*Vignette that illustrates where the concept is used improperly or out of context*)

This case is not always utilised in concept analysis studies (Walker & Avant, 2005). However the following song has been chosen as it is one that uses the language of hygiene but uses it in a metaphorical sense. 'Washing my hands (of you)', sung by Jackie Boyz, (2009) uses the words of hygiene and impurity in order to address issues in a relationship.

I just gotta scrub  
This pain away  
So you wanna be my rehab  
Let it drain the past that we had  
I'm so sick of all the dirty memories  
All these pictures haunting me  
Forced to be my therapy

[Chorus:]

Washing my hands of you (Washing my hands)  
Washing my hands of you (washing my hands)  
I'm so glad that we're through

So whilst the song reports an action, that of washing the hands, but it is **a metaphorical action** not a physical action and therefore it fails to meet the critical attributes of PG.

The use of song lyrics have enabled the provision of example cases and demonstrated where the critical attributes of PG were present or absent.

### 6.10 Empirical referents

The final aspect of concept analysis is determining empirical referents (Walker & Avant, 2005). These empirical referents allow for measurement of the concept, to decide whether it exists or is

occurring. Some empirical referents may be similar, or even identical, to the defining attributes but where the concept is abstract then deciding such measurable aspects can be useful. Looking back over the preceding headings and the contents of the discussion there are observable and measurable aspects of PG that serve as empirical referents.

The first and most simple is whether the person is clothed (the amount of clothing may be heavily dependent on climate and culture). This demonstrates that the person has a schema operating as to what PG is. The second is whether the hair is fashioned into a manageable state. The prevailing culture may mean that the hair may be stylised, removed or indeed hidden from view. To enable the hair to get into a manageable state then tools and/or products are normally needed. The two basic aspects of PG (clothing and hair control) will then allow for a change of state from the naked form to that of self-presentation. This latter aspect is one that follows the British cultural norms of dress. Hence we arrive at the following empirical referents:

- Changed appearance from naked state
- Clothing (including footwear, where appropriate), that demonstrates a schema of PG
- Hair control
- Tools and/or products
- Self-presentation

All of these are observable and measurable i.e. has the person changed from a naked state, are they clothed, is the hair controlled, have tools and/or products been used to effect PG (such as a toothbrush and toothpaste), which then allow self-presentation. These empirical referents can be tested in future research, to check the reliability of them.

### **6.11 Conclusion**

This chapter demonstrated concept analysis is appropriate to the GT approach. Concept analysis allowed for an in-depth exploration of PG and brought clarity. The use of the hybrid version of

Walker and Avant's (2005) concept analysis framework has been very useful in guiding the exploration and thought processes on PG. The definitions revealed the early sources for the word 'grooming' and brought to light alternative meanings. The FG data had highlighted that hygiene and grooming are interlinked, but the analysis confirmed that hygiene and PG can also be viewed as separate entities.

Related concepts, drawn from literature on body image, were found to be numerous. Many were connected to 'the body' and were relevant, inasmuch we undertake PG on the body. However, we also dress the body in order to be socially acceptable, which consequently increased the number of related concepts. The critical attributes of the concept were more easily discovered and the use of binary thinking (a VM process) i.e. what was PG and what it was not, was useful in this situation.

The notions of antecedents and consequences however, which on the surface seemed fairly self-explanatory premises, were somewhat blurred when it came to an aspect of human behaviour such as PG. It led to the 'chicken and egg' conundrum, as the antecedents and the consequences were cyclical. Patterning, for example, can lead to adopted behaviour, which in turn may be passed on to the next generation, either deliberately or through observed behaviour.

Providing example cases is normally a process where the cases are created by the researchers. However I felt that that approach was too subjective. Hence the decision was made to use song lyrics, in order to provide the cases and re-establish a degree of objectivity.

The last aspect of the framework, empirical referents, which Walker and Avant (2005) suggest may be similar to the critical attributes, proved to be an easy aspect to explore. Thinking about what is measurable and observable, which then allows one person to say another has undertaken PG, seemed to be the simplest aspect of the framework.

The use of the hybrid model of concept analysis, where the literature is the theoretical phase and the data from the FG the fieldwork phase proved to have strengths in the analytical phase. The

process reinforced the notion of constant comparison, the underpinning premise of the GT approach, with each component helping to validate the other.

Having completed the concept analysis framework it is now possible to offer an academic definition of PG. It draws on the critical attributes, whilst representing the antecedents and consequences; it is:

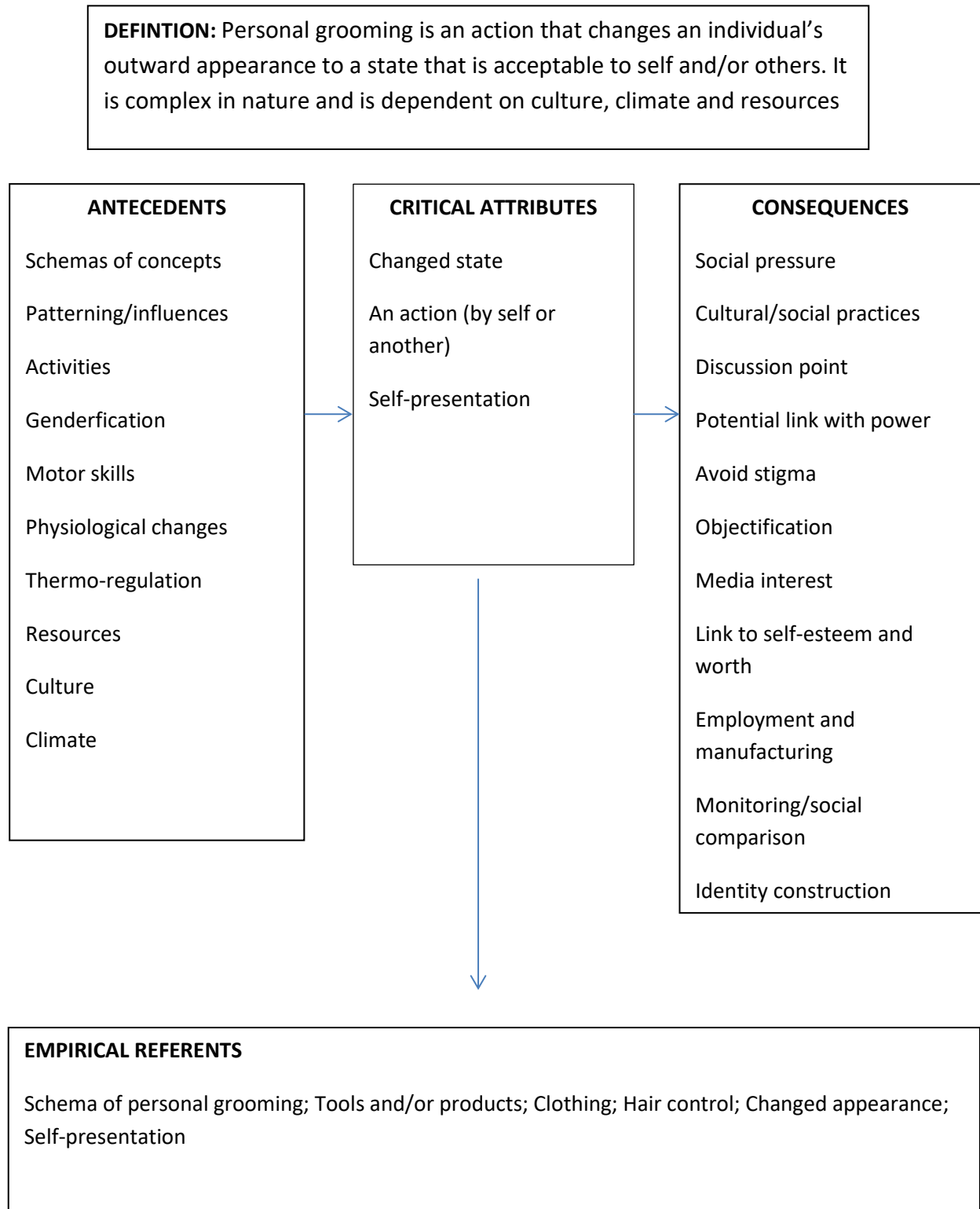
*'Personal grooming is an action that changes an individual's outward appearance to a state that is acceptable to self and/or others. It is complex in nature and is dependent on culture, climate and resources.'*

Ensuing academic debate and further research will validate or refute this proffered definition. With all of the elements of the concept analysis complete it was possible to return to the diagrammatic form of concept analysis and add the findings to the model (see Diagram 6.2 below). This allows for a visual representation of PG.

The relevance to the field of health and social care is evident many sections of this chapter, where maintaining a healthy body is considered. Aspects of an unhealthy or ageing body, whether it is physical or psychological, have also been found in the literature. In addition the data demonstrated that PG in nursing has been a topic for discussion. The definition, the critical attributes and the empirical referents may help in assessing whether PG is being addressed for individuals.

## Diagram 6.2 Concept analysis model of personal grooming

*The definition, antecedents, critical attributes, consequents and empirical referents of personal grooming*





## **Chapter 7 Personal grooming in retirement: results from semi-structured interviews**

### **7.1 Introduction**

This chapter sets out the third phase of data collection. It was noted in the previous stages that a motivating factor towards PG was that of employment. However those of retirement age were not represented in the previous FGs. The 3<sup>rd</sup> phase of the study seeks to address that and aims to gain in-depth data from a cohort of men and women who are over 50 (occupations such as the fire service and the police have a workforce that are able to retire at this age) and consider themselves as retired (i.e. not in regular, paid employment). This chapter will justify the use of interviews for this stage, and will defend their use in this study, citing previous research studies. Details of recruitment to the study will be given, plus an explanation of the chosen sampling technique, snowballing. Demographic information about the sample will be presented, as well as the procedure followed to gather the data. The differing aspects of coding and analysis will be highlighted, and the findings will be presented. The chapter will conclude by summarising the sections that follow.

### **7.2 The use of interviews**

One-to-one interviews were chosen for this final phase of the study. The advantages of using interviews are manifold. They offer the opportunity to gain accurate responses and can explore “knowledge, attitudes, beliefs and opinions” (Parahoo, 2006: 319). The notion of a focused interview, where there is a loose agenda and the interview is less of a ‘question and answer’ session and more of a natural conversation, allows for the participants to give their view on the topic. Interviews are extensively used in collecting data in GT studies (Birks & Mills, 2011; Charmaz, 2014). Swanson (1986) contends that there are two different types of formal interviews: the structured, where the researcher “does not deviate from the questions in sequence or wording” (pg. 66); and the unstructured interview (also known as intensive or in-depth), where the purpose is to obtain the participants’ own words, description, and detail. Less structure, Birks and Mills (2011) suggest,

allows the interviewer to optimise on the responses from the participants. This latter aspect matches the approach to GT research. Despite the word 'unstructured' it is usual to use an interview guide that sets out "brief, general questions, a topical outline or a major theme" (Swanson, 1986: 67). A guide, Swanson suggests, may not be rigidly adhered to but simply helps to provide a structure to the interview. Coombes, Allen, Humphrey and Neale (2009: 204) state that a 'semi-structured' interview, where there is an interview schedule, should consist of 3 parts: 1) an opening question that sets the frame for the topic and relaxes the participants; 2) open-ended questions and probes that keeps the conversation on track; and 3) a signal to the end of the interview, giving the participant a chance to add their own comments and ending on a positive note. It is up to the interviewer to listen and probe further when appropriate (Parahoo, 2006). Birks and Mills (2011: 75) advise that the interviewer has to be 'attuned' to those being interviewed, with sensitivity towards a developing theory. Glaser and Strauss (1967) suggest that the time taken for interviews may get shorter as data gets repeated by each subsequent participant. If a new category is brought into the conversation then the interviewer can delve further by asking 'can you say a bit more about that?' All of above favoured the choice of using interviews as a method of data collection.

When choosing to undertake interviews the researcher must also be mindful of the disadvantages. An interview has sub-conscious boundaries. Archer (1980) comments on the notion of the dyadic boundary; this is the boundary between two individuals where the self opens up their own boundary to participate in disclosure. For this to occur, privacy has to be maintained. If a third person is present the self- boundary closes and the dyadic boundary is open and hence there is no disclosure between the parties. If a topic is of a sensitive nature (as PG had the capacity to be) it is up to the interviewer to facilitate a conversation that picks up on both the verbal and non-verbal cues and to seek clarification on aspects raised (Morse, 2007). Morse (2007) argues that it is experience at interviewing that enables a conversation to move from the general to the specific, and to interrupt a narrative to ask for examples. I had previous undertaken interviews for academic purposes (Woodhouse, 2003), am experienced in counselling (see Appendix 7) and confident in my ability as

an interviewer. It was possible to provide the privacy and confidentiality that enhances disclosure in a conversation, as well as utilising active listening skills to pick up on the verbal and non-verbal aspects.

By reading previous studies that used one-to-one interviews the decision was strengthened because of the topics they investigated and the underpinning research approach. Studies identified were: investigating personhood (Kabel & Roberts, 2003); men's grooming within a religious group (Nielsen & White, 2008); a GT study on women's appearance concern (Johnson, Reilly & Kremer, 2004); and Kloep and Hendry (2008) using interviews with older persons in their study about entering the retirement phase of life. Lomborg *et al.* (2005) also used interviews in a GT study on body care. This list shows other researchers have considered them as an acceptable way for: a) gathering data for the topic; b) particular to the methodology; and c) particular to the age group, adding credence to the chosen method of data gathering. Having considered the advantages and disadvantages of using one-to-one interview in this stage of the study there was an awareness that interviews are: 1) consistent with the over-arching methodological paradigm of GT, which this study has followed (Streubert Speziale and Carpenter, 2007); and 2) a well-validated method of data collection (Coombes, Allen, Humphrey & Neale, 2009). All of the above aspects help when judging the robustness of this study.

### **7.3 Recruitment**

The following sub-sections will give details on the chosen method of sampling. It will outline snowball sampling and give the demographic details of the participants.

#### **7.3.1 Recruiting and the use of snowball sampling**

In any kind of research, ethical aspects must be considered and addressed before progressing with a study (le May & Holmes, 2012). Ethical approval was sought and gained through the University's Ethical Approval process (University of Chester, 2013) (see Appendix 6: Ethical approval letter). In

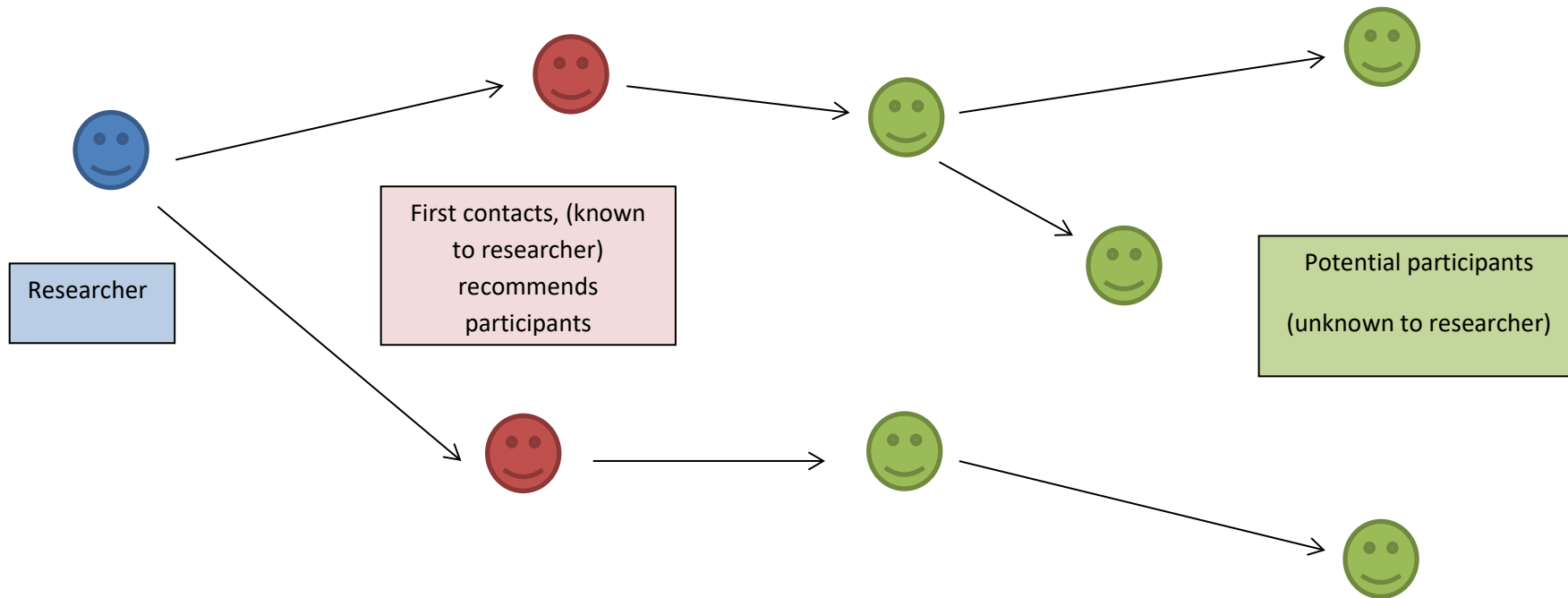
order to collect data from a number of participants there had to be decision on the sampling technique. The snowball sampling technique (Parahoo, 2006) was favoured. The decision to use this approach for this phase was because: a) that the topic of PG might be conceived as a sensitive topic; and b) the need to recruit from the general public, as the individuals were no longer working, thus making it harder to access potential participants. Snowballing sampling may also be known as 'network' or 'referral' sampling (Norwood, 2000). It is often used where there may be sensitivity in respect to the topic, such as the 'personal' aspect in PG. It may be used to speed up recruiting to a study (Kandola, Banner, O'Keefe-McCarthy & Jassal, 2014; Sadler, Lee, Lim & Fullerton, 2010) and is an efficient way of recruiting (Sadler *et al.*, 2010). Norwood (2000: 212) suggests that such a method is useful for if the "researcher has established trust and credibility with one group member, other members may feel safer about participating in the study." The process involves an initial source recruiting participants, who in turn recruit others, hence the analogy to a snowball rolling down a hill (Sadler *et al.*, 2010).

I was cognisant that a disadvantage of using the snowball sampling is that "participants may refer people of similar backgrounds and outlook to themselves" (Parahoo, 2006: 270). Sadler *et al.* (2010) argues that this demographic characteristic may introduce a bias into a study. The technique is also reliant on a participant suggesting others to take part; they may or may not have sufficient skills to either fully understand the study or to persuade another to take part. Therefore, there is a degree of trust that participants will come forward. To mediate these effects I sought to find several persons, from a variety of backgrounds, in order to initiate recruitment.

The snowball process started with individuals known to me (I refer to them as 'first contacts'), who were informed and given details about the study. Those known individuals were then to suggest potential participants (who were not known to me) and subsequently they had the potential to come from diverse backgrounds. The diagram 7.1, (see page 159), illustrates how the snowball technique was operationalised. Contact was then made with potential participants and a full

**Diagram 7.1** Diagram to illustrate the snowball technique process

*Demonstrating how the researcher (in blue) is able to get potential participants (in green), through the use of 'first contacts' (in red).*



explanation of the study was given. It was intended to have equal numbers of men and women, to have a balance of views (Sandler *et al.* 2010). As befits a qualitative study, the numbers recruited were to be small and were not defined (Parahoo, 2009) but, in keeping with GT principles, were sufficient to reach data saturation point (Charmaz, 2014; le May & Holmes, 2012).

The 'first contacts' that were approached were the owner of a hairdresser salon and the secretary of a craft group; both were to recruit potential female participants. For male participants a male member of a bowls club was approached, whilst details were left at another bowls club. A retired acquaintance, who was interested in the topic, also acted as a 'first contact' recruiting persons known to them, as did a relative, who got a neighbour's parent interested in the study.

The recruitment of women at a craft meeting was effective. I complied with a request from a first contact, to speak to men at a bowls club and subsequently recruitment occurred. On meeting potential participants I explained the study, and contact details were exchanged (Sadler *et al.* 2010). All the potential participants were contacted by telephone and the Participant Information Sheet (see Appendix 4) was forwarded, either by email or by post, for perusal. The telephone conversation provided an opportunity to discuss ethical issues i.e. full information about the study, consent to participate, and the right of withdrawal; this replicated Norwood's (2000) advice given on conducting interviews. A further telephone call was made a few days later, to check that the information had been received. This conversation permitted the potential participant to ask any further questions and agree on the place, date and time for the interview. Initially ten individuals were recruited to take part in the study through the use of the snowball technique. There followed a request from two of the 'first contacts' to also take part in the study. This phenomena may well be worthy of further investigation and it may be assumed that the first contacts felt overlooked in their role of linking the researcher to others and wanted to show their personal support for the study. Consequently, remembering Glaser and Strauss's (1967) philosophy that 'all is data', the two individuals were interviewed, bringing the total number of participants to 12.

### 7.3.2 Age and gender of the participants

Six men and six women agreed to take part in the study. All were retired. The pseudonyms, gender and ages are recorded in Table 7.1 below. In addition their previous employment is given to demonstrate the variety of social backgrounds that they came from. Their marital status and whether they had children is added, as the previous FGs showed that these two elements may impact on allo-grooming. The time of each interview is also recorded. From the table it can be seen that the interviewee's ages ranged from 57 to 77 (average age was 65). Six were married, 3 were divorced and 3 were widowed. Eight of the participants had children, whilst four were childless. A range of previous employments were identified, representing a variety of socio-economic backgrounds. They were all White British individuals; this was not an intentional outcome of the recruitment process. The interviews lasted between 11.05 (the participant gave short answers to the prompt questions) to 40.56 minutes (the participant gave full and lengthy responses). The average time (excluding an accidentally stopped recording) was roughly 25 minutes in length.

**Table 7.1 Participants' demographics**

*Details of each participant*

Pseudonym/gender	Age	Previous employment	Marital status	Children	Interview time
'David' – M	65	Lecturer	Married	0	27:41
'Serena' - F	65	Garden centre worker	Divorced	1 M, 1F	21:11
'Anne' - F	64	Teacher	Married	3 M	40:56
'Hazel' - F	65	School bursar	Married	1 M, 1 F	19:51
'Susan' - F	70	Cleaner	Widow	2 F	22:08
'Fred' - M	70	Service engineer	Widower	2 M, 1 F	19:31
'Olly' - F	57	Retail training manager	Married	0	11:05
'Ralph' - M	57	Chemicals company director	Married	0	29:57
'John' - M	73	Chiropodist	Widower	0	25:35
'James' - M	77	Police officer	Divorced	2 F	21:05
'Tom' – M	61	Police officer	Divorced	2 M	37:19
'Tara' - F	69	Nurse	Married	2 M	11:27* (*recorded, accidentally stopped)

#### **7.4 Proceeding with the interviews , ethical practice and health and safety issues**

It was intended to carry out the interviews at the University's site to provide a neutral site (Norwood, 2000). Of the twelve persons interviewed only one chose to travel to the neutral site; two requested to be interviewed at my home (because the locality suited their other activities), whilst the remainder preferred to be interviewed in their own home. Being interviewed in an office or at home matches the procedure for undertaking interviews and allows for the provision of privacy and establishment of a rapport between the participant and the researcher (Norwood, 2000; Coombes *et al.* 2009). When interviewing in participants' home the principles of a 'lone worker' (HSE, 2013) were adhered to, by ensuring I had a mobile phone and that the name and address of the participant was written down in a sealed envelope, which was left with a trusted person.

On meeting at the venue, the Participant Information Sheet was again discussed and written consent obtained, before commencing the interview (Coombes *et al.* 2009). A few changes had been made to the Participant Information Sheet, from the one used in the focus groups. The aims of the study remained the same but the details on 'What's involved in the study?' explained the 50 plus age group and that individual interviews would be the method of data collection. The consent forms remained largely unchanged, with the exception of the contact number of the researcher, which enabled participants to phone rather than email the researcher. Each interviewee was asked to provide a pseudonym (these were used for the mind maps and the transcriptions). The participants were informed that any verbatim subsequently used in the research report would only be through the use of their chosen pseudonym. Consent was sought to use the person's electricity supply when using the recording equipment but batteries were available if they refused (Coombes *et al.*, 2009). The cable to the recording equipment was positioned in such a way to minimize the potential trip hazard (Norwood, 2000).

The guide for the interview was similar to that used with the FGs (see Appendix 1) to act as an "aide-memoire" (Birks & Mills, 2011: 75). However the question 'what have you started or stopped doing



in your PG since retiring?’ was added to the schedule to capture any potential changes in behaviour. In keeping with GT principles, conversations followed the themes that the interviewee brought up until a natural ending occurred (Birks & Mills, 2011). Asking a further prompt question from the interview guide helped to move the conversation on. Where it was felt that a question on the schedule had already been covered during the conversation, or that data saturation had been achieved (Stern, 2007), it was judiciously omitted. A Marantz digital recorder was used (Norwood, 2000).

Brief field notes were taken (Bowling, 2009), along with using a blank body shape to continue capturing data in respect to specific PG activities. There was no monetary reimbursement for taking part in the study, thereby maintaining the ethical principles of research participation (Boulton, 2009), where money might induce a person to take part in a study. However, I proffered a non-monetary gift, in the form of PG-related items e.g. soaps, toothpaste or lotions, *after* the interviews ended. Participants were offered a transcription of the conversation. This was to confirm the accuracy of the data and enhances credibility in the study; Norwood (2000; 292) calls this process ‘member check’, where verification of the data by the informants occurs. The participants declined this offer and, to compensate, the verbal technique of summarising was used, hence at the end of each interview I reiterated the questions I had asked, and the responses given, to check that I had heard correctly. Participants were asked to provide further comment if they desired. All the interviews were carried out over the course of six weeks in July and August 2013.

## **7.5 Transcribing**

As my hearing had not improved I used an audio-typist to transcribe the interviews. All of the conversations were mind-mapped though immediately *after* the interview and *before* handing the recordings over to the audio-typist. This process helped to identify that in one interview (‘Tara’) there was an interruption caused by the participant’s phone ringing. The recording was accidentally stopped (rather than paused) and the second half of the interview had not been recorded. This

reinforces the comment made by Birks and Mills (2011: 75) that “you will no doubt find that things go wrong from time to time. Learn from your mistakes through techniques such as reflecting on the experience and memoing.” Hence field notes were utilised to recall and record the responses to questions. In addition the participant was phoned and it was explained what had happened and the final questions were asked again in order to confirm that the notes were accurate. The notes were then added to the transcript. Reassuringly, Stern (2007: 118) notes that there can be too much emphasis on the reliance of recorded data and that a grounded theorist should perhaps follow Glaser’s example of just capturing the ‘cream’ i.e. the essential information, that emerges from an interview. However, once the transcriptions were complete I listened to recordings again and checked them against the typed transcripts to check for accuracy and changed personal details where it was required.

## **7.6 Analysis of the data**

This section will concentrate of the analysis of the data gained from the interviews. After the conversations had been mind-mapped the process of open coding the interviews commenced, following the Streubert Speziale and Carpenter (2007) GT framework (see Appendix 2). Charmaz (2006) describes open coding as examining the data for themes (naming and labelling of them), for groups of concepts (to form categories), and looking for words of action (gerunds). However just seeking gerunds could overlook other important elements, such as the underlying attitudes and beliefs of the participants. Subsequently I used codes to record these dimensions. As understanding of GT analysis had increased during the course of the study the use of memo writing and axial coding (see Chapter 3, Section 3. XX) was used as well as the previously-used selective coding. Memo writing, Charmaz (2014) states, is where, during the coding process, the researcher stops to think and analyse the data and codes; memos “catch your thoughts, capture the comparisons and connections you make, and crystallize questions and directions for you to pursue” (p. 162). There is no fixed approach to memo writing, or suggested wordage, but Charmaz (2014) points out that,

unlike formal business memos, they are informal and personal. As such, the memos I produced were short and succinct (see CD: Analysis).

Axial coding followed on from memo writing. Axial coding results from the researcher re-assembling the codes so that categories relate to others in respect to their properties and dimensions (Strauss & Corbin, 1998). Such coding seeks to explore the conditions, the actions or interactions, and the consequences of a particular phenomenon. In other words, axial coding helps to re-contextualise the isolated codes. Charmaz (2014) does not see the need for axial coding and argues that it is sufficient to develop sub-categories and to show the links to the main category. In choosing to use the Strauss and Corbin method at this juncture allowed me to: a) try out a different approach to coding and b) to see if the data yielded new insight into the process of PG.

As each transcript was read through open codes were ascribed to short segments of conversation (Glaser & Strauss, 1967). Birks and Mills (2011) outline several methods of collating data: computer software (such as NVivo), Word programme, Post-its and simple paper and pen. They provide an account of a researcher using NVivo software when coding, and whilst it was initially useful, the researcher arrived at an end point of using Post-its and then mind-mapping in order to create branches from different categories. They advise that computer software is only an adjunct to analysis, rather than the actual analytical process. This resonated with my views and experience of computer software and subsequently the codes were collated in a table in a Word document. The table was given 4 headings: 1) The name of the participant and verbatim quote, 2) the code (or sub-code), 3) an explanation or interpretation of the code and 4) if a memo had been generated as a response to the quote (see Table 7.2 as an example of the process).

**Table 7.2 Illustration of the coding process**

*Verbatim quote of a participant, which is then open-coded, interpreted and if it has led to a memo*

<i>RALPH Verbatim quote</i>	<i>Codes</i>	<i>Interpretation</i>	<i>Memo?</i>
I can afford fuel..	RESOURC.FUEL	Fuel is needed for warmth and hot water - afforded	See memo
..if I couldn't afford fuel – I wouldn't wash or shower as often..	HYG.FREQ.FUEL	Affording fuel may affect frequency of grooming	
..people tend to forget that sometimes	RESOURC.AWARENESS	The cost aspect is not in everyone's awareness	

Memos, as they were brief, were also kept in the same Word document, following the tables. They took the form of summarising the context of the dialogue; as such they fit into Charmaz's category of 'early memos' rather than the 'advanced memos' [which are more analytical in their nature](Charmaz, 2014) . An example of a memo, drawn from a comment in the above table, is given below.

Memo 72: Ralph – 'I can afford fuel' – he makes the point that central heating and access to hot water is dependent on **having the finances** available to pay for it. That the frequency of grooming may lessen if fuel cannot be afforded. *Axial coding would point to: Finances*  
*→Heating & Hot water → Grooming*

The use of bold type in the memos helped to identify where particular codes were used and the context in which they occurred. The memo also demonstrates how axial coding was carried out, recording the conditions and consequences. The use of red text made it easier to find when the data was reviewed for presenting the findings and for collation purposes.

## 7.7 Findings

This section will present the findings drawn from the data. It will discuss the categories and present short quotations in order to support them. Once the codes had been generated they were transferred onto paper and colour coded in order to identify concepts and relationships between the concepts (Charmaz, 2014). These were then placed into an overall mind-map. The map reflects the overarching codes, giving both major categories and sub-categories. The major categories were grouped into: activities of PG, hygiene, resources, motivation, time, social learning, allo-grooming, the body, and influencing factors. These major categories were established through comparative analysis, where there is an occurrence of codes “sharing some common characteristics” (Strauss & Corbin, 1998: 105), and provides a best fit for the data.

**See Diagram 7.2 on page 168**

It can be seen from the mind-map that ‘social learning’ consisted of many parts, as does the branch labelled ‘influencing factors’. Additional actions are: activities of PG, hygiene practices, body care and allo-grooming. Further to this: identifying the resources, understanding motivation and experiencing temporal aspects were the additional categories. Expansion of the major categories will be further explored below.

**(N.B. Where a particular code is noted it is identified through the use of *italics*.)**

### 7.7.1 Social learning

Aspects of social learning were frequent in the conversations. Topics that were raised were on social control, social change, relationships, and comparison to others, privacy, communication (and the language used particular to PG), the media, and the notion of ‘self-presentation’, gender, and dress codes. There follows particular comments made by some of the participants, which have been grouped into the sub-categories of: discussing gender (section 7.7.1.1), learning about PG (section

7.7.1.2), understanding self-presentation (section 7.7.1.3), and communicating and language (section 7.7.1.4).

#### 7.7.1.1 Discussing gender

The gender-related aspects of PG were present in those interviews with the men, with a lone woman discussing the physical differences of gender. In the first interview the participant known as 'David' made reference to the *gender* (one of the sub-category codes) in relation to fabric; it appears that some fabrics are deemed suitable for menswear and some are not.

DAVID: I'd have been 12 and we were on holiday ..., and the swimming cossie [*sic*] I'd chosen was rather silky and I guess you could say effeminate, I didn't know that I just knew that it felt lovely and my dad, I remember him saying that's the kind of thing you wear under your swimwear ... I thought 'that looks nice' you know, I mean women, girls are you know, were allowed to wear all sorts of pretty underwear, but men aren't and that kind of struck me.

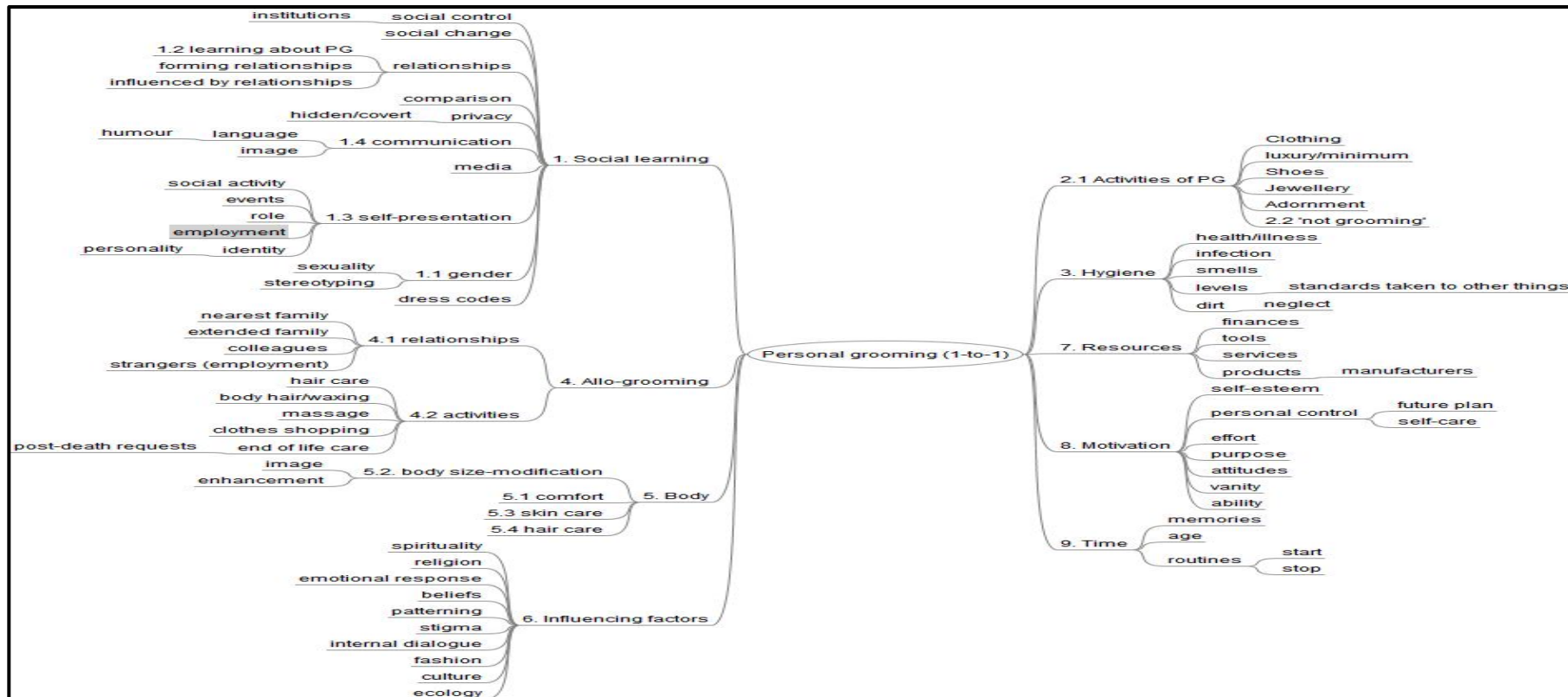
Here, it is noted, that the father made comment to the son about what he (the father) thought of as appropriate gender choice. The word "effeminate" is possibly used as a re-enforcing element to the type of fabric and places it in a non-male category (Sharpe, 1976). The participant appears to have an opposing view to the parent. This language and categorising gives rise to *stereotyping* (another of the sub-category code) of gender-related grooming, which was another aspect that was noted.

The participant known as 'Fred' considered that PG was mostly something a woman did, whilst a man concentrated on hygiene. This was exemplified by his comment, which came as a response to the difference between hygiene and grooming:

FRED: Grooming is an extra, really. From a woman's point of view, it's probably they're both the same, but from me, being old fashioned anyway... hygiene is a must, grooming is something you might do if you're going out ... I mean people my age and older, barely think about grooming, men I don't think, ladies do throughout their lives I believe, but... men are a bit hit and miss, yeah yeah. Yeah, they're not that bothered.

**Diagram 7.2 Mind-map of major and sub-categories of phase 3 data**

*Nine major categories of social learning, activities of personal grooming, hygiene, allo-grooming, the body, influencing factors, resources, motivation and time, with their sub-categories*



It is also noted in the above comment that there may be a generational aspect to PG, as this older man verbalises less interest in it. As well as the gender aspects highlighted, the comment also demonstrates a level of generational *comparison*. Stereotyping was applied to certain PG behaviours, with 'Fred' again making comment and illustrating a schema as to what makes "a man", in response to being asked about men waxing:

FRED: Oh I can't stand it, the idea of a man wanting to have that done... It's just not 'a man' to me...No, there's certain things a fella shouldn't do as far as I'm concerned [*laughing*] Leave that to the ladies, they look so much better and they can cope with it more... What would a proper man want to do with waxing? I can't stand men dressing up as women either.

It can be seen that for this person there are appropriate behaviours for a man to engage in and the notion of waxing brings disapproval. 'Fred' reports his views on those that transgress the image of maleness, indicating that engaging in such behaviours he regarded as "silly".

FRED: As I say only that I... there's a definite difference between a man and a woman, and a man should act like a man and not do silly things like waxing and stuff as far as I can see... [*laughing*] leave that to the girls

'David' pointed out, though, that sometimes such stereotyping is challenged by individuals, in their choice of grooming style.

DAVID: ...there's a crossover that some women groom themselves in a more masculine way and some men groom themselves in a more feminine way.

'John' also commented that another reason that men pay attention to their grooming is for reasons of *attracting another* thereby making the link to *sexuality*. He made it clear that there was an element of impression management occurring but that it was short-lived, lasting for as long they managed to secure a potential partner.

INTERVIEWER: So would you put on a collar and tie for a lady then?

JOHN: Oh yeah, it's to make an impression isn't it... Until they get to know me. [*laughing*] This is men you know, men do this. I watched...I watch this Wright programme in the morning, I don't always get chance to see it but it's very good, it's discussions and there was one on this morning funnily enough 'do men try to make an impression?' Oh no it wasn't, it was the Jeremy Kyle thing I switched over for 5 minutes, and there was a fella on there who was trying to make an impression you know. They do... women tend to...men don't pick women, it's the other way around



In the latter part of this quotation, 'John' is showing an *attitude* (Lyons, 1998) or belief about how partners choose each other and remembers watching a similar situation through the *media* of television. 'Olly', a female participant, suggested that the genders had differing PG needs from a physical perspective, commenting:

OLLY: Yeah, I think women and men have different needs as far as grooming is concerned... For the other reason, we said things like men tend to be a bit more hairy than women, as far as on their nose, in their noses and in their ears and what-have-you, and women I think are more conditioned to pluck eyebrows and things, whereas men, unless they're really aware of their personal look, don't tend to, ..

Her use of the word 'conditioned' suggests that *patterning* (Roach & Eicher, 1965) has occurred. She is also highlighting that the amount of body hair one has may influence PG.

Some participants spoke about how women in the family that would drive *the standard of grooming* in them. 'Ralph', spoke about getting ready to go out in the evening, commenting that grooming is not for hygiene but for appearance, and how his wife would make comments to him.

RALPH: ..that's for appearance reasons, so that's partially because I'm "encouraged" to by my wife from time to time.

In this statement there was a sense of coercion coming from his wife, in respect to how Ralph must groom. 'Fred', a widower, similarly reported that it first was his late wife and then his daughter who was instrumental in how he carried out his PG.

FRED: I think, (*daughter's name*), with a little bit of nagging, I think... and she gets me to moisturise, and I would never even consider it years ago .... I think (*daughter's name*) persuaded me that I should you know, keep up certain standards ... (and) my missus! My late missus... when I was due to retire, she said "get out of those jeans, smart casual from now on".

These quotations are examples of *social control* (Lyons, 1998) occurring, with the use of words such as "encouraged", "nagging" and "persuaded" coming from a close family member. Hence, in discussing gender *relationships* have been cited, with stereotyping, comparison, attraction, sexuality, social control, and body differences.

### 7.7.1.2 Learning about personal grooming

The participants were able to recall various ages and how they started to engage in self-care. Their memories of these times seemed to be stronger than those of the FGs. 'Serena' told of learning about PG along with her siblings.

SERENA: Well we had a bit of a problem growing up because there were four girls and one bathroom, so we very often had to have a bowl in the sink in the kitchen and just do face, underarms and privates, then do feet but couldn't manage that in the kitchen, so that was my first memory of grooming.

INTERVIEWER: What age do you think you were?

SERENA: Six maybe, 6, 7, 8 and my sister was a year younger. Oooh showing your bodies off in the kitchen, we had to because there was only one bathroom, and we didn't have hot water except when the fire was on, so it was... it wasn't pleasing to me, I was already aware I wanted more than was provided at that age.

Here, then there were issues around *resources*, having to share the space and a limitation to washing all of the body, either because of the receptacle size or because of a lack of hot water. 'Tara' similarly remembered that attention was paid to PG at an early age.

TARA: So, yeah that included the whole body hygiene again, but... like... not just hygiene but personal experience was very important because they were very much in to 'make do and mend', and two aunts were dressmakers and they had their own business in the village, so we were really well dressed as children, as opposed to other children, when it wasn't the normal at the time, but we were turned out really beautifully, with ribbons in our hair and all handmade dresses, so it was a total appearance thing from a very young age

Here 'Tara' is explaining how hygiene and grooming are separate entities. She is also exemplifying that *comparison* is in action at an early age. It is also noted that at that time she was the recipient of someone else's actions and learned from their interventions. She considers that she learned to self-care in these years and acquired the skills and *standards of hygiene* from her relatives.

TARA: Errm... probably pre-menstruation, from a young girl's point of view. I was brought up on a farm, it was very much country, and there wasn't as much feminine hygiene available, but you were taught how to keep yourself nice and clean and...

INTERVIEWER: Who taught you?

TARA: Parent... mother and aunts, and they were extremely... hygienic people. My aunt, one was not married and she was a proper lady, so a lot of it did come from them, and they would show you how to groom your hair, as a young child, you know you would have beautiful ringlets or curls or god knows, but there was never anything facial...

With this quotation there emphasis on hygiene and hair care plus, once more, it is mentioned that it is the women in her family that are driving the attention to PG. Menstruation is mentioned in passing within the above statement. For 'Anne' it was puberty and the spectre of a boyfriend that was the trigger to paying attention to PG.

ANNE G: I think when I was about... early teens I think, probably about 14 or 15... and my mum told me... Yeah, my mum said 'you need to start doing this now'

Here it is noted again that it is the mother that promoted the PG in the daughter.

ANNE G: No she told me, she said I think... and it was because I was going somewhere and I was going to... a dinner actually... no probably I was about 15, no I think I was about 15, yeah I was about 15, and I was going to something with, actually I met my husband when I was 15, and I was going to something with his parents and my mum said 'you need to do this now' so... and my mum wasn't the kind of person that sort of told you things like that, but she obviously felt that she needed to tell me.

This statement shows that talking about PG, maybe in relation to "things like that" i.e. menstruation, to another may be one that is fraught with difficulty. 'Anne' picked up on the fact that the discussion was one that was out of the ordinary for her mother. 'Hazel' also identified her mother as being instrumental in her learning but also added her peer group too.

HAZEL: I think originally it would be from my mother really... and then you sort of pick things up from your friends as you go along the way don't you.

The male participants recalled that emerging facial hair, around the time of puberty, may have triggered an interest in PG, as 'Tom' recalls.

TOM: Most men do the same thing, you watch your father shaving when you're a little boy, you're in the bathroom and your father's having a shave, and it fascinates you and you look and you think 'how do you do that?', and you realise that you've got nothing to shave off and you don't worry about.

Here Tom is illustrating *role modelling* (Millward, 1998), that watching his father shave informed Tom's understanding of the skill of shaving. 'Ralph' remembers that he was keen to start shaving, perhaps this was regarded as a male rite of passage in his culture.

RALPH: Yeah well I was thinking of that, because it's like... that's like the obvious one, I don't think there was much before then, so that would probably be... oh I don't know, it's probably as early as 13 or something like that, but I think I was... I think I was an early starter that was

sort of, perhaps, discouraged by my father... he said there was plenty of time for shaving and you'll soon get fed up with it, and he was right.

This conversational quotation shows that the father had an influencing effect, as well as the previously-mentioned mothers, although in the latter statement there is discouragement occurring. Later in the conversation with 'Ralph' it was checked who had taught him the skill of shaving (as he had older brothers).

INTERVIEWER: Yeah, so your dad was the main person who taught you how to...?

RALPH: Yeah but not much, I don't think my father was... you know... not one for much beyond... the basics if you like

This last comment indicates that the focus was more on the basic aspect of shaving rather than perhaps using more products that are available today. 'James' recalled being self-caring in his mid-teens. He highlights aspects of *conformity* (Millward, 1998) and how *institutions* (such as the police and army) and living in shared accommodation affected his behaviour in relation to PG.

JAMES: No no, I've been shaving... I went in the Police Cadets when I was 16 and then I had to look after myself, and it was a case of I had to buy my own stuff, had to shower, and I thought it was necessary to shower... whereas I prior to that I lived in the country and my family had always lived in the country, we lived in Exxxxxx (*name of village*), and... if I... I had a bath once every Friday night, you know that was the usual thing...in front of the fire. So that was kind of what happened, and then when I came to Lxxxx (*name of city*) as a Police Cadet, I suddenly have to, well I didn't have to, but everybody else did. They showered every morning, they got up, went and showered, got dressed, we all went down for breakfast, because we lived in a College, and from there I went in the Army...and of course you did the same thing there, you learned how to press your trousers, I started pressing my own trousers... my mother died when I was 13 so I did start pressing my own things then and ironing my own stuff... you know I didn't wash my own stuff, my auntie would come in and do that for my dad and I, and then I would do whatever was left... I watched others, I'm certain yeah. No, I don't think anyone taught me how to shave.

Here then are further instances of gender-related activity, this time in terms of laundry care, with a woman undertaking the washing whilst the young male learns how to iron. 'James' reports learning to shave through observation rather than being formally taught.

Within this section it can be seen that learning about PG is linked to a variety of relationships: parents, siblings, peers and others. *Memories* of learning to self-care were linked to the time of

puberty and body changes. Whilst later on in life the mention of the environment, in the form of shared accommodation, promoted an example of conformity.

### 7.7.1.3 Understanding self-presentation

The understanding of the importance of self-presentation has already been noted in the section of 'defining gender', where 'John' talks of making an impression on a potential partner through the use of PG. Other participants also made reference to the dynamic of social setting and appearance management. 'David' defined that, for him, PG was linked to self-presentation.

DAVID: ...personal grooming is a cultivation of what I think people expect me or how people expect me to appear when I go out through the front door, so it's a public persona, you know, whether it's work or simply going up the road to buy a packet of fags, I'm aware that I'm putting on a public persona

This reflects the suggestion that we groom in order to present ourselves to others and that we are aware of the *public gaze* (Johnson *et al.*, 2004). In addition, there is a sense of what is acceptable grooming as perceived by the public, as highlighted by 'Ralph' when he made the following statement:

RALPH: ... if I was going out with friends or going out somewhere I would probably shave, I would look in the mirror and comb my hair... occasionally I might sort of think well I've been outside so I'll go and have a shower, I'll freshen up, which is probably beyond being clean, it's partially about wanting to look right and also about not wanting to put people off [*laughing*] by not smelling right either.

This shows that 'Ralph' has a schema of what is acceptable to others ("looking right") and what is not ("not smelling right"). Getting it right seems to be having an understanding what is acceptable to *social activities*, which allows entry to *social events*. 'David' also made that point when he spoke of the purpose of grooming:

DAVID: Well I do... I think... the purpose seems to me is that kind of you know, public acceptability thing, the fact that it's always been important to me that I can go anywhere, into any milieu, socially and feel completely sort of entitled to be there, you know.

There is a sense that understanding *self-presentation* (Goffman, 1959) brings with it a public acceptance, the permission to enter a variety of social events.

ANNE G: I think the purpose of grooming is probably important for the person themselves, but I think it's important for the way that they present themselves in society

'Anne's comment shows, as well as how you are viewed by society, that there is an internal, psychological aspect to self-presentation. 'John' identifies the link between self-presentation and wanting to receive personal approval.

JOHN: ... I like to make an impression, I don't like people to dislike me for one reason or another...

However managing one's appearance for the public can also mean a change of behaviour, as 'Susan' noted.

SUSAN: Well if I'm going out, usually I'll... I do live and die in trousers I must admit, but if I'm going out, you know you like to dress up a little bit don't you, you do, but I've still always been a trouser person, nearly all... when I was young I wore dresses and that, but not so much now, I don't know why but I get some nice tops you know but.. I still like my trousers.

In her account 'Susan' shows that she enjoys altering her normal wear of trousers to that of wearing a dress if she is going out. 'Tara', on the other hand, catalogued a number of PG activities when going out somewhere special:

TARA: ... I mean if you are going to something very smart, you are looking forward to it, and you want to look your best, so you make sure that you know, your eyes are trimmed, your eye lashes are lovely, eyebrows are trimmed, your hair is beautiful, you've matched everything together, you've done your hair, your nails and... you would even get a new bra you know to enhance your boobs and stuff like that, so that to me would be the ultimate

These quotations show an understanding of aspects of self-presentation. There is cognisance of the public gaze, an understanding of what is acceptable and with the idea of dressing up to attend special events, and an understanding of dress codes. Finally a range of PG activities, that may be engaged in order to self-present at a special occasion, has been exemplified.

#### **7.7.1.4 Communicating**

As the transcripts of the interviews were examined and coded one of the repeated codes that emerged in the data was that of *language*. This may be regarded as selective coding, where there is a concentration on a particular aspect of the interviews (Charmaz, 2006) or it can be seen as the

application of *in vivo* codes. Charmaz (2014: 134) highlights that it is important to “pay attention to language while you are coding” and that the resulting *in vivo* language need to be integrated with the emerging theory. Hence it was noted who and how a word was used by the interviewees.

Various *language descriptors* were used in relation to standards of grooming. Below (in Table 7. 3) are the verbatim words used by the participants and the context in which they were used.

**Table 7.3 In vivo language**

*Words used by the participants and the context in which they were used*

<i>Word/expression</i>	<i>Meaning</i>	<i>Participant</i>
<b>'tramp'</b>	for someone that takes no part in grooming or hygiene	David; Olly; Tom
<b>'over the top'</b> <b>'overdressed'</b> <b>'overly groomed'</b>	terms used for an excess of grooming	David; John Hazel; Anne Tom
<b>'objectionable'</b>	when discussing smell and dirt	Serena
<b>'clean and cared for'</b> <b>'clean and tidy'</b> <b>'clean and hygienic'</b>	a presentable state	David John; Tom Fred
<b>'looking smart'</b>	standard of grooming	Anne; Hazel
<b>'turned out quite nicely'</b>	refers to an acceptable standard of grooming	Anne
<b>'dishevelled'</b> <b>'scruffy'</b> <b>'tatty'</b>	when not well-groomed	Anne John; Tom Ralph
<b>'smelly'</b> <i>[however this word was also used when referring to perfumes but as a noun i.e. a smelly]</i> <b>'whiffy'</b>	an adjective used when referring to smelling of body-related odours	Anne; John  Anne
<b>'well presented'</b> <b>'slightly presentable'</b>	standard of grooming and self-presentation	Anne Fred
<b>'messy'</b>	referring to unmanageable hair	Anne
<b>'flamboyant dresser'</b>	description of style of grooming	Anne
<b>'gone off the boil'</b>	giving up on paying attention to grooming	Anne
<b>'dress up'</b>	higher level of grooming	James; Susan
<b>'immaculately dressed'</b>	High level of grooming	James
<b>'casual'</b>	Style of clothing	John; Tom
<b>'looking uniform'</b>	Dressed in the same way as another	Tom

These language descriptors helped in the creation of a *grooming continuum* (a notion mentioned in the +46 FG), when considering the extent to which people groomed (see Chapter 8). Additional aspects of language were tabulated (see CD: Analysis) into the following themes: body shape, colloquial expressions (such as “best bib and tucker”), words for body areas by gender, generational terms, animal names, expressions about relationships, concepts (such as “neat” or “beauty”), hygiene, clothing, control and miscellaneous other terms. For example ‘John’ used the term “Modern Man” and the need for a level of PG in society and employment.

JOHN: No, it's, it's... I know we didn't do it in our wild state, but I mean modern man needs to look ok doesn't he, if he's got a job, he can't go in with his hair all over the place and nails, you don't want your nails sticking out with all dirt underneath them

‘Fred’ also used the term when he spoke of the differing generations, and putting himself in the older “grumpy old men” category.

FRED: ... I mean modern man, he's different isn't he, but grumpy old men, you know...

With these two quotations it can be seen that the term “modern man” is interpreted by one person as man being different to an ancestral image, whilst for the other it is used as a generational image.

## **7.7.2 Undertaking activities of personal grooming**

Section 7.7.2.1. will draw on the participants comments in order to outline some of the activities, items and an affecting factor when getting dressed. It will also cover aspects of ‘not grooming’, in section 7.7.2.2.

### **7.7.2.1 Dressing and other activity**

It can be seen from several previous comments that various aspects came into the understanding of what constituted PG, with different activities or items being discussed. We have seen mention of *clothing* by ‘David’, ‘John’, ‘James’ and ‘Susan’. In addition, ‘James’ has spoken of *clothes care* (the washing and ironing of it) as a dimension of the skills behind the act of PG. ‘Ralph’ has mentioned *care of head hair*, whilst ‘Olly’, ‘Fred’ and ‘Tom’ have spoken of *removal of hair*, either facial hair or



that of body hair, as part of PG. 'John' spoke of an early experience of PG, again in relation to hair care, which was to eradicate head lice:

JOHN: Well, making sure your hair's free of any... I've never had biddies, as they call them.

Additional aspects came from 'Serena', when she talked of wearing *jewellery* (which she described as "furniture") as part of her grooming:

SERENA: ... so the first thing I have to do when I get home is I go up to the bathroom, take all my 'furniture' off and scrub my hands, I don't think it's an OCD, where it's simple feel cleaner and scrub my nails

Meanwhile 'Hazel', 'Susan' and 'Tom' all spoke of *shoes* in their discussions (see Section 7.6.5 for Hazel's comment), with 'Susan' mentioning the seasonal aspect of wearing them and 'Tom' speaking of the economics of buying shoes:

SUSAN: ... mine are very wide, and now when I go into my other shoes for the winter, it'll take some breaking in again [*laughing*] won't they. You know, I've had my sandals on all summer

TOM: ... I buy good shoes, they last for years, you know. ..

These few quotations talk of clothing, hair care, jewellery, shoes and the seasons, all of which are activities, items and considerations that bring or affect the day's PG.

### **7.7.2.2 Understanding issues of 'not grooming'**

Along with what people did to affect their PG, there were several participants that spoke of aspects of '*not grooming*'. 'Anne' provided several examples; firstly in relation to going for a job interview:

ANNE: ... I think if you turned up for an interview and you looked dishevelled, the person doing the interview would feel that you hadn't taken the time to present yourself for the situation, and it's almost as if you didn't care about how you presented yourself

Here there is censure of a person who fails to attend to their PG, interpreting as not taking the right amount of time to carry it out or not having the right attitude, of not caring what others thought.

The second example was from 'Anne's' time as a teacher at primary school and noting the children's level of grooming:

INTERVIEWER: Yeah. So could you spot then when you had a class full of children, if their mothers...

ANNE G: Neglected them? ... Yes, yeah, oh yeah. You know when they'd slept in their clothes.

Hence 'Anne' viewed the absence of grooming of the children as neglect by the parent. The third example of not grooming was in relation to her; however it was not viewed negatively, as she was remaining un-groomed in order to carry out housework:

ANNE: ...if I had a morning on my own, I would sometimes just stay in my dressing gown until about 11, and do you know, I get LOADS done in my dressing gown, loads ...

As a final comment on 'not grooming' 'Anne' pondered if there was a trigger to when PG was not undertaken by an individual. She spoke of friends that had recently been bereaved who had continued to care for themselves but recognised that was not always the case:

ANNE: ... Then there are other people who do, so it must be, do you think it's in them or do you think it's circumstances, you don't know really how it is.

'Tom' made a similar comment about an acquaintance of his:

TOM: ... you know he's a little tramp of a man, you know. He's lived on his own for years and he just doesn't care, you know what I mean, he's not bothered....

So once more, comparison with others, and their level of PG, is exemplified in these later quotations of conversation. Putting on items of clothing, footwear and adornments, such as jewellery, were discussed as activities of PG, as well as management of hair. The seasonal aspect reminds us that PG is dependent on the climate. There is an understanding of issues that 'not grooming' may indicate, that an individual doesn't care about their self or it is a sign of neglect.

### **7.7.3 Undertaking hygiene practices**

We have already seen from 'Fred's statement above (in the 1.1 'Discussing gender' section) that undertaking *hygiene* may be viewed differently to that of PG. However the two components are inter-linked, as all of the participants mentioned undertaking hygiene practices as part of PG.

'Serena' makes this point, as she said:

SERENA: ... it's hygiene being the most important thing in the grooming process

It has been noted previously that 'Serena' spoke of the areas of body care when she talking of undertaking hygiene practices when she was young, as well as the available *resources* at that time. 'Tara' highlighted the early *standards* of hygiene shaped by her family, and 'Tom' discussed how observation helped him understand his father's shaving habits. 'James' also mentioned the resources, that of a bath or shower, and his *routines*. 'David' spoke of occasions where there was a minimal hygiene practice:

DAVID: ... You know, if the least I need is to sort of douse my head with a few plastic cups of warm water, that's what I'll do before I have the sense that I'm presentable.

The only resource mentioned here is that of warm water and attention is paid to how the hair or head looks. The use of the word 'least' shows that there are varying *levels* of hygiene. 'James', on the other hand mentioned several aspects to his PG routine:

JAMES: Errm... showering each day... using aftershave for me, using under the arm spray, I use that each day... keeping my nails clipped, my hair tidy, well cut...

This expands the resources used in hygiene and PG to include *products* and *tools*. This is in comparison to 'Ralph's prior comment, that his father only attended to "the basics", which may suggest that it was mainly a hygienic routine that was engaged in and few products were involved. 'Ralph' had also commented that he (Ralph) undertook hygiene practices in order to eradicate *bodily smells*, an aspect that was also mentioned by 'James', 'John', 'Serena', and 'Susan'. 'Serena' also mentioned how she would wash her hands after being on public transport, recognising that *infections* can be picked up in such places.

SERENA: I think ...of all the people holding the bus rails and where those hands have been and how many people don't wash their hands after the toilet ...

'John' made a similar statement, showing that he took preventative action against a possible risk to *health*:

JOHN: So I've always been keen on being clean, I can't stand to smell by the mouth, you know some people have terrible breath don't they, they breathe right... I'm a bit fussy, you

know, I mean if I go in toilets, public toilets I'm putting paper all (*over*) the place, I won't sit on the seat you know, obviously.

'Serena', 'James', 'John', 'Olly', 'Tara' and 'Tom' all mentioned removal of *dirt*, often acquired from gardening, as a reason for engaging with hygiene practices. 'Tom' recalled early *patterning* behaviour in respect to this aspect:

TOM: ... my father, my grandfather, they were all manual workers so they would have dirty hands, wouldn't they, and we've always had a scrubbing brush by the kitchen sink and some carbolic soap, and before you sat down you went and scrubbed your hands and your nails, you scrubbed them, you didn't just do that (*made hand-washing gesture*), you scrubbed them, got all the muck off them, clean, under the tap, here you are mum, yeah that's ok, go and eat.

'Tom' is mentioning the importance of washing hands before eating and this was an aspect also cited by 'John', who referred to how these hygiene *standards* were also applied in other activities:

JOHN: ... and I have to have the best clean trolley and clean clubs ... I leave everything tidy and air the bed, and other people don't, ... you know if a fly's been anywhere, I'll wash everything. Or if I've touched (*something*) - it's only a plastic bag with some cardboard in, before I eat a sandwich I'll wash my hands.

'Ralph' also mentioned the attention to hygiene when dealing with food and of his personal standards:

RALPH: I wash my hands every time you know I do something that's dirty, if I'm going near food I always wash my hands

'Susan' commented on *social change* and felt that others' attention to hygiene standards was declining:

SUSAN: ... but I find now people, a lot of people aren't as hygienic as they used to be ...

Sometimes activities prevented attention to personal hygiene, as 'Tom' indicated:

TOM: ... I like to go fishing and things like that and I like going camping, going up the mountains and things like that, and obviously if you're in a tent for three days, you can't have a shower morning, noon and night and be like you were. But I never like it, you know, I'm never comfortable with it.

It is the on-going bodily processes, such as those exemplified by 'Serena' below, that may account for 'Tom's uncomfortable feelings:

SERENA: Well you lose bodily fluids and perspire, and we get dirt under our nails if they're long, and the purpose of that to me, personal grooming, is to avoid smells or distasteful look about something, you know if somebody's got dirty fingernails or dirt in their ears that just... 'eugh' - it's a bit of an anathema isn't it?

It is not only visible dirt that is being addressed through hygiene practices but also the invisible aspect of perspiration, exudation or bacteria that may be present on the skin surfaces. There is awareness that this invisible body dirt, rather than visible dirt, has to be attended to and 'James' mentions how this affects his PG in respect to clothing:

JAMES: ...I think the reason I change my shirt and my undies, and all that, is cleanliness, and it's not because the shirt is dirty ...

Hence it can be seen, for these participants, that hygiene practices and PG are linked. Whilst there are several reasons why hygiene practices occur (e.g. reducing the threat of infection, reducing bodily smells, adhering to personal standards) the standards acquired may also be transferred to other activities.

#### **7.7.4 Undertaking allo-grooming**

Like the earlier FGs, the participants were asked about the grooming of another i.e. *allo-grooming* (Thompson, 2010). All the women were able to recall instances of allo-grooming, as did four out of the six males. Close *relatives* were mostly the recipient of allo-grooming, citing:

- mother (Serena, Anne, Susan, Ralph)
- wife (Ralph, David)
- son (David)
- grandmother (David)
- husband (Hazel, Olly) and
- brother-in-law (Susan) being on the receiving end of such care.

For two participants, John and Tara, allo-grooming was an aspect of their previous *employment*, whilst Tom spoke of cutting hair for his work colleagues. Neither ‘Fred’ or ‘James’ could actively recall past acts of allo-grooming, yet ‘James’ reported that he did brush and combed his daughters’ hair:

JAMES: No, because I’ve always had daughters, so my wife always looked after the daughters, wash wise and stuff... grooming, combed their hair and things like that but that’s all... sit there all night brushing their hair, you know, that’s about it.

‘James’ role in this scenario may have been one of bonding, or *relationship forming* (Rolls & Eysenck, 1998), rather than for actual grooming purposes. ‘Fred’, when asked if he had carried out grooming on another, had minimal experience with allo-grooming.

FRED: I’ve only really combed Jxxxxx’s (*grandson*) hair a couple of times... no, never, never.

Here it can be seen that ‘Fred’ did not automatically consider the activity of combing his grandson’s hair was one of PG of another.

There were several activities of PG, undertaken as allo-grooming, mentioned by the participants and these are tabulated below (see Table 7.4).

**Table 7.4 Activities of allo-grooming**

*Specific activities mentioned by participants*

Activity of allo-grooming	Mentioned by
Hair care	
- brushing/combing	James, Fred
- washing	Serena, Anne
- cutting	Tom, David, Hazel
Shower/bathing/washing	Serena, Susan
Applying skin cream/sun cream	Serena, Ralph
Clothes buying	Ralph
Assisted dressing	David
Nail care	Serena, John, Anne
Massage	Olly
Facial shave	Tom
End of life, post-death care	Tara

Some participants mentioned specific *services*, where allo-grooming was supplied by another. Many spoke of desiring, if money was no object, of receiving a massage or spa day. 'Tom' recalled having a sports massage:

TOM: ... I'd probably go for a good massage. I've had sports massages

'Fred', 'David', and 'James' similarly cited a massage as a service they would like to receive. Some of the women (Anne, Susan, Tara) also mentioned it in various versions:

ANNE : Yes, to have a facial or have a massage or something for me, that would be the ultimate

SUSAN: I've always fancied that, you know, to just be pampered like for a day

When the conversation reverted to talking about relatives 'Anne' and 'Hazel' mentioned hairdressers, whilst 'Serena' obtained the service of a chiropodist for her mother. 'Tara', who had once been a nurse, spoke of her work in a hospital's Intensive Care Unit:

TARA: ... you did body care and then you saw to the relatives as well, so it was very much all hygiene, very much presentation, right to when there was no life left. You had to make that person still look as presentable as you could, because that was somebody's relative, and by this time you would have known the lifestyle of that person, so you would do your hardest to make them look good...

This last quotation shows that attention to PG sometimes goes through to the last day of life. 'Tara' actually extended the period by talking about her own request for being allo-groomed after she had died, using a quote she heard from her father:

TARA: ... "don't put me in ankle socks, a high chair, with a shadow on my face" ...

The above section shows that allo-grooming had been experienced by most of the participants. For some it was towards the older generation, for others it was directed at their partner or the younger generation, whilst mention was made of being on the receiving end of allo-grooming. There were a range of activities highlighted, from body care to assisted dressing and clothes buying. At times professions that undertake allo-grooming were mentioned, as was the aspect where allo-grooming is

part of part of a professional's role. The final comment shows that allo-grooming may extend into the post-death time frame.

### **7.7.5 Considering the body**

Some of the participants spoke of their own bodily care in respect to PG. Undertaking PG for comfort purposes (section 7.7.5.1), for body size (section 7.7.5.2) to care for the skin (section 7.7.5.3) and to control body hair (section 7.7.5.4) all featured.

#### **7.7.5.1 Grooming for comfort**

The notion of 'comfort' was mentioned by several participants. 'Serena' spoke of the psychological comfort aspect:

SERENA: It's about being amongst other people and talking to people who want to feel comfortable in your interactions with people and how can you feel comfortable if you're not... if you smell at all or you're not clean, yeah.

So here we can see that the removal of bodily fluids and additional *dirt* reduced *smells* and aided 'Serena' to feel comfortable in others' presence. This psychological aspect influenced her attention to PG.

SERENA: How comfortable I feel, nothing else.

In this context 'Serena' spoke of the style of clothing that she preferred. She makes a link that her choice of clothing with that of a *health belief*, that tight clothing may not be as healthy as loose clothing.

SERENA: ...I mean I wear loose trousers, I never wear tight jeans or anything because I don't think that that area (*genital area*) of the body needs to be fitted with tight clothes, I think that's not healthy.

This idea of a loose fit of clothing was not one of choice for Anne though, when it was mentioned to her, as she was emphatic that a tighter fit was more of her *style*:

ANNE: ... I'm not a loose clothing kind of person ... you get to an age when you know what suits you and think for me, I do find it quite difficult because there are a lot of quite loose fitting



clothes, and if I put something loose fitting on, I just look, because I'm quite small, it just doesn't do me any good.

This quotation reports that the style of clothing worn may not be for bodily *comfort* but for one of appearance management (Tiggemann, 2004). 'Susan' recalled that her clothing style had changed from her youthful days and her appearance management and now sought physical comfort in her clothing.

SUSAN: ... I know when I was young, you know you followed your mates with the flared skirts and that didn't you, I can still remember that, but as you get older, I don't think you're so bothered about buying as many clothes as you, I don't know whether you are, but I don't, as long as I'm comfy.

Likewise 'Hazel' used the idea of comfort to guide her clothing choice as well as having clothes that co-ordinated.

HAZEL: Errm, well comfort for clothes definitely. Although I do like to wear things that match, things like that, I don't like to slop around in anything [*laughing*].

The sense of comfort also applied to footwear and 'Hazel's comment shows that sometimes, when getting dressed up, there may have been a time when this comfort was foregone.

HAZEL: ... I wouldn't wear any shoes that weren't comfortable, even to go out at night, I wouldn't wear uncomfortable shoes.

Hence it can be seen that comfort can be viewed as a physical comfort (such as wearing loose clothing) or a psychological one (as exemplified by wearing what fits and suits you). The notion of comfort was more prevalent than that of fashion in this group of participants.

#### **7.7.5.2 Grooming for body size**

It was mentioned by some of the participants that body size affected their PG, mainly in respect to clothing. Attempts to change body size, by dieting or exercise, is often viewed as body modification (see Chapter 6: Concept Analysis) however illness can also bring about a change in body size.

'James', who had recently had abdominal surgery, reported his desire to return to his usual body size:

JAMES: Yes I did have to buy new because my waist... went up by two inches so I've had to buy all new trousers. I've still got all my old trousers ready for when I have my operation, to go back to, and I have put weight on. I lost three stone when I first was taken into hospital, but then when I came out, it was all... it was like climbing Everest, I thought I've got to get back to where I was and I did very quickly... and I went back to 17 stone [*laughing*] and I'm still the same today, yeah.

Hence 'James' had to buy new clothes out of necessity due to *health* status. 'Olly' also reported the purchase of new clothing because of body size, noting that perhaps *clothes buying* was something that may reduce as you got older:

OLLY: Well perhaps I'm a little bit unusual in that way because I'm actually losing weight, I'm on Weightwatchers and I'm losing weight, so some of my clothes are getting too big for me, and some clothes I can wear now that I couldn't wear before because they are coming back to fit me, but I'm finding, yes it's a bit of... morale boost isn't it when you've lost a little bit of weight and you can buy new clothes, so I could be the exception in that.

What is also noticeable in this statement is that the buying of the clothes is not only about wearing clothes that fit but also that there is an enjoyment at losing weight, with clothes-buying a reward for attaining a lower weight. The act of purchasing clothing is a reward for the effort of successful dieting. 'Ralph' similarly reported that weight loss lead to a purchase:

RALPH: But... I had to get a belt because my current belts don't fit me because I've lost some weight

For these individuals in these circumstances, the purchasing of clothing was seen as one of necessity, rather than one of indulgence or, as 'Ralph' described it, impulse:

RALPH: ... sometimes I buy on impulse and sometimes it's borne out of necessity.

Tom's experience is one of a static body weight, which has meant he has not had to seek out a specific style of clothing:

TOM: ... I've still got the same sizes as I had 30 years ago, I still take the same waist, everything, so really I haven't been affected by the alterations in my body that most people are affected by, hence older men tend to wear elasticated –waist trousers, such like things, that hasn't affected me, so no I haven't changed anything other than I wear more casual clothes.

So it can be seen that a fluctuating body size, in terms of weight, can lead to the purchase of new clothing. This may or may not be a pleasurable experience, depending on why the weight has been gained or lost.

### 7.7.5.3 Caring for the skin

Other bodily concerns that affected PG in the participants was related to skin care. 'Tom' spoke of his daily routine and skin care:

TOM: I don't do much in the grooming department, I wash my... probably the only thing I do is nightly I wash my face with a face scrub... To try to get rid of any dead skin or you know any little whiteheads or whatever's coming, because I've got big open pores and they do collect dirt easily, so I use a face scrub nightly to try and avoid that, and that's probably the only vain type sort of thing that I do really.

He attributes the activity to an act of *vanity* (Gill *et al.* 2005), i.e. it probably isn't a necessary activity but one that brings him an emotional reward of looking good. 'Fred', on the other hand, cares for his skin for *health* reasons and doesn't perceive it to be an act of PG:

FRED: No, only moisturising now and again, particularly when I feel... when I've been out in the sun and before I go out in the sun, that's it. She (*his daughter*) does nag me about factor 50s and stuff, you know, that's not grooming though really is it?

'Ralph', similarly, cared for his skin for *health* reasons. He also notes that, now he is retired, he has more time to pay attention to his skin and, as a result of a health scare, has more awareness of protecting his skin:

RALPH: ...I'm... probably the only difference is that I moisturise more now than I did when I was at work. I don't think it's a function of age, I think it's because I've got more time, and I've certainly... you know... if putting things like sun cream on is personal grooming, I probably do more that because I'm outside more, and I think about it more than I used to because I had a... I had a basal cell carcinoma, a rodent ulcer which was about 7 or 8 years ago, so that makes me think a bit more about some protection factors than perhaps most people do ...

'Olly' highlighted that age and hormones have an effect on skin and consequently there is a need to look after it.

OLLY: ... because of my age, I'm having to pay more attention to my skin and the moisturising of it and removing dead skin ... I think hormonally with women, you know your skin changes an awful lot after you go past the menopause, I found anyway

These brief conversational extracts show that care of the skin may be thought of as an activity of vanity, or undertaken for health reasons, or in recognition that ageing brings about a change to skin.

#### 7.7.5.4 Caring for body hair

It was recognised that as you get older body hair growth also changes. 'Olly' spoke about her husband and her own *body hair* management. The conversation was in response to whether the participants knew of 'covert grooming' activities:

OLLY: Oh I suppose things like nasal hair, removing your nasal hair or out of your ears, I know a certain person has a problem with hair sprouting out of his ears, and I'm always telling him 'get those hairs out of your ears' [*laughing*]. I suppose... what you do, what you do around your fanny, whether you trim it or have it waxed or... I mean people don't always... I would think, would be reluctant to talk about that or except with their very close friends.

Body hair in the nose and ears and the removal of pubic hair are mentioned. It is clear that these aspects may not be discussed with others unless there is a close relationship. 'James' stated he had a special tool that was used for removing hair growth and the frequency with which he used it:

JAMES: Well, I don't use it that often. Most probably once a month, I do my nose, my ears and that's it basically...

'Susan' commented that hair growth was particular to the individual and that the ageing process had resulted in a decrease in some aspects of body hair:

SUSAN: You know, I've been lucky, I've never had it, I've never needed to do under my arms, yeah I've done my legs years ago, but now I think they've stopped growing [*laughing*],

There was awareness that using tools, such as a razor, to remove unwanted body hair required skill and 'Susan' exemplified this when discussing her grand-daughter:

SUSAN: Yes, but Axxxx (*granddaughter*) is the one that you've gotta watch because she'll use a new razor and you know it can take the skin off, you've got to be so careful with it haven't you?

Looking after extraneous body hair seemed to promote laughter on a couple of occasions. Tools were cited that removed hair from particular sites, such as the ears and nose, where growth

increases with age (Ebersole, Hess, Touhy, Jett, Luggen, 2008). Waxing, also, was briefly mentioned, along with shaving of the legs.

Overall, these sections above show some of the participants considering their body and its care. For some, undertaking their PG was done with a focus on comfort. For others there was an understanding that a change in body size could prompt the need for clothes shopping. Caring for the skin received more attention from some of the participants, and there was an acknowledgement that the skin changes when ageing. Body hair also received attention, which required the use of tools or products.

### **7.7.6 Understanding influencing factors**

From the mind map on page 168 it can be seen that the participants identified or discussed many aspects that *influenced* their PG. This section will use single quotes to support the findings, as some aspects have already been cited. Patterning, for example, has been noted in the section on social learning; the notion of comfort is another already commented on. An attitude or belief has also been remarked on, when it came to the amount of grooming undertaken when dating.

'John' discussed the fact that he once wore specific clothing in order to attend his church, perhaps out of respect for his *religion*:

JOHN: I used to go to church and I don't go now, but you'd put your best bib and tucker on for church

'Susan' highlights a situation where *stigma* (Goffman, 1959) may arise as a result from not washing or attending to PG:

SUSAN: I don't know, because some people I don't think do probably bath as much when they get really old, I might be wrong, but... I don't know. I know there's one that gets on the bus with me and Jxxx (*daughter*) on a Monday, and our Jxxx... he smells of drink and he smells... and our Jxxx ... my other daughter .. and has to move, she has to move back three places, and you can see the driver moving back you know, so he must smell it, but I don't think he can smell it himself.

The participant's daughter moves seats in the bus and the driver recoils to put distance between the person who smells and the self. 'Anne' reported an *internal dialogue* (Cox, 2003) that was happening for her when she was trying on a dress, selected by another, that was not normally her chosen style:

ANNE: ... I bought it for my husband's retirement do, and a friend was working in the shop where I bought it and she just said you know this has got to be it, it's not long, it's not short, it's just in between, with a pair of black heels, she said, it will look stunning, and actually it does, but inside me I'm like 'oh my god, I can't believe I've got this on'.

This shows that she had created a self-image (Rudiger *et al.*, 2007) of what clothing and other aspects of PG does and does not suit her. 'Tara' made comment on *fashion* as an aspect of PG:

TARA: Errm... coming into retirement... I suppose first I should say as a young girl I was always very keen on fashion and looking well because it was probably part of me, and that carried through, right through to my working life, always did. I trained in London and we would go to Carnaby Street in the 60s and we were very trendy, and you know flower power girls and all this, so fashion was very important always in my life, which follows on to grooming, doesn't it?

It is worth noting here that 'Tara' speaks of fashion in the past tense rather than the present tense, and this echoes the comment made by 'Susan' in section 7.6.5.1, where comfort versus fashion is discussed. 'Ralph', who plays golf in his retirement, identified several factors that influenced his purchases of clothing:

RALPH: ...I guess I'm like everyone else I read magazines, I read the media, I play a lot of golf, so I... sometimes my choices of golf clothes are driven by what I see ... I've seen say a golf shirt on Sergio Garcia and thought 'that's nice' so I've gone and bought that

Ralph is reporting the influence that the *culture* (Davis, 1992) of the golfing world has on his choice of clothing. However he also highlights the *media* and his golfing *role model* within the conversation.

'Serena' exemplifies an aspect of *spirituality* (i.e. looking after the earth) when she talked of her choice of PG products. She was the only person to mention *ecological* concerns:

SERENA: .... I tend to avoid toiletries that have a spray can any way, I don't... I'm trying to look after the earth and that I have a rock for a deodorant, it's a block, and that doesn't stop you sweating but it stops you smelling, ...

These short extracts illustrate a variety of influencing factors on PG, from attending church, to past fashionable trends, to the world of sport, and to considering the planet.

### 7.7.7 Identifying resources

Within the conversations it was possible to identify a range of resources that the participants required in order to undertake their PG. In the preceding quotations the resources of *facilities*, such as water (David, Serena), a bowl and sink (Serena) or a bath and shower (James), have been mentioned. Grooming *tools* such as those for plucking eyebrows (Olly) and shaving the face (Tom) have been alluded to, whilst a brush or comb have also been mentioned (Fred, James) . Other resources, *services*, have been discussed in the allo-grooming section. In addition, *products* such as wax (Fred), facial scrub (Tom), deodorants (Serena, James) and nail varnish (Tara) have been cited previously in the quotations. ‘Ralph’ considered the *financial* aspect of undertaking PG and how it might affect the *frequency* of grooming, a point ‘Susan’ also made in relation to possible declining standards:

RALPH: I think that’s borne out of economics though isn’t it ... I’m in the fortunate position where I can afford the fuel but I suppose if I couldn’t afford the fuel I wouldn’t shower and wash so often

SUSAN: ... whether they haven’t got the money any more to keep up I don’t know,..

‘Ralph’ also recognised he was influenced by the *cost* of the products he used:

RALPH: ...sometimes I’m influenced by supermarket shelves and two-for-one offers ...

In addition, he brought attention to the fact that *manufacturers of products* were active in trying to market their items to the population:

RALPH: ...obviously there’s a huge industry out there aimed at trying to influence you to buy stuff that perhaps you don’t need at times, let’s say like anti-ageing products and you know, ... some of that must be borne by economics, some people can afford it and some people would never be able to afford it, because a lot of these things aren’t cheap!

Cost also affected the purchase of clothing and several participants mentioned this dimension.

'Tom', for example, justified his expensive purchase of a jacket:

TOM: About three years ago I bought a new sports jacket, the previous one I'd had for thirty years, I went and bought a new one, a nice one, a Harris Tweed one it cost about £300, a lot of my... 'bloody hell you spent £300 on a sports jacket', yes but this will last me the rest of my life, and it looks nice.

Here 'Tom' believes that the clothing will last him a long time because of the cost and quality. He reiterates this aspect when it came to his footwear:

TOM: ... go and buy a really good pair of shoes, pay a lot of money, they'll last you twenty years. If you go and buy some cheap ones they'll last five minutes and you'll have to go and replace them.

When 'John' was asked about the money he spent on clothing, he reported that he had a time in his retirement period when he bought more clothes than at the time of the interview:

JOHN: Do I buy clothes? Oh I've got that many now, I had a spending spell about five years ago and all the suits don't fit me anymore ...

However there was a suggestion that there was mindfulness in respect to repeated buying of clothes, as 'Ralph' noted:

RALPH: ... I am trying to follow a self-inflicted regime of 'one in one out'.

All of these quotations exemplify the range of resources involved in managing PG. The need for facilities, such as a hot water and a shower for example, goes alongside the funds required to pay for the resources. The participants understand that finances play an important aspect in grooming and show that attention is paid to being economical and gaining value-for-money.

### **7.7.8 Understanding motivation**

Many aspects of motivation have already been discussed, especially in Section 7.7.1, that of social learning. The participants understood a variety of motivating factors that affected PG. The notion of *impression management*, related to *attraction* (John), addressing perceived unsightly features [such as nasal or ear hair] (Olly) or *not repelling others* (Ralph) have been commented on. Physical *triggers*



to engage with PG have also been discussed by 'Tara' (menses) and 'Tom' (facial shaving). 'Fred' and 'James' reported *external motivators* in the guise of other people driving their grooming activities.

'Tom' had the very definite view that PG was linked to the concept of *vanity*:

TOM: ... .. in essence I think it's vanity most of the time, it's man's vanity or woman's vanity dependent on which sex it is

'Hazel' mentioned that undertaking PG involved *effort*, and that going out in the evening required more effort:

HAZEL: Errm... I suppose when I go out at night. Yeah I usually make a bit more effort when I'm going out somewhere at night.

This notion of effort can also be linked with internal motivators as 'Anne' described her motivation to impress her first boyfriend and it may have affected her *self-esteem* (Lyons, 1998):

ANNE: ...you sort of feel that you want to look your best ...

However some participants realised that motivation to groom was also dependent on *ability*, with *illness* being cited as a reason for losing personal motivation:

SUSAN: ...I know when you get older you can't probably look after yourself the same can you, when you're ill or you've got to depend on (others) ...

It is at this moment of dependency that another may have to engage in allo-grooming:

TOM: ... I shaved the odd elderly chap who was ill and couldn't manage to do it himself.

However loss of physical ability may not affect a personal routine, as 'Susan' highlighted:

SUSAN: It makes you feel sad, yeah, with old people it does, because I know with my mum, you know, she used to struggle getting in and out of the bath but she always had a strip wash every day, but with her being heavy and she just couldn't get in the bath the same.

Here Susan's mother is demonstrating a degree of *personal control* despite the inability to get in and out of the bath.

Hence the motivation and attitudes towards PG can be governed by a range of factors. The above quotations show that it may be different for individuals, from feeling that it is because of vanity, to

deciding how much effort to devote to it, to experiencing internal motivation, and the self being able to carry out grooming despite infirmities.

### 7.7.9 Experiencing temporal (time) aspects

The final aspect noted on the mind map above is that of age-related aspects. With retirement happening it brought about change, one of which was the number of *social engagements* that you may have. 'Anne' exemplified this aspect:

ANNE: ... I know I like going to functions it doesn't bother me, but you know it's funny, you do these things and when you don't have to do them, you don't really miss them so much ...

It appears that not attending as many functions is not missed by her. There was also a sense of thinking about the *future* that came into the conversations. 'Tom' contemplated a time when his routines might change:

TOM: ... I think people over 50 years of age, in general, are on the decline when it comes to interest in their appearance, their grooming and everything, but I also believe most of us do it habitually ... I think when you get over 50, you start reaching towards "oh I wish I didn't have to do this". ... (*un*)til I get to 65, and then I might give up altogether and just let everything grow, you know, a huge big beard...

His comment highlights that effort does have to be made to continue in a routine. 'Anne' gives a reason as to why people may stop engaging with PG:

ANNE : You see I always think, it's funny, as people get older, if you think to your own parents, when was it that they did seem to be, that they seemed to change, do you know what I mean. I think 70s in a dicey decade really, because I think people become... what do they become... they become maybe a little bit tired of it all ...

So becoming tired of the daily routine is being suggested as part of the ageing process. 'Anne' continued:

ANNE: ...It's alright saying 'oh we're fit and well aren't we', but it does change. I mean you hope it will always stay like that but it won't always stay... so I do think there is a definite time when people become focused on themselves..

So here 'Anne' is noticing that perhaps the focus on the external world, as highlighted in the social learning section as a reason for undertaking PG, may fade and that the focus becomes ego-centric.

Ageing may not result in a total loss of interest in one's appearance, such as attention to hair, but there may be different ways of managing it, as 'Hazel's comment shows:

HAZEL: Yes and I think if you can have something done at home, in the comfort of your own home without having to make an appointment, you know when you get in your 80s, that's probably what you want to do.

Even 'Tom', who was the person who thought he might give up his routines, had *memories* of his father continuing to be engaged with his appearance into old age:

TOM: ... I think about my father who died six years ago, and he was 83, and he never dropped his standards, he always brushed his hair, and always shaved and he always cleaned his teeth regularly and he was always a clean and tidy man ...

This final section has reported how the passage of time may affect PG. Some of the participants showed that they considered both the past and the future. For some there is a sense of anxiety of what age will bring, such as loss of interest and creating dependency on others. However aspects such as home care or adhering to routines also highlight ways of managing PG into old age.

#### **7.7.10 Visual data findings**

The visual data was collected at the end of each interview. It was collated and entered into an Excel spreadsheet, as using a computer programme is an easy method of storing data (Bowling, 1997).

This data was examined to identify the number and types of grooming activities, as carried out by each gender, in relation to a particular body area. The former is presented here as descriptive statistics (see Table 7.5). Lindsay (2007: 77) states that descriptive statistics "provide us with information about the data as a whole." As such they aim to show what parts of the body receive attention. The activities were recorded by body area: head, hands, underarm, torso, legs, and feet. These have been reported under their gender (see Boxes 7.1 & 7.2) along with any grooming tools that were mentioned.

**Table 7.5 Number of grooming activities identified for each body area, by gender, (n=12 i.e. males x 6, females x 6)**

*Body areas that received most attention*

<i>Body area</i> <b>Gender</b>	<i>Head</i>	<i>Hands</i>	<i>Underarm</i>	<i>Torso</i>	<i>Pubic</i>	<i>Legs</i>	<i>Feet</i>	<b>Total number of activities</b>
<b>Males</b>	25	3	2	8	2	0	4	<b>44</b>
<b>Females</b>	21	7	5	4	3	3	7	<b>50</b>

### **Box 7.1 Male grooming activities by body area**

*Specific activities of grooming for each body area*

#### Male Grooming Activities:

In the *head area*: hair care (combing, shampoo, dyeing); shaving – with application of aftershave; moustache waxing; application of moisturiser or anti-wrinkle cream; face scrub; cleaning/polishing the teeth; use of mouthwash; and ear/nasal hair removal.

In the *hand area*: nail care; nail clippers; soap

In the *underarm area*: deodorant

In the *torso area*: bath; body waxing; shower /shower gel; bubble bath

In the *pubic area*: anal medicinal creams; personal hygiene\*

(\*This was identified by a female rather than a male)

In the *leg area*: **no data**

In the *foot area*: nail care; foot cream (anti-fungal)

*Tools mentioned*: Q-tips, clippers, razors, electric toothbrush, hairbrush

Whilst many of the expected PG activities and products were identified (such as cleaning the teeth, shaving, using a deodorant and using shampoo), an extra activity was noted from one participant, that of applying medicinal creams.

### **Box 7.2 Female grooming activities by body area**

*Specific activities of grooming for each body area*

#### Female Grooming Activities:

In the *head area*: hair care (combing, shampoo, colouring, mousse, hair spray); application of moisturiser, cleanser, toner or anti-wrinkle cream; tweezing/plucking eyebrows; cleaning/flossing the teeth; cleaning the ears; use of make-up (lipstick, lip balm); applying perfume; eye care

In the *hand area*: nail care/manicure; nail varnish; nail clippers; soap; hand lotion; ‘fancy

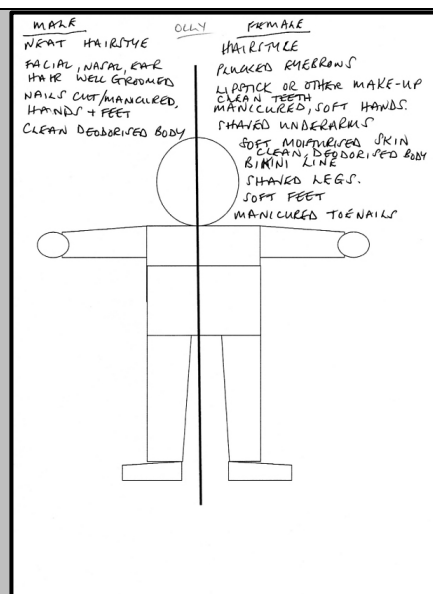
nails’ (\*This was identified by a man rather than a woman)

In the *underarm area*: shaved; deodorant  
 In the *torso area*: bath; shower; bath products; bubble bath; clean; deodorised; Dettol; talcum powder; body lotion  
 In the *pubic area*: bikini line; kept fresh; personal hygiene  
 In the *leg area*: shaved; waxing; tanning\* (\*This was identified by a man rather than a woman)  
 In the *foot area*: nail care; foot balm/cream; kept fresh  
 Tools mentioned: nail scissors; nail brush; facecloth; shaving products

The number of activities related to the head area in men appears higher than that of the women; this could be down to the fact that men are dealing with ear and nasal hair, which none of the women reported as an activity. It can be seen that the men did not report any grooming activity in relation to their legs, whilst the women reported depilation practices for the legs, underarm and pubic area.

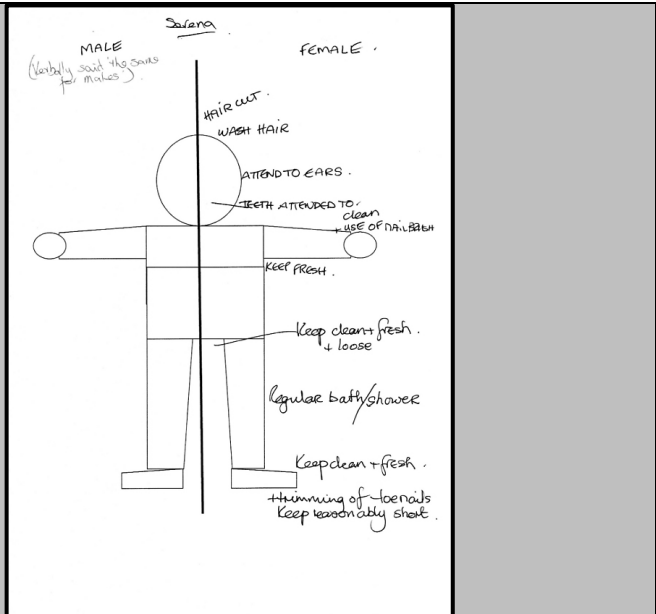
There was an interesting aspect that was highlighted when examining the data sheets. Noticing what is happening in visual data is part of the experience of using a VM (Banks, 2001). As a result the items are presented in a visual format. A married participant ('Ollly') was able to identify both male and female aspects of PG (see Image 7. 1). This ability to recall both gender aspects of grooming was present in all the previous sheets collected in the FGs, and consequently this seemed to be the norm.

**Image 7.1 Visual data from Ollly**





**Image 7.3 Visual data from Serena**



This aspect of not identifying the other gender’s grooming activities may be worth investigating in a further study. All of the findings (both the interviews and the visual data), whilst extensive, are not exhaustive, as the interviews yielded rich descriptions of aspects of PG. The findings above exemplify the categories outlined on the mind map and report on the outcomes of the visual data collection. In the next chapter (Chapter 8) the action of constant comparison, the underpinning philosophy of the GT process (Glaser & Strauss, 1967), will compare these findings to those previously gathered through the FGs and the concept analysis.

## **7.8 Quality aspects**

According to Parahoo (2006) there are a number of strategies that can be used in order to ensure rigour in qualitative study. The first is that the transcription of the interview is accurate. Within the phase of the study the fact that the interviews were first mind-mapped before being transcribed and then checked again, ensured the transcripts were accurate. The second strategy is use “expert validation” (Parahoo, 2006: 397), where experts (in research) are used to verify the findings. To this end two fellow-PhD students were approached to read through two transcripts independently and provide their own codes for what they saw (see CD: Analysis). A round-table discussion followed and

notes were taken. There was agreement on the categories that had been identified. This confirmed inter-rater reliability according to Norwood's (2000) definition. Parahoo (2009) however gives a caution to this strategy. He cites the earlier 1990s work of Sandelowski, who made the observation that perhaps experts cannot certify that findings are valid if they have not been involved in that particular study.

Broom and Willis (2007) observe that a qualitative researcher is more focused on reliability and internal validation, rather than generalisability or external validity. Hence if the data accurately demonstrates attitudes and perceptions of the world then the research has achieved its aim. This, I would argue, is apparent in this chapter. Norwood (2000) suggests that credibility is also enhanced by a researcher interpreting the data and then setting it aside for a while. In the writing of this chapter there has been a time lapse between the initial coding of the data and the selection of quotations to present the findings. In addition the use of "detailed quotes from study informants to substantiate his/her interpretation" (Norwood, 2000: 292) aids the reader to determine the accuracy of the interpretation. As a final aspect to quality this chapter set out a description of the recruitment process, the procedure for data collection, the analytical phase and the resulting findings. All of these aspects help to maintain the audit trail of the study (Birks & Mills, 2011).

## **7.9 Conclusion**

This chapter justified using one-to-one, semi-structured interviews and snowballing recruitment for the final aspect of data collection. Previous studies were cited to illustrate their appropriateness in GT studies and for the topic. The procedure for initiating the one-to-one interviews was outlined, along with an explanation of the snowball sampling technique. The demographics were fairly wide-ranging in ages, and in previous occupations, although they were all in the 'white, British' classification. This may confirm a disadvantage of using the snowball technique, discussed in Section 7.3, i.e. it may result in recruiting persons similar to each other. The timings of the interviews and health and safety issues have been reported. Ethical aspects of consent and the use of verbatim



were adhered to. It was noted that the interview guide provided a prompt to the conversations when needed. However, as the findings demonstrate I also followed the discussion topics raised by the interviewees. Details of the recording equipment have been given and it was reported that transcribing was carried out (by a transcriber) after mind-mapping had been undertaken by myself. This latter aspect allowed for early immersion into the data.

The focus on data analysis was the coding process. It reported the coding approaches (memoing and axial coding) which were utilised. Justification for the chosen coding methods was given. Examples of the coding techniques were given in order to illustrate their application.

The findings section displayed a mind-map, which highlights the complexity of PG. Quotations of conversations were used to exemplify many of the codes identified and placed them in the context in which they were used. The findings section outlined 9 categories that had been noted on the mind-map: 1) social learning; 2) undertaking activities of PG; 3) undertaking hygiene practices; 4) undertaking allo-grooming; 5) considering the body; 6) understanding influencing factors; 7) identifying resources; 8) understanding motivation; and 9) experiencing temporal aspects.

In Category 1, social learning, the participants recalled aspects of PG, in relation to gender, and how they learned about the phenomena. They showed an understanding of self-presentation i.e. that we may groom in order to present a public persona. In addition, it became clear that during socialisation there are elements of language specific to PG that assists in our everyday communication.

In Category 2, undertaking activities of PG, details of items such as clothing, shoes and jewellery were mentioned. These aspects may have relevance to those in health and social care, ensuring that an individual is wearing the clothing, footwear and adornments according to their wishes. It was in this category that the aspect of 'not grooming' was discussed. Here issues of attitudes, neglect, bereavement, and living alone were cited. Monitoring attention to grooming may help in deciding if the person is neglecting themselves, which may be indicative of a health problem.

Category 3, undertaking hygiene practice, reported the importance of attending to hygiene. It exemplified that there were levels of hygiene, standards, routines, products, and tools. It gave reasons for undertaking hygiene practices, such as removing body smells, sweat, visible dirt and invisible dirt and discussed how hygiene was seen as preventing ill-health. This element seems adequately addressed in the *Skills for Care* (2009a) guidance.

In Category 4, the notion of allo-grooming (where one person carries out PG on another) identified that it is most likely that close relatives were the recipients of it. A list of allo-grooming activities was presented and it was noted that some of the participants would have liked to be on the receiving end of allo-grooming, in the form of a massage or spa day. It also recorded an instance where PG was mentioned in a post-death state. Health and social care workers should be cognisant that an individual may not be used to being allo-groomed, let alone by someone who is not a close relative. Subsequently it should be carried out with sensitivity towards the other, respecting their dignity at all times.

Considering the body was Category 5 and this had several dimensions. The discussions highlighted that, for some, PG was undertaken with comfort in mind. In addition, a fluctuating body size could be the trigger for buying new clothes. Caring for the ageing skin and removing extraneous body hair featured in this sub-section. If care is given with just a focus on hygiene then these two latter elements may be missed out, and yet the data showed that these were part of the participants' routines.

The participants also highlighted an understanding of the influencing factors on their PG, this was Category 6. Multiple factors were identified: attending church, knowing that not washing may affect others view of you, knowing what suits you, fashion, culture, the media and following your own belief system (strong ecological principles) featured. An understanding of an individual's influences of their PG may help in decision-making if assistance is needed; for example, if the person is a church-goer then they may have special clothing items that they may wish to wear.

Category 7 was that of identifying resources. The participants understood that PG had a price; the cost of fuel to supply warm water, the price of the products, the push by industry to sell you products, the cost and durability of clothing were mentioned. It showed that attention was paid to the economical aspect of PG. Those individuals living on a restricted income may not be able to afford to undertake aspects of grooming as frequently as their more well-off counterparts.

In Category 8, understanding motivation, recalled instances where attracting others, rather than repelling them, may bring about attention to grooming. The notion of vanity was suggested as a motivating factor, whilst others mentioned the physical ability required, wanting to look one's best, and acknowledging that PG took effort. Ill-health may impact on the ability and motivation to undertake PG.

The final category, Category 9, was that of experiencing temporal aspects, the effect of time. It recorded that the retirement phase may bring a reduction of social activities. Some of the participants considered that ageing may bring about a change in their routines; that at some future date they might potentially stop undertaking some PG activities or that illness might bring dependency on others to do it for them. Despite that latter thought, there were strategies identified that could maintain a level of PG into older age. Helping a person, who is dependent on others, to maintain their routines of PG may mediate some of the concerns that they may have.

Issues of quality particular to this phase of the data collection formed the last area of discussion. It critically discussed aspects of validity, reliability and credibility, ensuring robustness of the study.

This concludes the data collection phases of the study. The next chapter will review all the data in line with the constant comparison technique of a GT approach.

## **Chapter 8 Analysis and theory generation**

### **8.1 Introduction**

Data will always remain fragmented pieces of information, Charmaz (2014) suggests, unless they are placed into some kind of context in order to explain a phenomena; it is up to the researcher to present findings so that they bring meaning. This chapter will outline the analytical process of constant comparison before bringing together the findings from the FGs, the visual methodology, the concept analysis, and the one-to-one interviews. This will complete the final phase of the GT process, by looking for theory generation and a core variable (Streubert Speziale & Carpenter, 2007). The use of diagramming will aid analysis and theory generation (Charmaz, 2014). Previously created diagrams and tables will be critically reviewed and amended where necessary, to account for additional data. Grounded theory literature will be cited to justify aspects of analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1990; Grbich, 2007; Birks & Mills, 2011; Charmaz, 2014). The findings will not be compared to the literature at this juncture, thereby adhering to Glaser and Strauss's (1967) original GT principles noted in Chapter 2, Section 2, of remaining untainted by the works of others. Activities of grooming, with the factors that may influence them, will be presented in diagrammatic form and gender-related and child-related grooming activities will be tabulated. A timeline of PG activities demonstrating the changes of behaviours over the lifespan will be presented, together with aspects of the 'self'. The activities will be considered within the context of health and social care. The analysis and theory generation will conclude by identifying codes and categories and will arrive at theory development and a core variable, succinctly summing up the findings.

### **8.2 Constant comparison**

The action of constant comparison is where comparison is made with the same and different groups of coding, in order to "generate the theoretical properties of a category" (Glaser & Strauss, 1967:

106). This rather sparse definition is expanded on by Grbich (2007: 75), who states in the process of constant comparison the researcher should: *a*) look for specific examples of an aspect [theoretical sampling]; *b*) engage in induction [i.e. making inferences from the data]; *c*) engage in deduction [i.e. “reasoning from general to particular instances”]; and *d*) engage in verification [i.e. “double checking or cross checking” with other data]. Birks and Mills (2011) concur with Grbich, by suggesting that *b*, *c* and *d* are the activities that help define the GT approach. However they also state that decisions made in constant comparison require a combination of inductive and abductive thought. Abduction is a term for a process that entertains all possible explanations for data where there are puzzling findings (Reichertz, 2007; Charmaz, 2014). It then seeks to confirm or disconfirm, before arriving at the most plausible interpretation. At its simplest definition, Charmaz (2014: 132) states that constant comparison is comparing “data with data to find similarities and differences”. The aim, according to Birks and Mills (2011: 94) is to “move a grounded theory away from being a qualitative descriptive account ...*(to)* being an abstract conceptual framework”. Hence in this chapter findings will be critically reviewed to seek out the similarities and differences, to verify findings by cross-checking and to undertake induction, deduction and abduction where appropriate. To this end data from the FGs have been compared to each other, to data from the visual methodology, to the data in the concept analysis and to the data from the one-to-one interviews. Mind maps have been revisited, spreadsheets and transcripts have been reviewed, and coding sheets re-examined.

### **8.3 Diagramming**

One activity that helps in this process of constant comparison is that of diagramming. Diagramming is a technique to “offer concrete images of ...ideas” (Charmaz, 2014: 218). The use of visual representation and modelling is, Charmaz contends, a way that enables the researcher to “see the relative power, scope, and direction of the categories in ...analysis as well as the connection among them” (pg.218). The visual form helps me to explore the data and construct an outcome. As it has been discussed in Chapters 4 and 7, ‘mind mapping’ was used to start the process of analysis and

commenced the act of constant comparison between the sets of data. In Chapter 4, for example, a mind map was presented of the responses from the FGs on the question of a definition for PG. In addition a Venn diagram (Dey, 2007) had been created, showing differing elements of PG: hygiene, appearance management and body modification. These diagrams are revisited below, adding codes and amending them in light of the new data gathered in the one-to-one interviews.

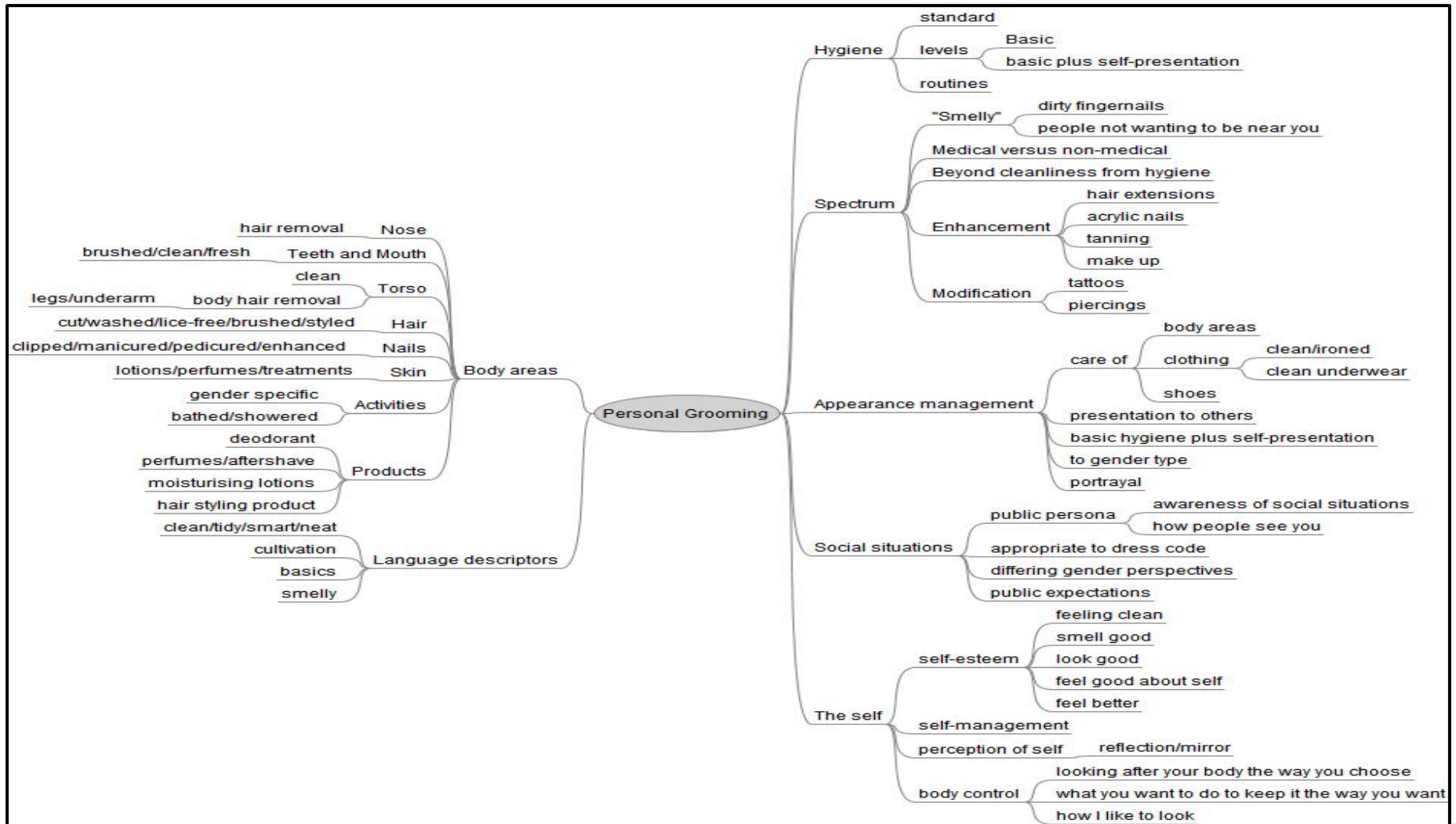
### **8.3.1 Reviewing the mind map of ‘defining personal grooming’**

The restructured mind map (see Diagram 8.1) represents the theoretical sampling, selective coding and inductive reasoning pertinent to the responses of ‘what defines PG?’ Many of the words used on the mind map are *in vivo* codes, i.e. words used by the participants (Strauss & Corbin, 1998). Codes that have been added to those noted in the original diagram (see Chapter 4, Diagram 4. 3) are those of gender, language and dimensions of self-esteem, such as ‘feel good about self’. All of responses have been re-arranged or grouped into 7 categories, using the comparative analysis technique of seeking similar characteristics or properties (Charmaz, 2014). The categories are: 1) body areas; 2) the self; 3) appearance management; 4) social situations; 5) spectrum; 6) hygiene; and 7) language descriptors. More details on these categories follow.

Arriving at the 1<sup>st</sup> category, ‘body areas’, was the result of bringing together selective data from the various interviews and considering it against the word ‘actions’ noted in the definition of PG in the concept analysis model (see Chapter 6, Diagram 6. 2). This category helps to identify the body areas, products and related activities that are focus of PG for the participants of this study. The 2<sup>nd</sup> category, ‘self’ is a new category which reflects conversations on perceptions of self, self-esteem and personal control over the body. There will be further in-depth discussion on this category in Section 8.3.10 of this chapter. The 3<sup>rd</sup> category of ‘appearance management’ incorporates actions to the body, by individuals, in order to portray themselves to others. The 4<sup>th</sup> category, ‘social situations’ acknowledges the social events that may impact on PG and the public persona that individuals present. The 5<sup>th</sup> category uses the *in vivo* code of ‘spectrum’ or levels of grooming, as noted in

Diagram 8.1 Responses to 'what defines personal grooming?'

Collated and categories from all of the data, relating to the definition of grooming



Chapter 4 (Sub-section: 4. 11.11.1). It recognises that, for the participants in this study, there were varying levels of PG at any given time. This category will also receive further discussion later, in Section 8.3.4. The 6<sup>th</sup> category of defining PG is that of 'hygiene' and participants commented on levels, standards and routines, emphasising the individuality of the process. The 7<sup>th</sup> and final category is that of 'language'. This category was initially noted as 'communication' in the FG and concept analysis. However the plethora of terms noted in the one-to-one interviews (see Chapter 7, Sub-Section 7.6.1.4) highlighted specific language, in respect to PG, which was also present in the FGs when the transcripts were reviewed.

The diagram and categories, although based on small numbers of participants, can perhaps offer what Dey (2007: 177) describes as "identifying patterns across the data". He notes that "simple patterns can produce complex results, and social research can explore these by investigating the logic underpinning complex behaviours" (pg. 217). Moving the descriptive categories to the notion of an abstract conceptual model, as Birks and Mills (2011) suggest, leads me to offer the diagram as a potential conceptual model of the schema of PG. With further research into the model it could help health and social care workers to understand the cognitive processes that individuals engage in, rather than concentrating on hygiene issues espoused by the *Essence of Care* document (Gov.UK, 2015).

### **8.3.2 Reviewing the Venn diagram of personal grooming**

The previously created Venn diagram (see Chapter 4, Diagram 4.2) has also been critically reviewed using constant comparison. The inductive process showed that hygiene, appearance management and body modification are interlinked entities. It proved a useful cognitive model when considering the data that was later collected. For example, many of the studies reviewed for the concept analysis investigated aspects of body modification (piercings, tattoos, dieting, and exercise). In the one-to-one interviews discussions on hygiene were considered as an aspect of PG, whilst body modification was only briefly touched on (e.g. see Chapter 7, Sub- section 7.7.5.2).



On reviewing the diagram, in light of subsequent data from the one-to-one interviews, some elements verify the initial diagram. For example, in the circle representing 'hygiene' cleaning of the body takes place and it requires facilities (at the simplest level this may be just water). Appearance management may involve hygiene (hence the overlapping circle) but usually involves covering the body; how that is done is dependent on many factors. Previously identified body modification activities remain unchanged. However aspects of PG, such as the wearing of jewellery, make-up and hair or nail extensions, do not sit in the original circles as they, like body modification, may not be carried out by all individuals. Consequently a further circle, titled 'enhancement', has been added to overlap the appearance management circle, to represent the actions that may or may not be undertaken.

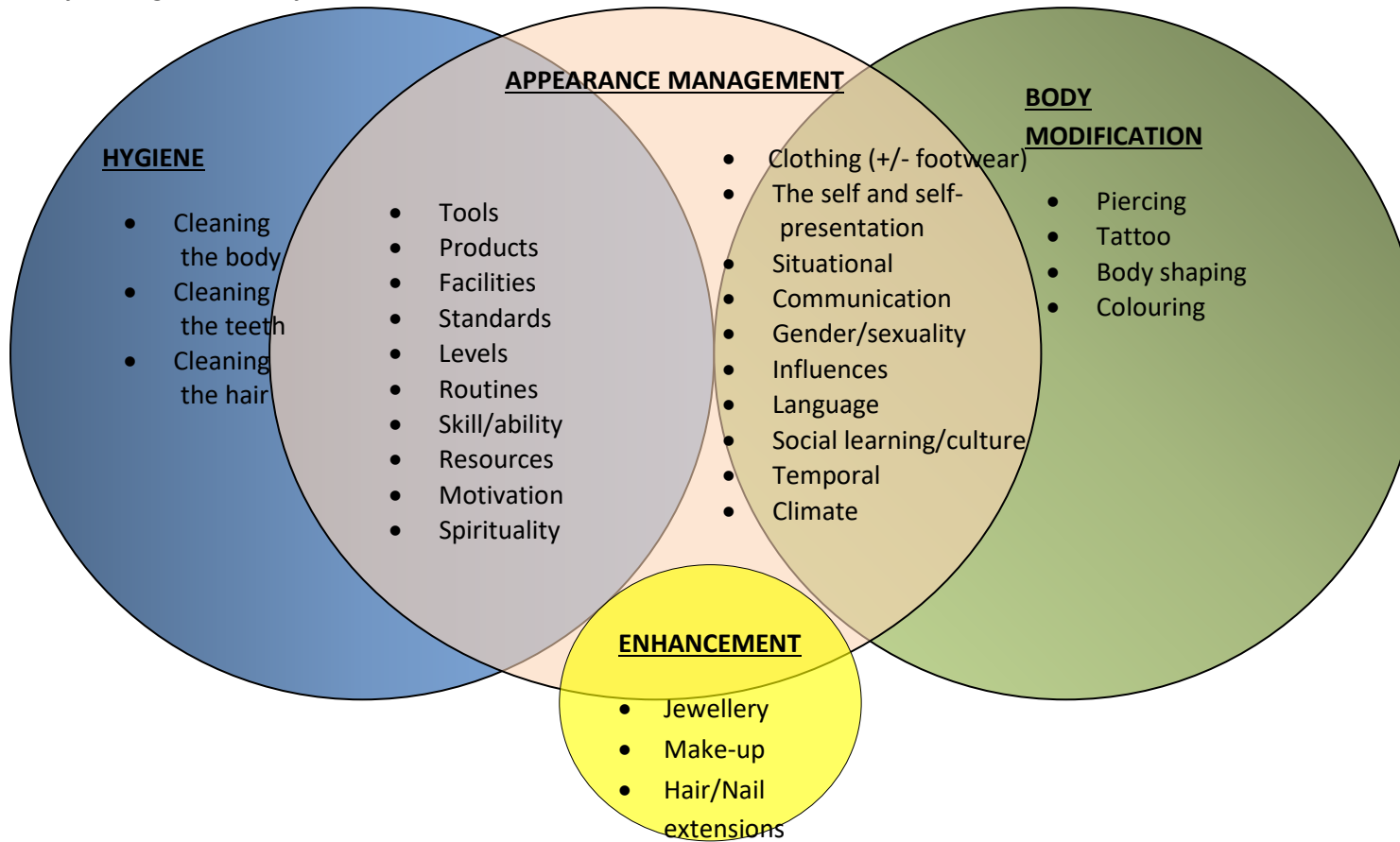
These are now reflected in the updated version (see Diagram 8.2, page 211). The purpose of the Venn diagram is to illustrate that hygiene may involve the bullet-pointed aspects in the left-hand circle. As noted earlier hygiene has been the focus of attention in the *Essence of Care* document (Gov.UK, 2015) and this seems apposite when viewed against the conversations of the participants. However, as the Venn diagram illustrates, there are other elements to PG, which may be overlooked by health and social care workers.

### **8.3.3 Creating a diagram on the abilities to self-groom**

In the FGs and the one-to-one interviews individuals spoke of their varying degrees of ability towards self-grooming. Through the process of selective coding, comparing data and engaging in theorising (Charmaz, 2014) it is possible to make an inference that learning to self-groom could possibly be arranged into a hierarchy of abilities (Diagram 8. 3). It should be borne in mind that this hierarchy is drawn from a small sample and therefore would need further research to validate it. At the lower level of the hierarchy (taking off and adding clothing, washing hands, cleaning teeth and care of hair and choosing appropriate clothing) was reported by parents about their children (source: Child-

**Diagram 8.2 Venn diagram showing the relationship between hygiene, appearance management, body modification and enhancement**

*Modified diagram drawn from all data*



related FG[C-rFG]); those in the middle are abilities that many of the participants recalled as an aspect of their teenage years (ironing, laundry) (source: James & MFG). Those in the uppermost areas (making own clothing, cut and styling of own hair) may need training in order to achieve competency and only two participants spoke of having these abilities (Tom, Hazel). The C-rFG discussed removing and adding clothes in pre-school aged children, whilst those of primary school age gained ability in washing hands, cleaning teeth, and caring for hair. Choosing appropriate clothing was mentioned this age-stage too. Nail care and make-up, were mentioned in the pre-teen and teenage years, sometimes as experimenting with products, before having mastery over the tasks. One mother reported cutting the nails of her daughter, a left-handed teenager, who could not manipulate the sissors.

**Diagram 8.3 Diagram of self-grooming abilities**

*Ages at which some self-grooming activities may be achieved, drawn from the data*

<b>Increasing age and ability</b>	<b>Adults/Teenagers</b>	<b>Cut and style own hair</b>
		<b>Make own clothing</b>
	<b>Teenagers &amp; Pre-teens</b>	<b>Clothes care - laundry</b>
		<b>Clothes care - ironing</b>
		<b>Applying make-up</b>
		<b>Nail care</b>
	<b>Children</b>	<b>Choose appropriate clothing</b>
		<b>Brush/comb hair</b>
		<b>Wash hands/Clean teeth</b>
	<b>Infants</b>	<b>Add clothing</b>
<b>Remove clothing</b>		

Further research would be needed to ascertain more precise age-ranges for gaining abilities to self-care. In addition, it would be interesting to know how the skills are acquired. How these abilities

may be affected by illness and disability will be discussed in the next chapter, together with the implication for health and social care.

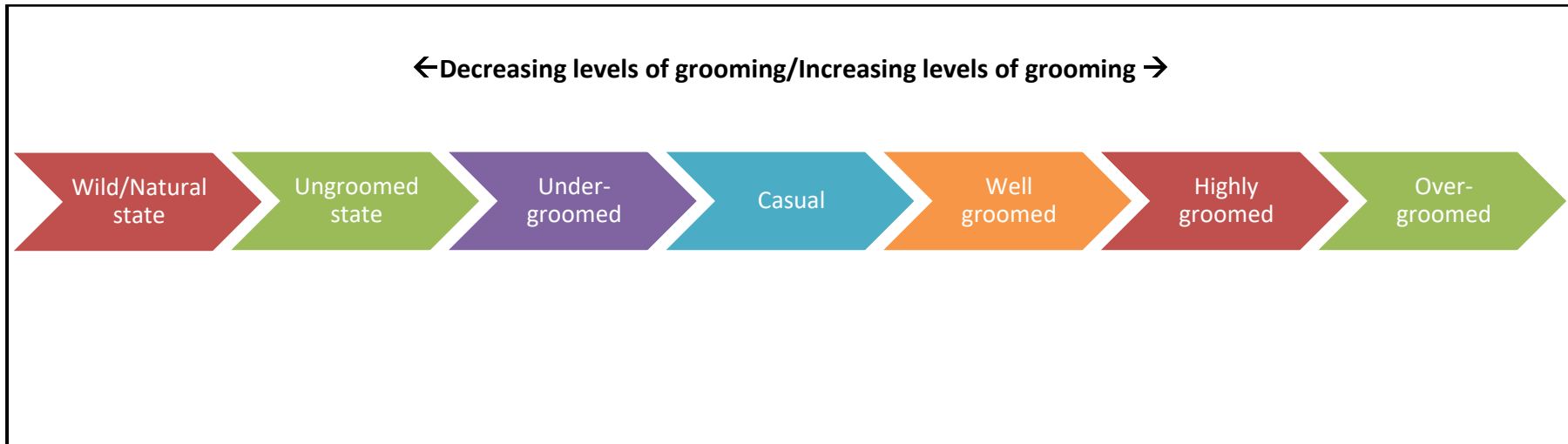
#### **8.3.4 Creating a diagram on the spectrum of grooming**

The term 'spectrum of grooming' was first used by a participant in one of the FGs. This *in vivo* language (Strauss & Corbin, 1998) led to using selective coding to deduce aspects on a spectrum or continuum of grooming levels. The result is a continuum of grooming, presented in Diagram 8.4. At one end is the 'wild' and 'natural' state of the body; at the other end is the 'over-groomed' person. The categories of this spectrum are laid out and it represents the language and context as stated by the participants; at times it was in reference to themselves, at other times they were describing others. The spectrum could plausibly help us to place ourselves in terms of our state of grooming in any given situation. For example, we may opt for being 'well-groomed' at all times but it may seem incongruous if everyone else is 'casually groomed'. Those who may be 'under-groomed', such as an individual who is ill, may feel uncomfortable in the presence of another who is 'highly groomed'. This situation may arise frequently in health and social care, where patients may be in their pyjamas whilst staff may be in uniforms or smart clothing.

**[Space left empty to give coherence to diagrams, tables and discussion]**

**Diagram 8.4 Diagram of spectrum of grooming**

*States of grooming discussed by participants*



In order to expand on the terms used in Diagram 8.2, the following box (Box 8. 1) gives the context in which the participants spoke of them and gives more definition to each level.

### **Box 8.1 Spectrum of grooming words and expressions definitions**

*Context of the words used in the spectrum*

**Wild/Natural<sup>1</sup> state:** ‘tramp-like’; body smells; unkempt; dirty; may be indicative of neglect

**Ungroomed<sup>2</sup>:** from waking up; unwashed; wearing night clothes; maybe undertaking doing ‘dirty tasks’ – gardening, housework; unwashed clothing; slovenly ; slept-in clothes;

**Under-groomed<sup>3</sup>:** inappropriate to an event ; lacking elements of expected level of grooming

**Casual<sup>4</sup>:** weekend wear; non-work wear; not formal

**Well groomed<sup>5</sup>:** for role; work demands; personal standards

**Highly groomed<sup>6</sup>:** special events; in media spotlight;

**Over-groomed<sup>7</sup>:** inappropriate to an event – over dressed or groomed above expected level of grooming

Data sources: 1. Fred, Tom, Anne; 2. Serena, Anne,FFG, C-rFG; 3. Anne; 4. Fred, John; 5. PFG, James; 6. Tom; 7. MFG

The spectrum demonstrates that PG can happen at differing levels. However some of the terms may be pejorative, indicating disapproval by one person on the level of PG of another.

In the mind map (Diagram 8.1) it is noted that the branch labelled ‘Spectrum’ also has the dimension of ‘medical versus non-medical’ occurring. This has the potential to make an alternative spectrum, as some participants spoke of applying creams to the body for medical or preventative purposes.

Further research would need to be carried out in this area. Subsequently ‘medical versus non-medical’

has not been included in Diagram 8.4. Using abductive thought medical aspects of grooming may constitute *a reason* for PG, rather than a level of it.

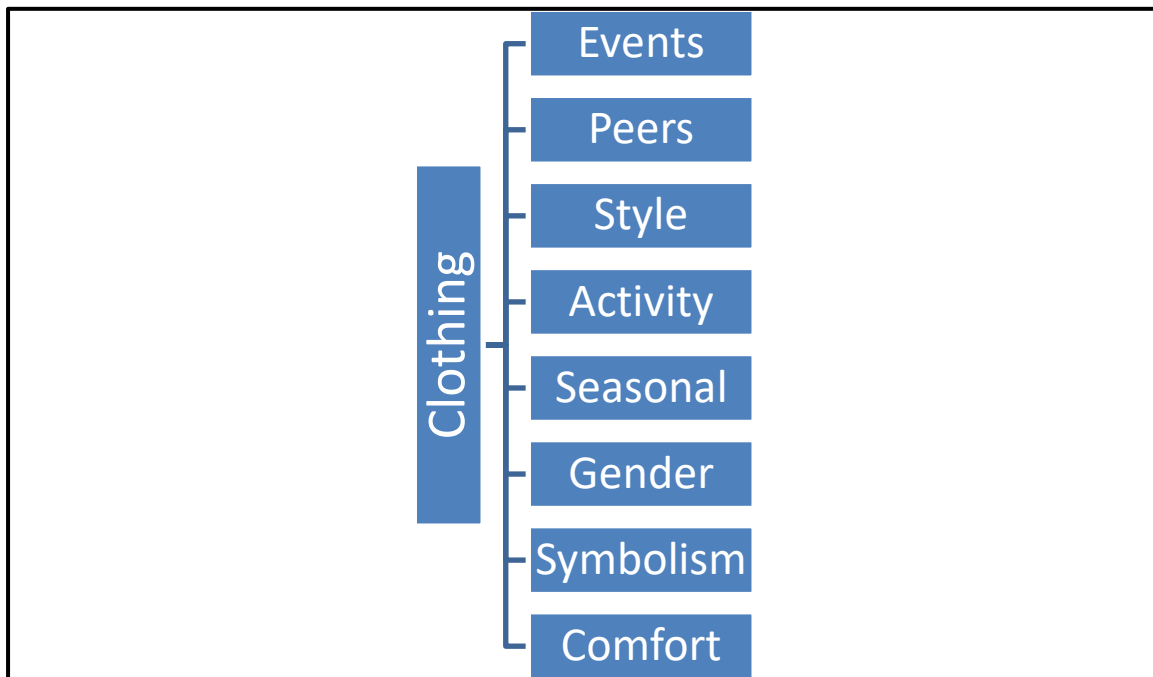
### **8.3.5 Creating a diagram on the factors affecting clothing choice**

Charmaz (2014) states that the act of theorising may include asking questions. So how do we choose our clothing each day? Whilst this was not an actual research question, it emerged in the data. It was explored through the use of selective coding and the inductive process to help identify the factors involved in clothing choice. These are displayed in Diagram 8.5; an individual may consider several factors in order to choose the clothing of the day. Those identified in the data were: events (PFG, Hazel, Tara, David), peer pressure or conformity (MFG, Hazel), style (Anne, Serena, Tara), activity (C-rFG), seasonal (Susan), gender (VM), symbolism (James, John), and comfort (Serena, Susan). The events mentioned were both formal and informal, such as going to graduation (David) or going to a folk club for the evening (Hazel). The MFG discussed the need to fit in, and Hazel noted that she groomed like others at work, hence peers are a factor in clothing choice. 'Anne', 'Tara' and 'Susan' mentioned style and fashion, whilst the C-rFG highlighted a number of sport-related activities where specific clothing might be worn. In the visual data the aspect of gender was made apparent, particularly when it came to children wearing the appropriate gender clothing. 'James' and 'John' both spoke of wearing clothes specifically for funerals, indicating the symbolic nature of some clothing, whilst 'Serena' and 'Susan' spoke of wearing clothes for their comfort value.

The list of factors in Diagram 8.5 are not put in any level of dominance nor may they be definitive; there may be additional factors that need to be added, such as 'cleanliness' or 'colour'. With further research it may be possible to arrive at a definitive list and suggest which factors may be more prescient in choosing clothing.

### Diagram 8.5 Diagram to identify factors involved in clothing choice

*How clothing is selected; factors drawn from the data*



The above diagram demonstrates that choosing clothing to wear can have a variety of influencing factors, which may change from day to day. Those individuals receiving care may not have as many factors affecting their choice of clothing; again, this is another area for further research.

Nevertheless some factors should not be overlooked, such as the gender, comfort and individual style of the person.

#### **8.3.6 Creating a diagram on the elements of hygiene**

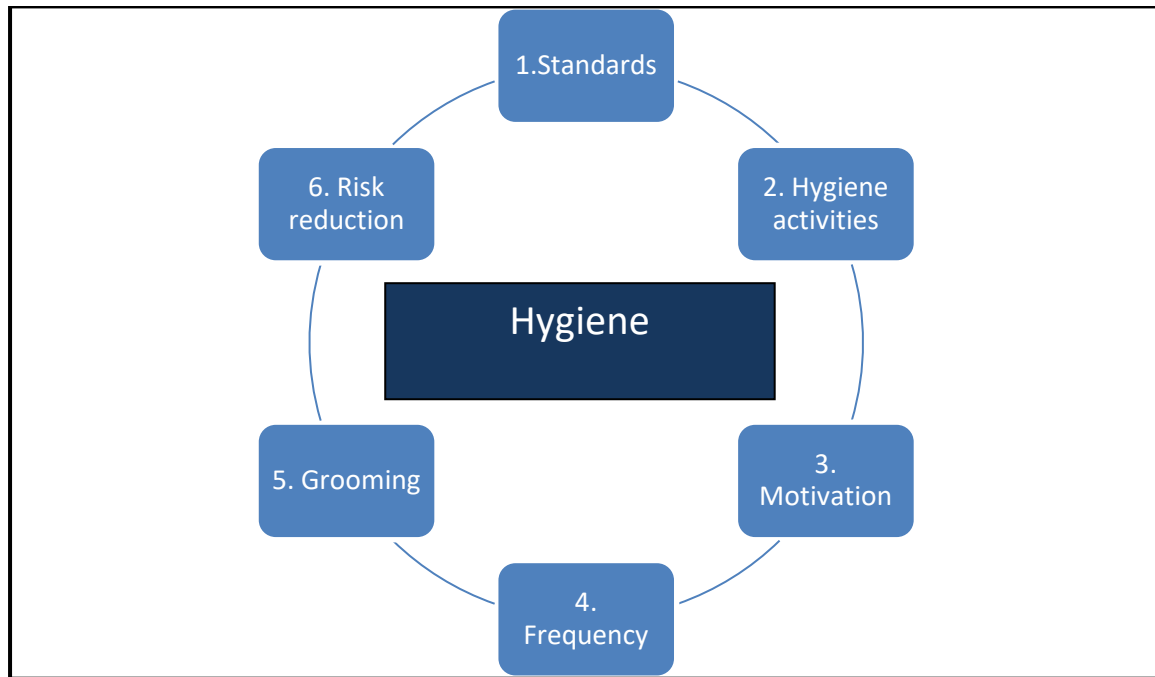
Another aspect of theorising is establishing connections (Charmaz, 2014). Activities of 'hygiene' were noted in the data. By using selective coding, coupled with deductive reasoning, enables the general notion of hygiene to providing more specific elements of it. Participants spoke of: 1) standards of hygiene; 2) various hygiene activities such as showering or bathing; 3) the motivators to undertake hygiene; 4) the frequency of hygiene practices; 5) that hygiene was as aspect of PG; and 6) that it served a purpose of risk reduction, such as hand washing after contact with others. These numbered elements are arbitrary; no ranking of importance have been ascribed to them in this study.



They have been grouped around the central notion of hygiene in Diagram 8.6. As with the previous diagram of clothing choice (Diagram 8.5), individuals may have several reasons occurring simultaneously as to why they are engaging with hygiene.

**Diagram 8.6 Diagram to indicate elements of hygiene**

*Elements of hygiene discussed, drawn from the conversational data*



Differing standards of hygiene were discussed and it was noted that these were applied to other areas of life ('John', 'Tom', +46FG). The actual hygiene activities will be discussed in more depth in Section 8. 3. The motivation to undertake hygiene activities recorded as: being part of PG; to remove dirt, both visible ('Serena', 'Ralph') and non-visible ('John'); lack of removal of dirt was equated with the notion of neglect ('Ann'). The data showed attention was paid to hygiene either before or after events. The frequency of hygiene activity were identified and tabulated (see Table 8.1), as they changed according to the events of the day. All of the participants viewed hygiene as part of their PG routine. Hygiene was carried out to get rid of body smells and to reduce infection risks (MFG, 'Serena').

**Table 8.1 Timings of hygiene and appearance management**

*Events that triggered attention to hygiene and/or appearance management*

<b>When</b>	<b>On getting up</b>	<b>After a 'dirty' event</b>	<b>Before eating</b>	<b>After work</b>	<b>Pre-social meeting</b>	<b>Before sex</b>
<b>Event</b>	Daily Routine (May be deferred at: weekends or holidays)	Gardening After travelling Toileting	Before meals (wash hands) Eating out	Wash off the day Remove smell of work	Going out for the evening Attending a social gathering	When intimacy is expected
<b>Source</b>	PFG, Fred, Anne, CFG	Serena, Olly	Ralph, John	FFG	Tara, Hazel, Ralph	MFG

It can be seen in this table that attention to PG may happen several times during the course of the day. This has implications for those giving care; attention to hygiene should be linked to the daily events of the service user. Diagram 8.6, on the previous page, also indicates that there are varying factors associated with undertaking hygiene that may need to be considered. The importance of hygiene practices is well-known (RCN, 2013), as it reduces the risk of infection. It helps to eradicate body smells, remove dirt, and may be part of an individual's daily routine. Consequently attention to hygiene has its place in promoting health. What is relevant for health and social care are the timings noted above; they occur across the span of the day.

An interesting comment in the data was 'John's' belief that a standard or level of hygiene may be applied to other areas of life. This resonates with the extract in Chapter 1, about the American nurse in a dirty uniform, and also a comment by 'Tom' talking about a member of the police force:

TOM: ...I found overall, that scruffy, untidy people were scruffy and untidy whether they had a uniform or not.

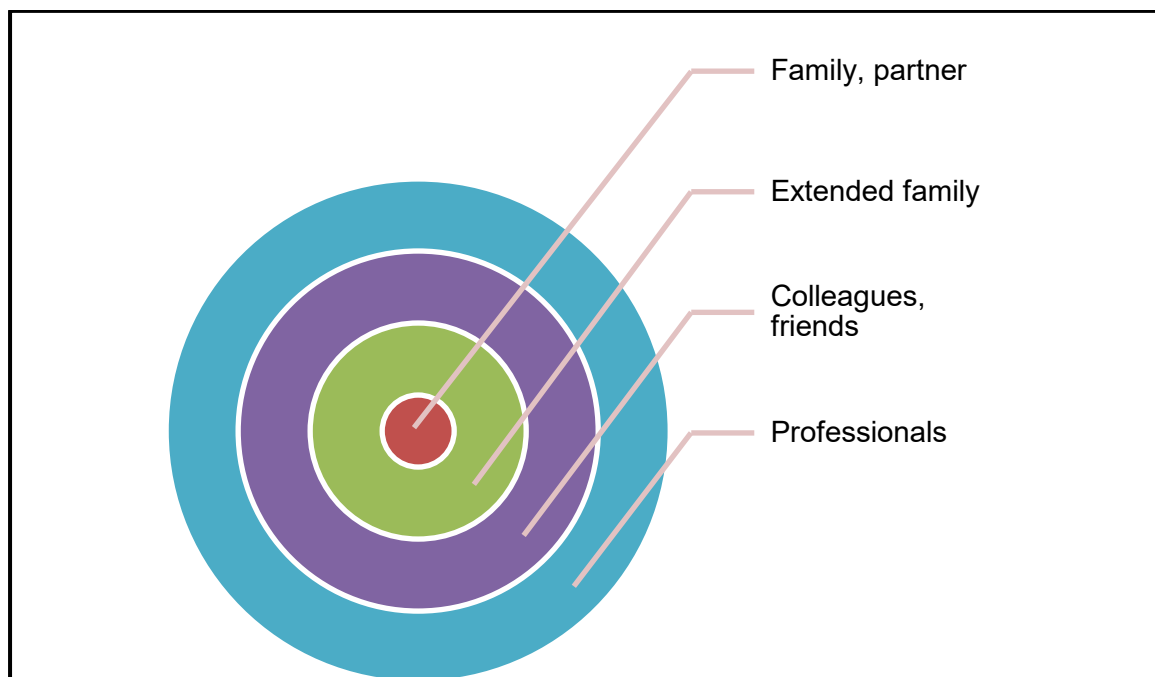
This notion of crossover standards is perhaps another area than might benefit from further investigation, as it could have bearing when recruiting to the field of health and social care.

### 8.3.7 Creating a diagram of allo-grooming

Charmaz (2014) points out that many early GT studies are descriptive in their nature. Description, she asserts, is not theorising and therefore such an approach should be avoided. However, with the data pertaining to allo-grooming I think it is reasonable to describe it, as it is a task that healthcare workers may frequently encounter (Twigg, 2000). The description, through the use of diagramming and selective coding, highlights the normative experience of allo-grooming. In the conversations it was noted that allo-grooming was carried out by a variety of people (see Chapters 4 & 7). These are represented below in Diagram 8.7, with immediate family such as parents, siblings, children and partners being frequently cited. The extended family, such as aunts, were also mentioned. Colleagues and friends were identified as people who may, potentially, carry out allo-grooming. Professionals, such as nurses, chiropodists and hairdressers, were named as those who undertake allo-grooming as their role or employment.

**Diagram 8.7** Diagram to indicate who carries out allo-grooming.

*From family to professionals: personnel who may perform allo-grooming, as reported in the data*



From the data it is apparent that the immediate and extended family members initiate social learning (previously noted in Chapter 7) and promote self-care. Thereafter colleagues, friends and professionals may undertake allo-grooming on the individual, if trust is established.

Health and social care workers should be aware that ceding the task of PG to another might result in the service user feeling uncomfortable because of the loss of independence or lack of trust in the person delivering the care (Skills for Care, 2009d; Taylor, 2015).

### 8.3.8 Creating a diagram on the process of adopting a dress code

Charmaz's (2014) idea of theorising by establishing connections and using deductive reasoning helped when exploring issues around dress codes. Open codes, memos and axial coding were used. The open code of 'dress code' featured in the transcripts from the one-to-one interviews. Dress codes that were mentioned were both formal (such as the wearing of a uniform), or tacit (e.g. work wear). The transcripts of the FGs were also read through to compare, verify and engage in deduction. Following integration (Grbich, 2007) of two kinds of data (empirical [original codes] and theoretical [memo/axial coding]), it was possible to create Diagram 8.8 to illustrate the process of adoption of a dress code. Participants spoke of entering a new situation or environment, where they were able to observe others and make comparisons of themselves to the others. This enabled either an adoption or non-adoption of the dress code. If they chose non-adoption then they risked censure or they may be considered as different to the others. There were forces that brought about conformity. This was exemplified in the memos made in respect to Fred and James's conversation (the use of bold enabled easy identification of the processes at work):

**Memo 25:** Fred – 'got shouted at in the forces' – this demonstrates that when living in and working with **an institution** then there may be **set standards of grooming**, which are rigorously enforced.

**Memo 121:** James – '..if anybody kind of didn't wash properly you were duly told..' – here the example of the **re-enforcement of hygiene standards** by work colleagues is discussed. James had a **role (power)** in this re-enforcement. He attributes **working in a mixed gender environment** as being a factor in the standard of hygiene.

Those who did not receive any feedback may assume this to be a tacit approval of their adopted dress code but no comment could also be a covert disapproval, where others refrain from making detrimental comments. For example, in the MFG, a participant recalled an encounter with a senior manager:

Male D: ... that person would come to me and say “Hello XXXX” and he would look me up and down ....

Tom avoided censure by having frequent haircuts when he was at school.

**Memo 131**: Tom -‘ starting school – wearing uniform and cap’ – here there is an example of how **patterning** exists outside of the home environment, with a particular **dress code** being **imposed**. There was **censure** for having untidy hair, which was avoided by having frequent haircuts.

The use of positive comments was an overt approval of the adoption of the dress code and reinforced the adoption process. Others monitored and continued to monitor (either tacitly or formally) in order to maintain the dress code of the group. This is mentioned in Hazel’s memo:

**Memo 3**: Hazel – ‘dressed to the standards of everyone else’ – here she is **observing her peers** (at work) and **adopting clothes similar to that group**.

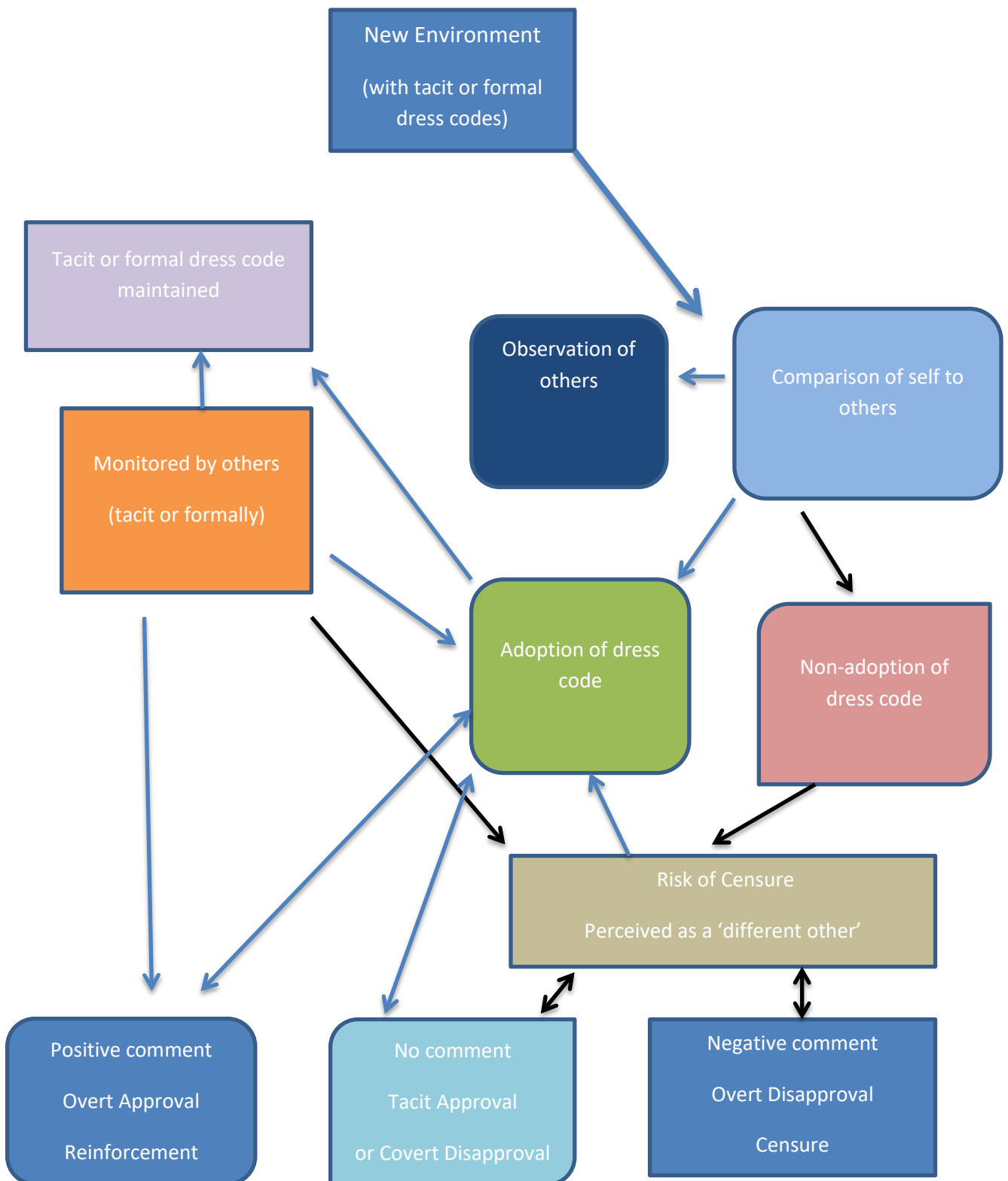
**Memo 122**: James –‘ everybody had to be immaculately dressed..’ – this level of grooming, which James comments was also expected at 3 a.m. in the morning, was driven by the chairman of the company, showing that **a single figure** (albeit one in **power**) may be influential in affecting **dress code**.

These aspects that were noted were brought together in order to create Diagram 8.9 on page 223, which shows the processes and influences over how individuals are shaped into adopting the prevailing dress code.

In addition to the adoption of dress codes it was noted that people police our grooming behaviours to ensure a sense of social control is happening. Who acts as monitor seems to change over time. In childhood parents mostly carried out PG on the child, although input from the extended family such as aunts and grandparents may have happened (C-rFG, Tara and Susan). Once the child attended school there may be a uniform policy, with school teachers acting as monitors to its adherence (Tom). The child may be involved in a range of social activities, such as ballet (C-rFG), which will bring its own ‘uniform’. However once

**Diagram 8.8 Diagrammatic process illustrating the adoption of dress codes (tacit or formal)**

*Influences that may be occurring when we enter a new environment; drawn from data and memos.*



the child reached senior school peer influence occurs too, so the individual may adopt a style of PG that matches their peers (MFG). Once the world of employment is entered there may exist formal dress codes and underpinning policies in existence (PFG, James, Fred). Within the data conversations on nurses and uniforms featured, showing that nurses do monitor each other. Forming long-term relationship may bring an unstated dress code, i.e. you dress well in order to attract (MFG, John). This latter aspect may only last until the relationship is formed, when the individual reverts to a more casual, everyday look (MFG, John). For women the arrival of children may also cause a reversion to casual dress (FFG).

**Diagram 8.9 Monitors of personal grooming across the lifespan**

*Social policing of personal grooming, drawn from the data*

<b>Increasing age</b>	• <b><i>In the family:</i> parents; siblings; grandparents; extended family</b>
	• <b><i>Beyond the family:</i> school teachers; peer group; sports/recreational organisations</b>
	• <b><i>Relationship Forming and Employment:</i> policy on dress codes; work colleagues and superiors; public expectation; partner</b>
	• <b><i>Retirement:</i> sense of self; partner; adult children; recreational norms</b>

‘Tom’ and ‘Anne’ both gave examples of individuals who have limited interactions with others, reducing the social circle that might act as monitor, with the result their personal standards of grooming have declined.

**8.3.9 Reviewing the activities of personal grooming over the lifespan**

A timeline had been drawn up after collecting data from the FGs (see Chapter 4, Table 4.3, page 93). The age-related columns of the timeline were drawn up using an adaptation of Erikson’s psychosocial life stages (Kroger, 2007). After undertaking the concept analysis it was noted that employment is an influencing factor on PG. Subsequently, further data was obtained from retired

people (see Chapter 7) and it has been added to the timeline. Activities that referred to a particular age group were added. A column titled 'third age' has been added, following the age definition set by Phillipson (2013), which reflects the age group of the retired participants. Given that many of the remembered activities were experienced in their youth the results should be treated with caution. In addition, as grooming of a deceased individual was discussed in the PFG and in conversation with 'Tara', another column headed Post-Death has been added. Activities such as recalling when an individual started ironing or caring for clothing were added to the relevant age-group columns. The finished, descriptive, timeline is presented in Table 8.2 on the next page (pg. 226). In GT analysis, findings may not be generalizable or definitive (Charmaz, 2014). Hence the wording on the timeline is tentative, often with the use of 'may' preceding statements. It is up to the reader to confirm whether they recognise the behaviours at any given time of their life. It should also be borne in mind that the activities noted in childhood arise from either informal parental observations or through memories of older people, hence further research will be required to confirm aspects of the timeline.

### **8.3. 10 Theorising on 'the self' and personal grooming**

It can be seen in the mind-map defining PG (Section 8.3.1, Diagram 8.1) that a category is labelled 'self'. There it is noted that 'perceptions of the self', 'self-esteem', 'self-management' and 'looking after the body' are aspects of the self. Later, in section 8.3.3, the notion of self-grooming indicates that the individual has to acquire skills to carry out PG. In the previous chapter's findings section 'Anne' commented that motivation and effort played a part in the self, performing activities of grooming. 'Anne' also mentioned that personality played its part in PG, stating she was a 'neat' person whilst a friend of hers was 'flamboyant'.

These aspects were recorded in the list of codes along with further instances of the self, such as attitudes and beliefs, gender/sexuality, emotional responses; and comparison to others. The



**Table 8.2 Timeline of grooming activities**

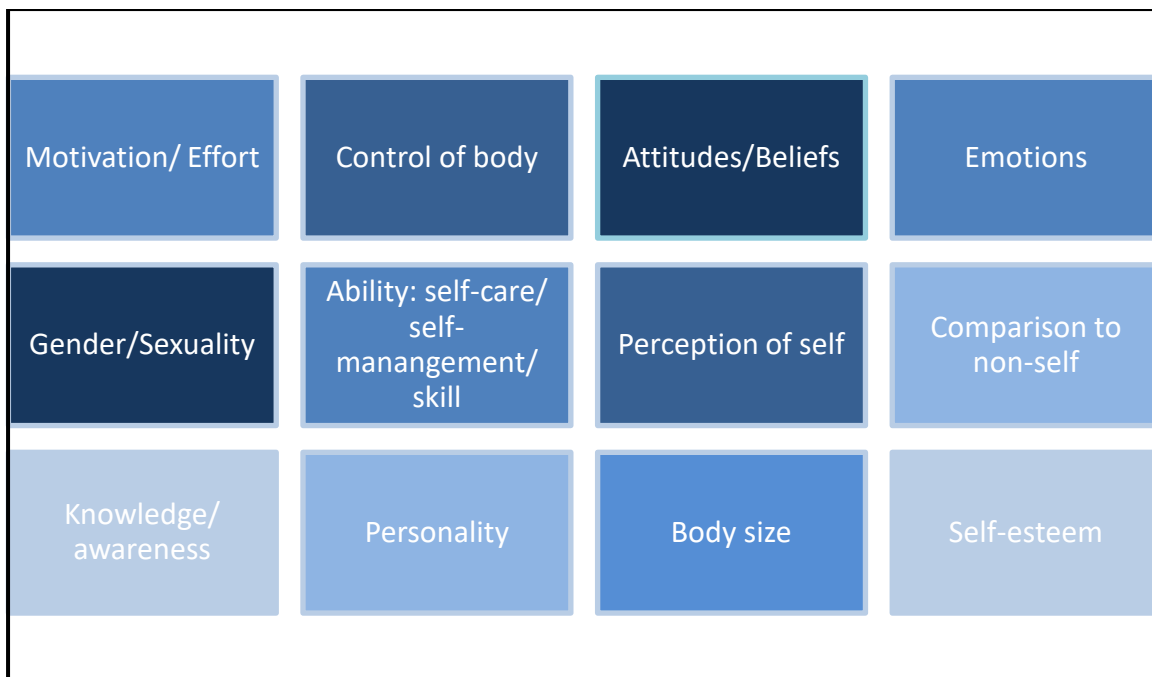
*Data incorporates parental observations and memories*

Pre-school	Primary school	Pre/Early teens	Mid/Late teens	Adulthood		Third age	Post-death
<p>May be high involvement by parent/carer re: hygiene and personal grooming</p> <p>May experience 'baby massage'</p> <p>Patterning commences</p> <p>Child may choose clothing</p> <p>May express personal preferences</p> <p>May learn basic skills – cleaning teeth, brush/comb hair, getting dressed</p> <p>May play with dressing up, make-up</p>	<p>May increase in skills</p> <p>Parents may be mainly still in control over way child looks</p> <p>Awareness of gender-related clothing may occur</p> <p>There may be awareness of clothing source (new versus old)</p> <p>For females may be labelled as: 'girly' versus 'tomboy'</p> <p>May copy parent grooming - in females this may lead to parental/societal worries of early sexualisation</p> <p>Parent may re-enforces patterning</p> <p>Peers may tease/bully about appearance</p> <p>Privacy may be desired for bathing</p> <p>May be awareness of activity-related clothing</p> <p>May start to use products such as hair gel</p> <p>May engage in allo-grooming</p> <p>Interest in fashion may start</p>	<p>Transition to secondary school may be cited as an important time</p> <p>Privacy may be more important – may lock doors</p> <p>Attention to hygiene and grooming may diminish</p> <p>Parents may nag to initiate hygiene and grooming habits</p> <p>May experiment with using make-up – may be over-use of colour</p> <p>May attempt to look older than chronological years</p> <p>May not be concerned if clothes are grubby or damaged, especially if they are functional or favoured</p> <p>May start shopping for clothes accompanied by peers rather than parent</p> <p>May start to learn laundry skills</p>	<p>There may be Interest in sexual partnership, which may re-ignite grooming behaviours</p> <p>Peer influence may be more important than parental one</p> <p>Parents may view independence as rebellion</p> <p>Social situation may influence clothing</p> <p>May adopt a 'look', influenced by peer group</p> <p>Attention to personal hygiene may become more important</p> <p>Parents may be asked about menstruation or how to shave</p> <p>There may be specific clothing chosen for dating or special occasions</p> <p>May continue to desire to look older than chronological years in order to access public house</p> <p>May engage in body modification</p>	<p>May have established own pattern of grooming</p> <p>May recognise influences on personal grooming</p> <p>May seek feedback on grooming</p> <p>May understand societal norms and values regarding grooming</p> <p>May groom for role</p> <p>May utilise grooming to enhance self-esteem</p> <p>May engage in allo-grooming</p> <p>Ideas on body modification may be more rigid</p> <p>May understand cultural differences of grooming</p> <p>May recognise the importance of grooming in sexual partnership</p> <p>If parent: may support personal grooming behaviours of children</p> <p>May be aware of the financial aspects of grooming</p>	<p>May be aware of the 'medicalisation' of grooming</p> <p>May have awareness of smell aspects, there may be an increased focus on grooming</p> <p>May have awareness of age-related aspects of grooming behaviours</p> <p>May view younger persons grooming behaviours with negativity</p> <p>A tension may exist between aging process on body and retention of 'younger self' image. There may be consideration of plastic surgery</p> <p>There may be awareness of bio-physical aspects that impact on pattern of grooming</p> <p>May see weight control as a 'battle'</p> <p>May be more involved in allo-grooming, especially for elderly relatives</p> <p>May choose home visit by hairdresser, etc.</p> <p>May be less concerned about societal influences on grooming</p>	<p>May spend more time on grooming</p> <p>May be aware of early influences on standards of hygiene/grooming</p> <p>May continue to view younger persons grooming behaviours with negativity</p> <p>May be more accepting of the ageing process on the body</p> <p>May maintain standard of grooming in order to attract</p> <p>There may be a notional belief that an age is reached where motivation to groom ceases</p> <p>May buy quality clothing rather than quantity</p> <p>May wear clothes for comfort and ease of care</p>	<p>Allo-grooming may be done by a relative</p> <p>May aim to get close to life image</p> <p>Deceased may have left instructions about what to wear</p>

timeline shows that individuals have personal knowledge and awareness, whilst 'James' mentioned that body size affected his PG. Charmaz (2014) suggests that a further aspect of theorising is that of seeing possibilities. To that end these dimensions of self have been brought together in Diagram 8.10. This diagram suggests what may be happening psychologically in the interactions with PG.

**Diagram 8.10 Aspects of 'The Self' and personal grooming**

*Components of the self that may interact with the way we undertake grooming; drawn from the data*



Further research is needed to determine if this diagram does represent aspects of the self and if other elements need to be added or detracted. However, understanding these components may help in assessing others. Depression, for example, may affect emotional state and motivation to undertake PG (Lafrance, 2007), whilst a stroke may affect the control and ability to groom (Ashurst, 2003).

**8.4 Reviewing the activities of personal grooming (drawn from the visual data)**

The visual data collected from the FGs was presented and discussed in Chapter 5 Visual Methodology. Additional data was collected in the one-to-one interviews. Data from the body shape obtained during the interviews were added to previously created tables. This data was to explore the

types of grooming activities as carried out by the age groups and gender and is simple presented as descriptive statistics (see Table 8.3) rather than looking for any significance, as the numbers were small.

**Table 8.3 Number of grooming activities by the differing groups (n = 26)**

*Separated by age and gender*

	<i>Child-related</i>  <i>(n = 6)</i>	<i>Females</i> <i>18-45</i> <i>(n = 2)</i>	<i>Males</i> <i>18-45</i> <i>(n = 4)</i>	<i>+ 46</i>  <i>(n = 2)</i>	<i>Older person</i>  <i>(n = 12)</i>	<b>TOTAL</b>  <i>(n=26)</i>	<i>Average number of activities for all groups</i>
<i>male</i>	40	32	40	22	44	<b>178</b>	178/26 = 6.8
<i>female</i>	68	48	40	32	50	<b>238</b>	238/26 = 9.2

A grooming activity may have been reported several times over e.g. every person recording shampooing. Hence it is only the difference in the numbers reported for each gender that has any meaning. It can be seen that there were more grooming activities identified for women than for men, with the exception of the male FG where the numbers were equal. From the table it can be seen that the average number of grooming activities identified for men 6.8, whilst for the women it is higher at 9.2. Specific details of the types of PG activities can be accessed on the accompanying CD.

### **8.5 Theorising on codes and categories**

Throughout the findings sections of the previous chapters' codes and categories have been identified. The number of codes for the FGs was 159; another 17 were added from the concept analysis. The number of codes for the one-to-one interviews was 1000+, as the coding ran to 73 pages of analysis. These were examined and the codes were assigned into major and sub-categories, as recommended by grounded theorists (Strauss & Corbin, 1998; Streubert Speziale & Carpenter,

2007; Charmaz, 2014). Ninety-three categories emerged; 29 of these were major categories, identified by recognising where a code was repeated. These were: hygiene, clothing, PG, language, allo-grooming, social learning, body, comparison, media, resources, motivation, communication, employment/work, gender, relationships, climate, privacy, image, control, social influence, attitudes, time, health/illness, emotional response, identity, ability, beliefs, environment, and routine. These are presented in Table 8.4.

**Table 8.4 Major Categories**

*Major categories (i.e. repeated codes), drawn from all the data*

<b>Major Category</b>		
<i>Hygiene</i>	<i>Language</i>	<i>Body</i>
<i>Clothing</i>	<i>Allo-grooming</i>	<i>Comparison</i>
<i>Personal grooming</i>	<i>Social learning</i>	<i>Media</i>
<i>Resources</i>	<i>Employment/Work</i>	<i>Climate</i>
<i>Motivation</i>	<i>Gender</i>	<i>Privacy</i>
<i>Communication</i>	<i>Relationships</i>	<i>Image</i>
<i>Control</i>	<i>Time</i>	<i>Identity</i>
<i>Social influence</i>	<i>Health/Illness</i>	<i>Ability</i>
<i>Attitudes</i>	<i>Emotional response</i>	<i>Beliefs</i>
<i>Environment</i>	<i>Routine</i>	

Having established the major categories it was possible to undertake ‘theoretical sorting’, which Charmaz (2014: 216) states is organising the data. She suggests that a researcher tries several different versions, which aids analysis and creates theoretical models that may lead to the core variable.

### 8.5.1 Seeking theoretical models from the data

Streubert Speziale and Carpenter's (2007) and Charmaz (2014) advocate hand-sorting the major categories in order to create a theoretical model. Consequently the major categories noted in Table 8.4 were written onto cards. They were arranged and re-arranged, looking for natural groupings. One grouping (version 1) was in four aspects: 1) with the focus on the body, 2) considering why we may undertake grooming, 3) the outcomes, and 4) what may mediate the action of grooming (Table 8.5).

**Table 8.5 Grouping the categories (version 1): the body, why we groom, outcomes and mediators**

*Aspects of the body, the reason why we may groom, a suggested outcome and what may mediate the way we groom*

The body	Why we groom	Outcomes of grooming	Mediators
Hygiene	Social learning	Emotional response	Climate
Personal grooming	Media	Identity	Attitude
Routine	Motivation	Comparison	Beliefs
Resources	Gender defining	Language	Environment
Time	Control	Allo-grooming	Privacy
Ability	Image		Health/Illness
Clothing	Social influences		
	Employment/Work		
	Relationships		
	Communication		

It can be seen that some of the reasons 'why we groom' may also become an 'outcome' too, i.e. they can have a 'circular effect'; these have been placed in the middle of the columns. This version, perhaps explains why we spend time investing in PG.

A second grouping (version 2) was thinking about the forces at work upon us. This resulted in sorting the categories into the psychological, the sociological, the intra-personal (which here is defined as established schemas, ability and possessions) and other factors that may affect how we groom (Table 8.6).

**Table 8.6 Grouping the categories (version 2): forces and factors**

*The driving forces and factors that may affect our grooming.*

Force	Factors
Psychological	Motivation, identity, attitudes, control, beliefs, emotional response, image, and privacy.
Sociological	Social influences, relationships, comparison, employment/work, communication, language, gender, social learning, media, allo-grooming
Intra-personal	Personal grooming, hygiene, ability, body, routine, clothing, resources, health/illness
Other forces	Climate, time, environment

This version attempts to demonstrate what drives us to undertake PG, noting that ‘other forces’ may mediate. This version helps in speculating what happens if there is an absent force to drive PG.

A third grouping (version 3) followed the Strauss and Corbin version of axial coding (Charmaz, 2014), i.e. identifying the dimensions of context, conditions, actions, interactions and outcomes. This version is displayed in Table 8.7.

**Table 8.7 Grouping the categories (version 3): following the dimensions of axial coding**

*The context, conditions, actions, interactions and outcomes of personal grooming*

Context	Conditions	Actions	Interactions	Outcomes
Body Clothing	Ability Privacy Time Climate Environment Resources Social learning Gender Health/illness	Hygiene Personal grooming Comparison Allo-grooming	Emotional responses Language Social influence Relationships Beliefs Attitudes Motivation Media	Routine Image Identity Employment/Work Communication Control

This version has a more linear feel to it, unlike the previous two versions. However, it also highlights the essential conditions required for PG to take place. All versions illustrate motivation to change the body’s natural state and the mediating elements.

### 8.5.2 Finding the central category or core variable

A final aspect of theory development is looking for the central category or core variable. The terms 'variable' (Streubert Speziale & Carpenter, 2007) 'category' (Strauss & Corbin, 1990), 'core' (Birks & Mills, 2011) and 'central' (Strauss & Corbin, 1990) seem to be used interchangeably. Strauss and Corbin's version of a central category gives more in-depth details than the other writers, which aids clarity and provides measurable criteria as to what it is (see Box 8.5). Strauss and Corbin (1990: 148) point out that it is important to look for the central category within the data, saying it is an abstraction that helps to explain 'what this study is about'. It takes all the analysis and condenses it into a short phrase. The criteria for the central category are identified as follows:

- 1) It must be central, with all major categories relating to it;
  - 2) It must appear frequently in the data.
  - 3) That it relates to the categories in a logical and consistent way.
  - 4) The name or phrase of the central category could be used to do further research, leading to developing a more general theory.
  - 5) The concept, when linked with other concepts, helps a theory to grow and explain.
  - 6) The concept explains main points in the data, as well as variations. Contradictory or alternative cases should be able to be discussed in terms of the central category.
- (Strauss & Corbin, 1990: 147)

Hence the central category of '*Personal grooming: influences on self-presentation*' encapsulates the research data in a succinct way and meets all the criteria noted above. The action of PG is present, the notion that we are influenced in that action is present, and that we undertake the action in order to exhibit ourselves to others is present.

### 8.6 Conclusion

This chapter reports and critically reviews the act of constant comparison the data collected during the study. It noted similarities and differences in the data, verified findings by cross-checking with previous data and engaged with the processes of induction, deduction and abductive thought. By using these cognitive aspects and applying GT analysis principles of coding, categorising,

diagramming, selective coding and axial coding several diagrams were presented as an outcome to the research.

In Section 8.3.1 the defining aspects of PG (body areas, the self, appearance management, social situations, hygiene, language descriptors and the spectrum of grooming) were mapped out. Aspects differ slightly from the definition offered in Chapter 6 but some elements remain constant. Selective coding and inductive reasoning assisted in reviewing and creating a representative diagram.

In Section 8.3.2 a revised Venn diagram helped to illustrate the dimensions of hygiene, appearance management, body modification and enhancement that may occur. This drew on inductive reasoning. The addition of a fourth circle, titled 'enhancement,' now allows the Venn diagram to capture all aspects of PG.,

Inductive reasoning was also used in Section 8.3.3, where issues around self-care and the skills we may acquire were arranged into an age-related hierarchy. The hierarchy needs further research to establish accuracy of age and PG skills and it would be interesting to explore if and how we may lose such skills, as in patients with dementia.

A spectrum of PG was created using deductive reasoning in Section 8.3.4. It used the language and descriptions of the participants, showing levels from the 'wild state' to that of 'over-groomed'.

Abductive thought was applied to an alternative spectrum, where the opposite ends are 'medical versus non-medical'. The findings of the spectrum may not be novel but they give an indication how individuals may view others. The medical versus non-medical may be a useful spectrum to explore further when it comes to considering an activity such as nail care. Whilst patients may undertake their own nail care, or let relatives attend to them, health care staff have to rely on manicurists or chiropodists.

In Section 8.3.5 further inductive thought identified those factors that may influence our choice of clothing on a day-to-day basis were highlighted, such as seasonal wear, gender-related items, and



clothing worn for comfort. This list of choices may not be exhaustive, nor are they placed in any order of importance. However the findings may have implications for service users.

Deduction aided Section 8.3.6, locating aspects of hygiene, which were recorded as: standards, activities, motivation, grooming and risk reduction featuring. The timings of activities of hygiene and appearance management showed that it may happen more than once in the day. The aspects, which were numbered, were not placed in any order of importance, which lends itself to further research.

In Section 8.3.7 the case was made for describing rather than theorising on who are involved in allo-grooming. People were identified and it was noted that the family is central to our initial experience of PG. The simple diagram perhaps illustrates a larger message though; that we are not used to strangers undertaking PG for us.

The chapter moved on to Section 8.3.8 where, using deductive thought on data and memos, the process of adoption of a dress code is outlined. The emerging flow-chart highlights the process in action. The monitors of dress codes are also identified, showing that policing of our PG occurs across the lifespan. This has relevance for those working in health and social care, where there is an emphasis placed on portraying a professional image.

Section 8.3.9 reports on how grooming activities change over the lifespan. A descriptive table, initially created in Chapter 4, was amended to add details of the 'third age' of life and post-death aspects. Whilst the table was drawn up to reflect particular age-groups, it is recognised that this may seem prescriptive or linear. It therefore uses tentative language to indicate that behaviours may happen earlier or later than the given age-range, or may not happen at all.

Selective coding and inductive reasoning considered the 'self' in Section 8.3.10. Aspects of the self were organised into 12 components: motivation and effort; control of the body; attitudes and beliefs; emotions; gender and sexuality; ability to self-care, self-manage and skills; perception of self; comparison to non-self; knowledge and awareness; personality; body size; and self-esteem. In

Chapter 6 the idea of a PG schema emerged. The aspects of 'self' adds to understanding of the cognitive map. However it does not highlight what components are more important than others, hence it might only be used as a baseline for further research.

Section 8.4 reviewed the data on PG activities (drawn from the visual methodology data collection) and gave statistics that suggested women may have more grooming activities than men. It added little to the findings in Chapter 4 but confirmed the beliefs held by some of the male participants. In the final section, Section 8.5, information on the number of the codes and categories generated by the data was given. Underpinning GT literature was cited in order to justify the activity of theory development. Three versions of configurations of the major categories were given. Version 1 considered issues related to the body, why we groom, the outcomes and the mediators. Version 2 contemplated the forces and factors affecting our grooming, whilst Version 3 took the axial coding approach, looking at the context, conditions, actions, interactions and outcomes of PG. Finally the central category of the study, that of PG and the influences of self-presentation, was identified.

The diagrams and tables created may, if further research is undertaken, help health and social care workers in assessing their patients and clients in regard to the daily activity of living. Overall though, the theoretical models help to confirm that PG is a complex process. The next chapter (Chapter 9) will discuss some of the diagrams and findings in more depth and in relation to health and social care.

## Chapter 9 Discussion

### 9.1. Introduction

At the start of this study I emphasised how crucial personal grooming is the individual. Over the course of the research I noticed that there was barely a week that went by before an aspect of care or an issue of PG got a mention in the media. Recently, in the *i* newspaper, for example, dated 24<sup>th</sup> August 2015, Birell (2015: 15) writes about staff in care homes reminding the readers that it is ‘a profession that demands great intimacy and great trust on a daily basis’ and yet “dreadful cases of mistreatment flare up with ... depressing regularity”. Later, in the same edition, an article by Taylor (2015: 35), a young journalist with cerebral palsy, writes of his care needs citing that he needs help to get dressed and toileted. He speaks of relying on care workers “with no standardised training”, of having to accept female carers when he would prefer male staff and how he has to fit into the care system provision rather than the routine he would like to have. He states “... I must ask myself, how much am I prepared to lose of myself to fit the system?” (pg. 36).

This chapter will critically evaluate the findings of this study against policies of care provision, present new knowledge and critically review significant health and social care documents. It will argue that having a clear definition of PG may raise the bar on care provision. The implications for health and social care practice will be proposed, suggesting attention to the vital activity needs addressing. Limitations of the study will be critically reflected on, and the quality of the data reviewed.

### 9.2 Defining personal grooming: helping practitioners to understand the concept.

Definitions of terms and concepts help to clarify something that may have an ambiguous meaning (Norwood, 2000). A definition can take two forms, the conceptual and the operational. A conceptual definition aims to inform, to illustrate an abstract concept and is theory-based. An operational definition is one that enables measurement when applied in a study. The *Essence of Care*

benchmarks (Gov. UK, 2010a) clearly give a conceptual definition of what personal hygiene is (see Chapter 1, pg. 2) in order for health and social care workers to personal care. The focus of care provision is directed towards hygiene practices of the hair, nails, mouth, ears, eyes, nose and skin. However references made to PG within the document are limited; attention to the length of hair and nails (Best Practice: Factor 2), provision of toiletries and clean clothing (Best Practice: Factor 4), and providing assistance in a private and dignified manner (Best Practice: Factors 3 & 5) are aspects identified (Gov. UK, 2010a).

The NMC's *Standards for re-registration nursing education* (2010: 74) do not give any definitions in respect to PG or hygiene but require that the structure, design and delivery of an approved programme equip nurses to meet "the essential and immediate needs of all people and the complex needs of people in their chosen field", one set of needs being "identity, appearance and self-worth". The standards do not give any more detail on this particular requirement, nor how it can be achieved.

The National Occupational Standards' document, for those working in the care sector, *Supporting individuals with their personal care needs* (NOS, 2012: 7) cites managing personal appearance as "may include dressing, care of clothing; care of hair, skin, teeth/dentures and nails; use of toiletries; use of assistive technology; use of prostheses and/or orthoses." This is not a definition but a list of tasks for the care worker to carry out. The various documents differ in their focus and it may help care workers to actually have a conceptual definition of PG, as one has not been located in the policies. The conceptual definition reached through rigorous scrutiny in this study (see Chapter 6, pg. 153) may make a difference:

*Personal grooming is an action that changes an individual's outward appearance to a state that is acceptable to self and/or others. It is complex in nature and is dependent on culture, climate and resources.*

This new definition acknowledges that there is a task to be executed and places the emphasis on individuality, whilst at the same time noting the importance of culture. The *Care Certificate Standard* (Skills for Care, 2015: 9) incorporates the notion of supporting and encouraging an “individuals’ own sense of identity.” Similarly the NMC’s pre-registration nursing standards (2010) promote person-centred care, support for people in their own care, and respect for diversity and individual preferences.

Within this study the participants, in defining PG, highlighted that individuals have a ‘spectrum of grooming’ on any given day and individual preferences may change (see Chapter 8, pg. 214). This innovative continuum assists in recognising levels of PG. A factsheet, *Dignity in Care: Personal hygiene*, produced by the Social Care Institute for Excellence [SCIE] (2010) acknowledges the changing spectrum of PG. It states that people should be: 1) supported to maintain their hygiene and appearance; 2) respected in their choice of dress and hairstyle; 3) that care workers should not make assumptions about appropriate standards of hygiene; and 4) take culture into account. This further reinforces other elements that the participants made reference to, i.e. the self, hygiene and appearance management (see Chapter 8, Diagram 8.1). Two documents identified areas of the body that should receive attention for hygiene: hair, nails, mouth, ears, nose, skin, teeth/dentures (Gov.UK, 2010a; NOS, 2012). However, this study adds to that list of sites, by including the underarm, legs and body hair, which should be given consideration.

It was also noted, when defining PG, that the participants recognised that we undertake PG in response to differing social situations (see Chapter 8, pg. 207). This is not new information but it makes explicit the social arena of PG. In the documents, such as *Essence of Care*, it highlights that a person may find themselves in a hospital, in a care home, or receiving care at home. These environments bring differing aspects to PG. The *Care Certificate Standard* (Skills for Care, 2015: 12), for example, remind care workers to “ensure any clothing or hospital gowns are positioned correctly”. In some settings it would seem that the morning washing is part of the institution’s

routine (Orme, 2002; Lancioni *et al.*, 2009). Jones (1995) calls such care ritualistic, as it does not reflect the wishes or routines of the individual, who may not want to be attended to at that time of the day. This study shows that the day may be punctuated by small social situations or events that may require further attention to PG (see Chapter 8, Table 8.1 pg. 219), such as getting up, eating with others, socialising (and for those in care settings this may be at visiting time) and returning to bed.

Getting to know the individuals' routines requires effective and sensitive communication and the participants, when defining PG, gave instances of specific language that might be used. Module 6 in the Skills for Care education programme (Skills for Care, 2009b) cites that effective communication is *with* the person, by asking the individual how they are feeling, what they want, and how they want to plan for it. It notes that communication is *not* what might be written on a care plan. However, care staff rely heavily on care plans to guide them.

Having an awareness of the cultural aspects of communication is also recommended in the programme. Module 6 cites a single example, stating that in the Thai culture, "the head is considered holy, and therefore should not be touched by others" (Skills for Care, 2009b, Module 6, pg. 10). However other cultures, for example Hinduism (Nayar, 2005), Sikhs, Muslims and Jews (Sugirtharajah, 1994) have varying values and beliefs regarding the body and grooming behaviours, which may not come to a health and social care workers' attention without educational programmes.

Subsequently it is not enough to just consider hygiene practices and take a one-size-fits-all approach. As the definition and the participant's responses show, there are other elements (see Chapter 8, Diagram 8.1) such as language, standards, and routines that constitute PG. Care workers have to be cognisant of them, through a planned, educational programme, if they are to provide effective care. The next section, and sub-sections, of this chapter will discuss a range of activities of personal grooming.

### **9.3 Activities of personal grooming: not just getting washed and dressed.**

This section will be separated into sub-sections in order to aid discussions on the emergent findings noted in the Chapter 8: the four elements of personal grooming; the spectrum of personal grooming; the ability to self-groom; allo-grooming and dependency; choosing clothing; product use and the lifespan; attitudes towards ageing; retirement and personal grooming; routines and looking after the self.

#### **9.3.1 The four elements of personal grooming**

This study noted that personal grooming *per se* may consist of four elements: 1) hygiene, 2) appearance management, 3) body modification and 4) enhancement. This new perspective was represented, through the use of a Venn diagram (see Chapter 8, Diagram 8.2, pg. 211) in order to show the relationship and yet each element could stand alone. That is, we can carry out hygiene practices but not engage in personal grooming or *vice versa*; we can undertake body modification as part of our personal grooming, such as having a pierced ear, or not; and we can choose to enhance our personal grooming through the wearing of a watch, jewellery or make up.

Writers have previously investigated these as separate entities. Smith (2007), for example, in her book titled *Clean: a history of personal hygiene and purity* gives a full account of washing and bathing practices through the centuries. Twigg (2000) similarly gives in-depth attention to bathing in her book *Bathing – the Body and Community Care*, to comment on its importance when giving care to another. Specific aspects of hygiene, such as hand-washing and body care, have been researched (Ashurst, 2003; Lomburg *et al.* 2004; Scarborough, 2002).

Body modification research also abound, with topics such as ‘body art’ [tattoos and piercings] (Jones & Hobbs; 2015; Riley & Cahill; 2005; Young, Armstrong, Roberts, Mello, & Angel; 2010), altering body size (Grogan, 2006; Thoma *et al.*, 2012) and colouring, e.g. tanning (Hillhouse, Turrisi, Holwiski & McVeigh, 1999; Prior, Fenwick & Peterson, 2014), all receiving individual attention.

The area of enhancement, such as the use of jewellery as an adornment, has likewise been isolated for research (Bloch, 1993; Ward, 2007). Studies that incorporate the over-arching concept of personal grooming break it up in variety of ways. Johnson (2004: 598), for example, when commenting on giving personal care (rather than the concept of personal grooming), broke it down into a series of five tasks: “The tasks involved in personal care will include washing, bathing, choosing clothes, dressing and grooming.” Meanwhile DeKeyser, Wruble and Margalith (2003: 290) speak of three elements: “appearance, dress and grooming”. Twigg (2013) divides it into two components, that of clothing and dress (the latter being her term for appearance management). Hence the Venn diagram, with its four elements, provides a novel approach to looking at the activities of personal grooming, offering new knowledge on the topic of PG.

I used the Venn diagram PG elements to critically examine key care documents. The *Essence of Care* document (Gov.UK , 2010a) concentrates on the element of hygiene, whilst the Skills for Care modules (Skills for Care, 2009a-e) manage to integrate both hygiene and some aspects of appearance management, such as dress, skin care and removing facial or head hair. The NMC’s Essential Skills Cluster [ESC](NMC, 2010) contained within the *Standards for re-registration nursing education* does not mention any element of PG in relation to patients or clients, although hygiene receives a reference as part of a student nurse’s theoretical basic science content. Instead the ESC’s focus is on the nurse and their professional image, with ESC#24 highlighting the hygiene of the nurse, the uniform, and body modification such as piercings. It refers student nurses to read local and national guidelines on uniform.

The Royal College of Nursing [RCN] produces such guidelines and within the latest document, *Wipe it out* (RCN, 2013) information is given about hand and clothing hygiene, hair and aspects of enhancement, such as the wearing of jewellery. It is not clear whether its mention of “jewellery/other items” (pg. 10) refers to piercings. If it does then the document covers all the elements of PG, as identified in the Venn diagram. This demonstrates that using four elements of PG



has merit when examining documents, to see if all aspects have received attention. The 'four elements of PG' is now applied knowledge, showing the ability to use it as a model for critiquing of health and social care literature.

### **9.3.2 The spectrum of personal grooming: understanding neglect**

The concept of a 'spectrum of PG' emerged from the data. It was noted that grooming activities progress the individual from the wild, or natural, state to one that is appropriate to the social situation (see Chapter 8, Diagram 8.4). There was an understanding by the participants that the natural state, such as nakedness, is not acceptable. This perhaps resonates with the ideas of Cover (2003: 55) who states:

Nakedness across a vast array of representations in the history of western culture has been inseparable from sex and sexuality, and has hence been located adjacent to the indecent, the obscene and the immoral.

The participants all spoke of being clothed, even if they chose to wear night clothing during the course of the day. Service users may not have the option to get out of nightwear in the day time hours. Through the participants' language it was possible to create a spectrum that indicated various levels of grooming. It was noted that at one end of the spectrum grooming activities may not occur, that the person is in an un-groomed state, giving rise to the idea of neglect.

Lauder (1999:58) comments that the notion of "self-neglect" is a concept, developed in Europe by the medical profession, in order study and measure it. He points out that language, as is the case in this study, helps to give meaning to what is happening to the body. However, Lauder asserts that much of the language has emanated from the medical discourse, as a result of the professional gaze. Here he states "hygiene and cleanliness are, in the context of a self-neglect syndrome, are no longer a matter of personal preferences and values but are symptomatic of a disorder" (Lauder, 1999: 60).

As a result nurses, whose knowledge is historically based on the medical model and subsequent nursing models of care, may consider that a person has a self-care deficit if an individual's PG does not seem to follow the clean and hygienic image. Long, Richie, Dolley and Collings (2012) for

example, highlights people with mental health problems may neglect their body and PG. The homeless may not have access to adequate resources (NHS England, 2014). The photographs of the clothing of Baby P indicated he had been a child who wore dirty and blood-stained items. The clothing was used as a measure of neglect and abuse by his carers [his mother and her boyfriend] (Campbell, Jones & Brindle, 2008). Yet, a British study in 2007 recorded that health visitors do not regard clothing as an important indicator of neglect (Lewin & Herron, 2007), dirty clothing might be a by-product of poverty (n.a., 2015). A news item in the British Journal of School Nursing stated that schools frequently have to supply clean underwear and shower facilities to children from deprived areas (n.a., 2015). However if PG aspects have been ignored i.e. the presence of: “dirty body, nails and clothes, matted or thin hair, body odour, dental caries and chronic infestation (head lice)” (Lewin & Herron, 2007: 97) then that may point to child neglect.

The NMC’s *Standards for re-registration nursing education* (2010: 98) state that nurses should be able to recognise when a person’s “physical or psychological condition is deteriorating.” Module 7 in the Skills for Care programme (2009c) – ‘*Setting goals and overcoming challenges of self-care*’ – suggest that individuals may lose confidence when they are ill or disabled and if the body undergoes physical change the “the person looking at us in the mirror may have changed” (pg. 16). Hence a person who seems to show no interest or refuses to address aspects of PG may actually have lost their confidence (Skills for Care, 2009c), although this aspect was not apparent in my study. Skills for Care (2009b) suggest that using the Ideas, Concerns and Expectations communication tool may help to restore lost confidence. Care workers, consequently, could discuss ideas about the conditions that may be affecting PG, discuss the concerns of managing and coping, and discuss the expectations of what the person would like to do to effect better self-care (Skills for Care, 2009b).

Long *et al.* (2012) goes further and suggests that some individuals may benefit from a treatment intervention that targets issues on: body image, body health, body-orientated complementary health, and sessions on presentation of self. However Long *et al.*’s programme has been targeted at

women with long-term mental health problems and whilst the programme identified short-term benefits for the patients it has yet to be evaluated for potential long-term benefits. The study, which was a small scale [n=19], 3-way treatment group intervention, does not consider if it would be appropriate for men. Nor does it mention how the study was funded or what the treatment intervention costs per person.

When understanding neglect and the degree of PG, many factors have to be assessed. The 'spectrum of grooming' which emerged in this study, can help to drive awareness of neglect and its ensuing problems. The participants also recognised that resources, such as having facilities and hot water, are a crucial requirement in preventing neglect.

### **9.3.3 The ability to self-groom: developmental aspects**

One resource that was identified by the participants was a personal one, being able to self-groom. Whilst the ages of acquiring particular skills were imprecise, given that the data was of a secondary nature, i.e. parental observations and the participants' memories, it did identify some of the abilities needed to self-groom.

In the early years it was noted that a child may be engaging with their clothing. This corresponds with the work of Lindon (1993), who suggests that two-year-old children may be able to manage putting on hats and shoes and that pants or trousers may be pulled down but a carer may have to pull them back up again. She goes on to say that by the age of three or four further skills of dressing may be acquired and they are able to do some simple hygiene practices such as washing and grooming of brushing the hair. The latter skills correspond with the findings in my study (see Chapter 8, Diagram 8.3). Scarborough (2002) similarly states that by the time a child goes to primary school then they are able to wash their hands providing the water is warm enough.

Dowling (2005: 42) notes, that from babyhood onwards, the individual is "capable of deciding what is best for them". However the parents in this study recounted stories of their children aged

between 3 and 5 as being active in choosing clothing. The child may need an understanding of the notion of gender when it comes to choice. It is proposed that this occurs from around the age of 2 (Halim *et al.*, 2014) and an understanding of gender stability (i.e. that we don't change from one gender to another) is usually present from 3 years onwards. It is thought that girls' notion of gender occurs before that of boys (Halim *et al.*, 2014).

By the ages of five or six children may follow PG ideas promoted by their gender and, for example, boys may need to observe a man or older boy in a particular skill, such as shaving. Hart, Damiano, Chittleborough, Paxton and Jorm (2014) note that children between the ages of 3 and 5 acquire an understanding of body image and body size stereotypes (fat or thin), and the emergence of body dissatisfaction may also start to occur at this time. Whilst the parents of children in this age group did not comment on such aspects, they did talk about their children comparing themselves with others, engaging with gender-specific activities and that one child used the word 'beautiful' about himself.

Some participants recalled their ability, as a teenager, to undertake laundry skills. Specific studies on the usual age for acquiring laundry skills, as part of PG, are difficult to locate. Taylor, Collins, Schuster and Kleinert (2002) report on teaching 4 American high school students with learning disabilities such skills. The ages ranged from 16 to 20 and this appears to be older than the earlier teenage years mentioned by the participants. Another study, undertaken with a similar client group and aged 17-29, used video clips to enable the individuals to acquire laundry skills and other activities associated with independent living (Horn *et al.*, 2008). These studies cannot be compared to the findings of this research as they are both American in origin, so the culture of acquiring skills may be different. In addition the participants have learning difficulties, where skills acquisition may be delayed.

Three of the participants in this study spoke of additional skills of being able to cut and style hair or being able to make their own clothing. The literature suggests that it is more usual for individuals to use the services of a hairdresser (Cohen-Mansfield & Jensen, 2007; Ward & Holland, 2010) than to

cut one's own hair. Studies on making one's own clothing have not been located, although a participant in Ward and Holland's (2011) study on ageing reported that she designed her own clothing. The ability to self-groom appears to be a developmental process, one that normally leads to independence. Not acquiring basic skills may be due to developmental issues in childhood or the skills may be lost due to illness and disease. It is that point in life that we may become dependent on other to undertake allo-grooming.

#### **9.3.4 Allo-grooming and dependency**

It was noted, by the participants, that allo-grooming was undertaken in the early years by family members, later a partner, and perhaps professionals, such as hairdressers or chiropodists. Some of the interviewees expressed concern about how the ageing process may bring about an increasing dependency and a reliance on another (see Chapter 7, p. 105). This emotional response is one recognised by Conder and Mirfin-Veitch (2008); they state that women may recall an emotional attachment to their mothers, who was an initiator of PG. Men, they suggested, regarded allo-grooming as functional i.e. an ill person in hospital may see allo-grooming as a necessary step to recovery, whilst at the same time finding it difficult to accept help from a stranger.

Condor and Mirfin-Veitch (2008: 21) state that when giving care: "There were times when it was provided with sensitivity, while on other occasions it was rushed, showed little regard for their privacy, and generally made them feel a nuisance." The NMC's *Standards for re-registration nursing education* (2010) recognises the need to maintain an individual's dignity. The Social Care Institute of Excellence (2010b) has produced a factsheet entitled *Privacy in Practice* where it highlights that privacy and dignity should be taught to all staff at induction. It makes practical suggestions in regards to respecting privacy, such as provision of single-sex bathrooms and toilets, and 'Do Not Disturb' signs if personal or sexual relationships may be occurring within the environment. However the provision of signs will be useless unless staff have the right attitudes towards promoting privacy. This will only happen if values-based staff recruitment takes place, which has implications for health and social care educators.

The Skills for Care modules take a person-centred approach to allo-grooming, encouraging clients and patients to maintain independence where possible. Module 7 (Skills for Care, 2009c) states it is important to know people's routines, and focuses on ability and encouraging individuals to be in charge. In the Condor and Mirfin-Veitch (2008) study for example, a patient discharged home but still in need of care, purchased some large towels in order to cover her body from the gaze of the attending carer. Their study recognised the need for good communication. When allo-grooming a patient or client it is important to be engaged with them, remembering that there may be a sense of embarrassment occurring for both parties, as identified by some of the participants when recalling allo-grooming that they had given to an aged parent. Condor and Mirfin-Veitch's (2008) study, undertaken in New Zealand, note that patients in hospital were touched less than those in home care and that more complaints were made about home carers than hospital staff. There is no explanation as why this might be. As figures were not given for either aspect it should not be seen as a 'cause and effect' nor should it be generalised to the situation in the United Kingdom. However the literature seems to suggest that the participants were right in voicing their concerns about dependency.

The term 'allo-grooming' is one that is new to the field of health and social care and this study offers insight into the concept and who is usually involved. The idea of 'strangers' i.e. health care workers, undertaking allo-grooming appears to be a daunting prospect to potential service users.

### **9.3.5 Choosing clothing**

This study recorded that individuals make daily choices over the clothing that they wear, based on one or more factors (see Chapter 8, Diagram 8.5). For example, the participants suggested the weather may influence them or the day's social event. Those in care settings may have less choice over their dress for the day. In hospitals, for example, the dress code for patients is nightwear or light gowns. Cohen-Mansfield and Jensen (2007), in their study on dressing and grooming in a care home setting, state that the majority of their older participants preferred to get dressed on rising,

whilst a second group preferred to dress after a shower, a third group got dressed after eating breakfast. Most got dressed in the bedroom, whilst some dressed in the bathroom. The women preferred more privacy and access to a mirror than the men in the study.

Both men and women, in Cohen-Mansfield and Jensen's study, opted for 'casual' clothing, although more women wanted 'dressy casual'. The men and women were not bothered if the clothing was ironed or not. There may be cultural differences in the findings to those of this study, as the Cohen-Mansfield and Jensen study was based in Maryland, USA. However many aspects that they noted were similar to the responses by the older persons in this research: sometimes staying 'not dressed', requiring access to a mirror, and the wearing of easy-to-care-for clothing.

For some service users there may not be a choice about what is being worn for the day, especially where clinical procedures are happening. Subsequently care workers should be aware of the impact this may have on individuals. The *Compassion in Practice: two years on* document (NHS England, 2014) cites an example of good care occurring:

One nurse helped an anxious patient prepare for a colonoscopy by helping with her feelings of vulnerability about the gown and underwear she was given. By talking to her at eye level, introducing herself and then helping the patient feel securely covered up, she helped the patient feel prepared. (pg. 24)

Residents in care homes, or those clients being cared for at home, may want a change of clothing style, depending on the activity or the weather. Module 7 in the Skills for Care programme reminds practitioners to encourage clients to dress independently, if possible, and promote social goals that will aid emotional health and a sense of well-being. The participants in this study recognised the link between PG and emotional health

### **9.3.6 Changing habits over the life span: product use**

This study has highlighted that behaviours towards PG develop and then subtly change over the course of the lifespan. It presented the data in a fresh way, using age-related criteria. As children we develop skills to self-groom; as teenagers we learn that PG can be used to express our allegiance to our peers or to mark us as out as individuals; as adults we recognise that we have to adapt to

differing social settings and by the time we get older we may be more relaxed and adaptable to the physiological changes that the body brings (see Chapter 8, Table 8.2). This study showed that, in respect to grooming activities, men used less products (an average of 6.8) and engaged in less activity, than women (an average of 9.2). This finding, albeit from a small sample, is a similar outcome to studies cited by Fisheux, Wesolek, Chevillotte and Roudot. (2015). They state that in an USA study the findings of product use were 6 for men and 12 for women, whilst a Dutch study recorded 7 products for males and 17 for females. Their own study, carried out in France with a sample size of 7131, reports, that for males the use was 8 products, whilst for non-pregnant women the result was 16 products.

Fisheux *et al.* (2015) also gathered data on children, with 5 products being cited for boys, 7 for girls, and 6 for babies under the age of 3 years. This study shows that the six participants identified 40 products collectively for boys, giving an average of 6.6, whilst for the girls a total of 68 items were cited, resulting in an average of 11 products (see Chapter 8, Table 8.3). The only activity mentioned in this study, in regard to a baby, was that of massage.

At the other end of the age span, the older persons talked about skin care as part of maintaining health. Nazarko (2007) states ageing bring new challenges to the body and skin. Skin is the largest organ in the body and is one marker where ageing is noticeable. Because the epidermis thins as we get older it is more likely to get damaged. Skin changes, such as dryness, happen during the menopause for women and so the need for moisturisers and protection are often needed earlier than their male counterparts. For men, the dryness may only start when they are in their 80s (Nazarko, 2007). To compensate it is advised that “day-to-day care can reduce the risks of skin damage and infection” Nazarko (2007: 162).

Some of the interviewees commented that they reduced the risk of sun damage by using a protective sun screen, whilst others used moisturisers, showing that they have an awareness of this physical manifestation of the ageing process. There may be times, as the participants noted, that lotions and tools are needed as part of PG. Modules 9 and 10 in the Skills for Care programme flag



up to care workers the need to assess such items for hazards. For example, razors, hair trimmers and skin lotions may cause a problem for a service user with a disability or an allergy. There are a range of daily living aids available that help promote independence such as brushes, bath and shower-related items, and button or zip fasteners (Skills for Care, 2009e).

The findings bring attention to age and PG activities. The timeline suggests we are engaged with PG from an early age. The participants and the literature also suggest that caring for another is not simply a case of providing soap and water; this has implications for practice. Access to products is important in our society, either for a temporary stay in hospital or for long-term residential care.

### **9.3.7 Retirement and personal grooming**

It emerged in this study that some of the older participants expressed a sense of anxiety about the impact of ageing (See Chapter 7, pg. 196); whether that has been a life-long anxiety was not explored. Anxiety about ageing is not a new discovery but this study offers a unique view of aspects of PG, retirement and ageing. Issues that may impact negatively on retirement are ill-health, a loss of financial status, care responsibilities and whether the decision to retire lay with the individual or with the organisation and/or a policy (Kloep & Hendry, 2006).

Those that view retirement positively usually have a range of leisure activities and travel plans. Continuing in post-retirement employment also is regarded in a positive way (Kloep & Hendry, 2006). The interviewees in this study gave the impression that they had accepted the effect of the ageing process on their bodies and had adjusted to the retirement stage of life. Many spoke of leisure activities that they engaged in such as golf, bowls and gardening. Among the aspects of retirement that Kloep and Hendry (2006) surveyed they came across a woman that showed a sense of self-agency in respect to PG. At the age of 94 she took pride in ensuring her clothes were clean, and be “decently dressed and to keep myself beautiful” (Kloep & Hendry, 2006: 588). The study by Cohen-Mansfield and Jensen (2007) found that some American, married women were more likely to have dressier clothing than their single counterparts. However the single women in their study were more likely to have their nails attended to by others, carry money on them, along with keys and a

handkerchief. This suggests that the American, married women had a sense of dependence on their husband to carry such items for them (Cohen-Mansfield & Jensen, 2007). Certainly, the married women in this study reported that they still attended social events with their husbands and indicated that they enjoyed getting dressed up for such occasions. Many participants, both men and women, spoke of the effort involved, in respect to PG. Wax (1965: 593), when discussing women and their grooming, points out that giving attention to grooming requires patience, skill, and an eagerness. This, coupled with a self-disciplined attitude towards the body, a woman's appearance could be "aesthetically interesting and sexually exciting". One woman in this study wondered if she would reach a future point where her interest in grooming would wane. This 'potential decline' similarly featured in a conversation with a man. However, it was the men who discussed that undertaking grooming was still done for attraction purposes. Healthy ageing is an imperative in today's ageing society (Ward & Holland, 2011) and this major topic will be explored further in the post-doctoral phase.

### **9.3.8 Routines and looking after the self**

It emerged in the research that individuals engaged with hygiene and PG at particular times of the day and that these were what helped to define the sense of self (see Chapter 8, Diagram 8.10). This may not match up with institutionalised care routines. The interviewees were all able to cite their daily routine of hygiene and PG and instances when they may deviate from it. Kloep and Hendry (2006: 259) note that people heading towards retirement is a time of uncertainty, commenting: "Older adults, experiencing transitions towards retirement, with accompanying possibilities of opportunity and restriction, are no more immune from these uncertainties than adolescents moving from childhood towards adulthood." In respect to PG the retired participants commented that they spent more time on their PG than when they were working. The behaviours that they adopted at this time may have a bearing on their long-term health.

Cohen-Mansfield and Jensen (2007: 32) note the importance of routine by stating “Continuing with routines learned through long-term practice can help prevent premature decline in normal aging.(sic)” They audited 58 older people living in the community, and whilst it is a small-scale study, it nevertheless offers insight into PG routines. Cohen-Mansfield and Jensen (2007) found that 58% of older men got dressed after rising, rather than after a bath or shower (19%). For the older women fewer got dressed after rising (38%), with more preferring to dress after a shower (25%). There were more women than men who didn’t get dressed until after their breakfast (22% versus 11%). This resonates with the conversation with one female participant, who did her housework in her dressing gown.

Adornments in the Cohen-Mansfield and Jensen American-based audit (2007), such as jewellery, were more worn by women, than men. Swann (2008) suggests, that for many older people, items of jewellery may have sentimental value and so care staff should be aware of security issues. Cohen-Mansfield and Jensen (2007) reported that visits to the hairdressers were, unsurprisingly, more frequent in the women. For the men, 8% went every other week and 73% once a month. None of the men in the study went to the barbers weekly (Cohen-Mansfield & Jensen, 2007). Some older persons never went to the barbers or hairdressers; the audit doesn’t say whether they were perhaps lacking in hair or if they got someone other than a professional to attend to them.

Some of the men in this study reported that they liked to have their hair cut ‘on a regular basis’ but did not specify how frequently that was. The women did not report on a regular routine for hair care. Given that women wear their hair at differing lengths i.e. it is at times allowed to grow, may account for this finding.

Cohen-Mansfield and Jensen’s audit (2007) showed that some 75% of men shaved every day, with most of them performing a shave in the morning, whilst 10% did it in the evening. The women were not asked about their depilation routines. The people, in the Cohen-Mansfield and Jensen audit, were mostly self-caring in respect to nail care, both on fingers and on toes, although 16% of both

genders had them medically attended to and 16% of women went to a salon. The men in this study spoke of growing beards as either a way of not having to groom for work or because of not having the motivation to shave. The women, whilst not explicit about their depilation practices, nevertheless provided examples of attention to the bikini line, underarm and leg body hair. Similarly, nail care was mentioned by both genders.

One of the least important aspects to this age group, according to Cohen-Mansfield and Jensen (2007), was the need for ironed clothing. Grooming, they state, was found to be more important than dress for men, whilst the opposite was true for women. This partly resonates with this study's findings, where mention of having clothes for ease of care emerged. It was also noted that clothes buying was an activity of both genders, with an emphasis on comfort and quality, rather than quantity.

Understanding the PG routines of individuals can enhance the overall care experience provided by health and social care workers. The *Compassion in Practice – Two years on* document (NHS England, 2014) cites Action 1 as that of wanting to help people to stay independent, maximising well-being and improving health outcomes, whilst Action 3 aims to use patient's, client's and relative's narratives to inform care. How someone presents themselves and dresses should be part of that dialogue if high-quality care is to be delivered. This study shows that there were many aspects of the self (motivation and effort, control of the body, attitudes and beliefs, emotions, gender and sexuality, ability to self-care, perception of self, comparison to others, knowledge and awareness, personality, body size and self-esteem) that impact on individuals and exploring these areas may help health and social care workers to explore the process of self-presentation and the routines adopted to achieve the desired appearance.

In summary, the sections above sought to present new knowledge drawn from the data. They also compared the findings of the study with some of the literature originally accessed in Chapters 1 and 2 and more recent, relevant sources, especially those documents related to health and social care

provision. The new knowledge from the data is: 1) the definition of PG; 2) the 'four elements of PG; 3) the 'spectrum of grooming'; and 4) the use of 'allo-grooming' in a health and social care setting. The provision of a definition of PG may strengthen policy documents. The four elements of PG may ensure all aspects of PG are given consideration when caring for another. The 'spectrum of grooming' model may be a valuable asset when added to the body of knowledge on neglect. There may be times when self-care skills cannot be utilised and at that point allo-grooming occurs, with its attendant feelings of dependency. Each of these may make a significant contribution when giving care to others.

#### **9.4 Implications for practice**

To consider the significance that this study makes to the understanding of PG is one that calls for critical evaluation of its relevance to practice. During the course of the study some anecdotal evidence told of neglect or an homogenised approach to PG, such as a care home environment where all the female residents had nail varnish applied (irrespective of the capacity to consent), and the varnish was the same shade for everyone. This seems to indicate that education about the rights of the individual might have been lacking or ignored. Consequently a sub-section will be dedicated to health and social care education, which will be critically discussed.

A failure to self-groom may point to ill-health. A second sub-section will highlight the link between PG and how it may play a role in diagnosis. It will consider illnesses that affect PG and suggest that an assessment tool for PG is required.

A third sub-section will return to the issue first remarked upon in Chapter 1, i.e. PG and the nurse. This will provide critical commentary on the importance of PG when presenting a professional image to service users.

##### **9.4.1 Personal grooming in health and social care education**

Over the years attention to PG has been highlighted as a remit for nurses and healthcare assistants [HCAs]; most of these papers have been directed to residents of nursing or care homes (Ashurst ,

2003; Cohen-Mansfield & Jensen, 2007; Quinn, 1999; Swann, 2006a). One of the many recommendations is that of having a caring element in the educational programmes for healthcare workers. Through examining the various health and social care policies above the question arises as to which health or social care workers should be targeted for such education?

It seems apparent that the nurse of today is being educated to be both highly technical and yet expected to be engaged in close care work. Whilst the NMC's Essential Skills Cluster, within the *Standards for pre-registration nurse education* (NMC, 2010), promotes person-centred care, it is unspecific as to its direction. The latest version of the NMC's code of conduct, *The Code*, (NMC, 2015) also alludes to close care work. For example it states in standard 1: "Treat people as individuals and uphold their dignity", with sub-section 1.2 stating "make sure you deliver the fundamentals of care effectively", whilst 1.3 reminds nurses to "avoid making assumptions and recognise diversity and individual choice" (pg. 3). Later *The Code* speaks of respecting and recognising how people can contribute to their health and wellbeing, by encouraging and sharing decision-making (pg. 4). Fundamental to both these standards is communication.

The report *Compassion in care - Two years on* (NHS England, 2014: 38) reminds practitioners that for care to be effective: "We need to build our knowledge and understanding of each other ...different ... groups, understanding language, culture and style..." Whilst this quote was aimed at black and ethnic minorities, it can hold true for any culture perceived to be different from that of the practitioner. If nurses do not have a conversation about PG with those in their care then the issues of PG in its entirety i.e. hygiene, appearance management, body modification and enhancement will not be addressed satisfactorily.

The *Essence of Care* document (DoH, 2010), which promotes attention to hygiene matters, such as some body areas that need care, toiletries and assistance (where needed), is aimed at senior managers of health and social care organisations to highlight best practice. Yet these benchmarks are not made explicit within the pre-registration nursing standards. Here then, there is a potential for a theory-practice gap to occur. It may be argued that HCAs are responsible for administrating

elements of the *Essence of Care* standards. However the Royal College of Nursing's [RCN] website (2015) points out that HCAs are part of the nursing team and that on-the-job training is environment-specific, demonstrated that there was not a universal training programme for HCAs, a fact noted by Webb (2011).

However since April 2015 new HCAs in the National Health Service [NHS] will undergo education to obtain a Care Standard Certificate (NHS Employers, 2015). Those employed before this date, or work outside the NHS may not benefit from this initiative. However scrutiny of the Care Standards shows that PG receives scant attention. Therefore it cannot be guaranteed that HCAs will recognise that attending to a patient or a client's PG might be part of their role. Indeed, Webb (2011) notes that sometimes trained nurses are unclear as to what tasks a HCA may carry out. A literature search carried out by Webb showed that HCAs may be involved in bodily care such as bed bathing, mouth care, eye care but aspects of PG are not mentioned.

Those undertaking a health and social care National Vocational Qualification [NVQ], which is competency-based, may have more awareness. The health and social care City & Guild [C&G] levels 2 (2015) and 3 (2014) recognise the importance of personal hygiene in their study units. They highlight individuality, factors that contribute to good personal hygiene (where washing, showering, washing the hair, clean clothing, attention to nails and washing the hands after toileting get mentioned), culture, religion, faith, beliefs, financial issues, abuse (it is not specified what type of abuse this refers to), and health issues. The units recognise that communication with patients or clients requires a sensitive manner when attending to personal hygiene and that it is important not to impose your own values on the tasks.

Workers in social care have may have clearer guidance, for along with the C&G units there is also the Social Care Institute of Excellence *Dignity in Care* document (SCIE, 2010a), which specifically mention aspects of PG. Similarly the Skills for Care modules (Skills for Care, 2009a-e) cover the topic.

Consequently, it may be supposed that home care may be better served. However, as the opening narratives in this chapter shows, this is not the case. What seems to be missing is ensuring that care

workers are actually educated in the care they deliver, with an emphasis on individuality, rather than institutional regimes.

Educational programmes have to reflect the rising ageing population (Donovan, 2015). With statistics cited as '1 in 4 people in England will be over the age of 65 by the year 2035' (NICE, 2015) it is right to start planning for education and services now. For example, the SCIE *Dignity in Care* document (2010a) make reference to a scheme called 'Sole Mates', which is a foot care service for over- 50s who need unable to carry it out for themselves. Given that obesity is also rising in the population, this might be a service required by younger persons too.

The findings of this study underscore the need for attention to PG, in order to maintain the identity of the person. An understanding of social learning and patterning of PG, identified in this study, may help to promote good personal standards over the lifespan. Fears of dependency accentuate the requirement for sensitive, caring staff that have empathy and skills able to address the individual needs of the service user.

#### **9.4.2 Aspects of grooming: diagnostic tool, assessment and illness**

The very act of undertaking grooming activities can also help when it comes to diagnosing health issues. Many participants recognised that their standard of PG declined when they were feeling ill. It was also recognised that it took a physical ability and effort to undertake grooming. McIntosh, Brodie, Beschin, and Robertson (2000) used aspects of grooming as a diagnostic test to check brain function. It had previously been noted by Beschin and Robertson that an individual may neglect to groom one side of the body after experiencing a brain injury event. Baas *et al.* (2011) describe this as 'personal neglect', a term they use to describe a unilateral phenomenon, rather than that of an overall reduction in PG. McIntosh *et. al* (2000) used a 'comb and razor' test to check for personal neglect, where the patient had to comb his or her hair during a thirty-second observation period. Whilst it may act as a diagnostic tool, being unable to undertake PG may be a consequence of disease.



Quinn, Johnson, Andress, McGinnis, and Ramesh (1999) record that in those older persons that require assistance, such as residents in a nursing home, the most frequent Activities of Daily Living (ADLs) were bathing (69%), personal hygiene (51%) and dressing (40%). An additional aspect noted in their study was that bladder incontinence was an issue for 37% of the residents and that 19% needed assistance for toileting. It is understandable that the fears of becoming a 'smelly, old woman (or man)' are realistic, as raised by several of the participants in this study. Schartau, Tolson and Fleming (2003) discuss issues for women suffering from Parkinson's disease; Swann (2006b) highlights the needs of a patient who has had a stroke; Costello and Nelson (2004) discuss how the effect of chemotherapy may impact on those with cancer; the list of conditions where the ability to self-groom is affected goes on. People with Alzheimer's, people with depression or a debilitating disease such as heart failure, where the person may be too fatigued to self-care (Sobczak, 2003) may all need assistance and/or rehabilitation services to help in their PG. Awareness and knowledge of PG is applicable to all age groups, and in all environments. Pires and Miguel (2012), for example, suggest that clothing can be used to enhance the experience of PG in children who may have global development delay. Lindon (1993) pointed out that children who have a need for spectacles or a hearing aid or those who lack physical skills to carry out normal activities of daily living may be vulnerable to comments about differences to fully abled children. She comments that: "These children's dignity and self-worth can be very easily undermined by careless talk and insensitive handling" (pg. 70).

It may help if the health and social care worker has some way of assessing another's PG in a systematic way. In Chapter 6, pg. 137, it was noted that research tools exist to measure abnormal aspects of grooming. They may not be useful when it comes to normative PG. Cohen-Mansfield and Jensen's (2007) used a questionnaire titled 'Self-maintenance Habits and Preferences in Elderly' (SHAPE) for their audit. However the tool did not pick up on women's depilation practices or men's use of hair-removing tools. Bates (2011) describes an Australian assessment tool that provides scores of 0-4 (0 being satisfactory, 4 being a state of neglect). It uses a matrix to assess skin, hair,

finger nails, and clothing. These may be all observable and may not need a dialogue with the service user. Green (2014) however, citing the SCIE, suggests asking the preferences of the service user on the following areas: showering and bathing; toilet and continence needs; shaving, body and facial hair removal; hair care and styling; hand and nail care; dressing and undressing. This is a comprehensive list and would cover the 'hygiene' and some of the 'appearance management' aspects previously noted in this study. What is missing are the application of creams to the body, 'body modification'-related activities e.g. colouring the hair, or care of piercings, and 'enhancement', such as applying make-up or jewellery.

An assessment should recognise that PG may not be once-a-day, and a 'preferably in the morning' event. Attention to PG occurs over the span of the day and the participants mentioned differing events, washing after being in public places, and prior to preparing or eating food. The ESC #30 reminds student nurses that food hygiene practices should be followed and that "people are ready for the meal (and) offered opportunity to wash (their) hands" (NMC, 2010: 132). Therefore, having an assessment model that takes the findings of this study and encompasses the above aspects of PG may provide a high-quality tool.

#### **9.4.3 Personal grooming and the nurse**

It was noted in this research that standards of PG may be applied to other areas of life. In the Introduction chapter a narrative was recounted of a nurse's apparent lack of attention to her PG and how this was displayed in her nursing care (see Chapter 1, pg.2). Gallagher (2007: 880) cites a student nurse, when asked her early perceptions of nursing, stated "I just thought it was just women walking around in white coats and looking pretty and assisting people who were ill (Fiona, a first year student)". He argues that the nursing educational curriculum should focus on the personal characteristics of potential nurses. The Francis report (2013) recommends that recruitment to the profession should come from those who have experience of caring. One aspect that would-be nurses or other healthcare workers might be made aware of in the recruitment phase and early days of education is that personal appearance matters, not only to the self but also to the patients. As de

Araujo Sartorio and Zoboli (2010) state “a socially appropriate professional attitude” is one that helps to maintain hygiene and cleanliness standards.

Essential Skills Cluster #24 (NMC, 2010) makes clear that student nurses should adhere to policies on dress codes “including footwear, hair piercing and nails”. Ward (2007), for example, points out items such as nail extensions or rings may harbour a range of micro-organisms, any of which could be transmitted to the ill patient. In addition, the student nurse should, in ESC#24.2, “maintain a high standard of personal hygiene”, ensuring that, as directed by ESC#24.3, they wear “appropriate clothing for the care delivered in all environments.” By the time the student nurse reaches the final year of training they should, prior to entry to the register, be able to “act as a role model to others and ensures colleagues work with local policy” [ESC#24.4] (NMC, 2010). This last aspect replicates the policing of dress codes highlighted by the participants (see Chapter 8, Diagram 8.8). Hence attention to PG is an aspect of the self and part of a healthcare workers’ duty of care to those that they interact with. It is only through education, monitoring and re-enforcing the dress code that will help the nurse to achieve the look of a professional. Whether that follows through into their care delivery is an area worthy of further research.

The above sections and sub-sections have considered three aspects that may have implications for practice. It notes that education on the topic appears to be lacking in nurse education, may be overlooked in HCAs’ work experience but is present in social care. Aspects of PG can be used for diagnostic purposes, whilst also informing us that it may deteriorate in times of illness. A model of assessment may help health and social care workers to be effective in their practice. The final sub-section commented on the nurse and the standard of PG expected of a professional.

### **9.5 Limitations of the research method**

The limitations of a study may be dependent on the chosen research design. This study used that of a GT approach. One of the aspects that are discussed in a GT study is that of saturation (Cohen,

Mannion & Morrison, 2007). Cohen *et al.* (2007: 494) state that “one can never know for certain that the categories are saturated ... fresh data may come along.” Such a stance, they report, was taken by Glaser and Strauss, who acknowledged that in GT the researcher, could be collecting data *ad infinitum*. Cohen *et al.* (2007: 494) go on to say that “the partner of saturation is theoretical completeness, when the theory is able to explain the data fully and satisfactorily.” Hence one limitation that may be raised is whether sufficient data has been collected. However, the use of differing data collection methods gave confidence that data saturation had been reached.

Focus groups can be difficult to recruit to (Vaughan *et al.*, 1996) because of needing people to be available at the same time. In this instance, ‘personal grooming’ had to be explained to individuals to distinguish it from grooming of a sexual nature. The use of ‘appearance management,’ as an alternative term, in the recruitment posters may have clarified the topic but it is less of an everyday phrase. The visual data method of collecting the data relied upon the participants understanding the directions for its completion and writing in a legible way, hence it may not be a suitable tool for those with learning difficulties or with those who cannot write. However, it was unproblematic in this study.

The concept analysis method is dependent on locating enough readings and fieldwork, such as the FGs, in order to compare and contrast the concept undergoing scrutiny. The process of undertaking a concept analysis differs to the normal critical evaluation skills that are usually applied to a literature review. This has to be understood by the researcher in order to effectively mine for data. This study utilised a wide range of readings to arrive at an effective concept analysis.

The limitations of one-to-one interviews are well documented (Parahoo, 2006). The time needed to undertake them, the use of recording equipment, the presence and potential power of the interviewer; the chosen interview schedule and whether the interviewees’ memories are accurate are all potential areas to add to the limitations. With due diligence to these aspects such limitations were overcome.

A further dimension to the limitations is that of data analysis. In GT methodology there has been a move from the early Glaser and Strauss (1967) model to more recent interpretations of Strauss and Corbin (1998), and latterly that of Charmaz (2014). This study used an eclectic approach, rather than concentrating on one school of thought. This eclectic approach strengthens the study rather than weakening it, as it makes the most of the data collected and fully explores the concept of PG.

The analysis was undertaken by using a computer to record the information; this could have resulted in input error or data loss had the computer malfunctioned. This aspect was addressed by checking and rechecking the information and backing it up frequently. Computer programmes such as NVivo and MaxQDA are available to aid analysis but were not used. However the use of mind mapping and transcriptions helped to record the findings, whilst the member-checking and expert validation processes helped to verify them. This ensures the work has rigour (see Chapter 7, Section 7.7)

## **9.6 Conclusion**

Personal grooming and care delivery are never long out of the news. Personal grooming matters to an individual; it is part of their identity, as they aim to present ourselves to the world around them. This chapter has critically discussed findings of the research and evaluated them against health and social care literature. New knowledge emerged from the findings. An academic conceptual definition of PG could make a significant difference to policy documents. The activities of PG *per se*, outlined into four elements -hygiene, appearance management, body modification and enhancement - differed from other studies but were effectively applied to examine the content of guidance documents for aspects of PG.

The 'spectrum of grooming' continuum, another emerging model, prompted the critical discussion on neglect. Neglect, it was suggested, may be due to a loss of confidence or a loss of ability to groom. However, this may be an over-simplification to what may be a very complex problem. The term 'allo-grooming' can be implemented into the field of in a health and social care setting, as it

adequately describes the actions of health care workers. The findings suggested that individuals are not used to strangers undertaking allo-grooming on them and this led to a critical discussion on dependency. This highlighted that maintaining dignity and privacy, as noted in recent relevant documents, were key ingredients to effective care.

The ability to groom was critically discussed against the process of child development and learning of certain PG skills, e.g. laundry skills. It was noted that being able to cut and style one's hair, or make one's own clothing may be skills limited to a small percentage of the population. In the section on choosing clothing, the discussion focused on care environments and the timing of putting on clothes in the morning. Institutional and functional clothing, such as the wearing of a hospital gown, is one that may be tolerated by patients but they may feel a sense of embarrassment and exposure if it does not cover their body adequately. The discussion moved on to the use of products and tools of grooming. It became apparent, from childhood onwards, that a variety of products are being used. Some may be used to clean the body or hair, whilst others may be directed to appearance management. As we get older, this study suggests, we take more care of our skin either by using a moisturiser or by applying a sun-screen. If tools are used, such as a razor, health and social care workers are reminded that they may bring hazards.

A key transition period into old age is that of retirement. This study showed that individuals may have an active social life and therefore attention to grooming remains high. The literature suggested that there may be gender differences in attitudes towards grooming in this phase of life. Finally 'the self' was considered, with the routines that an individual may adopt. Routines and maintaining independence appear to have a health benefit for individuals. Understanding routines may enhance the care experience for service users.

The chapter moved to critically explore the implications of the findings for health and social care practice. It critically discussed education of practitioners, suggesting there was a possible gap in nurse education. This gap became wider for HCAs, on whom much of personal care is dependent.

Those working in social care provision appear to have policies or educational programmes that have more focus placed on PG.

It was critically discussed how PG is used as a diagnostic tool, as well as being affected by a range of illnesses. There appears to be a paucity of assessment tools for normative PG; where they do exist they do not cover the four elements of personal grooming, as proposed by this study. The final subsection of the implications section examined PG and the professional face of nursing, which requires a high standard of presentation. Policies and guidance exist to promote professional standards, with nurses 'policing' and acting as role models for others. The limitations of the study were reported. Aspects of GT methodology were highlighted, such as the amount of data collected to realise theoretical saturation, the methods of data collection, and the process of data analysis. The section concluded that potential limitations were overcome to arrive at a robust study.

This thesis now moves on to its final phase, Chapter 10, to give an overall conclusion, cite recommendations, discuss dissemination, highlight areas for further research and reflect on the research process.

## **Chapter 10 Conclusion**

### **10.1 Introduction**

This study was initiated by recalling that hygiene practices were carried out on Alan Bennett's mother but the PG activities were overlooked, resulting in him stating 'to restore her even to an appearance of normality now seemed beyond hope ' (Bennett, 2005). Subsequently he failed to recognise her, and (to him) her identity was lost. Personal grooming is a very important aspect in our day-to-day living and yet health and social care policies, education and practice seems to concentrate on just the hygiene aspect of it. Studies into PG were limited or fragmented into particular elements, such as body modification practices. An eclectic use of GT, as a methodological approach, was found to be appropriate for the study and the methods of data collection were sufficient to ensure that an exploration into the concept was thorough. This final chapter summarises the research and discusses dissemination. Recommendations will be made, further research suggested and the application of the research identified. The chapter closes by reflecting on the research process and will provide a poignant quote on which to conclude the study.

### **10.2 Summary of the research**

The FGs interviews revealed that there are separate elements to what constitutes PG. These were identified as hygiene, appearance management, body modification and enhancement. We may engage with one or all of them on any given day. The FGs also established the complexity of PG, which underlined just how individualistic it is. The concept has dimensions that are social, psychological, physiological and/or spiritual in their nature. The visual tool, a body shape, enabled participants to reveal aspects of grooming that might have remained hidden or not discussed. It demonstrated, unsurprisingly, that females engage with more grooming activities than males. It also showed that children are socialised into using products. The data indicated which areas of the body received most attention (the head) and what activities, products and tools are used in the process of grooming.



The formal task of concept analysis helped to explore definitions, similar terms and to establish the antecedents and consequences of PG. The process of concept analysis resulted in a new definition of PG and identifying its empirical referents, which will be useful in future research, where they may be tested. The one-to-one interviews with older persons, in the final phase of the study, revealed that the topic of PG prompted memories of childhood. The participants recalled how they gained their own standard of grooming, stressing how important it was for them in retaining a sense of identity. They raised concerns about ageing and the potential dependency that it may bring. With an increasingly ageing population this has significant meaning for the health and social care workers.

From the data it was possible to create illustrative diagrams in respect to PG. Mind maps were used extensively to record and explore the data. The concept analysis was simplified and presented in a diagrammatic form. A Venn diagram illustrated the newly-found 'four elements of PG', whilst the ability to self-groom was presented in age-related stages. Another new aspect was the 'spectrum of grooming', which drew upon the language used by the participants. Selective coding enabled the diagramming of clothing choice, and aspects of hygiene. The term 'allo-grooming' is a newly-applied to health care and the research emphasised its link to dependency, which participants found anxiety-provoking. An innovative timeline of PG behaviours was tabulated against differing age groups using selective coding. This latter approach assisted in the drawing up aspects of 'the self' that interact in PG.

Grounded theory encourages the making of memos and this data enabled a diagram of how we adopt dress codes to be drawn up. The last step in the process of GT allowed for the examination of the data in order to look for theoretical models. This resulted in 3 ordered versions of the emergent 29 categories. The first version considered: the body, why we groom, the outcomes and the mediators. The second version looked at: the motivating forces and the factors that may affect them. The third version followed the Strauss and Corbin's axial coding format by considering: the

context, conditions, actions, interactions, and outcomes. The core category was arrived at, i.e. PG is undertaken for self-presentation, which is shaped by varying influences.

In the process of using GT other knowledge has been gained. This study establishes that an eclectic approach maximises what the data has to offer. Every theorists' approach has something to offer when examining the data, resulting in a richness of findings. Using several methods of data collection added to the validity and reliability of the findings. Whilst psycho-social processes are important to identify in the data, it was also apparent that physical, emotional and spiritual dimensions are operating as well. Symbolic interactionism is often synonymous with GT studies but because of the physical dimension of PG it did not fit with this study, whilst the idiographic social survey philosophy did. One final aspect emerged from using a VM; the use of binary thinking helps to identify not only what is there but also what isn't. The half-filled in body shapes by the single people helped to illustrate this practice.

### **10.3 Dissemination of the research**

At every stage of the research the work has presented to peers (see CD: Presentations). This has been to audiences of fellow PhD students in faculty monthly meetings and to a wider group at annual university-based PhD student conferences. Two presentations were made at two RCN International Nursing Research Conferences, with a poster accepted at a third. The first of these was titled *'Every picture...: The use of graphic materials as a methodological approach'*, which was formative to using the VM in this study. The second RCN presentation, in 2013, was *'Concept analysis of personal grooming: making sense of self-presentation'*, which succinctly reported the findings of Chapter 6. The poster, accepted in 2015, was titled *'A timeline of personal grooming over the lifespan'* and presented the data displayed in Chapter 8, Table 8.2.

Other presentations were made to: 1) the 2<sup>nd</sup> International Visual Methodology conference, with a presentation titled *'Using mind-mapping software to analyse research data'*; and 2) the RCN Older Persons 2015 conference, where *"Best bib and tucker": personal grooming in older persons'* was

presented. Consequently the topic of this study has reached many qualified health care professionals, and it never fails to prompt debate and anecdotes. Presentations have also been made to student nurses, as part of their research modules. An article, '*The use of visual methodology in nursing*', was published in the journal *Nursing Research* in 2012. The academic-focused website ResearchGate frequently reports that items have been downloaded by individuals as distant as America and China. It is intended to publish further articles in health and social care journals, drawn from this study. In addition a publishing contract will be sought, in order to turn aspects of this study into a book, for healthcare education and wider consumption.

#### **10.4 Recommendations**

The critical evaluation of policies and documents available to health and social care workers, reported in the previous chapter, show that the aspects of hygiene are well-represented. That of PG is less evident, except in social care standards. As new knowledge has been created it is vital that it finds its way into practice, policies and education.

##### **10.4.1 Recommendations for practice**

An anecdote that was related to me during the course of the study came from a student nurse. She identified that a patient on a High Dependency Unit needed their hair washing. When she suggested to her trained colleagues that she might carry it out she was discouraged from doing so, with a comment that 'there's no time' and 'if you do it for one, everyone will want it'. This may have been a one-off event but it illustrates that PG may be thought about yet discouraged; it is not seen as being part of trained nurses' role. This is at odds with my own nurse education, where I was taught how to wash a person's hair in bed. Consequently a recommendation is to ensure student nurses, who, once trained, will eventually drive care, understand the importance of personal grooming and act on it.

Thereafter, the group most likely to give close, personal care are HCAs or care workers. I have personal experience of working with HCAs who had hairdressing skills prior to entering care work.

HCA's already take on extended roles and 'personal grooming' could be an optional route, where those who have skills, could retain them and develop others in their team.

#### **10.4.2 Recommendations for policy making**

In late September 2015, as this thesis was being written, the National Institute for Health and Care Excellence (NICE) recommended that those receiving care at home should have at least a 30 minute visit from care workers (NICE, 2015). In addition, they recommended that a named person should provide continuity of care, thereby becoming familiar to the service user and building a relationship. This recommended time frame will do much, if it is universally adopted, to assist an individual's PG routine. Some participants in the study alluded to home-based grooming services, such as hairdressing. I would suggest that such services will need to increase if it is to serve the rise in older people. The impact of obesity may also require home services for younger persons.

I note that current care provision does not specifically mention the clothing issues of PG, such as shopping and the ongoing care of them. One participant talked of shopping for his mother's clothing and the *Essence of Care* standards (Gov. UK, 2010) mentions that clothing should be clean and in good repair, which if the person is living in residential care is achievable. However, individuals' who are home-bound, relying on carers for assistance, may miss out on shopping for new or replacement clothing. Having access to the internet may help but clothing needs to be tried on or sent back if garments do not fit. These PG-related behaviours need to be factored in if we are to offer a world-class service to others.

#### **10.4.3 Recommendations for education about personal grooming**

It was noted that PG does not appear in the NMC's (2010) Essential Skills Clusters, which guide nursing tasks. I would recommend reviewing the current standards of nursing care, mapping them against those close-contact care elements found in the City & Guild units. This might ensure PG is addressed adequately. A college in New Zealand runs a Personal Grooming and Beauty (Waiariki Institute of Technology, 2015) programme that encompasses a variety of body-related activities:

understanding clothing and style, understanding skin types, giving skin care, hand and foot care, manicure and pedicure. Exploring the websites of local British providers in respect to beauty therapy courses the emphasis seems to be more focused on the youth beauty industry rather than the therapeutic aspects of it. This study has shown that older people have an interest in caring for their body. There is a case to be made for a programme of study that will educate a practitioner who focuses on the therapeutic aspect of PG. This might be more cost-effective than the range of professionals currently needed to provide individual services e.g. a hairdresser, a manicurist, and a chiropodist. Further dissemination of the study to health and social care educators may help in focusing on the needs of the ageing population.

#### **10.4.4 Recommendations for research**

It is recommended that further research can validate, explore, and find areas not covered by this study but relate to the field of health and social care. The new knowledge located in this study needs to be tested and/or validated. These include: the definition and empirical referents of PG; the 'four elements of PG'; the 'spectrum of grooming' continuum; the timeline of PG behaviours; and the schema of 'self and PG'. This would adhere to the circular nature of GT, where theories are proposed in order to be later tested. Areas that require further exploration are: the 'medical versus non-medical' spectrum of GT; the many consequences of PG, social learning; and acquisition of PG skills. For example, how do children learn about PG, liking or disliking a particular style? This would give a rounder picture to the processes.

This study was aimed at normative PG, not specifically at service users or abnormal aspects of PG. Subsequently there is a huge scope for additional studies. Such studies could investigate PG in an ageing society, particularly the Fourth Age, where illness starts to impact on everyday functioning. Do PG skills decline or become less important, for example? Do service users in residential care have less choice over their clothing? In the pilot focus group it was remarked that PG extends into the post-death state, so this brings another area for further research.

Finally, it was noted that a standard of PG may reflect standards towards other activities. This has relevance for health and social care workers. Hence a study to see if there is any correlation between PG and standard of care would be beneficial.

### **10.5 Application of the research**

The application of this research will be down to current practitioners. Raising awareness of the topic, through the use of presentations mentioned previously, are the first steps that I have taken.

Discussions will have to take place with education providers, both in academic and practice situations, in order to further raise its profile in general care provision. Creating a means of assessment of PG, based on the findings, may be useful to practice, especially for those individuals entering medium or long-term care. Drawing up a curriculum for a planned programme specifically for HCAs or dedicated PG practitioners may also assist the essence of this study to be applied.

### **10.6 Reflecting on the research process**

This last section will draw on personal reflection. Birks and Mills (2011) point out that many researchers embarking on a study, where GT is the underpinning methodology, may not truly understand the processes involved. I would agree that, initially, this was the case and that the use of GT was one of watching a rose evolve from the initial tightly-bound bud to one where the many layers of petals were gradually revealed over the course of the study. They also comment that the concept of GT itself is 'a work in progress' and that it is not necessary to align oneself to a particular author or approach. What is more important, in Birks and Mills eyes, is that the researcher keeps an open mind and learns from the various theorists. This certainly has been the case in this study, where knowledge of GT was initially a little above basic level and, through extensive readings, has not particularly aligned with any of the theorists wholeheartedly but sought to use them as guidelines rather than policy. I have stated before that this work has taken an eclectic approach rather than a purist path. What seemed important was to make best use of the data that was

obtained, in order to honour those participants that came forward for the study. If I were to start this study again I would probably simplify it by choosing a single method of data collection rather than the multiple methods I actually followed. I am also aware that my participants were predominately British White rather than any other ethnic group. In today's British multi-cultural environment there are opportunities to explore diversity and how this may affect day-to-day PG. At the outset I realised that the study may pose an ethical dilemma, as I was pursuing information about covert activities. However I feel satisfied that, by adhering to the many rigorous aspects of ethical behaviour, enabled me to explore such activities with an appropriate sensitivity. The findings may not be earth-shattering but the research has revealed a hitherto unknown complexity of a daily activity of living. Personal grooming matters to an individual.

As an ending to the study I would like to return to one more narrative extract encountered amongst my many readings (and this one was incidental). It can be found in the artist's Banksy's book of *Wall and Piece* (2006), where, towards the end of the book, he has an extract from a senior soldier's diary, to be found in the Imperial War Museum, reporting on the soldier's arrival at Bergen-Belsen in 1945. The soldier records the horrors that he saw and then notes:

It was shortly after the British Red Cross arrived, though it may have had no connection, that a very large quantity of lipstick arrived. This was not at all what we men wanted, we were screaming for hundreds and thousands of other things and I don't know who asked for lipstick. I wish so much I could discover who did it, it was the action of genius, sheer unadulterated brilliance. I believe nothing did more for those internees than the lipstick. Women lay in bed with no sheets and no nightie but with scarlet red lips, you saw them wandering about with nothing but a blanket over their shoulders but with scarlet red lips. I saw a woman dead on the post mortem table and clutched in her hand was a piece of lipstick. At last someone had done something to make them individuals again, they were someone, no longer merely the number tattooed on the arm. At last they could take an interest in their appearance. That lipstick started to give them back their humanity. (pg. 234)

If, in the dissemination of this study, it gives just one ailing person their humanity back then I will be content.

*Jan Woodhouse*

2015



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## Appendices

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## **APPENDIX 1: Prompt questions for interviews**

N.B. There were slightly different phrases used in the focus group and interviews. The main version is given below and alternative prompt questions are listed afterwards

### **Focus group facilitation – Conduct and discussion topics**

#### **Group A: Females (age 18 – 45)**

#### **Group B: Males (age 18 – 45)**

Greetings – My name is Jan Woodhouse and what I am investigating ‘Personal grooming’. Thank you very much for agreeing to take part in this focus group/interview. It is anticipated that the discussion will take about an hour-and-a half.

**Please note** – you have the right to not answer or respond to any or all of the discussion topics, however if you choose not to answer any questions then I have the right to ask you to withdraw. This follows the ethical guidelines as laid down by the British Psychological Society of 2006.

During this focus group/interview the conversation you will be recorded and I ask that you remember to only talk one at a time.

I have provided pens and paper (*note to self: provide pens and paper*); if there are points that you want to add to the debate but are waiting for your turn to speak, please make a note of your issues, so that these aspects are not lost. I will be collecting these items in at the end to add to the data collection.

The information that you will give me will be confidential and to ensure that I want you to choose a pseudonym from a list (*note to self: provide a list of sensible pseudonyms to prevent giggling*) and write it onto both sides of this folded card (*note to self: provide folded card*) and place it front of you. This is to ensure we know what name you are using for the purposes of this study.

There is also an outline of the body in front of you (*note to self: have an outline of the body copied*). This will be used as a prompt later in the discussion.

### **Opening question**

1. Can you give me your definition of ‘personal grooming’

### **Prompts**

2. Do you think personal grooming is a discrete activity or part of hygiene or part of dressing or both? For example, using a deodorant, cleaning the teeth, using a moisturiser, applying a body lotion, application of perfume.
3. What do you think the purpose of personal grooming is?

4. At what age did you start doing your own personal grooming? (and what aspects e.g. combing hair, hair colouring, plucking of eyebrows, shaving, using deodorant, attention to nails, use of perfume/aftershave.)
5. Have you ever undertaken a grooming activity on another?
6. On what occasions are you more groomed?
7. On what occasions are you least groomed?
8. What influences your own style of grooming?
9. What is the minimum amount of items that you need for grooming?
10. If money were no object, what luxury items would you purchase for grooming?
11. Are there any covert or hidden grooming activities that you think people would not want to tell others about?
12. Look at the outline of the body in front of you, what grooming activity do you know of for each region? Lets start with the hair ...

.....  
 Alternative formats of question for the child-related FG and interviews with older people

**Opening question and prompts: Child-related FG**

1. As per adult FG
2. As per adult FG
3. As per adult FG
4. What grooming activities do you carry out for your children?
5. Have any of your children started doing their own personal grooming?
6. If yes to the above , at what age did your children start doing their own personal grooming? (and what aspects e.g. combing hair, hair colouring, plucking of eyebrows, shaving, using deodorant, attention to nails, use of perfume/aftershave.)
7. On what occasions are your children more groomed?
8. On what occasions are your children least groomed?
9. What influences your children’s style of grooming?
10. What is the minimum amount of items that your children need for grooming?
11. If money were no object, what luxury items would you purchase for your children’s grooming?
12. Are there any covert or hidden grooming activities that you think people would not want to tell others about?

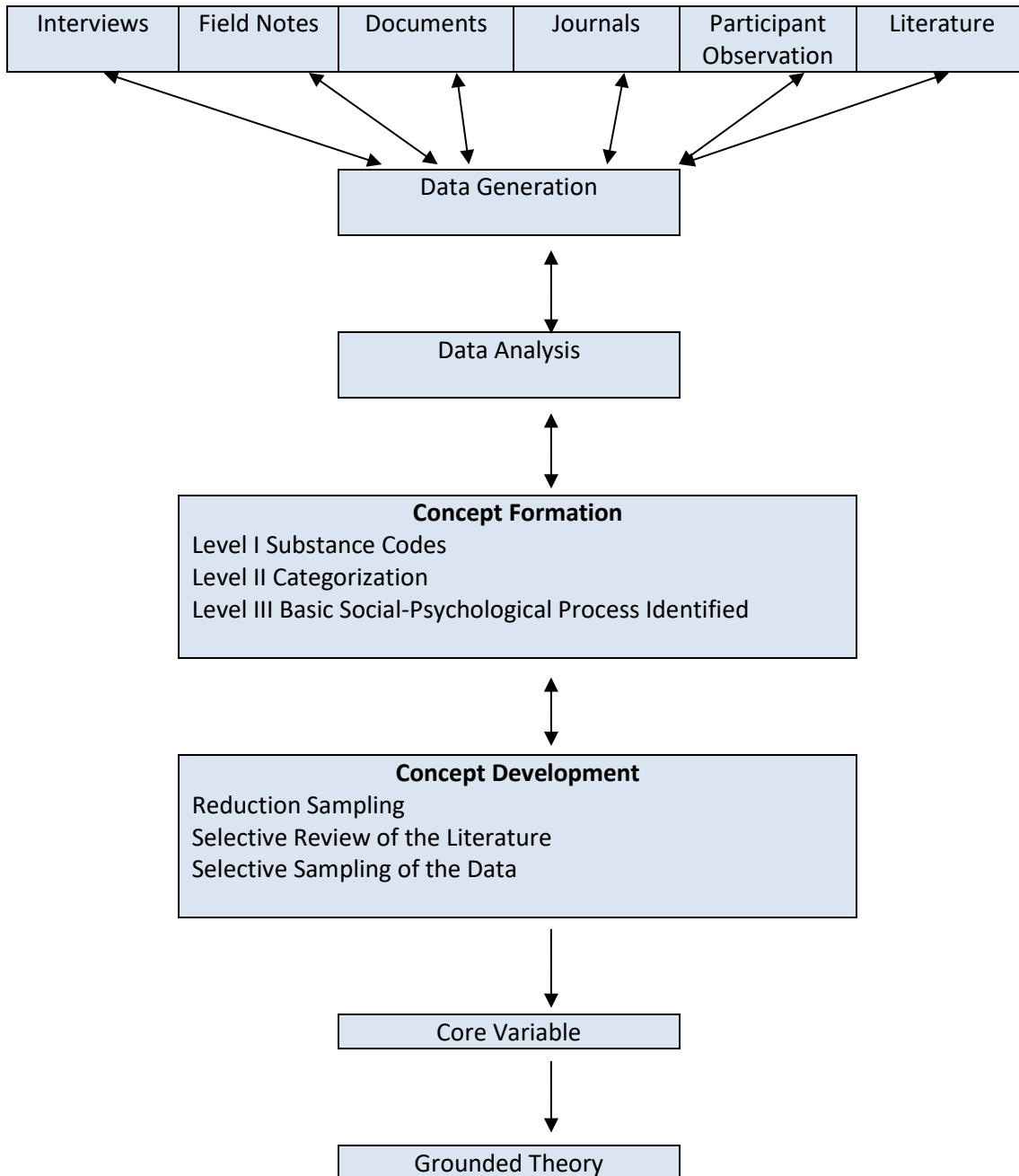
**Opening question and prompts: One-to-one interviews with older people**

As per the original guide, however an additional question was added:

Have you stopped or started any particular grooming activities since becoming retired?

## **APPENDIX 2: Grounded theory framework**

**Grounded theory and connections among data generation, treatment, and analysis, according to Streubert Speziale and Carpenter (2007: 145).**



From: Streubert Speziale HJ, Carpenter DR. (2007) Qualitative research in nursing: advancing the humanistic imperative. 4<sup>th</sup> Ed. London, Lippincott Williams & Wilkins

### **APPENDIX 3: Letter of consent**

*Study title: 'Personal grooming: beyond hygiene needs.'*

*Researcher: Jan Woodhouse, University of Chester*

Thank you for thinking about taking part in the focus groups to investigate the above topic. Please read through this letter and make note of the bullet points below.

- As a participant in a research study you should be aware of the proposed study and have read and understood the information sheet and had opportunity to ask additional questions.
- You have the right to withdraw, without giving a reason, at any time during the study.
- Your anonymity will be protected and you will be given a pseudonym to use.
- The discussion in the focus group will be audio recorded and later the recording will be transcribed, using the pseudonyms of the group members. In addition, notes will also be taken during the discussions.
- Access to the data that you have provided will be available to you, up to 10 years after completion of the study, upon written request to the researcher or University.
- The recording will not be kept for any longer is necessary to transcribe it. Copies of the transcription will be retained for up to 10 years following completion of the study, after which they will be deleted and disposed of.
- You can contact the researcher after the focus group at the following number: (supplied) or via e-mail: [j.woodhouse@chester.ac.uk](mailto:j.woodhouse@chester.ac.uk)

#### **Participant**

I confirm that I have read my rights in respect to participating in this study and wish to proceed.

Signature .....

#### **Researcher**

I confirm that I have verbalised the rights to the participant and will uphold these rights during the course of the study.

Signature .....

Copies: Participant/ researcher



## **APPENDIX 4: Participant Information Sheet**

The purpose of this sheet is to give you more information of the study –

**‘Personal grooming: beyond hygiene needs.’**

This study is being carried out by –

**Jan Woodhouse, PhD student at the University of Chester**

### **Q. What is the study about?**

A. The study aims to investigate the experience of personal grooming and seeks to:

- Gain a clear definition of personal grooming in relation to the close aspects of hygiene and getting dressed.
- Identify personal grooming activities across the age continuum
- Identify activities of personal grooming
- Identify influences on personal grooming behaviour

### **Q. What’s involved in the study?**

A. In order to gain this information the study intends to use focus group discussions. Participants are invited to join one of four groups.

The groups are:

- Females (age 18 – 45)
- Males (age 18 -45)
- Parents of school age-children
- Mixed group of age 46 and upwards

### **Q. How many people will be in the focus group?**

A. The study aims to recruit 12 people to each focus group.

### **Q. How long will the discussions last?**

A. The discussions should last no more than 1 ½ hours. Refreshments will be available afterwards.

### **Q. Will the information I give be confidential?**

A. The discussion of the focus group will be audio recorded and your personal details will not be made known to others in the group. The use of a pseudonym will aid protection of confidentiality during, and after, the focus group discussion.

**Q. Are there any disadvantages or risks involved in taking part in this study?**

A. There are no anticipated disadvantages or risks associated with this study. Taking part in this study will not affect employment or academic grades.

**Q. Is there any payment for taking part in this study?**

A. No, there is no financial reimbursement for taking part but you will receive a 'thank you' gift, in the form of toiletry items.

**Q. Is this study being sponsored by anyone?**

A. No, this study is part of an academic work (MPhil/PhD) and the results of this study will be available, at its completion, within the University of Chester.

# Self-presentation

**Share your views on personal grooming**

**Be part of a focus group, for a PhD study**

**Participants are required for a 1.5 hour discussions**

**There will be four groups:**

- **Females (age 18 - 45)**
- **Males (age 18 – 45)**
- **Parents of school-age children**
- **Persons aged 46 and over**

Full details of the study will be given on contact with

**Jan Woodhouse, PhD student**

j.woodhouse@chester.ac.uk

Telephone number: (Supplied)

## APPENDIX 6: Ethical approval

EMW/bh

4<sup>th</sup> July 2013

Janet Woodhouse  
42 Cheyney Road  
Chester  
CH1 4BS



Faculty of Health and Social Care

Tel 01244 612600  
Fax 01244 611270

Dear Jan

### Ethical Approval Granted

**FH&SC Ethics Number:** RESC0313-399  
**Course of Study:** Research Degree (Health & Social Care Dept) (PGRD/HS)  
**Supervisors:** Dr. Janice Goldman, Prof. Mike Boulton & Prof. Elizabeth Mason-Whitehead  
**Student Number:** 097800331

I am pleased to inform you that the Research Ethics Sub Committee of the Faculty of Health and Social Care have approved your project "*Personal grooming: beyond hygiene needs- an exploratory study.*"

Approval is subject to the above and following conditions:

1. That you provide a brief report for the sub-committee on the completion of your project.
2. That you inform the sub-committee of any substantive changes to the project.

We approve your application to go forward to the next stage of the approval process. If you are applying to IRAS and require a sponsorship letter and insurance documentation please get in touch.

If you have any questions or require any further assistance please contact Barbara Holliday on 01244 511117 or by email [b.holliday@chester.ac.uk](mailto:b.holliday@chester.ac.uk)

Yours sincerely

A handwritten signature in black ink, appearing to read "Elizabeth Mason-Whitehead".

**Professor Elizabeth Mason-Whitehead**  
Chair, Faculty Research Ethics Sub-Committee

cc Research Knowledge Transfer Office  
cc Academic Supervisor

## **APPENDIX 7: Abridged Curriculum Vitae**

**Full name:** Janet Christine Woodhouse

**Address:** 57 Thurston Road  
Saltney  
Chester  
CH4 8PH

**Home Tel. No:** 01244 677012 or **Mobile:** 0777 56 82 437

**E-mail :** [j.woodhouse@chester.ac.uk](mailto:j.woodhouse@chester.ac.uk) (work) or [janwoodhouse@yahoo.com](mailto:janwoodhouse@yahoo.com) (home)

**Profile** – Known as ‘Jan’ rather than ‘Janet’. A successful and highly experienced general nurse; with knowledge, skills and interest in: palliative care, professional development, education, research and management skills. Able to work creatively, methodically and in a relaxed manner. Has been described as ‘calm’, ‘trustworthy’, ‘approachable’ and ‘having a gentle sense of humour’.

### **Career and achievements to date: -**

#### **Senior Lecturer**

*May 03 – Dec 2012*

University of Chester, Parkgate Road, Chester CH1 4BJ

Provision of education for pre- and post-registered nurses. Undertaking assessment procedures. Provision of support in educational and clinical areas. Maintaining own development. Partaking in research. Partaking in service development and quality assurance frameworks.

#### **Volunteer – Cruse bereavement counsellor**

*October 02 – May 2010*

Provision of counselling in respect to bereavement. Undertaking monthly group supervision. Partaking and provision of CPD.

#### **P/T Associate Lecturer**

*February 03 – Sept 07*

Open University School of Health & Social Care, K303 ‘Managing Care’ course. Provision of educational support for distance learners. Assessment of student’s written work. Mentoring and monitoring of other Associate Lecturers.

**Posts held previous to this are available for perusal.**

### **Professional & General Education:**

Registered Nurse - Level 1(RGN); Ophthalmic Nursing Diploma(OND); Master of Education (Human Resources) (M.Ed.)(Liverpool); Post Grad Diploma Education (PGDE)(Liverpool); Bachelor of Nursing (Honours) (BN(Hons))(Bangor); Diploma in Nursing (DipN)(Bangor); Clinical Supervision for Supervisors (ENB R01), Teaching and Assessing in Clinical Practice (ENB 998), Teaching Certificate for Further and Adult Education (FETC/C&G 7307).

### **Current study activities:**

Since May 2008 I have been a PhD student, investigating ‘Personal grooming: beyond hygiene needs’

### **Research profile**

Literature reviews of: - *too numerous to list however, most recent* co-edit, with MA Baldwin, book titled ‘Key Concept in Palliative Care’, ‘Sexuality in Palliative Care’, ‘Visual methodologies’, ‘Biological determinants’, ‘Nurture’, ‘Storytelling’, ‘Role play’, and ‘Experiential learning’.

Qualitative & Quantitative study on – staff perceptions of an Integrated Care Pathway ‘Care of the Dying’, multi-profession needs of education

Interviews to investigate – motivation towards education in post-registered nurses

Nominal group technique used to evaluate – new staff nurse perceptions of their organisation

Data collection of – evaluation questionnaires of study sessions

Descriptive statistics produced on – GPs education needs in relation to Palliative care, staff perceptions of an integrated care pathway, multi-professional needs of education

Audit of stress in student nurses, telephone enquiries to the ward

Descriptive, quantitative questionnaire - on workforce planning, to provide information to the North-West Education and Training Consortium

Qualitative & quantitative study - on workload, stress & staffing levels, using a self-report questionnaire with nursing staff

Exploratory Survey - of consultants using out-patients, identifying their needs, prior to the appointment of an O.P. nurse

[No content]