

Applied Interpretive Approaches

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Abstract

In the applied world of the practice disciplines, the recognized limitations of conventional science have stimulated a lively and enthusiastic uptake of many of the qualitative research approaches generated over decades of social science scholarship. However, due to significant differences in the nature and motivation between the more theoretical and more applied fields, many applied scholars have been departing from established method to articulate approaches better suited to the questions of the applied world. This chapter considers the evolving relationship between the methods and their disciplinary origins and current trends in the direction of the applied interpretive qualitative research project. *Interpretive description* is used as a methodological case in point to illustrate the kinds of departures that applied approaches are taking from their ancestral roots as they begin to advance knowledge development within the practical and contextualized realities of their applied contexts.

Key Words: Applied research, interpretation, methodology, social science, applied science, disciplinary thinking, interpretive description, qualitative research

Many of the qualitative methods we have come to consider as conventional approaches over the past generation of scholarship were handed down to the applied world from the intellectual projects of decidedly theoretical academic disciplines, especially anthropology, sociology, and philosophy. They were wonderful methods, carefully thought through and tested over time by enthusiastic students of human nature and societal experience and taken up by applied communities who saw them as the light at the end of a tunnel that had resulted from a dominant quantitatively constructed science. In this chapter, we reflect on the motivations that drove applied scholars to embrace qualitative methodology, and we deconstruct some of the inevitable challenges that they confronted in trying to bend it toward their distinct purposes. On that basis, we trace the evolution of new approaches to applied interpretive inquiry that are informed

but not constricted by the history and tradition of qualitative science. We see the exciting and innovative new approaches that are emerging to help scholars and practitioners in various health, education, social policy, and humanitarian fields take advantage of the rich heritage that exists within the body of qualitative research tradition and apply it usefully toward the social mandate that each of their applied disciplines represents.

To begin this journey through the evolution into applied interpretive methodology, a few words of location may be in order. I am a nurse by profession, with a curiosity about the human interface within which the healthcare system shapes the options available to people with chronic illness or cancer as they learn to live with the lot that life has handed them. The questions I pose in my program of research have to do with making sense of experiential challenges, making meaning

out of despair, learning to handle the frailties of the body, and finding ways to live well despite debility, discomfort, and impending mortality. I am particularly interested in how those of us who fulfill professional roles in the healthcare system engage with patients and their families in ways that can range from empowering and healing to terrifying and soul-destroying. These are naturally complex, dynamic, fluid, and messy concepts to be studying. We can know things on the basis of behavioral or attributional patterns that defy measurement. We can believe things about how to “be” with patients during these most difficult of times without being able to “prove” the distinct impact that our moment of engagement has produced. And yet we all hold a professional (legal, ethical, and moral) mandate to act in such a manner as to do no harm and to support the processes that stand our patients the best chance of leading toward health. Thus, in that context of wanting to build knowledge that will help health practitioners toward being of use, I have spent the past thirty years in the world of qualitative health research.

The story of how my discipline embraced qualitative methods is instructive in understanding why it came to a point at which it had to generate its own modifications to existing methodology. Nursing has played a rather active role in the evolution of qualitative approaches to health research because its core business exists within a realm of complex and messy matters (Dzurek, 1989; Reed, 1995; Sidani, Epstein, & Moritz, 2003; Thompson, 1985; Watson, 1995). We work closely and intimately with individuals, families, and communities, and the nature of our work engages deeply with the minutiae of their bodies, minds, and souls; their realities and aspirations; and their despairs and triumphs. Nursing also works in close proximity to medicine, for which the increasingly powerful mandate of formally constructed and scientifically rigorous evidence as the basis for practice has been dominant in recent decades. So, nursing needed ways of working with the questions that arose from its core business, and it also needed to justify the kinds of work it was doing within a rather hardcore, scientific, and ideological landscape of what counted in healthcare (Johnson & Ratner, 1977; Liaschenko, 1997; Maxwell, 1997). Thus, the methods that had been created by social scientists for the very different kinds of things they were studying seemed to create a wonderful legitimacy for an enterprise that could consider itself as rigorous and credible even

as it departed quite significantly from what science looked like in the traditional biomedical context.

In the early years of what became a time of explosive growth in qualitatively derived health knowledge, nursing often led the way, practicing a kind of meticulous compliance with the methodological dictates that had been established by and for the social science disciplines. Although these nonquantitative pieces of research started to find legitimacy in grant reviews, conference presentations, and journal publications, it was well recognized that the genre’s credibility depended on accurate alignment with legitimate and credible social science methodological sources as the basis for its scholarly work (Bartolomé, 1994; Sandelowski, 1986). However, not long into the journey of the qualitative health enterprise, this obsession with methodological precision started to become a liability (Thorne, 1991). Debates within the literature ensued with respect to whether methodological slippage and sloppiness ought to be tolerated in the context of the kinds of rigorous and rigid expectations that the evolving quantitative science demanded (Baker, Wuest, & Stern, 1992). This methodological rigidity came to constitute a crisis characterized by deep tensions between those interested in promoting technically correct methodological applications, even if the findings were rather “bloodless,” and those interested in making the most meaningful discoveries, even if that required methodological departures (Janesick, 1994; Sandelowski, 1993a; Thorne, 2011).

It was within this tense methodological context that my graduate students and I began to consider the possibilities of articulating applied interpretive methods as a distinct approach within our qualitative enterprises and to imagine what would be required to legitimize methodological alternatives that might not only work within the evidence-based science context our discipline resides in but also meet the need of producing truly usable knowledge. The ideas and approaches that we now advocate have arisen explicitly from and in response to the ideas and agendas of the historical times in which we find ourselves. We believe that they offer important insights for optimizing our work today, even as they will inevitably evolve into new and different opportunities for tomorrow. Thus, this chapter encourages applied researchers in their quest to conduct studies that have meaning for informing engagement with the present-day realities they face while also exposing and illuminating new interpretive possibilities that might serve us even better in the future.

The Historical Grounding of Traditional Qualitative Methods *The Quest for Objective Truths About the Social World*

Auguste Comte (1798–1857) was among the first social theorists to have understood that authentic knowledge derives from personal experience and not simply from metaphysical or theological foundations (Pascale, 2011). The positivism he advocated represented a search for the laws of social life that might parallel the natural laws of the physical sciences (p. 13). Early in the 1900s, the physical sciences model of social research became the subject of considerable critique. A leading voice in this was Antonio Gramsci (1995), whose “Prison Notebooks,” written between 1926 and 1934, argued that the methods used for an inquiry had to be congruent with its own purpose (Pascale, 2011). The increasing rejection of hypothetico-deductive reasoning as the appropriate foundation for certain kinds of knowledge positioned a new kind of method as counter to the constraint of an objective world about which one verifies data through the processes of empiricism (Bohman, Hiley, & Shusterman, 1991). Thus, methods of rigorously working with nonobjective data started to emerge within the social sciences as a way of studying human behavior and understanding the reasons that govern it (Jovanović, 2011). These historical tensions help us appreciate why, despite subsets of their members who consider themselves to do “applied” work, those in the mainstream social sciences have generally remained quite skeptical of methodological limitations that seem bound to the discourses of science and scientific notions of evidence (Pascale, 2011).

The Emergence of Application

As the qualitative approaches to social science theorizing evolved and career opportunities for social scientists expanded beyond the academic institutions in the mid-century (Gordon, 1991), scholars began to apply their social research methods to questions arising within the health field. Some of the earliest contributions of this type came from Howard Becker and his colleagues’ *Boys in White* (Becker, Geer, Hughes, & Strauss, 1961) and Erving Goffman’s classic, *Asylums* (Goffman, 1961). By the 1970s and 1980s, health researchers within the professional disciplines had begun to pay close attention to this brand of research (Anderson, 1981). Cross-fertilization took place as increasing numbers of health professionals undertook doctoral

studies in social science disciplines and began to experiment with some of these methods in their own clinical investigations (Morse, 2012). By the end of the 1970s, the occasional qualitative piece could be found within leading scholarly journals (Loseke & Cahil, 2007), and, in the following decade, new journals started to emerge with a focus on qualitative approaches (Denzin & Lincoln, 2005).

The Interpretive Turn

Although these initial applications were clearly distinct from their positivist forbearers in their methods of generating and testing truth claims, in several respects they remained quite aligned with the objective realism of the social science traditions in their attachment to theorizing as the primary product of good inquiry. Thus, much of the early grounded theory of scholars such as Anselm Strauss and Barney Glaser (Glaser, 1978; 2002; Glaser & Strauss, 1966; Glaser & Strauss, 1967; Strauss, 1995) actually furthered confusion by virtue of its attachment to the aspirations of grand theorizing it had inherited from its roots in the Chicago School of symbolic interactionist analysis (Layder, 2007). Although these early methodological developers fully acknowledged that the findings one created on the basis of their approaches were generalizable and reproducible only to the extent that one could replicate original conditions of context, they also advocated “theoretical saturation” as the legitimate point at which an inquiry concluded (Glaser, 1978; Schmuttermayr & Schmitt, 2001) and rejected the possibility that social reality might be best depicted by a multiplicity of seemingly irreconcilable theoretical perspectives (Layder, 2007). Thus, they left behind a rich collection of techniques bound within some fairly problematic theoretical architecture.

Beyond grounded theory, the other major methods taken up by applied scholars during this period also came with considerable layers of theoretical “baggage.” Ethnographic methods, such as those advanced by James Spradley (1979) and Rosalie Wax (1971), which were marvelous in their depth and detail with respect to certain aspects of investigative engagement, provided little direction for generating coherent conclusions about human experience outside of the context of full considerations of culture (Aamodt, 1989). Furthermore, they were guided by rather foundational assumptions about universalities in human nature that sometimes overshadowed the individual variations that a health researcher might want to exploit, such as the notion that an individual’s understanding of

his or her situation might be actually more relevant to the problem at hand than was a more generalized and comprehensive portrait of why people within certain intact cultural contexts think and behave as they do (LeCompte & Goetz, 1982; Lipson, 1989).

Applied phenomenological researchers such as Max van Manen (1984), working in the traditions of Martin Heidegger (1962) and Hans-Georg Gadamer (1960/1989), similarly offered excellent options for digging deep into the subjective experience that had proved so difficult to account for in more traditional studies of health experience. However, the techniques associated with this tradition also posed obstacles to the applied researcher (Anderson, 1989; Benner, 1994; Lopez & Willis, 2004). What did it mean, for example, to genuinely bracket preconceptions when those preconceptions justified the health inquiry in the first place (LeVasseur, 2003; Morse, 1994)? And what kinds of subjective realities might one want to try to understand beyond those aspects considered essential structures of human experience (Anderson, 1989; Thorne, 1997a; Thorne, Reimer Kirkham, & MacDonald-Emes, 1997)?

The expression “interpretive turn” therefore became a signifier for work that was considerably less theoretical and philosophical than the traditions from which it had arisen and inherently implied both the applied and the practical (Bohman, et al., 1991). It referenced a fundamental recognition that human interpretation is the appropriate starting point for the study of the social world (Pascale, 2011) and also the point toward which research findings are ultimately directed. Thus, it became clear that the analytic induction that had arisen from many of the earlier qualitative approaches had never been interpretively neutral (Pearce, 1971); rather, it had inevitably relied on interpretation in order to be put to use in the world of applied practice (Thorne, 2001).

The Nature of Applied Interpretive Methodologies

An argument can be made that applied interpretive work differs from nonapplied interpretive work in the degree to which it accepts the existence of some form of reality and the relationship it assumes to various truth claims. Shusterman captures the essence of the kind of interpretive work that sits firmly within the antifoundationalist and antinaturalist realm: “Having abandoned the ideal of reaching a naked, rock-bottom, unmediated God’s-eye-view of reality, we seem impelled to

embrace the opposite position—that we see everything through an interpretive veil or from an interpretive angle” (1991, p. 103). From this perspective, what we come to understand about a phenomenon depends on who we are rather than by virtue of any immutable properties it possesses, and who we are is unconstrained by such conventional modernistic limitations as reason or logic. Thus, competing theoretical positions become intellectual standpoints from which to consider or debate a thing, with no pretense toward a truth claim because the “real world” upon which a truth claim must be based is itself simply an idea.

This kind of nonapplied positioning makes for marvelous theorizing, endless debate, and rather seductive intellectual entertainment. It takes one out of the mundane and ordinary everyday into a world of limitless standpoints and subjectivities. Ideas become the mechanisms through which engagement in the human world is navigated, and the theoretical projects that evolve from this kind of work take on a direction that is firmly located within thinking rather than action. Considering nonapplied work in this way (and of course I am overgeneralizing here to make a point), it becomes understandable why purists within the social science tradition would be somewhat horrified at the thought that their ideas might actually be put to use in the practical and material world.

Variations on the Interpretive Lens

Applied interpretive work therefore departs from what convention within the social sciences might consider genuinely interpretive in that it must always keep at least one foot firmly planted on the ground. It accepts that the ground exists and possesses a nature that constitutes a form of reality apart from human perception, even as it recognizes that the perceptions we humans make of it are powerfully shaped by our historical and cultural positionings upon it (Crotty, 1998). Thus, applied interpretive work sits in a somewhat complex philosophical space in which the polarities of subjective and objective truth are not incommensurate or mutually exclusive, and strands of both realism/positivism and idealism/relativism can potentially inform knowledge development (Stajduhar, Balneaves, & Thorne, 2001).

There is, therefore, room for considerable confusion with regard to what is meant when a scholar positions his or her work as “interpretive” (Guignon, 1991). For some scholars and traditions, it implies an explicit reliance on the ideas of

a certain favored set of established thinkers, such as Heidegger. Conversely, for others, it references the more general notion that research never occurs in a vacuum and, in the applied fields in particular, it is highly problematic to ever pretend that it does (Bohman, 1991). Rather, educators study learning problems because they hope to resolve them, health practitioners study disease experiences because they hope to reduce suffering, and so on. The disciplinary lens that comes along with the credential inevitably and fundamentally paints the colors and defines the contours that a qualitative researcher will see in the field, no matter how compelling the theoretical invitation to imagine that field as something else. Thus, qualitative research by anyone whose legitimacy in conducting research derives from membership in an applied practice discipline is perhaps most usefully understood as an inherently interpretive endeavor.

Contradictions Arising in the Applied Context

As the qualitative methods and approaches that had been generated within the social sciences for the purpose of advancing theorizing were taken up by an increasing spectrum of scholars in the applied disciplines, this tension between theoretical and applied interpretation led to considerable slippage and confusion. From where I sit, I believe that this confusion may be most strongly represented in the health field, where there has been a stronger tendency than in some other disciplines to try hard to adhere to conventional social science method.

Qualitative health researchers seem to have been slower to develop alternative methods than have their cousins in such fields as education. Lincoln and Guba's *Naturalistic Inquiry* (1985) of the mid-1980s was an unselfconscious adaptation of conventional grounded theory principles into a highly pragmatic approach for the study of complex educational systems. Although one might have expected their explicitly applied methodological approach to have had considerable appeal within the health disciplines, it attracted considerable criticism for being theoretically lacking and was not as well received beyond the educational application (Dixon-Woods, Shaw, Agarwal, & Smith, 2004). For the most part, despite these available options, qualitative health researchers continued to position their studies within the same small set of social scientific traditions and rely on adherence to same conventional rule sets for determining whether a qualitative research product had merit (Cohen & Crabtree, 2008). The powerful arm of borrowed

credibility that social science methodology conveyed seemed to have the qualitative health research field in a chokehold.

Despite the timidity within the qualitative health research sector to depart too far from the rules and traditions inherited from social science, some scholars were clearly recognizing the inherent limits of social science approaches within the applied clinical context (Johnson, Long, & White, 2001) and pointing out that uncritical acceptance of conventional social science methodological tenets was leading to some rather weak applied products (Thorne & Darbyshire, 2005). For example, some health researchers drawing on phenomenological methods were claiming to have maintained *tabula rasa* (blank slate) by failing to read extant literature in advance of their study (LeVasseur, 2003). While bracketing preconceptions in order to delve below superficial understandings to discern the deeper structure of essential human experiences makes good sense for the pure phenomenologist, it fails to ring true in the study of a human health experience when clinical familiarity with a phenomenon has led one to the conclusion that there are gaps in existing knowledge (Morse, 1994).

Another misapplication prominent in the body of health research using grounded theory was the artificial claim that "theoretical saturation" had been reached as a justification for concluding data collection (Smaling, 2003). Although the idea that one had exhausted all possible configurations of a theoretical proposition might make sense in the generation of basic social theory (Morse, 1995), it runs counter to the disciplinary mindset required of the practicing health professions, in which the clinical gaze must go beyond population patterns to detect the infinite variation that occurs within each individual case (Thorne & Sawatzky, 2014).

Among the many other problematic ideas that had crept into the qualitative health research domain because of this uncritical adherence to method were member checks as a primary means of determining credibility. In the health domain, we are often studying phenomena for which patient perceptions can be the source of a problem. Thus, seeking their confirmation that we "got it right" may actually impede epistemological integrity (Thorne & Darbyshire, 2005). The idea that qualitative research becomes the voice for the voiceless has led some researchers to believe that interpretation was somehow unethical and that the data should "speak for themselves," thus effectively side-stepping the obligation for rigorous analysis and

relying on (supposedly uninterpreted) a selection of transcribed speech excerpts as a reasonable way of displaying findings (Ceci, Limacher, & McLeod, 2002; Sandelowski, 2004). Similarly, believing the requirement that all studies must be conducted within a theoretical framework, many authors were almost predetermining their findings by virtue of structuring their studies within a perspective that actually limited their capacity to see all that they might have seen of relevance to the question at hand (Carter & Little, 2007; Sandelowski, 1993b).

Thus, the evolving body of qualitative health research was fraught with these kinds of contradictions and complications that exposed it to credibility challenges and weakened the potential impact of the evolving science. The allegiance with social science methodologies had certainly brought it well beyond the confines of the quantitative methodological paradigm, but had left it with some rather worrisome unintended consequences. New options were therefore required to challenge researchers working in applied fields for either making hollow claims or defeating their stated purpose.

Characteristics of the Evolving Genre

Researchers also needed ways of building on the creative modifications they had worked out in order to render them coherent and credible. The applied interpretive methodologies that are evolving over time derive from a philosophical positioning that visits the world of theorizing without taking citizenship. That positioning reflects an intrigue with the possibilities inherent in the universe of technique generated for the purposes of the social sciences without taking on the mantle of coherence that determines the integrity of the methods when they are used in their entirety. They therefore require a different kind of conceptual organization and order, so that the steps one takes are consistent with an interior logic that will get you to a recognizable and worthwhile goal. They take as a foundational principle that a disciplinary mandate underpins the decision to do the research in the first place and all of the consequent steps that will be taken in bringing it to a meaningful conclusion. They also understand there to be a particular audience for the eventual findings that will require certain kinds of transparency and auditability maneuvers to attain credibility and coherence.

It is in the nature of the applied disciplines that knowledge exists for some purpose (Malterud, 2001). Thus, the qualitative tradition that simply

describes a thing has relatively little relevance within the applied world. Despite careful attempts to adhere to rules that limit the generalizability of findings—and so much of the qualitative research literature reflects these disclaimers—every clinician knows that an idea that captures the imagination in relation to a clinical problem that requires further understanding cannot really be suspended until it achieves some measure of truth value. Rather, since all knowledge generated in the applied fields may actually influence someone's thinking in the practice world and therefore affect those individuals they serve, we actually need responsible implications and estimates more than we require some theoretical calculation of the conditions under which our claim might have population relevance (Sellman, 2011).

So it is these kinds of problems that applied interpretive methodologists are concerned with as they propose various ways of approaching the problem of trying to do rigorous and useful qualitative research in a manner that addresses the needs of the disciplines and fields from which their questions derive (Angen, 2000). They are necessarily concerned with credibility, assuring scholars that their inquiries can pass the muster of funding body panels and journal editorial reviews. Thus, they must be mindful of the context within which the qualitative scholarly tradition has developed within their field, finding ways to demonstrate a respect for that tradition at the same time as they push back against some of its more problematic artifacts in their efforts to produce authentic knowledge products. This makes for a delightfully contested arena in which various methodological positions are being promoted, debated, and challenged (Thorne, 2011). And it is quite understandable that newer scholars entering the field are excited about the possibilities of not only stepping outside of convention but also ensuring sufficient respectability within it to navigate the treacherous waters of the scholarly assessment establishment.

The Terminological Land Mines

On the basis of these common difficulties with conventional method, scholars in various applied fields have put forward alternative options for framing qualitative research outside of the conventional social science traditions.

In 2000, Margarete Sandelowski raised a challenge to health researchers to consider that much of what they were doing was, in fact, quite different from the kind of work toward which the named social science methods were directed, and she asked

why we couldn't simply call this kind of work *qualitative description* (Sandelowski, 2000). Others similarly proposed sidestepping the methodological battles by using language such as *generic qualitative research* (Caelli, Ray, & Mill, 2003). Ten years after that initial paper, Sandelowski expressed dismay that her argument had been misinterpreted by many as a new methodological approach for which she had inadvertently assumed the role of authority (Sandelowski, 2010). She also decried the possibility that referencing one's work as "qualitative description" might be a convenient excuse for poorly conceived or inadequately conducted studies, providing would-be researchers with a quick and easy way to sidestep thoughtful interpretation.

In furthering this debate, Sandelowski aimed our attention directly at the problem of naming the kind of research that does not fit the methodological names in our conventional repertoire. From her perspective, the boundaries between the named methods have been much more semipermeable in the applied context than most researchers recognized. She further pointed out that, "Complicating the borderlands between methods (and the policing of these borderlands that too often passes for methodological rigor and expertise) is that in qualitative research, methodological procedures function more to trigger analytic insights than to determine or constitute them" (2010, p. 81). Thus, she advocated for reserving the use of the term "qualitative description" as a "distributed residual category" rather than as a coherent methodological option, making those porous lines more visible, reducing erosion, and avoiding the need to continually reinvent method. For her, what ought to be center stage in the empirical research of the practice disciplines was technique rather than method.

The term *applied phenomenology* has been widely used to reference the kind of inquiry that seeks to draw on phenomenological thinking to enact social change. Cheryl Mattingly recognized that the practice of clinical reasoning in her profession, occupational therapy, was itself a form of applied phenomenology (1991). In a similar vein, Patricia Benner referenced *interpretive phenomenology* to embrace a range of applied approaches toward engaged reasoning within nursing research (1994). Richard Addison, an applied researcher from the discipline of family medicine, further advocated interpretive approaches that allowed for a range of technique to bring phenomena from "unintelligibility to understanding" (1992, p. 110). Explicitly referencing the kind of commitment to

meaning-making that a hermeneutic approach invited, albeit applied in the context of the kind of grounded participant observation work that seemed relevant to his profession, Addison called his kind of applied work *grounded hermeneutic research*. Norman Denzin (1989), another leader in interpretive methodology, coined the term *interpretive interactionism* to reference a self-reflexive action research approach that has been taken up by various health researchers for applied purposes (Mohr, 1997). Borrowing from scholars who use this kind of language to reference creatively applied studies that address the core mandate of their discipline, others have taken up this kind of language to help distinguish their applications from the original traditions.

Jonathan Smith and colleagues in the UK health psychology field have been working with an applied and interpretive methodological tradition called *interpretative phenomenological analysis* (IPA) (Smith, Jarman, & Osborn, 1999; Smith & Osborn, 2003). It explicitly draws on phenomenological notions of the hermeneutic circle inherent in the researcher's attempt to try to "make sense of the [study] participant trying to make sense of their personal and social world" (Smith, 2004, p. 40). In so doing, it unambiguously positions its design recommendations as having to maintain relevance and credibility within the corpus of mainstream psychology. It therefore generally aligns its approaches to qualitative inquiry with the distinctive subdiscipline of cognitive psychology in its recognition of the centrality of mentation (p. 41), thereby serving as an adjunct to the more mainstream scholarly contributions arising from quantitative and experimental methodology. At the same time, Smith clearly understands his method as having appeal to a range of applied disciplines in which ideographic case examination becomes the launching point from which inductive analyses may evolve. He further sees IPA as interrogative in its capacity to engage with the ideas arising from existing research within a field.

What I have observed, at least in the health research world, is that there exists a very strong preference for work that explicitly and credibly locates its methodological origins within something with the capacity to convey the legitimacy of an accepted authority or tradition. The deeply held convictions among those who grew up in the science tradition as to what constitutes methodological integrity cannot be easily discarded. Thus, it makes for a much more persuasive claim to locate and justify your design choices within one or more of the philosophically

compatible traditions that have already met the test of scholarly review by virtue of being published in the appropriate manner than it does to try to convince a panel of scholars that your distinctive and idiosyncratic approach will ultimately make sense.

Interpretive Description

It was this awareness of the imperative to cite appropriate references for methodological choices, especially when one veered off the beaten path (Thorne, 1991), that led my graduate students and me to publish our first manuscript on interpretive description as method in *Research in Nursing & Health*, a journal recognized at that time as among the most highly respected in our discipline (Thorne et al., 1997). In our strategic selection of venue and in the terminological choice we made in naming the method, our conscious intent was to render credible the kinds of design modifications that we saw very good qualitative health researchers making without acknowledging what they were doing or, as Jan Morse put it, doing qualitative research “for which there was no name” (Morse, 1989, p. 6). We characterized it as “noncategorical” in an (awkward) attempt to explicitly distinguish it from the named categories of methodology that were in favor at that time.

Following that initial publication, in response to calls for further elaboration, we expanded on options for the analytic process, which is generally the most difficult aspect of constructing a high-quality research product (Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004). Subsequently we ventured a longer treatment of interpretive description in book form (Thorne, 2008); this text was intended not as prescriptive method but as a companion to support the interior logic of each design decision that a researcher might be called on to make throughout the applied interpretive inquiry process. Interpretive description is explicitly designed for researchers, such as those in my profession of nursing, whose disciplinary framework and mandate is sufficiently comprehensive to frame inquiries and, one might argue, ought to be driving those inquiries. In this way, it can be thought of as either a method in and of itself or as a guide to the use of method, depending on which one needs it to be. Positioning it in that manner recognizes that each disciplinary scholar will be best placed to discern the distinctive conditions and contexts within which the research will be conducted. These might include, for example, such elements as the state of the science (both empirically and philosophically),

the prevailing opinion (including tensions and debates), the breadth and depth of a phenomenon that would need to be taken into consideration if the results of an inquiry are to be meaningful, and the ideological and theoretical proclivities of the target audience toward which the study will be directed. Interpretive description thus becomes a decisional model within which all of those elements can be reconciled into a coherent and logical plan that can meet the kinds of quality criteria that we refer to when we reflect on what really constitutes excellent applied interpretive work (Engel & Kuzel, 1992; Hunt, 2009; Kuzel & Engel, 2001; Morse, Barrett, Mayan, Olson, & Spiers, 2002; Oliver, 2011; Popay, Rogers, & Williams, 1998).

Because it is the approach in which I have been immersed, and not implying that it is the only viable approach from which to mount a well-constructed applied interpretive study within a disciplinary framework, I will expand on the idea of how interpretive description works to serve the needs of the applied researcher across a range of contexts using my own discipline as a case in point. By reflecting on the nature of the design options that the applied researcher will face and must justify along the way, unpacking this particular exemplar may be instructive across the spectrum of using method in such a manner that serves, rather than enslaves, its rightful master.

Understanding the Disciplinary Lens

The manner in which nursing’s conceptual structure shapes aspects of research design illustrates what I mean by a disciplinary interior logic. Nursing knowledge inherently and explicitly capitalizes on a dialectic interface between the general and the particular (Reed, 2006; Rolfe, 2011). Nurses rely on general knowledge not as prescriptive or superordinate truths but rather to expand their repertoire of options for informing the complex considerations that will inevitably be applied in the uniquely individual context of each patient (Thorne & Sawatzky, 2014). Thus, the structure of nursing thinking uses such mechanisms as categorization and description as a tool toward reasoning rather than as an answer to a question. That reasoning takes the form of a cyclical process of engaging, assessing, planning, acting, and evaluating. By virtue of their professional accountabilities, nurse researchers are held to certain standards with regard to anticipating the potentially untoward effects that uncritical implementation of some of their

findings and interpretations might have in certain cases (Cheek, 2000). So, for example, in rendering responsible and useable findings, they would take into consideration the possible misinterpretations that might arise at any phase within that cyclical reasoning process, as well as the universe of clinical and contextual variables that the practitioner might confront in applying the new idea in the real world.

The manner in which this disciplinary lens shapes research design, therefore, is to ensure that even in the search for commonalities, the applied interpretive researcher is always and inevitably curious about difference. And although various theoretical positionings such as those offered within postmodern/poststructural traditions of scholarship can help uncover the implications of the way a discipline thinks about certain phenomena (Kagan, Smith, Cowling, & Chinn, 2009), these are typically understood as only temporary standpoints because staying there too long tends to make it difficult to justify the action that is the inherent *raison d'être* of the profession (Pesut & Johnson, 2013). It is this intimate knowledge of how a discipline's thought structure works, and not merely the substantive content of it, that guides a scholar in the kinds of methodological design options that are consistent with and informative to disciplinary knowledge. And, for this reason, I personally would have considerable hesitation with advocating an approach as flexible as interpretive description for a researcher without a strong grasp on an applied disciplinary perspective.

Articulating the Question

Because nursing's practice mandate would preclude its assuming that all patients might experience a health or illness phenomenon in a similar manner, research questions framed in the style of conventional phenomenology—such as “What is the lived experience of...?”—don't quite fit. The discipline tends to reject notions of essential experience in favor of the principle that infinite variations on almost any theme are to be expected. A fundamentally human commonality, such as the ability to experience pain, for example, does not lead nursing toward the search for the essential nature of pain, but rather for an understanding of the kinds of variations in perception and expression that may be meaningful for the work of reducing unnecessary suffering.

Similarly, the typical forms of grounded theory questions that orient one toward basic social processes at play—such as “What is the process

of...?”—suggest an assumption that the tacitly held dimensions of a phenomenon may be more influential than the patient's perspectives about it. Thus, recognizing the inherent tension between the kind of research that assumes a primacy of patient perspectives and the kind that would see them as a distractor would reveal the inconsistencies in embarking on that kind of inquiry process in most of the contexts in which nursing inquiry occurs.

Instead, in keeping with a more authentic understanding of why nursing might need to obtain a certain understanding of a phenomenon, an interpretive description question might be articulated in less theoretically loaded terms. One might ask, for example, in what ways do patients explain their experiences with this issue? Or what kinds of experiences do they describe as most worrisome and why? Such framings clearly locate not only the manner in which subjective material will be considered in the analytic process but also the role that the available data will play in informing interpretations with regard to the wider context within which that phenomenon appears in practice.

Framing the Theoretical Scaffolding

Interpretive description frees the nurse researcher from the convention of having to select an extant theory within which to locate the study. Because nursing exists within the dominant culture of the (Western biomedical) health science tradition, the notion of theoretical positioning as a hallmark of good science has been a deeply held expectation. In the early years of qualitative nursing research, positioning within a particular social science tradition fulfilled that function. However, once one recognizes the problematic of that posture for the applied fields, then such theoretical positioning seems a hollow exercise at best and, at worst, an abdication of authentic disciplinary inquiry. As Sandelowski has pointed out, although they might claim one as a denominational credential to justify legitimacy, for the most part, nurse scholars were rarely engaging with those theories in the manner in which their social science colleagues intended (Sandelowski, 1993b).

A further complication arises when one understands the convoluted history of nursing's efforts to theorize itself. In its early attempts to justify its scientific base, the discipline devoted considerable efforts to articulate a set of theoretical structures that might best capture the nature of nursing. In that this exercise predated such conceptual tools as complexity science or a recognition that philosophy

had anything much to do with scientific thinking, these entities referred to as theories were in fact competing philosophical configurations within which to try to capture something that was by its very nature dynamic, messy, and complicated (Thorne, 2009). Thus, aligning one's study with one or another of the theories of nursing would position one within a rather meaningless and divisive discourse.

What interpretive description therefore offers is the invitation to reclaim the foundational intellectual character of nursing thought—those essential commonalities among and between all of those individual attempts to theorize. And, perhaps because of our complicated intellectual history, much of the work that we now draw on to guide us can be found more accessibly in the world of philosophy of nursing rather than in anything that considers itself to be theory. So, what scaffolds a study is the explicit articulation of the elements of disciplinary structure that will be brought to bear in shaping and guiding the design elements and applications of each study, and it is these that will ultimately afford it credibility and legitimacy.

Sampling and Data Collection

Sampling approaches using interpretive description may be convenient, theoretical, or purposive. The key is for the researcher to not only name what they represent, but also to hold to an integrity of interpretation informed by the nature of a sample (Kuzel, 1999). Applied researchers must always suspend the notion of representation in some kind of tension, recognizing that although elements of two cases may have similarities, each case also holds distinctive uniqueness at some level (Sandelowski, 2006). Thus, the challenge to the researcher using interpretive description would be a clear and credible contextualizing of the sample size and nature within the context of the kinds of populations or patients the findings are meant to inform the discipline about.

A study may well combine various sampling forms, beginning with convenient recruiting to launch a study, moving into a purposive stance as the dynamics of the recruiting process unfold, and then targeting recruitment for particular instances of certain configurations of a phenomenon in the later phases of data collection. In addition, in recognition of the representation challenge, the researcher may well include reference to a more theoretical consideration of possible variations beyond the scope of the actual study to ensure that the inherent limits of sampling are not overly influential in shaping the

study findings and interpretations (McPherson & Thorne, 2006). For example, a clinician might well recognize that a qualitative study sample cannot normally include data reflective of all of the population subgroups that might participate in a particular clinic, but that it might draw on personal or expert knowledge of that clinic context to hypothetically test claims as they emerge from the data analysis. This “what if?” aspect to making sense of what you have and don't have in the study sample can be especially beneficial to the process of articulating findings in such a manner that they “ring true” to the intended clinical audience by virtue of attending to the range of experience that it entails.

Data collection using interpretive description can appropriately draw on multiple and diverse approaches. My discipline has been especially enthusiastic about individual interviewing as a primary data collection approach, and an overreliance on this has been the focus of critical debate as to the limitations this may have on the nature of the evolving qualitatively derived knowledge base available to those working in the field (Nunkoosing, 2005; Sandelowski, 2002; Silverman, 1985). Interpretive description is compatible with a range of alternatives, including focus groups, participant observation, and documentary analysis, but, perhaps most importantly, it encourages the researcher to think about appropriate combinations of approaches so as to enhance a comprehensive understanding without being overly dependent on the inherent limits of any singular approach. For example, beyond interviewing a group of patients who may have had experience with a particular health or healthcare phenomenon, one might additionally seek out perspectives from thoughtful clinicians who could contribute a much broader experiential range of diversities and variations that they have seen over time. One perspective need not trump the other, but rather the triangulation of perspective increases the likelihood that the findings will be reflective of a broader context than one can reasonably capture in a sample of voluntary study participants.

Data Analysis and Interpretation

Interpretive description sits within an inductive analytic tradition that would not favor the kind of thematic processes that we might think of as qualitative content analysis (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005). Instead, it seeks ways of thinking about and organizing insights that become emergent as one works iteratively with data, such that new insights and possibilities for understanding can

be illuminated, considered, and further developed. Even when a study is explicitly designed to expand on and develop ideas that have already been derived from a rigorous inductive analytic process, the interpretive description approach encourages the investigator to remain open to new ways of seeing and understanding that might advance our capacity to know a phenomenon in a manner that is, in one respect or another, better than we did before. Thus, the idea of replication to enhance credibility doesn't really make sense, nor does the prior assumption that one will necessarily recreate the precise conceptual structure proposed by another researcher when investigating a similar kind of dataset. Interpretive description always starts with what is already known, believed, or accepted within a discipline about the phenomenon in question, and it seeks some expansion on that prior knowledge for some defensible purpose. And it would be that purpose that shapes much of the ongoing analysis and interpretation in a dialectic of inquiry along the lines of: What else might be happening here? What might we be missing? How else might we be thinking about this phenomenon? What other interpretive lenses might add value (or depth, or perspective) to what I am able to discern to this point?

This philosophical stance to interpretive descriptive analytic process clearly steers researchers away from the presumption that they are discovering truths and toward processes that will better and more effectively illuminate possibilities for thought and action. A universe of technique drawn from the body of qualitative methodology may be helpful in advancing the analytic process, as long as the researcher thoughtfully sustains the capacity to understand the nature of the technique and its limitations. For example, if you code, you need to understand what you are coding for and what you have set aside, as well as what that might mean for your eventual conclusions. If you rely on excerpts of verbatim interview text, you are privileging that which is rendered articulable in overt speech over that which may have been communicated nonverbally but quite clearly in the interactional moment. So, the challenge becomes one of immersing oneself in data, capitalizing on a strategic sequence of objective and subjective engagements with the data, and knowing the data well enough to be able to propose several different options in ordering and organizing them such that the final presentation portrays the best representation of the important meanings they contain.

The analytic process typically moves from pieces to patterns, from patterns to relationships and,

sometimes (but not always), into a new coherent whole. Interpretive description assumes that the researchers would not really know, until fully engaged with and reflective about a set of findings, whether the eventual form of the interpretive claims would be best represented by an overarching metaphor, a set of conceptualizations, a thematic summary of sequences, or a typology of processes. A skilled researcher would typically be capable of considering multiple viable options on how to craft and display a set of findings such that it was true to the rationale for the study and the conditions on which it has been built, as well as relevant and credible to the eventual intended audience. As Sandelowski might explain it, you are deciding whether the optimal organizing structure is the one that emphasizes "character, scene or plot" (Sandelowski, 1998, p. 377). Thus, analysis stays true to the data without losing sight of the rationale and conditions under which it has been created, and it aims toward discernment of the best possible options for bringing the newly generated insights to the attention of those who might benefit from them.

Data display follows the logic of analysis, such that the analytic structure shapes and organizes that which will constitute findings. The aim within interpretive description is for a reader within the applied discipline to understand and easily follow the logic with which the elements of the findings are sequenced and presented. Since new knowledge within an applied discipline presumes a certain kind of fit within existing disciplinary understandings, interpretation is integrally interrelated with the presentation of analyzed findings. In my discipline, it may not be useful or appropriate to expound on a litany of theoretical options for which some vague "fit" with the findings may apply, but rather to exploit similarities and differences in relation to currently popular conceptualizations that may be influencing practice within the field. At a bare minimum, given the ethos of the discipline, one would expect a new conceptualization that has been derived from a qualitative inquiry process to theorize what kinds of patients, contexts, or circumstances might be less well served if we thought about this phenomenon in a new way. The interpretive process therefore refers us back to disciplinary logic to determine how best to situate new ideas or claims within prevailing options in an interpretive manner. Thus, the explicit literature to which one would refer would be that which is most likely to be familiar to the discipline in terms of accepted wisdom, as well

as that which might extend the credibility of any new directions or considerations being proposed by the new findings. The aim here is to be able to generate a set of conclusions that both follows logically from a coherent study design process and also speaks to the discipline in a language that is internally consistent, logically accessible, and credible in the eyes of that theoretical “thoughtful clinician.”

Credibility

Although all qualitative research approaches wrestle with the complex challenge of how to authentically and reasonably evaluate the credibility of a qualitatively derived research product, there are some additional challenges inherent in the applied methods that interpretive description considers. Clearly, in the applied world, a researcher ought not to get away with claims that credibility determinations rest entirely with the individual reader or that the study has no credibility beyond its immediate time and location. In the applied world, research is not simply an intellectual fancy of the individual scholar but rather becomes a strategic and meaningful activity to be conducted on the part of the discipline. Although all qualitative research presumably strives for *epistemological integrity* and *analytic logic*, inquiry in the applied world must also consider both *representative credibility* and *interpretive authority* as key quality measures (Thorne, 1997b, 2008). These two angles of critique demonstrate respect for the complex contexts within which disciplinary readers deserve to make sense of and understand the expected limits of the conceptualizations being proposed, as well as judge the intellectual foundational claims on which the new interpretations infer both commonalities and variations.

Beyond these fundamental principles that constitute the standard for quality evaluation in applied qualitative work, the interpretive description approach explicitly requires *disciplinary relevance* as an important consideration. The competently theorized study report that might most easily find favor with a social science-oriented audience may seem to an applied audience to be engaged in quite a different conversation. As many applied scholars have found, it is often impossible to satisfy both masters, and, by succeeding in the theorizing world, they may have lost their grip on the world they sought to inform. Similarly, since the applied disciplines operate from the perspective of a definable social mandate, their research products can be judged by virtue of *moral defensibility*. By this, I mean a level

of responsibility and accountability that extends well beyond the matter of ethical behavior in relation to research subjects and thoughtfully considers how the findings of our research might be used or abused in society (Lipson, 1994; Sieber, 1993). Another consideration for the applied researcher using interpretive description is a *pragmatic obligation* deriving from the knowledge that, if they seem meaningful, findings may well be applied in the practice world whether or not we claim them to be sufficiently developed to warrant knowledge translation. Similarly, a *contextual awareness* must be apparent in the report of study findings so that they reflect credibility (Herzlich & Pierret, 1985). This appreciation for the world of practice, with its inherent hunger for better ways to think through the problems with which it is confronted, ensures a mindfulness for the appropriateness of rhetoric, persuasive language, or emotionality in our (naturally) enthusiastic claims about our scholarship.

A critical element of the contextual world to which practitioners of qualitative health research should always take into consideration is the complex world of “evidence.” Although the evidence debate in the health world is itself fraught with complexity, and the qualitative research community remains divided on the degree to which it ought to attend to this debate, complain about it, or ignore it (Ray & Mayan, 2001), one might argue that if evidence is the conceptual term by which the decision-making and policy world references what it might draw on to make intelligent decisions, then we have no choice but to position our work such that it optimally speaks evidence language (Madjar & Walton, 2001). By this I am not suggesting a competition between the qualitatively and quantitatively derived truth claim, but rather a strategic positioning of both our research questions and the manner in which we frame, display, and interpret our findings such that they add something of recognizable value to the more deeply philosophical question of how we know what we know (Tarlier, 2005). Indeed, discovering the skill sets required to build applied qualitative inquiry on a sophisticated understanding of what is detected and obscured through measurement and how decision-making processes take up knowledge within society seems the next frontier to be conquered in this project of methodological advancement (Thorne & Sawatzky, 2014).

Implications

In the applied research world, the “so what” is always a particularly important element of a

qualitative report. This is the point where the investigator turns back to face the discipline to make explicit what can and cannot be taken from the findings to inform practice, as well as what requires further investigation. As would be apparent from reflection on the discussion of interpretive description to this point, the obligation associated with articulation of a study's implications derives strongly from the disciplinary logic from which the research question arose. Further, it ought to reflect a thoughtful appreciation for the evolving advancement of the field into which the current findings seek to make some sort of contribution.

An interpretive description approach takes issue with some of the (unfortunately) common kinds of claims one might find within the available body of qualitatively derived knowledge. Qualitative studies rarely generate the kinds of findings that would justify a radical departure from the manner in which good practitioners deliver care, for example, but might steer them toward important and meaningful fine-tunings of awareness and insight in their actions. Effectively presented findings and implications invite the discipline to consider shifts in direction and guide them in determining the nature and scope of knowledge development that might help them feel justified in defending those shifts. In keeping with the epistemological integrity that every applied qualitative study ought to aspire to, they should clearly delineate an auditable logic with regard to any directions in which the new insights might take the discipline. Thus, such discussions would studiously avoid the kinds of assumptive leaps that are too often seen in published qualitative research reports that, on the basis of one small study, public policy or legislative changes may be warranted. Wishful thinking absent data has little place within the scholarly agenda of the applied fields.

Leaders within the applied fields fully recognize that it is the ongoing and iterative dialectic of watching where the full body of science is heading and considering that in the light of directional trends in the policy environments that will best ensure forward progress within the fundamental social mandates of their disciplines (Kagan et al., 2009). And it is into this larger world of ideas and action that interpretive description seeks to insert the kinds of ideas that qualitative inquiry can produce to enrich and inspire a better world.

Conclusion

Interpretive description, as explained here in some detail, illustrates but one example of the many

creative and strategic ways that scholars in applied disciplines have been working within the qualitative research tradition to generate coherent, strategic, and comprehensive methodology that will speak to the intellectual projects of their disciplines and generate knowledge that has the potential to be put to use. The proliferation and uptake of these newer applied interpretive approaches over the past decade confirm the profound need that has been felt for inquiry approaches that respect the integrity of the knowledge structures the applied disciplines entail, as well as the pragmatic contexts within which these disciplines require knowledge.

Fortunately, we seem well past the era in which it was presumed in the health research world that qualitative and quantitative research were paradigmatically incommensurate to the extent that a single researcher could not possibly appreciate or contribute to both (Coulehan, 2009). That remnant of Kuhnian thought, an idea that artificially separated the worlds of objectivities and subjectivities, has little place in the real world of applied scholarship, in which human processes and experiences are being shaped by that which we claim as an outcome of our science (Newman & Hitchcock, 2011; Walsh, 2011).

The applied qualitative research of the future will be informed by knowledge that derives from whatever knowledge sources are available, interpreted and integrated according to an accessible disciplinary logic, and rendered credible by the policy and practice worlds in which it seeks legitimacy (Mitcham, 2007). In the complex and messy world of real-life practice challenges, it will necessarily reflect a wealth of techniques and tools, options and approaches, all held together within a coherently logical framework that allows readers and knowledge users to discern its integrity and understand how to use it. We have moved far beyond being the "poor cousin" of our social theorizing colleagues or the "soft and fuzzy" thinkers of the applied scientific community. This intriguing juncture in our collective methodological history offers a rich and evolving compendium of options capable of guiding us toward wisdom and intelligence as we move perceptively closer to solving the problems of the inherently fascinating and invariably complex world that is our reason for being.

Future Directions

A consideration of the current state of applied interpretive methodology in the qualitative research tradition brings to light several important directions

that will be of interest to the field in the coming years. Among them are these:

1. What role will interdisciplinarity have within programs of research designed with a disciplinary agenda in mind?
2. What might be the risks of orienting applied qualitative research along the lines of disciplinary logic? Can an approach such as interpretive description inform our understanding of the gaps that might potentially derive from a disciplinary lens on knowledge, or might it blind us to implications of disciplinary agenda?
3. What might be the role of the “generic” researcher in the study of applied problems, such as health, outside of the perspective of a disciplinary framework?
4. Are there certain research tools, techniques, and strategies designed for the purposes of theoretical disciplines that ought to have no place within applied research? Are there certain combinations of techniques that should be considered inherently incompatible? Or is it useful to consider all available techniques potentially appropriate to an applied qualitative inquiry?
5. How might we design studies that effectively triangulate interpretation such that multiple angles of vision are considered in a coherent and thoughtful manner?
6. How would we educate a next generation of applied researchers such that their grasp of the full scope of available knowledge informs their insight as to the most compelling questions to be asked and the most convincing approaches to be used toward building studies with optimal impact?

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