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VERSION IN ENGLISH: The grit in the oyster: analysing phrases, anecdotes, associations, analogies and silences in focus groups

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Introduction: shifting methods, shifting theory.

Psychology has traditionally adopted an individualist model of the best way to obtain meaningful data about human beings. The aim of much psychological research has been to capture the stable 'attitudes' assumed to be present in the mind of individuals and isolate these from the distorting influence of social context. The traditional psychologist constructed tests, questionnaires or interview schedules aiming for uniformity and neutrality and relied on research designs which were experimental, statistically significant and replicable.

Little wonder that focus groups, the dynamic debate of an issue between a small group of people, held few attractions for psychologists attempting to access human understanding. Reviewing the mainstream psychology text books in my university library I found that focus groups are either ignored or seen purely as a way of studying organisational aspects of psychology or group 'bias'. When I run multi-disciplinary training sessions on focus groups it is usually *psychology* students (in contrast, for example, to anthropology students) who express most initial resistance. Focus groups, they tell me, are 'unsystematic', 'unreliable', 'context bound' and 'distort' or 'obscure' the real opinion of individuals.

Listening to any group discussion it is, indeed, hard to isolate and freeze sets of 'attitudes' as conventionally conceptualised by mainstream psychology. People come across as inconsistent and self-contradictory, discussions are full of discontinuities and sometime appear go off the point. Group participants interrupt or complete each other's sentences. They may be playful, perform roles, wind each other up, take on a devil's advocate position, tell stories or jokes or even sing songs. It can feel quite disorderly compared to formal interview or questionnaire data, let alone a laboratory test of cognitive functioning. It is also often impossible to isolate the individual voice from the stream of group debate. Sometimes it is evident that particular individuals are being silenced within the group, and sometimes focus groups may generate comments which are rather different from what the same people have said in

interview (Watts and Ebbutt, 1987; Geis et al., 1986). The psychology students in my training session are right. The whole event is obviously deeply embedded within the particular interaction of that particular discussion in that moment, time and place. The data is dynamic and shifty, it is hard to abstract it from its context, and it just will not stay still.

This article argues that it is precisely this troublesome aspect of focus groups which is their greatest strength. If focus groups make it hard to make sense of data from a traditional psychological perspective on 'knowledge and attitudes' then maybe, instead of abandoning or sidelining this method, we should refine theories about valid ways of understanding human sense making activity. Maybe it is a case of 'Do not adjust your method, your theory may be at fault'. This is where those of us interested in focus group methods converge with social representation [SR] theorists. Focus groups create a site which allows researchers to get beyond static notions of 'knowledge' and 'attitudes' and, instead, explore how we 'think through our mouths'.

Focus group analysts are interested in how people resource and negotiate ways of knowing and the links they draw between specific and general, new and old knowledge. We explore questions such as: How do people address each other and how do they express, defend and elaborate identities? What anecdotes and analogies are used and how do they function? What are the exchange value of different 'facts', phrases or stories? What is implicitly assumed and what has to be explicitly spelt out in any particular context? What utterances appear pre-rehearsed, and when can we witness people struggling with meaning-in-the-making? How do people anchor new information or experiences? How does discussion evolve over the course of a focus group? How do people negotiate collective memories and what happens when new information is introduced which breaches existing assumptions?

Analysis of focus group transcripts thus includes far more than indexing the themes raised in the discussion. Focus group researchers also attend to the nature of language and communicative acts, the context in which they develop and the exchanges from which they emerge. One key dimension of analysis is the negotiation of consensus and conflict. (For detailed discussion of how disagreement and agreement can be analysed as a key part of focus group research see Kitzinger, 1994). In addition, the focus group researcher often codes focus group transcripts for different types of talk and reactions such as 'joke' and 'laughter' or practices such as interruption or completing each others sentences. She may also be interested in the type of vocabulary employed (e.g. medical versus everyday terms) (Kitzinger, 1994). She may examine the use of irony or manifestations of defensiveness. The researcher may look at the negotiation of the group with the research questions or their use of terms such as 'us' and 'them' in order to explore how the group negotiate a collective identity or 'community view' (Winterton and Wynne, 1999). She may also be interested in 'warranting' - the appeal to different sources of authority (such as science or personal experience) to back up opinion, and use such data to explore how scientific knowledge enters the everyday (Moscovici, 1984) or to examine 'hierarchies of credibility' (Kitzinger,

1994, 114). She might also examine how common sense is constructed through conversation (Moscovici, 1992, 3). In addition focus group researchers often note non-verbal aspects the group event. For example, in a focus group debate about sexual reputation I noted how one research participant stretched her very short mini-skirt down over her knees as the discussion progressed.

There is not space in the following discussion to address all possible codes for analysing focus group transcripts. Nor is it my aim to provide an exhaustive list of potential codes. Here I simply will try to give a flavour of the type of findings generated by such analysis picking on six types of exchange or group dynamic. This paper draws mainly from two focus group projects, one involving 52 focus group discussions about AIDS, the second involving 49 focus group discussions about child sexual abuse. I also use examples from other focus group projects I have been involved in: ranging from a study of people's talk about breast-feeding to discussions I conducted with elderly people about their experiences of hospital residential care (see Table 1). Data from these projects are used to illustrate six key areas of analysis:

1. Anecdotes, urban myths and their use in group discussion
2. Phrases, facts and social currency
3. Collective associations
4. Analogies and the associations drawn between the past and the present
5. Revelations and the role of breaching
6. Policing and censorship, and what this can tell researchers about everyday knowledge

1. The use of anecdotes

Anecdotes are a key way in which we communicate with one another, often in very rich, condensed and highly memorable ways. The ultimate anecdote is, perhaps, the urban myth - the story which circulates widely and is often said to have happened to 'a friend of a friend'. In the focus groups I conducted about AIDS in the late 1980s and early 1990s [see Project 1] one anecdote stood out above all others and was repeated with great frequency and enthusiasm across a wide range of groups. This was the story of the 'vengeful AIDS carrier' who used their HIV infections as a weapon of intimidation or revenge. In discussion with one another research participants spontaneously volunteered a variety of such stories.

'there was a guy who was sleeping with other men and saying "Ha, ha. I've got gay skin cancer and you're going to die too".'
[Gay Men]

'... there was a girl, and she actually went out and pulled about half a dozen blokes in a day and just went to bed with them and afterwards said "Guess what, you've got it".' [Prison staff]

'It's like those birds going off and meeting those guys on holiday and waking up and seeing on the ceiling or on the mirror or something - "Welcome to the AIDS club.'" [Ex-prisoners]

Although sometimes backed up by reference to identifiable media reports, such stories also had the status of an urban myth. It was not just a case they had read about in the newspapers but this had actually happened to someone they knew.

F1: 'I know of somebody who started having a little holiday affair and later got a card saying 'Welcome to the AIDS club'

F2: '... my friend's daughter at University in Edinburgh had a relationship with somebody, and when she woke up there was a note on her door which said - exactly the same idea' [Nurses]

M: 'That happened to my pal by the way. He fucking ran right down to the doctors' [Ex-prisoners]

The frequent discussion of revenge tales in a variety audience groups shows how these stories are elaborated and incorporated into people's ways of thinking and talking about AIDS. In the repetition such tales serve as warnings, as cautionary tales which carry the attractive frisson of the thriller plot. They also epitomise, the logic of a primary theme in one of the dominant AIDS discourses - the theme of individual responsibility combined with the presumed collective guilt of deviant groups. 'Junkies', 'whores' and 'queers' are already perceived as a menace to society. AIDS and the revenge story reassert this image and reinforce ideas about our/their immorality and irresponsibility. Although some health educators thought the circulation of such stories might be useful to encourage people to take precautions, the way in which such stories were employed within the focus groups showed they were unlikely to be used in this way. Instead these anecdotes often served to justify punitive policies. After a lengthy exchange of various revenge tales in his group, for example, one young man, to the general assent of his friends, declared: 'What they should do, man, is take everybody that's got AIDS and put them into one corner and just blow their heads off'. [Insert fig 1 near here]

Fig 1 Outline of seven projects which inform this chapter

Project 1: Public understandings of AIDS	52 focus groups. Designed to explore the role of the media and health education in informing general public understandings of AIDS (see Kitzinger, 1993; Miller et al, 1998).
Project 2: Child sexual abuse: the emergence of a public issue	49 focus groups. Designed to explore the role of the media, and other influences, on general public understandings of sexual abuse (see discussion in Eldridge, et al 1997 or Kitzinger 2000, 2001).
Project 3: Evaluation of the Zero Tolerance campaign	17 focus group discussions. Designed to explore the impact of a public awareness campaign about violence against women (see Kitzinger, 1994c)
Project 4: Youth project: Young people's ideas about violence, sex and relationships	10 focus groups with young people. Designed to help develop a school anti-violence initiative (for full discussion see Kitzinger, 1997).
Project 5: Assessing hospital residential care for the elderly	6 focus group with elderly people in different residential institutions. Designed to inform a subsequent questionnaire survey to evaluate service provision.
Project 6: Exploring people's understandings of breast and bottle feeding	6 focus group discussions with women (first time mothers), their male partners and female friends/relatives. (see Henderson et al. 2000)

All project primarily involved pre-existing groups (friends, neighbours, work mates). Groups usually consisted of between 4 and 8 participants and lasted one to two hours. Thanks are due to Lesley Henderson who conducted the focus groups for project 6.

2. Vocabulary, phrases and facts and the role of 'social currency'

A second important area to examine in focus group discussion is the nature of the vocabulary people use, the phrases they employ and the facts they exchange. In my AIDS work, for example, it was important to explore how people used terminology such as 'HIV' rather than lay terms such as 'The AIDS virus' and the impact this had on communication (see Kitzinger, 1995). Sometimes it is possible to identify how new phrases or representations of fact are taken up and how they function in group discussion. Here it is important to take into account 'social currency' - the value of a phrase or fact in everyday talk. One such example is the phrase 'body fluids'. The phrase 'body fluids' rarely appeared in the UK media until it suddenly multiplied in association with discussion of AIDS in the mid to late 1980s. We were told that body fluids contain HIV and that 'mixing body fluids' or 'the exchange of body fluids' might result in the transmission of infection. The focus groups conducted in the late 1980s and early 1990s showed that such terms had been picked up by the audience and were spontaneously used in many of the discussion groups.

My focus group work highlighted the fact that the vagueness of the term 'body fluids' was a problem. This generic concept left some people with the impression that saliva must be infectious and you might be able to 'catch AIDS' by sharing a mug. Saliva, people argued, must be infectious because: 'It's a body fluid is it not?' However, a pattern also emerged in how this notion was challenged. When some group members talked about saliva being a 'body fluid', other research participants often countered their arguments using another commonly recalled fact. They argued that one would need intimate contact with a great deal of saliva before transmission could occur. This fact was routinely expressed in hyperbolic and vivid imagery. Someone would need to 'bathe in it, while covered in open sores' or 'inject massive quantities'. Alternatively they would need to drink: 'one pint', 'two pints', 'five pints', 'six and a half pints', 'a litre', 'nineteen buckets', 'a gallon', 'ten gallons', or 'a thousand gallons'. One would be unlikely to encounter such quantities even, as one young woman put it, if you spent 'all night snogging [kissing]'. Such discussions caused a great deal of laughter with participants building up on each others' assertions to imagine bizarre scenarios. People joked about pints of saliva being 'bottled just for your use' or made remarks such as: 'You've got to have a mouth big enough to take one and a half litres in one go - they'd probably drown first anyway!'. In this case it would appear that the half-fascinating, half-repellent images conjured up by the thought of vast quantities of saliva generates humour and interest and encourages recall and repetition. The facts about the quantity of saliva needed to pose any danger has high 'social currency'.

3. Collective associations and 'social fit'

The third dynamic I wish to draw attention to in this paper is where focus group participants are clearly drawing on a pre-existing, shared set of ideas of a place, type of person, profession or social group. Often they are using this shared notion to explain, make sense of, or justify how they frame new information. The way in which new information about AIDS was 'realized as a wider consensual universes' was very striking in how research participants associated AIDS with 'the other': homosexuals, drug users and 'foreigners' (see Miller et al, 1998). Here I will focus on how people discussed 'African AIDS' and the new information, first publicised in the 1980s that AIDS was common, and may have originated, in Africa. Among the research participants the most popular belief about the origins of HIV was that it came from, and was rife in, Africa (see Kitzinger and Miller, 1992). Attention to how people discussed 'African AIDS' suggests that people's readiness to declare that Africa was the source and hot-bed of HIV infection is not simply a direct response to overwhelming, or even totally consistent, media statements about AIDS. Rather it is inter-woven with a broader context whereby the idea that HIV came from over there can 'fit' with, and reinforce, white people's pre-existing images of 'the dark continent'. In addition, talk about 'African AIDS' can be mobilised to reiterate racist ideas about 'black people' and about immigration.

As people discussed 'African AIDS' it became clear that the idea that millions of people may die in Africa fits with the image of Africa as a disaster-zone, whereas it would be, in the words on one participant 'unimaginable over here'. Indeed, even the media image of the person with AIDS - thin, gaunt, and wasted - fits with the routine portrait of African starvation (Patton, 1990). As one research participant said - the enduring memory of AIDS media coverage is of 'images like Ethiopia'. In addition the conversations between some white research participants' about 'African AIDS' easily merged with explicit racism aimed at both 'Africans' and 'Pakies' (a slang word used to refer to anyone of Indian origin).

M5: Tell us, how did it all start, I heard it was a guy had a thing with a gorilla.

F3: I heard it was a guy had sex with a bull

M5: I heard it was a guy in Africa of something.

M1: It was just because of those black mother-fuckers from abroad, man.

M?: Had sex with a gorilla or a monkey, something like that anyway, that's why I say it was the Pakies that brought it here. [Ex-prisoners]

Other participants made it clear that they thought that AIDS was common in Africa because of the distinct (and inferior) social/sexual behaviour of black people. According to one group of white retired Scottish men and women, AIDS is common in Africa because of 'low moral standards and promiscuity... The Africans treat sex completely differently from the white man.'

M1: Sexual activity is not confined to one person. I mean they're promiscuous aren't they?

F1: By nature.

M2: It's their norm.

M1: They run around ... they don't mind how many male partners they have, a women will have children by about 5 different partners, it's extraordinary... It's an extraordinary set up, you need to see it to believe it. [Retired people]

It is not just that some white research participants are predisposed to believe that Africans behave in a way which spreads HIV but that blackness and AIDS are equated in their minds. Both are associated with sexual deviance and stigmatised as dirty and alien, and simultaneously pitiful and threatening. According to the following loose word association performed within one group of young white people, for example, AIDS must have originated in Africa because:

F2: Look at all the famine over there, all the disease coming off the dead cows and all that, they die and all that.

M4: That's just like dirtiness and things like that

M1: Dirtiness

M4: Filthy

F2: Blackness

Facilitator: Blackness? What about it?

M1: It's black

F2: Black, blackness, it's black, that's what I mean it's dirty.

M4: It's just disgusting. [Young people in intermediate treatment]

(For full discussion of cultural representations and public understandings of 'African AIDS' see Kitzinger and Miller, 1992.)

The above discussion draws mainly on my focus groups about AIDS to highlight the sort of analysis that can be achieved through attention to the exchange of anecdotes, words, phrases, facts and associations. Attention to such features of the discussion were equally useful in the focus groups I conducted about child sexual abuse. However, rather than give more examples of similar dynamics from this study I want to highlight two additional foci of analysis: the use of analogies and the insights provided by revelations which breach everyday talk.

4. The function of analogies

Analogies are a powerful way of making sense of, or anchoring, new events. We may, for example, be told that a foreign leader is 'another Hitler' or a terrorist attack is 'another Pearl Harbour' - analogies which carry with them implications about the appropriate response. Attention to analogies both in public discourse (such as the mass media) and in every day talk can thus be very instructive. This certainly proved to be the case in the focus groups I ran

about child sexual abuse in the UK in the mid 1990s [see Project 2]. One main aim of this research was to understand how people made sense of a particular scandal that had happened in the Orkneys (islands off the Scottish coast). The 'Orkney Scandal' which peaked in 1991 involved nine children from five different families being taken into care because of suspicions of sexual abuse. The children were subsequently returned to their parents and no charges were brought. I wanted to know what people remembered from this case and what they thought had really happened. In discussing this case it was striking how often groups made the link with a previous scandal (the earlier 'Cleveland scandal'). Not only did people link the two cases but they used what they knew about the earlier case as a template for making sense of the more recent example of disputed intervention.

The following is a typical example of how groups discussing the 'Orkney Case' often started to talk about the previous scandal, the 'Cleveland Case'. It also shows how the latter case was unproblematically constructed as an abuse of professional power against 'innocent families'

- F1: Orkney, is that... Oh no, I'm thinking of another one there. I'm thinking of Marietta Higgs.
- F2: No, that was the Cleveland child sex abuse. Yeah, I remember that stupid woman, because she had 5 kids.
- F1: [...] They put something in the vagina or something and they said if the vagina dilated the child had been abused. Well, it was something incredible like that and it was this Marietta Higgs that was at the forefront of it all.
- F3: They were testing any child that had been taken in for any reason.
- F2: Bet they didn't test Marietta Higg's children!
- F1: And there was a big outcry because then it was discovered that this method was not a good indication [...] But of course at that point...
- F3: The damage was done.
- F2: People's lives had been ruined and men were committing suicide.
- [Friendship group]

The above exchange illustrate the seamless consensus constructed about 'Cleveland'. Other exchanges showed how people did not only link Orkney with Cleveland, they actually confused details of the two cases and explicitly used Cleveland to help them recall and reconstruct what happened in Orkney. One man recalled Orkney as: 'The exact same sort of thing as Cleveland and again I think that was found to be false.' Another remarked that his reconstruction of events in Orkney was entirely based on his memories of other cases. 'I don't remember anything about it [Orkney]', he said, '[But] I do remember that there was strong allegations that social work had got it wrong, as usual, inefficient and incompetent'. Some groups of research participants explicitly stated that it was obvious that the Orkney parents were innocent because social workers were 'always poking their noses in and always getting it wrong'. Seeing sexual abuse wherever you look had become a 'fashion' and a 'social work trend'. Social workers were 'obsessed with sexual abuse' and 'jumping on the bandwagon'.

In fact, by the mid 1990s, the combination of 'social work scandals' around sexual abuse seems to have become a defining feature of the public debate: encouraging suspicion of social services and focusing concern on false allegations. Just as phrases such as 'another Vietnam', 'another Chernobyl', or 'another Hitler' sum up a particular set of fears, so the phrase 'another Cleveland' provokes a set of powerful pre-packaged associations. References to Cleveland fixed an image in many people's minds which placed social workers firmly in the dock, drawing on and contributing to spirals of negative publicity surrounding social workers. In fact, as I have argued elsewhere, this analogy became a 'template', with a key role in shaping media reporting and public debate (Kitzinger, 2001).

The discussion above highlights different ways of attending to the nature of debate (anecdotes, phrases, facts, analogies) within focus groups. The next section draws attention to the importance of what is *excluded* as well as what is *included* in everyday talk. It is, of course, hard to document exclusions. One way is to see what people volunteer on questionnaires or in interview, but withhold in group discussion. In my AIDS research this strategy identified the way that some people might withhold information about their own homosexuality or that of significant others (such as husbands). This, in itself, impacts on how discussion flows. Another strategy is to compare what one knows from statistics (e.g. the frequency of child sexual abuse) versus what comes out in the groups, or to compare what is said in groups to what is revealed to the researcher in private after the group session. It can also be instructive to focus on cases where indications from the speaker, and responses from their friends/neighbours/colleagues in the group, indicate that novel information is being revealed for the first time. In the following discussion I examine how the threat posed by strangers to children was the subject of routine public exchange. I contrast this with the ways in which information about sexual abuse within the family was introduced in discussions (on the rare occasions where it was revealed in the group at all).

5. Revelations: breaching the boundaries of everyday talk

Child sexual abuse is often perpetrated by known and trusted adults, including family members. However, most media attention and public discussion focuses on stranger-danger. In my focus groups it was evident that ideas about who is dangerous to children often rely on 'fit' with other ideas about dangerous individuals, such as the mentally ill, as well as often drawing on homophobic conceptualisations of gay men. Those who sexually abuse children are symbolically located as 'Other'. In addition analysis of focus group interactions underlined how the emphasis on stranger-danger was perpetuated by the nature of everyday talk. Stories about suspicious behaviour from strangers were routinely exchanged in focus group discussion. These accounts were volunteered without awkwardness or hesitation. Indeed, the way in which these stories were introduced assumed that they were *already* common knowledge which would be recalled by other group members.

There was somebody kerb-crawling up here about a year ago - in Allison Road. *Remember?* They stopped that wee girl, Clara. (Nieghbours, author's italics)

Do you remember a man [...] [in] a white car that was going about [...] and it was down at the school, and he tried to drag in Alex McIntosh? (Community centre group, author's italics)

Such events inevitably become the topic of conversation (e.g. outside the school gate) and were often publicised by the school (e.g. letters sent home to parents urging care) or in the local newspapers.

The free and open discussion of such stories were in marked contrast to talk about abuse within one's own community, particularly within families. Mentions of such abuse were revealed in the group (if at all) somewhat reticently. They were often only 'confessed' well into the group session and it was often clear that other group members had not previously been aware of these experiences. In the extract below, for example, a group of neighbours meeting in a community centre, were making a series of judgements about mothers of sexually abused children. They made statements such as: 'How could the mother not know?', 'She must know'. Such opinions were almost ritually exchanged in many of the session, certain phrases reoccurring across groups. However, in this case this routine exchange was disrupted by one group member who I have called 'Alison'.

Jan: A lot of women stay with the guy and I can't understand that.
Mike: That's crazy, I don't understand that.
Christine: I mean if I had kids and a guy done anything to my wean [child]... you'd kill him.
Alison: That's easier said than done. That's crap, Christine, that's crap, that's crap.
Paula: Everybody's different, maybe Christine feels she could do that.
Alison: She must be a big person because I'll tell you something...
Christine: I'm not big.
Alison: You must be, Christine, for the simple reason that my lassie [daughter] was sexually abused by my father. I'd love to blow his brains off. I'd have loved to have stabbed him. [...] Hey listen, there's not a night goes by but that I wish my Da would drop down dead for the things that he's done. [...]
Christine: Maybe I say that right, but maybe I might feel different if I was in the situation, right. But I've never been in the situation so I don't really know.
Alison: Ah well, I've been in the position, I'm in the position. I'm in the position and I've been in the position for years. I've been in the position for 8 years now.

The tangible tension as Alison provides this information is in marked contrast to the routine 'gossip' about strange men offering children sweets or, indeed, the very public knowledge associated with the abduction and assault of a child by a 'maniac'. Her daughter's abuse at the hands of her father had been part

of her life for eight years but this was clearly the first time her friend (Christine) had heard about it. Alison's revelation was followed by another member of the group revealing that his daughter had been raped by a neighbour. Again, this appeared to be news to most group members.

Similar disruption and realignment occurred in another group when routine discussion of 'perverts' was disrupted by the revelation that a man some of them knew was a convicted child abuser. At first, when asked if they knew anyone who was an abuser, the group appeared adamant that this could not possibly be the case:

F4: They wouldn't be living up here if that's the case.

F2: [...] No, I don't know of any...

F5: Because you all know one another, we all know their businesses and everything. Everybody knows - see, like if [anyone did anything] ...everybody would know.

Unusually, in the group quoted above, one woman did then reveal the information that a man they all knew had been convicted of abusing his daughters. This revelation was greeted with the shocked comment: 'Not Jimmy! You're joking?'

The above examples highlight how focus groups can create an unusually focused context for debate and a 'liminal' space where usually privatised experiences may be discussed for the first time. Such interactions proved invaluable to understanding public responses to sexual abuse and the role of media influence. The persistent focus of public discussion on stranger-danger and residual *disbelief* in incest is clearly encouraged by the disproportionate balance of media coverage (assault by strangers receive far more attention, incest is often only newsworthy when the case is disputed)(see Kitzinger and Skidmore, 1995). Here again it is important to consider the social currency of different information. Public views are informed by what information is routinely shared, and what is censored. Parents routinely warn each other about any stranger behaving 'suspiciously', but even close friends often do not talk about the 'dangerous' father, brother, or grandfather in their own communities. Such dynamics directly impact on the ways in which communities identify threats, respond to them, and demand policy reactions. The findings from the focus group discussion about sexual abuse provided insights into community dynamics which predicted the direct action from many communities in the UK response to convicted abusers being relocated in their localities (Kitzinger, 1999).

This leads into my final point which is the importance of silence and silencing as an area of study. What do dominant social representations leave out? How is personal experience censored? The following section looks at how certain norms were asserted or challenged in focus groups and presents this as an area worth studying in its own right.

6. Silences and policing in focus groups

Focus group facilitators sometimes find that certain topics have 'difficult' areas and that the research is inviting people into arenas that have not previously discussed at length. Facilitators also may become aware that particular individuals seem reluctant to speak out. There may be self-censorship or policing by other group members. Sometimes researchers interpret this as a problem or a 'failed' focus group, but it is also possible to analyse silence and silencing itself as an important form of interaction.

The importance of silence and the role of policing was very evident in group discussions I ran with people in long-term hospital residential care for the elderly. The sessions were designed to explore what they wanted from residential care and what they would like to see improved. However, these discussions were often, at least at first, awkward and often involved more dialogue with the facilitator than true collective group exchange as it is usually conceived. For some research participants the main research question was itself rather threatening. Participants sometimes commented that there was 'no point' thinking about what they disliked about their current situation. In the course of discussion it was evident that these boundaries were established in reaction to their limited choices. For example, one group agreed that there was no point 'looking forward' to having visitors, in case the expected visitors failed to arrive. An element of self-censorship was used to manage hope, and therefore disappointment. In addition to this elderly people in residential care were clearly acutely aware of being a captive population with limited power living under cramped and highly circumscribed conditions. Some residents even tried to prevent others from criticising staff. Complaints, when they were made, were often understated or qualified. For instance, it emerged that residents in one unit were unable to obtain a glass of water until an hour after getting up because staff were too busy. However they presented this information with comments such as: 'They are a wee bit short of nursing staff' and '[We are] lucky to get water at all'. The general attitude expressed in several of the groups was: 'You've just got to accept these things' and there seemed to be pressure not to be seen as 'a moaner' who would irritate both staff and co-residents. In one group, a particular woman felt under even more pressure than this. She became anxious during the session, repeatedly interrupted other participants with cries of 'the staff couldn't be nicer', and opted to leave the group. Later she expressed anxiety about being 'punished' for, in her words, 'being cheeky'.

These research participants encouraged each other to be resigned and to adopt low expectations. For example, in another group, one woman began to talk about her sense of displacement, not only from her original home, but in being shifted between institutions (the smaller residential unit in which she used to live had been closed down). In spite of my efforts to encourage her to express her point of view, she was repeatedly silenced by other group members. The following extract illustrates part of the conversation between myself, 'Bessy' and other group members.

Facilitator: If you have any problems or worries who do you talk to?

F3: We would talk to the sister I would think, but I've never really had any problems, have you?
 Bessy: Well, just I wanted to go home.
 F3: Well, we all do, don't we, but we are here [...]
 Facilitator: What are the sort of things you miss? [...]
 Bessy: I have lost all my friends. I've been shifted about so much [...]
 f?: We are friendly, it is up to yourself ...
 Bessy: The neighbours [at the previous unit] were really great...before we came here, well you can't make the same neighbourliness in a place like this.
 f?: Well I think it is up to yourself how you mix with people.
 Bessy: It is, there is nothing wrong with it really, it's just eh...it's hard to get used to [...]
 Facilitator: I have a few words [on cards] here I would like you to comment on [...] Let me choose one that you brought up earlier, Bessy ... 'Independence'.
 Bessy: Yes.
 Facilitator: That's important to you then?
 Bessy: Oh yes...oh yes, very much so.
 Facilitator: And are there things that make you feel independent?
 Bessy: [There's] an unwritten law that you stay here, that, em, your independence, well, I couldn't say anything more...I like to be independent...but em...yes. [...]
 Facilitator: Are there things that make you feel that you are not independent...?
 Bessy: Get out of here...no, no...it's not a bad place to be in [...] I'm as happy as the rest. It's just ..where dignity is concerned, I don't know.
 F2: Well, you never use your dignity now, so much.
 [Project 6 - Evaluating residential care for the elderly]

Similar evidence of policing from other group members, and increasing hesitancy from one isolated speaker, was evident in a group discussion with young women about breastfeeding. This discussion took place within a community where breastfeeding was very unusual. In this group all the young women were bottle-feeding their babies, apart from Samantha who was in the late stages of pregnancy and was considering breastfeeding. The way in which the rest of the group react to Samantha's thoughts about breastfeeding, and the way in which Samantha, responds, is a revealing vignette.

F: There was a women in the travel agent that was breastfeeding in front of a guy and all that.
 Samantha: If a guy it going to get thingmy [flustered] when he sees a women pull her breast out then he is not much a guy is he.
 F: Listen to you, Samantha.
 Samantha: But he is not, if he is going to get all flustered and that over a woman feeding a baby. [...] I think I am going to do it [breastfeed]. [...] It was my boyfriend that said about it because he was breastfed
 F3: Because he wants a better look at your breast more often! [...]
 F4: What is the point in hurting yourself?

F1: You end up bottle-feeding anyway. [...]
Samantha: I was told if I breastfeed my baby then my baby might not get asthma
Facilitator: Right
Samantha: Less chance than there would be if I bottle-fed
F3: If it is going to get asthma it is going to get asthma
F6: That's right
Facilitator: Can I just ask you why you are maybe going to try breastfeeding?
F1: She just wants to be different!
Samantha: For a better bond. I don't know. I just read up on it and I was thinking about trying it out because it [breastfeeding] can improve its sight and improve its abilities and all that crap. [Project 7]

The above examples illustrate how groups may police the expression of deviant points of view and encourage conformity to group norms. Often the 'deviant' individual would end up retreating from her original position or making self-deprecating comments (e.g. 'I don't know', 'all that crap'). Such breaches in group convention, as articulated by Bessy in the first group, and Samantha, in the second, contain potential for policing, but also for challenge and transformation. In the cases above the deviant individual was in fact largely successfully disciplined and brought into line. But this was not always the case. Sometimes focus groups can serve as an arena in which new definitions are formed drawing on common (but not previously shared) experiences. This was certainly a feature in some of the discussions I have conducted addressing sexual harassment and violence [projects 3 and 4]. In this sense focus groups can resemble consciousness raising discussions and the researcher can witness how social representations might be transformed through the process of sharing and analysing personal experience. (For examples of such transformation see Kitzinger and Farquhar, 1999).

CONCLUSIONS

This article has highlighted how analysis of specific interactions within focus groups is an essential part of working with such data. *Context* is as important as *content*, *how* people say things is just as interesting as *what* they say. This is why it is so productive to go beyond merely indexing and abstracting topics of conversation. Instead the researcher can usefully examine how consensus and conflict is negotiated in groups and attend to issues such as the operation of anecdotes, the circulation of particular phrases and facts, appeals to broader associations and the use of analogies. Attention to the 'social currency' of different phrases and stories can be instructive. Analysis of difference between previously shared, and newly exchanged, experiences is vital, as is attention to censorship efforts (either self-censorship or policing from other group members). The crucial thing is to treat such dynamics as evolving negotiations, not static entities with a priori meanings. People do not passively mirror representations but actively work with and through them (Jovchelovitch, 1997). Once this is acknowledged then the apparent weaknesses of focus groups can be seen as their strengths.

Focus group data does not lend itself to efforts to extract individual 'opinions' or try to tabulate 'attitudes' as if this were data from a representative poll. This does not mean that focus group data is inferior. On the contrary, the fluid nature of group discussion may actually challenge the apparently 'objective' knowledge obtained from polls. Indeed, as Waterton and Wynn point out, focus groups, alongside 'development in social psychology, rhetorical analysis and linguistic theories have challenged the assumption made in polls that attitudes or beliefs can be taken to be coherent, self-sufficient and discrete entities' (Waterton and Wynne, 1999, 131). Rather than think of attitudes as stable internalised beliefs waiting to be revealed maybe we should think of talk as a performance and examine how stances are adopted, knowledges mobilised and ideas negotiated in the group context. This is why a focus on interaction is so central to focus group analysis and this is why focus groups are such an important research method. Indeed, the most troublesome aspects of focus groups - the dialogical, context-bound, highly culturally sensitive, unstable and collective nature of the discussion - could be the grit that makes the pearl in this methodological oyster.

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