**Title: Tentative steps into qualitative research in addiction: A hazy world of ethical boundaries**

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**Abstract**

Ethics in addiction research has evolved through the years into two distinct processes including neuroethics and social ethics. Qualitative methods of conducting studies provide rich descriptive narratives of underlying processes in addiction, although their governing ethical principles and decision-making are fairly blurred. By incorporating case studies, interviews, focus groups or photographs, addiction research can be considerably enhanced. The present paper examines features of conducting qualitative research in general, and application of these in populations with addiction. The use of ethical frameworks and participant safeguards while conceptualizing and conducting qualitative research in addiction are some ways in which pitfalls, challenges and dilemmas can be identified and managed.

**History of ethics in addiction: from anecdotes to neuroethics**

The number of books written on ethics and addiction are extraordinarily limited. Yet, from Sigmund Freud’s chronicles on cocaine use to researchers who have openly claimed to conduct self-experiments on impact of substances such as LSD and other hallucinogens, the media is replete with anecdotes. A classic example is Aldus Huxley’s *“Doors to Perception”*, wherein he spoke about mescaline’s impact on his thinking. These methods, although abundant, have been touted as a cheap form of experimentation. While there has been some success with self-experimentation, long term disability and even death have been reported, questioning the correctness of such a method (Weisse, 2012).

Yet, such qualitative and often detailed descriptions have been particularly silent with regard to underlying ethics. The word *“addiction”* itself has been shrouded with controversy. According to the American Psychiatric Association (APA), addiction is typically defined as a compulsive physiological need to use a habit-forming substance, characterized by tolerance, withdrawal, craving, use despite harm, and impaired social functioning (Diagnostic and Statistical Manual-5 (DSM5, 2013). By giving it a neurobiological basis, it attempts to shift responsibility from the individual (example, having difficulties in self-regulation) and places it among other clinical conditions in which an individual has little or no control. Neuroimaging studies have supported this claim with a body of literature indicating that neural pathways are implicated in reward-dependence and difficulty in delaying gratification (Volkow, Fowler, Wang & Telang, 2009) alongside genetic vulnerability to addiction (Uhl, Drgon, Johnson & Liu, 2009). However, while such a model reduces stigma associated with use of substances, the role of individual and social contributors to addiction is minimized, particularly when one considers individual choice and capacity to make decisions (Buchman, Skinner & Illes, 2010). This debate forms the crux of any discussion on the subject of neuroethics in addiction (Carter & Hall, 2008; Carland, 2002, 2003). In the midst of these questions, a qualitative approach to studying addictions provides an alternative, person-centred and compassionate method to examine individual mechanisms in addiction.

**Movement toward use of qualitative research in addiction**

Qualitative researchers have a focus on exploring, examining and describing people and their natural environments. Embedded in qualitative research are the concepts of relationships and power between researchers and participants. The desire to participate in a research study depends upon a participant’s willingness to share his or her experience (Orb, Eisenhauer & Wynaden, 2001). Qualitative research provides a powerful framework whereby one can generate hypotheses. It requires exploration of individual differences, social contexts, life narratives and values that contribute to a variable of study. This in-depth work is conducted through a number of approaches such as interviews, biographies, written scripts, pictorial depictions, narratives or focus groups. These are often derived based on underlying theories such as symbolic interactionalism, phenomenology, grounded theory, social constructivism and feminist orientation. Underlying most of these are an emphasis on process rather than outcomes of research, use of inductive reasoning and building models based on theoretical sampling where data generated is interpreted till saturation occurs (Woods, 2006). Several broad guidelines to what constitute a *“good”* qualitative research have been put forward such as the importance of fit, integration with theoretical approach, reflexivity, appropriate documentation, and sensitivity to participant’s reactions (Henwood & Pidgeon, 1992). In a qualitative interview, much of the time is spent in building a safe environment wherein the participants can open up fully and reveal their often, intimate parts of psyche. Ensuring privacy of settings provides an important starting point to initiate the process of interviewing. However, it is seen frequently that hospitals may not be fully equipped to provide a containing environment for deeper reflections due to space constraints, frequent interruptions by others and limited participant availability due to other clinical commitments. Under such circumstances, having pre-defined rules of conducting qualitative research to ensure maximum safety to participants may work in their favour. In this context, while interviews typically evoke subjective life experiences and hidden meanings, they also pose unique questions regarding confidentiality, consent and privilege. Emerging through this is the concern of data storage, that is, who and where will the stories be saved, the duration of storage, and anonymity of transcripts, pictures and recordings. Herein, the general American Psychological Association (APA) guidelines of autonomy, beneficence and justice can be seen as starting points that are intertwined with addiction specific concerns. The book *“Introduction to qualitative research in psychology”* elaborates this by highlighting addiction in the context of vulnerabilities to self and the environment that need to be heard and preserved (Willig, 2008). This is not without its pitfalls, for example, take the situation of acquiring informed consent from an injection drug user coolie for exploring his experiences in railway platforms. The comprehension of ethical rights is questionable for such individuals who belong to rural or poor societies, and prior to identifying the information required from the interviews, education of their rights to make appropriate choices may be required to minimize exploitation. In a different light, some participants make *“off the record”* comments and specify that this part should not be included. Should confidentiality be breached in such a case and recorded, or should one respect the participant’s wishes?

**Qualitative research ethics in addiction: frameworks and dilemmas**

A useful way to organize these ethical concerns in qualitative research is by utilizing specific ethical frameworks that provide criteria against which researchers can consider what to do when faced with a dilemma (Wiles, 2013). One such framework includes examining the consequences of specific actions in a way that would benefit the larger community, even if it involves disclosing confidential information. This could, for example be seen when a researcher conducts an online survey in a college about youth opinions on alcohol intake and reveals the findings obtained to develop guidelines for intervention. Process oriented frameworks on the other hand focus more on principles of morality, and thereby on autonomy, confidentiality, consent and those values that protect the rights of the participant. Such an approach may also include virtue-driven frameworks that provide guidelines for researcher integrity and identifies characteristics or values a researcher should possess in order to behave in ethical ways (McFarlene, 2009).

Qualitative researchers of addictions often face dilemmas such as obtaining information regarding participant taking undue advantage of others, lying, stealing or being manipulative. Often, during the course of interviewing, the researcher gathers data on concurrent personality disturbances such as psychopathy or impulsivity or other psychiatric conditions. Such emergent information is often described by interviewers as being akin to walking a tight rope in qualitative research. While it gives a deeper and more nuanced description of factors underlying addictions, there are associated road blocks related to interviewing skills, acceptability, neutrality and knowledge-based probing. In the course of data collection, sensitive information such as past abuse and violence can also come up. Such information could be due to delving into deeply personal experiences particularly when it aims to examine deviancy (Lee & Renzetti, 1990). These may also include being the perpetrator to a particular criminal activity such as petty thefts, driving under intoxication, and accidents. The boundaries between reporting such activities as per legal requirements and maintaining confidentiality have not really been outlined. Under such circumstance, the following rule of thumb is generally followed: interviewers are duty-bound to inform all participants beforehand regarding what nature of information will be kept confidential and what will be reported. Yet, whether one obtains the full richness of narratives when such embargos are incorporated is debatable (see Advanced Ethics for Addiction Professionals, Michael Tallef, 2010 for more information). Furthermore, in the absence of legal consequences, is one bound to report individual findings? Take, for example, conducting interviews with all staff nurses working with addiction patients in a clinic to evaluate their competency and knowledge. Should one report the larger findings with the orientation that outcomes outweigh processes, or with an approach that individual variables and narratives need to be incorporated. Such an approach could lead to an ethical dilemma wherein despite anonymity being maintained, accidental disclosures of the participants’ identity could occur simply through informing findings to the larger public. Imagine another scenario- a alcohol using man reveals that he gets angry with his wife’s constant bickering about his drinking and yells at her when he is intoxicated. As an ethics driven interviewer the several possibilities that could occur are:

1. Is this an example of partner violence or routine arguments that can happen between any couple?

2. Are both husband and wife equal participants in this conflicted situation? If not, who does the power lie with and how is it used?

3. Should this behaviour that came up in a confidential interview be reported to the treating team? If so, what are the repercussions on the family dynamics?

4. Does one focus on the underlying marital dynamics or on the participant’s verbalization alone? That is, does the participant’s addiction have anything to do with the underlying marital conflicts? (This is a particularly loaded thought in the backdrop of environmental contributors of addiction versus blaming the same).

These questions bring about the typical issues that emerge in interviews with the addiction population. In the Indian context, a dilemma that emerges frequently is that of deciding who should be provided with clinical information- the participant or family members/caregivers. Often patients with addiction are brought to the hospital setting by family members and when the patient shares confidential information that family wants can lead to questions on what is right by the patient and the situation. In this connection, at times the patient has more than one romantic/ marital partner and questions arise as to who should be addressed in the treatment protocol. A qualitative approach to interviewing such patients provides a structured method of clarification based on the requirements of the research question as well as needs of the treatment protocol. Sometimes, interviewer/researcher is also the clinician seeing the patient. This poses an ethical dilemma regarding biased findings coloured by past experiences with the patient and a *“need to help the patient”* rather than interpret their stories. Developing core values of compassion, empathy or morality offers a way to maintain neutrality while encouraging participants to be reflective. For instance, an interviewer examining reasons for motivation to change, a typical therapeutic technique used in addiction would bring his/her own values in the process which could either help to evoke openness in the participants, particularly if they sense interviewer’s sympathy into their worldview, or block reflections especially when participants perceive social sanctions, shame or guilt. Qualitative probes can also create a sense of re-victimization when participants relive a traumatic experience in the present moment. Along similar lines, interviewer emotions such as anger or disgust upon hearing the user’s story, overidentification with them or getting personally involved with them and feeling overwhelmed by the material provided need to be contained. Oftentimes, there are situations where the participants ask for specific findings obtained from research. Such a scenario could emerge, if for example, an adult with cannabis dependence wants to use the research interpretations to learn more about their personality, the diagnosis or duration of treatment. While respecting participant wishes is an essential ingredient in such situations, highlighting that such findings could be conveyed with consent to the treating team to address. This not only ensures smooth movement to other items of the interview but also reinstates the role of the interviewer. Supervision of novice qualitative researchers also provides them with the requisite skills to build competency in this area and troubleshoot potential pitfalls that could arise.

**A way forward: safeguards in qualitative research**

Finally, in conducting a qualitative research, putting in place safeguards can help minimize any distress experienced by participants during the course of interviewing. Avoiding long interviews that can be emotionally exhausting, providing sufficient breaks, ending the session by debriefing and providing possible follow up and treatment options if required and staying away from recently experienced traumatic events are useful considerations to keep in mind. The use of in-depth interviews among individuals with addiction is a richly satisfying experience for researchers, which when constructed within ethical frameworks allows information dissemination and theory building. A focus on understanding different types of qualitative methods, the unique value additions they provide and being sensitive to the rights of individuals are some of the different facets that could help develop important ethical guidelines in addiction.

**Conclusion**

Ethics in addiction research has seen diverse viewpoints, which have been subsumed in the context of neuroethics. This provides a powerful, neurobiological-genetic framework to conducting addiction research, which, nonetheless marginalizes the autonomic decision-making capabilities of individuals. Qualitative research provides an alternative approach that delves deep into an individual’s worldview to provide rich personal descriptions using interviews, narratives, case studies, focus groups or images. Use of such qualitative methods provide useful insights into different phenomena associated with addiction, which make the need to define the ethical parameters governing these essential. From general guidelines of anonymity, confidentiality, privacy and data storage, to specific ethical frameworks that focus on process and outcome variables, highlight interviewer skills, emotions, competency and values, methods of dealing with sensitive data, appreciating concurrent psychiatric disorders and safeguarding individual needs, such ethical guidelines help determine the method of conducting an authentic qualitative research in addiction.

**References**

1. Weisse AB (2012). Texas Heart Institute Journal, 39 (1), 51-54.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4 ed. Washington, D.C.: American Psychiatric Association; 2013.
3. Volkow ND, Fowler JS, Wang GJ, Baler R, Telang F. Imaging dopamine’s role in drug abuse and addiction. Neuropharmacology. 2009;56:3–8.
4. Uhl G, Drgon T, Johnson C, Liu Q-R. Addiction genetics and pleiotropic effects of common haplotypes that make polygenic contributions to vulnerability to substance dependence. Journal of Neurogenetics. 2009
5. Buchman DZ, Skinner W, Illes J (2010). Negotiating the relationship between addiction, ethics and brain science. AJOB Neuroscience, 1, 36-45.
6. Carter A, Hall W. The issue of consent in research that administers drugs of addiction to addicted persons. Accountability in Research. 2008b;15(4):209–225.
7. Charland LC. Heroin addicts and consent to heroin therapy: A comment on Hall et al. Addiction. 2003;98(11):1634–1635
8. Orb A, Eishenhauer L, Wynaden D. Ethics in qualitative research. 2006; Journal of Nursing Research, pp. 93-96.
9. Introduction to Qualitative Research in Psychology: Adventures, in theory and methods. Second Edition (ed., Carla Willig); pp. 193, McGraw Hill, Glasgow.
10. Henwood, K.L. and Pidgeon, N.F. (1992) Qualitative research and psychological theorising, British Journal of Psychology, 83(1): 97–112.
11. Advanced Ethics for Addiction Professionals. (ed. Michael J Tallef). 2000, Springer, NY
12. Lee R, Renzetti CM. The problems of researching sensitive topics. Am Behav Sci 1990; 33(5):510-528.
13. Successful writing for qualitative researchers. Second edition. Peter Woods, 2006; Routledge NY.
14. What are qualitative research ethics? Rose Wiles, Bloomsbury UK, 2013
15. Macfarlane, B. (2009), Researching with Integrity, New York: Routledge.