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Citation:

Daley, K 2012, 'Gathering sensitive stories: Using care theory to guide ethical decision-making in research interviews with young people ', Youth Studies Australia , vol. 31, no. 3, pp. 27-34.

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Gathering sensitive stories

Using care theory to guide ethical decision making in research interviews with young people

by Kathryn Daley

[intro]
Discussions of research ethics are often focused on research ethics guidelines. These guidelines are useful in designing ethical research projects but are not designed to guide the interpersonal interactions that occur once researchers are out in the field. Drawing from Noddings' care theory, this article argues that making ethical decisions when conducting in-depth interviews needs to be done on a case-by-case basis. The author's case study focuses on two key issues associated with research participants, over-disclosure and intense emotional responses, and concludes that relational ethics is the most suitable theoretical framework for guiding researchers interpersonal practice.

[body]
There is no universally accepted way of being a "good" youth researcher. To the contrary, it is the mixed constellation of methods that various researchers use that creates a solid body of literature in the youth studies field. These methods, and the way they are employed, need to be ethical. Research ethics has become a highly regulated domain, which has subsequently led to queries about whether the heavy focus on ethics guidelines precludes researchers from exploring more complex ethical considerations. There is concern that focus on regulatory frameworks reduces researchers to speak of ethics as a largely bureaucratic process that one must deal with prior to fieldwork (Batsleer 2010; Clark & Sharf 2007; Ensign 2003; Shaw 2008; Kellehear 1989). Halse and Honey (2007) articulate that there needs to be more discourse of ethical *issues* rather than the current focus which is on ethics *committees.* Certainly, resolving ethical issues can be complicated and frequently require more time than anticipated; however, Bogolub and Thomas (2005) are correct in stating that "we have to get the ethics right even when the result is that it messes up our schedules" (p.275). As researchers we go about interfering in people's lives; to uphold the integrity of what we do, we also need to think, and discuss, how we embody an ethical research practice.

Understanding how to be ethical is complex. Not because it is inherently difficult to "do good", but because what is "good" is so rarely absolute. Clark and Sharf (2007) have asked: "What responsibilities do we, as qualitative researchers, have beyond the fulfilment, of approved informed consent?" (p.413). In addition to consent, there are other generally accepted principles, such as beneficence and respect (see Ensign 2003; NHMRC, ARC & AVCC 2007). However, what actually constitutes being beneficent or respectful differs considerably. Hence, the idea of having ethics guidelines that are applied to all research falsely gives the impression that there is a single right way to being an ethical researcher (Shaw 2008). This assumption, that one way is more right than another, overlooks what makes the philosophy of ethics different from the philosophy of science: in science, a single truth is held to be more correct over all

others; in ethics it is not only acceptable, but typical, for there to be multiple, equally valid actions (Komesaroff 2008).

While I understand the import of research ethics guidelines, focus on these does not equip a researcher to effectively deal with the dilemmas that arise when sitting opposite a research participant. To address this concern, in this paper I seek to respond to Clark and Sharf's question. The premise of my argument is that relational ethics is the most suitable theoretical framework for negotiating the myriad of situations that arise when conducting research with vulnerable young people.

How well do research ethics guidelines inform research practice?

In Australia, researchers are bound by the *National Statement on Ethical Conduct in Human Research* (henceforth referred to as the National Statement; NHRMC, ARC & AVCC 2007). The guidelines in the National Statement were designed to assist researchers to develop ethically sound research projects; they were not designed to be instructive for those wondering what the ethics committee would think if they knew a participant cried throughout their research interview. Certainly, interviews must be conducted ethically, but how we best do this is not information that the National Statement provides.

Fortunately, when researchers are sitting down with participants they are in the privileged position of being able to make assessments on what is good for that person. To do this, the researcher needs to make ongoing decisions and understand how the finest nuances in the interactions between themselves and the participants – what Komesaroff (2008) calls the "microethics" – can alter what the "right" action is. Acknowledging that the purview of the National Statement is not to teach ethical thought, and that most researchers are not philosophers, I ask, what does the researcher use to inform the ethical practice of her work?

When I began social research, I sought out materials on interviewing vulnerable young people and found little discussion of the complex ethical conundrums I was facing. Burke (2007) suggests that this noticeable absence is partly due to journal editors' failure to grant credence to discussions of ethics and methods in authors' papers. Similarly, after conducting an empirical examination of the state of social work research ethics, Peled and Leichtentritt (2002) concluded that a useful way to improve ethical practice would be to require journals to have a discussion or report of ethical dilemmas that researchers encountered. At present, with the exception of articles *on* ethics, reference to ethics typically does not exceed the standard one line, "that institutional ethics approval was obtained prior to research commencement".

While word counts are limited and researchers (rightly) want to discuss their findings, Shaw (2008) suggests that the absence of substantive mention has unanticipated consequences. He points out that the lack of discussion of ethical issues implies that ethical decisions can be made reasonably uniformly and this is not the experience of the practised social researcher. Hardwick and Hardwick (2007) suggest a move to a model of "situation ethics" to guide research ethics. They suggest that the desire to have a regulated framework, which places greater value on one method over another, stems from the oft-held belief that a scientific model legitimises a field. In any case, they astutely point out, the absolute inability for there to be a single correct way of being an ethically sound practitioner undermines the validity of any sought-after regulations.

This is a similar sentiment to Noddings (2003) who contends that whether people follow specific philosophical principles is of less concern than whether they have caring relations.

Noddings' relational ethics

Care theory is a moral philosophy that argues that ethical actions are those which stem from caring for the other. Noddings (2003) has been a significant contributor to care theory, and posits that the role of the cared-for is equally important as the role of the care-giver: "… we cannot justify ourselves as carers by claiming 'we care'. If the recipients of our care insist that 'nobody cares', caring relations do not exist" (p.58). The focus on both roles has led Noddings' theory to be called relational ethics.

Noddings (2003) articulates that the history of moral philosophy has sought to suggest that there are specific ethical principles that maintain universality: therefore, in a series of similar circumstances, one's actions ought to be the same. The need for principles and universality is something which Noddings opposes as she asserts that each human interaction is so unique that there is no useful way of applying the test of universality because situations are never similar enough for comparison. Nor, she points out, does one typically defer to ethical principles prior to making decisions about preventing harm (2003). Noddings' detractors have suggested that her aversion to principles is oxymoronic given that her own theory rests on a principle itself: that people should, and do, care for others (Johnston 2008). Noddings has addressed this critique by discerning between descriptive and prescriptive principles. Prescriptive principles dictate that A must always do X when in situation Y; whereas descriptive principles observe that when in situation Y, A typically does do X. Denying that ethics be reduced to total relativism, she maintains that the principle upon which her theory lies is descriptive in nature: what she describes is naturally occurring.

I do not seek to argue for relational ethics as a superior moral philosophy; nor do I suggest that human research be governed by some sort of total ethical relativism. My key contention is that relational ethics are the best way to negotiate the ethical quandaries that arise when one is actually "doing research". I am concerned with the micro-level interactions too nuanced to be understood by guidelines alone. I suggest that adopting a care-theory framework will better equip researchers to make thoughtful decisions on a case-by-case basis.

The project

Having worked as a youth alcohol and other drug outreach worker for several years, I could see that there was a disjuncture between the common understanding of problematic drug users and the experiences of the drug users themselves. My research sought to answer the question: How do some young people come to experience problematic substance use? Given that many young people use drugs, but few do so problematically, it was clear that drugs alone do not cause problem use. I was interested in developing a detailed and coherent explanation for why some people experience problematic use. As part of my research, I conducted in-depth interviews with 63 young people (15 to 25 years) who all had experienced problematic substance use. In this article, I draw on two case studies from this research to illustrate the complexities of making ethical decisions.

Stacey: competing interests for the reflexive researcher

Several reflective qualitative researchers have drawn our attention to the concern that the nature of qualitative methods – usually an interview – can leave participants unclear as to the distinction between the researcher's role and their own. The often deeply personal nature of the interview creates a somewhat false bond between participant and researcher, which may lead to participants sharing more than they intend (Clark & Sharf 2007; Ensign 2003; Stacey 1991). Ensign (2003) describes how such role confusion has a key benefit for the researcher: being perceived as an insider leads to participants providing richer data. This benefit, however, is countered by doubts over the integrity of how the data was obtained.

Stacey was in a youth residential withdrawal unit (or "detox") when I met her. I had been dropping into the service one day a week to recruit participants. While my interviews were conversational in nature, I had a prepared interview schedule that I used for consistency. My initial question, "What were your experiences of primary school like?", was purposefully broad. I did not want to put my participant in the vexed situation of feeling that they either had to disclose something significant to someone they had only just met; likewise, I also did not want to immediately ask a personal question that might pressure the participant to have to be untruthful to avoid disclosing personal information to a stranger. Asking about school gave my participants the option to say as much or as little as they liked. Most young people spoke about primary school being generally pleasant, many spoke of attending multiple primary schools because of unstable living arrangements, and some did not like primary school for reasons associated with developmental disorders (i.e. ADHD, dyslexia, or intellectual disability). Stacey, however, answered with one sentence that disclosed volumes:

> *[Primary school] was bad. I didn't feel comfortable around male teachers because something happened to me with my priest.*

Although it was very early on in our interview, I was not particularly shocked by this disclosure. Experience as a researcher and counsellor has taught me that many people are able to speak frankly about traumatic events – frequently those who have spent a lot of time working through the trauma with friends, workers and counsellors. However, I did not know if this was the case with Stacey, and I wanted to develop more rapport with her before we delved into such intimate issues. Noting that this was something to explore later, we continued to talk about the transition to secondary school and other parts of her life. When I asked Stacey about her mental health, she explained that she was on anti-depressants. I inquired if that was in conjunction with a counsellor:

> *Stacey: I did counselling once, about my childhood, 'cause really bad stuff happened. I talked too much. And (long pause) … I don't know … it really hit me when I got home and I've never been back.*
>
> *KD: You felt like you let out too much (information)?*
>
> *Stacey: Yeah.*

At this point I was faced with an ethical dilemma: while Stacey had been quite forward about her experiences of sexual abuse and had alluded to this at several points, she had just told me that disclosing too much too soon to a counsellor was a marked negative

experience for her. As a researcher, the more detail I could gather about her traumas, the richer my data; as a former counsellor, I felt obliged to prevent Stacey from disclosing more than she had intended simply because we had developed a good rapport. This approach was mindful of the concerns Ensign (2003) raised about data integrity.

At several other points later in the interview, Stacey made reference to the sexual abuse. Despite the poignancy of these comments, I was again reluctant to explore them further. I very much felt that doing so would be opening a "Pandora's Box". Instead, I moved onto other, less sensitive, but nevertheless informative, issues. Towards the end of every interview I asked each young person if there is anything else that they felt was significant in their pathway to drug use:

> *Stacey: Well, what led me to drugs was, um – my priest raped me constantly for two years, and as soon as I started hitting my teenage years, well, now I realise that it's really bad, and that turns me to drugs a lot. But yeah, I'm getting there.*
>
> *KD: It certainly sounds like you are. Being able to talk about it is …*
>
> *Stacey: Yeah I've only been able to talk about it for the past couple of months.*
>
> *KD: It takes a very long time.*
>
> *Stacey: Yeah it does.*
>
> *KD: Being able to talk about it is the start, but it's a long process. But it happens.*

This was the most depth that I guided the interview to on this topic. It was at the end of the interview and there was not a new topic to segue into. I also felt that I needed to validate what I was being told. Despite whether Stacey had intended to disclose this much to me, she had. Several times over. Overlooking or ignoring her statement that her drug use was inextricably linked with her childhood sexual abuse would undermine my assurance that her story was important to me; it would also, in her eyes, undermine my credibility as a researcher. It seems reasonable that Stacey would assume that a conscientious researcher would not overlook such a powerful statement. Consequently, at this point I decided to explain to Stacey why I had not probed her disclosures more.

Once the interview had ended, I asked her how she was feeling after touching on such sensitive topics. I explained that I was mindful that she might leave feeling a little like she did that time she saw a counsellor. I then told Stacey that this is why I did not ask any questions about her abuse. I told her that I acknowledged that it was important and significant to talk about it, but thought that it might be better for her to talk to someone that she will be able to see again. I also mentioned that one of the workers in the unit she was in would be able to assist her to find an appropriate counsellor if she felt that she was ready to try it again. Stacey seemed to really appreciate this explanation and, having been honest, I felt much more comfortable leaving. Had I not explained this, the interview experience may have been a negative one for Stacey, as it is probable that I

was being interpreted as uncaring and failing to acknowledge what was a huge trauma in her life. By explaining this to her, I felt that I demonstrated that I was not seeking to ignore or diminish her experiences of abuse. Instead, I made clear that I was seeking to care for her wellbeing.

The question at the heart of the dilemma is: can being nice be unethical? Put as simply as that, of course not. But we must continue to be reflexive about what the "right" action is, even when we are getting along well with our participants. Giving a person your undivided time and attention may make them feel as though your relationship has more substance than it actually does. Therefore, while there is no ill intention, we need to ensure not to replicate the experience that Stacey had with her counsellor. Stacey had limits on just how much she could disclose. Similar to Stacey in this respect, my next case study concerns a participant who shared more than he anticipated. Unlike Stacey, I encouraged the disclosure.

Larry: the angry man who was a grieving boy

Larry was a complex young man both younger and older than his 20 years implied. Like Stacey, I met Larry when he was staying in a residential withdrawal unit. His behaviour and demeanour showed him to be quite an angry young man whose incessant pacing and fidgeting made it clear that he was also highly anxious. His tone was loud and his mannerisms dominating. I was reasonably surprised when he stated that he would like to be interviewed. While I would not like to presume that anger is always illustrative of a threat to a researcher, one should be wary. If I had met Larry elsewhere, I would not have agreed to meet him for an interview at a private location. And unlike some other participants, I would not have offered to interview Larry at his home. Fortunately, I was in a staffed residence where potential risks can be better managed.

Larry's interview was reasonably consistent with my assumptions about him: he swore a lot to punctuate his sentences and spoke mostly about fighting and asserting himself over other young men. Larry seemed to be at pains to emphasise his toughness. I listened to endless stories about various standover tactics and while I continued to take notes, it did cross my mind that this was an interview that was not likely to provide much insight into my research question. I admit with much chagrin that all of this says much more about me than it does Larry.

Larry emphasised his mental health issues early on in the interview. He seemed to accept that drugs had a psychopharmacological effect on him that was considerably different to that of his peers. This came to the fore when he was involuntarily admitted as a psychiatric inpatient with presentations of psychosis after consuming party drugs at a music festival. Larry had previously been seeing a youth mental health service, but had never been admitted as an inpatient. Larry's stay in the hospital was a pivotal point in his life, although not because there was any profound improvement in his mental health. First, being away from his friends forced him to evaluate the foundations of these friendships where drug use was a key part of their social activity. While Larry felt better in this period of abstinence, he was simultaneously aware that if he was to continue with an abstemious lifestyle, this could come with the cost of losing his friends. Talking about this evoked tears from him. Larry's thoughtful reflections on how he would manage the dilemma between maintaining friendships while abstaining from drugs segued nicely into my interview schedule's conclusion where we discuss the participant's strengths. However, before I had a chance, and in the midst of Larry's

crying, he started talking about his psychiatric stay, which illustrated the second and most critical explanation to why Larry's time in the hospital was so profound:

> *Larry: When I got admitted to hospital, I met this chick in there, Bec – Rebecca. She was in there for depression. She, she cut herself, upways [which indicates suicide rather than self-injury]. I sussed it out. I didn't ask too many questions at the start. I thought it was just depression. I didn't click on that much. We just clicked. We hooked up. I got the story out of her, eventually. It was really hard for her to tell me, but I forced it out of her. She was raped when she was 16. By some dog – he met her on msn ... She fully liked him and everything. They were in a public place, in a park and shit, he went to have sex with her, she said no, he wouldn't take no for an answer. It's just shit. Yeah, she never got over it. Two years later, she started cutting herself … Fuck, I tried to be calm (when she was telling me). Not raging. Maybe I should have raged. I don't know. I never really raged with her. But shit, she told me, man she told me, "You've got to find someone else. I love you, don't get me wrong, but I can't live, I can't live anymore". That's basically what she said to me, yeah [long pause] ... she done it in the hospital. The third time she got readmitted.*

Larry had been crying for a while now, but at this point he started sobbing. However, he kept on talking about this issue that was, quite literally, pouring out of him:

> *Larry: She called me the night before she did it, like final goodbye sort of shit, but I didn't know what she was doing. That was the thing with her, she always had a smile on her face. Then I copped a call a week later, she's on life support. I didn't really get it, I thought she was fighting for her life [psychologically]. That's what her mum told me, "She's in Emergency, she's fighting for her life." And I'm like, "Yes, I know that", but I didn't really get the message.*
>
> *KD: Did you think that meant that she was emotionally fighting for her life, fighting through her depression?*
>
> *Larry: Yeah, I didn't get it. Another week later and I hear, "Rebecca passed away". Just like that. I wasn't right after that.*

By this point, Larry's sobbing was so uncontrollable that he was unable to speak. I talked to him. I told him that he was in a safe space and that I was comfortable with him crying and that he should go on and keep crying if that was helping him. I also got Larry some tissues. Once he was able to speak, he again started speaking without prompting:

> *Larry: Like, the first time I heard the news, I was devastated. I didn't know what to do. I felt like a dog because I didn't really cry. I felt something, but I was like, "What's wrong with me? I can't even cry?" Like, I would get teary, but I couldn't even, I couldn't even ball, mate. I was like, "This isn't me, man". You know what I mean? Like when my grandpa died, I couldn't stop crying, and I fucking absolutely adored this girl.*

Later in the interview, as we were drawing to a close, I asked Larry how he was feeling, to which he replied: "Yeah, better." Once the recorder was off, Larry spoke to me about how he felt that a pressure had been relieved having been able to express so much emotion. Larry's experience counters the common response to curtail people's tears. We usually give them tissues, switch topics or offer platitudes. While this interview experience was certainly not joyous, I believe that it was positive for Larry. He needed someone to give him the space and validation to just let him cry.

There are, however, caveats on the acceptability of people crying. By providing Larry the opportunity to talk about his trauma, and to let him be emotional, I was aware that I was opening up Pandora's Box. Unlike Stacey, in this instance I thought it was the most ethical thing to do. The way Larry just blurted out all of his thoughts and feelings, unprompted and in monologue, that to cut off his speech would have been in direct conflict with my introductory statement to him of: "While this interview has some questions, I am looking for your story, so tell me what you feel is important." Larry told me what was important, and he felt better for doing so. I also had the fortune of having met Larry while he was in the middle of a residential withdrawal stay, where there were staff available around the clock to talk with. Further, the significant change in Larry's demeanour led them to ask me how the interview went. I explained that he opened up a lot. They did not pry for information, but knew that he had had a heavy experience. Their knowledge of this reassured me that he was in a safe place with people to support him. I also saw Larry on my visit to the unit the following week where I checked in with him to find that he was feeling much better and he thanked me for letting him "download". By ensuring that Larry would continue to be safe, and checking in on him, I was caring for him.

Analysing Larry's interview transcript, where there is no angry tone or domineering body language, I can see his vulnerabilities from the first paragraph. While he does speak endlessly of standover tactics, these are permeated with insights and reflections on his own vulnerabilities and behaviours, which, in turn, help to explain his aggression and fears. Had I not been able to interview Larry, I would not have been able to capture the nuances of his grief and notions of masculinity, which came to be key themes in my research, and of which Larry's transcript is one of my finest examples. Caring for Larry, and him allowing me to do so, was of much benefit to myself and, I hope, also for him.

Conclusion

While letting Larry tell his emotionally charged story seemed the ethical thing to do, I actively prevented Stacey from doing the same. It could be concluded that ethical decision-making is confusing and confounding; however, this would undermine the simplicity of what these juxtaposing case studies actually illustrate. When we are interviewing young people about sensitive topics, ethical dilemmas will arise. One cannot prepare the solutions to all of the potential scenarios that may occur, but to care for one's participants, and to do as much as possible to enable them to be cared for, is the most ethical response, as it protects and respects the person whose life story has just been shared. Noddings' relational ethics is a useful framework for researchers to adopt because it is premised on the belief that people should care for others' humanity. There is a place for prescriptive principles in human research ethics *guidelines*, and these guidelines can inform projects' designs. But to inform researchers' *practice*, caring – with the researcher as care-giver and participant as cared-for – is the most ethical way

to negotiate the complex situations which arise when conducting research with vulnerable young people.

Acknowledgements
I extend my sincere gratitude to the young people who have shared their story with me – especially to Stacey and Larry. This research is financially supported by an Innovative Project Grant from the Foundation for Alcohol Research and Education (FARE).

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[Author note]
Kathryn Daley is a PhD Candidate in the Centre for Applied Social Research at RMIT University where she is also a member of the Human Research Ethics Committee. Kathryn is also a research consultant to the Youth Support and Advocacy Service (YSAS).