

# The endless dilemma with qualitative research

Nordic Studies on Alcohol and Drugs  
2017, Vol. 34(3) 198–200  
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DOI: 10.1177/1455072517707880  
journals.sagepub.com/home/nad



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## Keywords

addiction, qualitative research, quantitative studies, reliability, sociological imagination

Qualitative research seems to be an oddity in institutes where health promotion, prevention of diseases, and public health issues form the core of research aims and development projects (Meisingset, 2016). When survey data are collected from thousands of respondents who have answered the questions carefully elaborated by scientists, qualitative data based on a couple of dozen thematic interviews may seem almost to be a joke. Researchers specialised in qualitative methodology may find it difficult to compete with colleagues whose purpose is to measure and monitor population behaviour, habits, and consumption, to indicate past and present trends in different phenomena related to health and to produce ready-to-use results (e.g., percentages and population estimates) for policy makers. When the various surveys are repeated regularly and long enough it is even possible to indicate societal changes. As a result, journalists prefer to contact the experts in public health and not the sociologists.

The mistrust in qualitative research originates from the problem of reliability (Johnson & Waterfield, 2004). However, the dilemma lies in the fact that qualitative research often seems to be too entangled with theories and its empirical output is seldom measurable. Thus it is difficult for scientists unfamiliar with qualitative research to assess its relevance and to understand what is evidence based and what is simply theorisation. No wonder that skilled researchers yield to the pressure and decide to abandon human-interest issues for mainstream topics (such as effectiveness, best practices, health promotion) in order to get published in high-impact journals, and to give up qualitative methods for quantitative software in order to ensure better chances of securing funding. Scientists who criticise qualitative research usually do not understand its scientific advantages and merits and are unaware of the various data collection techniques (e.g., focus-group interviews, ethnography) and its wide range of

Submitted: 11 April 2017; accepted: 11 April 2017

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methods (e.g., narrative analysis, concept maps, frame analysis).

Instead of trying to justify the relevance of qualitative research in the public health field, social scientists should remind themselves of some of the major contributions made by academics and professionals in the past and their positive impact on addiction research. Erving Goffman's (1963) work on social identity and its stigmatisation made marginalised individuals and social groups visible and brought the concept of "stigma" to the attention of addiction researchers. Many qualitative studies have been made since: focusing on stereotypes that enforce stigma, rejection experiences of substance users, treatment, parenthood, family life, and the end of stigmatisation (Centre for Addiction and Mental Health, 1999). Other studies have tackled the phenomenon of social inequality among substance users and the public stigmatisation of problem gamblers (e.g., Hing, Russell, Gainsbury, & Nuske, 2016; Room, 2005).

Another major contribution to addiction research was made by scientists and professionals who took an interest in gender differences. Before the 1980s, literature on alcoholism and problem gambling was mostly based on findings on male participants only, because there were not enough (or any) females in the studies to do a separate analysis (Mark & Lesieur, 1992). On the one hand, the quantitative analysis of gender differences indicated changes in female substance use and gambling (Plant, 1997; Volberg, 2003) and made it possible to understand factors that characterised both male and female substance use and gambling. On the other hand, studies on patients and AA or GA members later paved the way for qualitative studies on women who had not yet received counselling or treatment for their drinking, drug, or gambling problems (Straussner & Brown, 2002; Van Den Berg, 1991). The current trend in addiction research seems to be the imprinting of gender sensitivity in counselling and treatment – for both women and men (Karter, 2013; Woodford, 2012).

Addiction research benefits from quantitative and qualitative research. A way forward from the dilemma evoked by qualitative research would be the adaptation of mixed approaches in the examination of prevalence and the harmful consequence of substance abuse and gambling. This would not mean giving qualitative research a supplementary role: instead, two approaches could complement each other with different degrees of dominance (Burke Johnson, Onwuegbuzie, & Turner, 2007; Johnson & Waterfield, 2004). The hardcore advocates of quantitative methodology could also learn something from scientists who have innovated data collection techniques by applying the longitudinal research method in their qualitative studies (Reith & Dobbie, 2013; Thomson & Holland, 2003).

Our understanding about problematic lifestyles and addictive behaviours should reach further than prevalence studies or social inequalities in health (Hellman, 2017). Individuals are not always interested in what is best (or healthy) for them (Wright Mills, 1970). Interviewing different populations about their lives related to drinking, drug use, and gambling and about their views of the related public policies can be very illustrative from a societal perspective and of course from a policy perspective. Prevalence findings rarely reflect what happens in substance abusers' or problem gamblers' everyday lives and in their social environment.

Nordic universities should facilitate the learning of different types of possible data, data collection techniques, and scientific methods. Every researcher needs a bit of C. Wright Mills' sociological imagination, "the capacity to range from the most impersonal and remote transformations to the most intimate features of the human self – and to see the relations between the two" (1970, p. 14). Innovation begins with imagination, wit, and experimentation.

#### **Declaration of conflicting interests**

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

This study was funded by the Finnish Ministry of Social Affairs and Health (Lotteries Act 52§).

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