Pranee Liamputtong

Performing Qualitative
Cross-Cultural Research

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Cross-cultural research is rife with ethical and methodological challenges but, despite the increased demand for such research, discussions on 'culturally sensitive methodologies' are still largely neglected. Consequently, researchers often find themselves faced with difficulties but lack information on how to deal with them. This text provides an in-depth discussion on how to perform qualitative research in cross-cultural contexts with an emphasis on a more ethical, sensible and responsible approach. Pranee Liamputtong suggests culturally sensitive and appropriate research methods that would work well with cultural groups. She offers thought-provoking perspectives and diverse cultural examples that will be of value to both novice and experienced cross-cultural researchers. Throughout the volume there are references to the excellent work of many cross-cultural researchers who have paved the way in different social and cultural settings.

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Performing Qualitative Cross-Cultural Research

Pranee Liamputtong

To my parents
Saeng and Yindee Liamputtong
and
To my children
Zoe Sanipreeya and Emma Inturatana Rice

Contents

Preface

The reasons I wrote this book are many. For one, I am the product of cross-cultural identity. My grandparents, apart from my paternal grandmother, were migrants who escaped poverty from the south of China and settled in the south of Thailand, where I was born and raised. Throughout my childhood, I was constantly made aware of my 'alien' status within the local Thai community. It was not only my 'ethnicity' but also my 'poverty' that continued to plague my childhood. We were misunderstood about so many things, and often people would look down on us – the alien and the poor family. I survived all of this and I have always vowed to myself that I would write something about cross-cultural issues when I had the chance, and that chance has arrived. This is the reason for the birth of this book.

Second, because of my own cultural identity, I have great interest in the lives of 'cultural Others' who are also marginalised in society. In particular, I have been touched by writers who come from non-Western societies or those who have been marginalised due to their race and ethnicity. The story that I found most touching was when the tennis star Arthur Ashe announced that he had AIDS, a *People* magazine reporter asked him: 'Mr Ashe, I guess this must be the heaviest burden you have ever had to bear, isn't it?' Ashe said: 'It is a burden, all right. But AIDS isn't the heaviest burden I have had to bear … Being black is the greatest burden I've had to bear' (in Ashe & Rampersad 1993: 139). Because of my interest, I wanted to learn how cross-cultural researchers perform their research. Once I started, I couldn't stop. I found more and more interesting aspects of cross-cultural research and this prompted me to write this book.

Third, I have been doing research with ethnic minority groups in Australia. Often, I come across issues that I think researchers who wish to carry out their work in different cultures ought to know, not only for their projects to become a success, but also for the well-being of the research participants. Cross-cultural researchers must do their research sensibly and responsibly. What they do should not further marginalise people or harm them in any

way. This book deserved to be born, since there is no other book which dedicates the entire discussion to how to do research in cross-cultural settings.

This book is written so that more justice will result in many research projects and hence we will no longer see the exploitation of our research participants in this world. To be more ambitious, my wish is that this book will help to address what Martin Luther King wrote in his *Letter From the Birmingham Jail* (1994: 2–3): 'Injustice anywhere is a threat to justice everywhere.' Perhaps, 'justice anywhere is a path for justice everywhere' will be what we see in the future!

I realise that what I write in this book may not please everyone because there is no way that I can cover every angle of performing cross-cultural research. However, there is a need for me to speak about what I believe is important in this volume. As Audre Lorde (1984: 40) says: 'I have come to believe over and over again that what is most important to me must be spoken, made verbal and shared, even at the risks of having it bruised or misunderstood.' This is because if we do not speak out or share with others, as Trinh T. Minh-Ha (2006) warns, people will speak for us and our work will be criticised and misinterpreted. This is not a self-indulgence, I can assure you. Rather, it is the way for me to bring forth troubling issues that have always stayed in my heart. I believe that it is also important for other social scientists to appreciate these issues.

I would like to express my gratitude to several people who have helped to make this book possible. First, I thank John Haslam, acquisitions editor at Cambridge University Press, who believes in the virtue of this book and contracted me to write it. I thank him wholeheartedly. I wish to thank Rosemary Oakes, my dearest friend, who would diligently read through, comment and edit my chapters before I sent them to John. She sacrificed much of her time to assist me with the final touches of this book. Rosemary's help is greatly appreciated. I also want to express my thanks to Carrie Cheek, assistant editor at Cambridge University Press, who worked with me on the book cover and the production of the book. Last, I thank my two daughters, Zoe Sanipreeya Rice and Emma Inturatana Rice, who put up with my busy writing tasks. Bringing both of you up cross-culturally has also been an inspiration for me to write this book.

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Pranee Liamputtong
Melbourne, March 2009

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About the author

Pranee Liamputtong is a Personal Chair in Public Health at the School of Public Health, La Trobe University, Melbourne, Australia. Pranee has previously taught in the School of Sociology and Anthropology and worked as a public health research fellow at the Centre for the Study of Mothers' and Children's Health, La Trobe University. Pranee's particular interests include issues related to cultural and social influences on childbearing, childrearing and women's reproductive and sexual health.

Pranee has published several books and a large number of papers in these areas. These include: *Maternity and Reproductive Health in Asian Societies* (edited with Lenore Manderson, 1996); *Asian Mothers, Western Birth* (1999); *Living in a New Country: Understanding Migrants' Health* (1999); *Hmong Women and Reproduction* (2000); *Coming of Age in South and Southeast Asia: Youth, Courtship and Sexuality* (edited with Lenore Manderson, 2002); *Health, Social Change and Communities* (edited with Heather Gardner, 2003). Her more recent books include: *Reproduction, Childbearing and Motherhood: A Cross-Cultural Perspective* (2007); *Childrearing and Infant Care Issues: A Cross-Cultural Perspective* (2007); *The Journey of Becoming a Mother amongst Thai Women in Northern Thailand* (2007); *Population, Community, and Health Promotion* (edited with Sansnee Jirojwong, 2008); and *Infant Feeding Practices: A Cross-Cultural Perspective* (to be published in 2010).

Pranee has published several research methodology books. Her first was titled *Qualitative Research Methods: A Health Focus* (with Douglas Ezzy, 1999; reprinted in 2000, 2001, 2003, 2004); the second edition of this book is titled *Qualitative Research Methods* (2005, reprinted in 2006, 2007, 2008); and the third edition, *Qualitative Research Methods*, is authored solely by herself (2009). Pranee has also published a book on doing qualitative research online: *Health Research in Cyberspace: Methodological, Practical and Personal Issues* (2006). Her new books include: *Researching the Vulnerable: A Guide to Sensitive Research Methods* (2007); *Undertaking Sensitive Research: Managing Boundaries, Emotions and Risk* (with Virginia

Dickson-Swift and Erica James, 2008); *Knowing Differently: Arts-Based and Collaborative Research Methods* (edited with Jean Rumbold, 2008); and *Doing Cross-Cultural Research: Ethical and Methodological Issues* (2008). Two further methodology texts include *Research Methods in Health: Foundations for Evidence-Based Practice* and *Focus Group Methodology: Principles and Practices* will be published in 2010.

About the book

This book comprises nine chapters. In the first chapter, I discuss the necessity of performing qualitative cross-cultural research. As in any good methodology textbook, I provide some theoretical standpoints that I believe sit neatly within the framework of cross-cultural research. Chapter 2 introduces crucial issues regarding ethical and moral perspectives in performing cross-cultural research. Some general discussions on ethical and moral issues which have been debated in the literature, historical examples of research which have exploited many individuals and communities, and issues relating to ethical principles and informed consent are presented. This chapter also includes discussions on the risk and harm which may befall cross-cultural researchers themselves.

In Chapter 3, issues relevant to accessing potential research participants are raised. I point to some strategies which will assist researchers to gain access and to maintain relationships with their participants so that their research projects may run successfully. Chapter 4 discusses cultural sensitivity in cross-cultural research. I argue that cultural sensitivity is an important issue in conducting research with people from different cultures. This chapter provides some suggestions about how to become a responsible researcher when working with cultural groups.

I introduce the issue of the insider and outsider status of cross-cultural researchers in Chapter 5. I suggest that the insider and outsider dichotomy based on cultural attributes 'remains contested', as there are other issues at hand and these include gender, social class, age and other social characteristics. These issues are covered in this chapter. In Chapter 6, I point to the importance of language and communication in cross-cultural research. Often, researchers and their participants are from different linguistic backgrounds. This can have a great impact on the research process and its success. In this chapter, I discuss issues pertaining to language and relevant to bicultural researchers, and working with interpreters and/or translators. I also introduce forward- and back-translation issues in this chapter. Last,

discussions on the transcription in its original language and a translation method which cross-cultural researchers may adopt in their qualitative research are provided.

Chapter 7 begins the discussion of qualitative research methods which represent personal and collective testimonies: oral/life history and focus group methods. The essence of oral/life history and focus group methods and some examples of cross-cultural research which make use of these methods are detailed. Chapter 8 continues people's testimonies in cross-cultural research, but it emphasises personal and collective testimonies within a collaborative effort. This chapter is dedicated to the methodology of community based participatory research (CBPR), and includes discussions on CBPR, participatory action research (PAR) and the photovoice method.

In the last chapter, I discuss the way we write to represent the voices of our research participants in cross-cultural research. There are several salient issues that I believe deserve great attention. For example, how do we write our research findings in a way that what we write will not further marginalise our participants, in what language should we write our findings, and who owns the research findings? Ways in which we can write up the findings sensitively and make use of innovative writing strategies are suggested. The last section is on the dissemination of research findings. How do we do this in cross-cultural research so that the findings can be fed back to our participants and reach a wider audience?

1 Performing qualitative cross-cultural research: an introduction

From the vantage point of the colonized, a position from which I write … the term 'research' is inextricably linked to European imperialism and colonialism. The word itself, 'research', is probably one of the dirtiest words in the indigenous world's vocabulary … It stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful.

(Smith 1999: 1)

Research by its very nature is inherently political; it is about the nature of power as well as access to power … The academy has been dominated by White middle-class and/or male researchers, whose political values and commitments have influenced social research, leading it to be predominantly Eurocentric, bourgeois and patriarchal in its agenda … This agenda has been informed primarily by the dominant groups, such that the 'marginal', the 'powerless' and the 'oppressed' have been the excessive object of study.

(Mirza 1998: 80)

Introduction

Historically, cross-cultural research has been an important part of the anthropological discipline. Researchers within this discipline have worked with people in different social, cultural and geographical settings, using mainly ethnography as their method of data collection. They are known as ethnographers. They have tried to conduct their research with the hope that they can 'interpret what is on the "inside", through the voices of informants' (Adler 2004: 107). This tradition continues. Although the ethnographers are performing cross-cultural research, in the past they have also been seen as the 'takers and users' who 'exploit the hospitality and generosity of native people' (Trask 1993: 7; see also Minh-Ha 1989, 2006). Through their ethnographic gaze, anthropologists have collected information from native peoples, classified the people, and then represented them as the 'Others' to the extent that they are often seen by native people as 'the epitome of all that is bad

[about] academics' (Smith 1999: 67). Surely, we need to undo this perception of indigenous/native people, and this is why we need a book about performing qualitative cross-cultural research. This book may help cross-cultural researchers to avoid repeating our history of treating local people badly.

The presence of indigenous populations in countries such as Canada, the United States, New Zealand and Australia has a great ramification for social science researchers. These indigenous people have been colonised and have become marginalised in their own native lands. More disturbingly, their traditional knowledge and ways of living have been stolen, damaged and destroyed by the colonising process (Smith 1999, 2006a, 2006b, 2008; Iwasaki *et al.* 2005; Walker *et al.* 2006; Aspin & Hutchings 2007; Bartlett *et al.* 2007; Salmon 2007; Bishop 2008; Denzin *et al.* 2008a, 2008b; Cram 2009). Inequalities in education, employment, health, living conditions and opportunities among indigenous people (in comparison to white, dominant groups) continue to exist while the 'mainstream' societies have become even wealthier. Indigenous people continue to disproportionately represent those who are poor, sick and disadvantaged in health, welfare and opportunity in nations such as Australia, Canada, New Zealand, the United States (see Rock 2003; Iwasaki *et al.* 2005; Walker *et al.* 2006; Bartlett *et al.* 2007; Bishop 2008; Smith 2008; Cram 2009). Rates of imprisonment, suicide and alcoholism are disproportionately high among indigenous populations around the globe (Smith 1999). Deaths in custody of indigenous Australian men are well known and continue to the present time. This has led some social science researchers to suggest that indigenous groups live in the *fourth world* (O'Neil 1986; Bartlett *et al.* 2007). It has been suggested that dealing with these problems among indigenous people should be seen as 'a top priority', not only in policy making and service provision, but also in research (Bartlett *et al.* 2007: 2372).

Because of concern about reducing inequalities between the indigenous peoples and the 'white' populations, there have been attempts to include these vulnerable people in the research arenas. But as we have witnessed, research concerning indigenous people has been intensely biased by Eurocentric philosophies and paradigms (Smith 1999, 2008; Edwards *et al.* 2005; Walker *et al.* 2006; Bartlett *et al.* 2007; Robinson & Trochim 2007; Bishop 2008; Denzin *et al.* 2008a; Cram 2009). Linda Tuhiwai Smith (2008: 116) points out that indigenous people around the world become people who are 'the "most researched" people in the world', but that the research has not improved their lives and well-being. Indigenous peoples have often voiced their concerns about the 'problem of research'. In Aotearoa/New Zealand, for example, Māoris have been heavily researched by Pakeha (non-Māori) researchers, who

not only neglected to involve Māoris in the development of their research (Walsh-Tapiata 2003: 55), but also have marginalised them as people who have problems and who cannot cope or deal with their problems (Bishop 2008; Smith 2008; Cram 2009). Pakeha researchers gain great benefit from their research, but not for Māoris. This has happened similarly to indigenous people in other parts of the world, too. From the indigenous perspectives, Linda Tuhiwai Smith (2008: 116) contends, research is 'so deeply embedded in colonization that it has been regarded as a tool only of colonization and not as a potential tool for self-determination and development'. It has now been realised that research in a number of areas, including social welfare and health needs, is crucial (Walsh-Tapiata 2003; Bishop 2008; Smith 2008; Cram 2009). But this research must employ culturally sensitive and empathetic approaches which take into consideration the issues and problems which are important for the people who are being 'researched' (Smith 1999; Cram 2009).

There are also those ethno-specific groups who have lived for long periods in some Western societies, such as African Americans in the United States and Caribbean-born people in the UK. These people have also been marginalised by social, cultural and political factors. Many of them have been caught in research endeavours carried out by researchers who exploited and abused them or who had little or no regard for the cultural integrity of these people. This has tremendous implications for cross-cultural research at the present time.

Multicultural societies such as the UK, the USA, Canada, New Zealand and Australia contain an increasing number of people from different cultural, ethnic and linguistic backgrounds. These people may arrive as immigrants (legal and illegal) or as refugees who have fled war-torn countries. Many of them have health problems and no access to social benefits. Their health and well-being have implications for the provision of culturally sensitive health and social care in the host societies. Hence, the provision of culturally sensitive care has become 'a necessity' (Dunckley et al. 2003; Tsai et al. 2004: 3; Barata et al. 2006).

Globally, too, we have witnessed many poor people become vulnerable to health and social issues. These people have also been subject to abuse and exploitation in intervention and experimental research (see Macklin 2004). Because of their poverty and powerlessness, many have been coerced into research endeavours which render them more vulnerable. At the present time, we are still witnessing this. Do we, as social science researchers, have a moral obligation to provide culturally competent care to these marginalised people?

The need for culturally competent social and health care requires knowledge of the social and cultural contexts of the people, and this can be

obtained by research, and particularly by the qualitative approach (Esposito 2001; Papadopoulos & Lees 2002; Hall & Kulig 2004; Tillman 2006; Smith 2008; Liamputtong 2008, 2009). Many researchers have started to conduct projects with vulnerable and marginalised people in a cross-cultural context. But it is crucial that the researchers ensure that their research is conducted ethically and that they take into account the cultural integrity of the participants. As a result, their research may not harm but benefit local people who take part in it (Smith 1999; Borkan *et al.* 2000; Liamputtong 2008; Smith 2008; Chilisa 2009; Cram 2009).

Despite the increased demands on cross-cultural research, as Esther Madriz (1998: 7) contends, discussions on 'culturally sensitive methodologies' are still largely neglected in the literature on research methods, including qualitative methods. As a result, people who are working within socially responsible research in cross-cultural settings often confront many challenges with very little information on how to deal with these difficulties. Conducting cross-cultural research is rife with ethical and methodological challenges (Small *et al.* 1999a, 1999b; McDonald 2000; Best 2001; Hall & Kulig 2004; Mkabela 2005; Bishop 2008; Hennink 2008; Liamputtong 2008). This book is born out of this need.

In this first chapter, I shall introduce the case with which I wish to start the discussion about the necessity of performing qualitative cross-cultural research. Then, I shall proceed to stage the essence of qualitative research in cross-cultural research. As in any good methodology textbook, I shall then provide some theoretical standpoints that I believe sit neatly within the framework of cross-cultural research.

Before proceeding further, I must make it explicit that individuals or groups that I will refer to in this book include those who are indigenous populations, ethnic minority groups in Western societies and those living in non-Western societies who are also poor and vulnerable socially, culturally, politically and economically. Hence, my discussions may at times refer to indigenous people, immigrants, refugees, ethnic minorities, Aboriginals and cultural groups interchangeably.

A case in point

I wish to commence this chapter with a case study that stems from my own ethnographic research with the Hmong community in Australia as a way of illustrating the challenges of research and the debates about working with

ethnic minority populations in cross-cultural research (see also Liamputtong Rice *et al.* 1994; Liamputtong 2009).

The story of Mai

Mai was thrity-four years old, married and had six children. Four children were born in a refugee camp in Thailand and two in Australia. Five of her children were born naturally. However, when Mai had her last child she was advised that she needed a caesarean section since the baby was in a transverse lie. Mai refused the caesarean and insisted that she could give birth naturally. She was told that if she attempted a vaginal birth the baby might not survive. Because of her concern about the survival of her baby, Mai agreed to a caesarean. However, the caesarean was carried out under a general anaesthetic and she was alone in the operating theatre as her husband was not allowed to stay with her. Since the birth of that child, Mai had been physically unwell. She saw a number of specialists about her health, but they were not able to find anything wrong with her.

Mai believed that while she was unconscious under the general anaesthetic one of her souls, which takes care of her well-being, left her body and was unable to re-enter. Because she was moved out of the operating theatre and regained consciousness in a recovery room, she believed that her soul was left in the operating theatre. She strongly believed that the departure of this soul was the main cause of her ill health because she frequently had bad dreams in the following ten months. The dreams occurred two or three times a week. Each time, after the dream, she felt very ill and had bad pains. In her dreams, she wandered to far-away places. She did not know where she was going since she had never seen these places before. It was as if she just had to keep walking and there was no ending. Mai believed that this was a sign that her lost soul wandered in another world.

The Hmong believe that each person has three souls. A soul is called 'plig' in Hmong. One soul is to look after the body when a person is still living. When the person dies, this soul travels to the other world and awaits the opportunity for rebirth. A second soul stays to look after the grave of the person after his/her death and is not reincarnated. A third soul travels to live with the ancestors in the other world. If all souls reside in the body, a person is well and healthy. A soul may wander off occasionally, but is usually able to return to its body. Ill health occurs when a soul leaves the body because it is frightened away for various reasons and is unable to find its way home. The causes of soul loss are many, for example injury and wounds, a great

fall, a loud noise, being alone in darkness, feeling sad and lonely, and being unconscious. Common symptoms include tiredness and weakness, headaches and fever, loss of appetite but increased thirst, insomnia, and frequent dreams of being in a strange place with a stranger.

In order to regain her health, Mai believed that she must undergo a soul calling ceremony and that this would have to be performed at the operating theatre in which the caesarean had been done, and where her soul would still be waiting to be called back. I asked her if she had approached the hospital, but her instant response was that it would not be possible since the hospital staff would not understand her customs and would refuse the request, since the ceremony involved a live chicken and the burning of an incense stick. Her husband made the comment that it was hard enough to accompany his wife into the operating theatre, so it would have been impossible to perform a ceremony which is alien to Western health care providers. Because Mai felt unable to perform a soul calling ceremony at the operating theatre, the family believed that her soul had transformed into another living thing because it had left her body for a lengthy period of time. Thus, as a consequence, her health continued to deteriorate.

Concerned about the well-being of Mai, I promptly had a meeting with my superior and discussed the possibility of taking Mai back to the hospital to perform a soul calling. My superior immediately contacted one of the hospital staff. Through this person the Deputy Chief Executive Officer of the hospital agreed to the request. Her positive response was that 'the hospital is more than happy to do anything for the woman if this can help her'. She then left the name of a person to contact for making the arrangements.

I approached the operating theatre manager to arrange the soul calling ceremony. I was told the operating theatre was quite busy during the week, so I suggested that Mai had it done at the weekend. Since the date was not important, Mai agreed to have the ceremony performed on a Sunday morning. At eight o'clock one Sunday morning, Mai, her husband and a shaman met us on the ground floor of the hospital with the essential ingredients, including a live chicken in a cardboard box. We reached the operating theatre, where the charge nurses were expecting us. They were very helpful and supportive. They showed Mai where she was put to sleep and where she regained consciousness. They also showed her the path along which she was carried to the operating theatre, because they wanted to ensure that the ceremony was performed appropriately. At half past eight the shaman performed the soul calling ritual in the operating theatre. There, it took him about twenty minutes to persuade Mai's soul to come home with her. However, to ensure that the soul would not be confused with the body and where it belonged,

the shaman also performed the same ritual at the spot where Mai regained consciousness in the recovery room. This took him only ten minutes. Then we all went back to Mai's house to perform another ceremony. This was to welcome the soul back to its home.

Could this situation have been avoided? I believe it could if the cultural beliefs and practices of the Hmong women had been taken into account. No doubt, in this particular case, a caesarean section was essential for the survival of the infant. However, it could have been managed differently. For example, an epidural anaesthetic could have been used, and Mai's husband should have been with her in the operating theatre so he would be able to call her soul into the recovery room for her.

The positive aspect of this ceremony was the agreement of the hospital to allow Mai and her family to perform a soul calling ceremony in the operating theatre, in addition to the concerns about her well-being by hospital staff. This illustrates how mainstream health services can provide culturally sensitive care to consumers from different cultural backgrounds, if they are informed of these cultural beliefs and practices.

Within multicultural societies such as Canada, New Zealand, the UK, the United States and Australia, different cultural sensibilities need to be understood not only as a matter of cultural tolerance, but because they may have a direct effect upon the health and well-being of a mother and her newborn, as well as on the use of health services. A knowledge of existing patterns of childbirth beliefs and practices amongst Hmong women should be a prime concern in establishing maternal health programmes in Australia. This knowledge can improve our understanding of women's acceptance or rejection of certain practices and health resources. When misunderstanding and mismanagement are eliminated, there will be better health care delivery for consumers from different cultural backgrounds. This is particularly important among the Hmong, since the majority of Hmong women are of childbearing age. Because the Hmong put a high value on having many children, they will be major users of mainstream health services, and health care providers will have more contacts with Hmong women.

But how we do acquire this culturally appropriate knowledge from individuals who come from different cultural backgrounds? It is only through qualitative enquiry which allows the researchers to work closely with the participants, and which allows them to build trust and rapport with them; the participants have their opportunities to articulate their needs and concerns in great depth. This is what I advocate in this book, and I shall come back to this point in the latter part of it.

Participation in research and cultural groups: suspicion and fears

It is important to avoid causing suspicion and fear, and thereby maintain the trust of … broader communities, for it is from a position of trust that we are able to continue the work that we – and hopefully others – value. (Israel & Hay 2006: 5)

History is filled with the abuse and exploitation of ethnic, non-Western and indigenous people which was calculatedly carried out by Western researchers in experimental or intervention research. It is not surprising that this has resulted in suspicion and fears among these groups (see also Chapter 2).

Increasingly, the literature has pointed to the reluctance and low participation in biomedical and positivist research of indigenous, non-Western and ethnic minority groups. Several indigenous writers (Smith 1999, 2008; Lomawaima 2000; Aspin & Hutchings 2007; Bartlett *et al.* 2007; Salmon 2007; Bishop 2008) have shown that indigenous peoples around the globe are very suspicious of research, particularly positivist projects which have placed them as the 'Others' and socially pathologised them. As Russell Bishop (2008: 147) points out, Māori people in Aotearoa/New Zealand have been researched by the colonisers using 'colonial paradigms':

A social pathology research approach has developed in Aotearoa/New Zealand that has become implied in all phases of the research process: the 'inability' of Māori culture to cope with human problems and propositions that Māori culture was and is inferior to that of the colonizers in human terms.

Similarly, studies which examined perceptions of medical research among ethnic minorities have shown that these people generally 'have more negative feelings towards research than their White counterparts' (Robinson & Trochim 2007: 523; see also Mouton *et al.* 1997; Kressin *et al.* 2000; Shavers *et al.* 2002). Participation rates in prevention trials in particular have been significantly lower among ethnic minority populations (see Giuliano *et al.* 2000).

What is more disturbing, to me and many others, is that the low participation rates of ethnic minority groups may lead to the negative assumptions that indigenous and ethnic minority groups are not willing to participate in research. For example, there is an assumption that parents of children from ethnic minority groups 'are uncaring or lack the education to understand the value of the research' (Fisher & Ragsdale 2006: 6). However, the reality of their refusal is that these parents do not 'trust the motives of the researchers,

do not believe the research goals will benefit their communities, are fearful that the research will further stigmatize their children, or are concerned that confidentiality breaches will lead to unnecessary government intrusion' (Fisher & Ragsdale 2006: 6; see also Fisher & Wallace 2000; Fisher 2004).

A recent survey undertaken by Corbie-Smith *et al.* (2002) with 1,000 African-American and white adults showed that African Americans were more likely to say that individuals from their ethnic groups would be used as 'a guinea pig' without their consent. They were also likely to state that doctors often gave out medications for conducting experiments on people without their consent, or provided treatment as part of their experiment without getting their permission. Sengupta *et al.* (2000) carried out a survey of thirty African-American adults in order to examine factors which might affect their participation in AIDS research. More than half of them said that black people are very suspicious of research that is undertaken in their communities. They also believed that the African-American community had not benefited from any AIDS research with which the US government had been involved. Vicki Freimuth and colleagues (2001) also found that the lack of trust in the informed consent procedures and the researchers among African Americans was a great barrier to recruitment in their research.

Similar suspicion and fear have also been reported in studies concerning HIV and mental health among black women (see Tharao & Massaquoi 2002; Onwumere *et al.* 2002; Mills *et al.* 2006; Suite *et al.* 2007; Williams *et al.* 2009). This is not surprising when one listens to folklore within the African-American communities: 'The legend was that unsuspecting Black people would be kidnapped, usually at night, and taken to hospitals to be killed and used in experiments' (Wallace 2006: 68). This suspicion and distrust is born out of the ethical horror story of the Tuskegee syphilis experiment (see Chapter 2). As Tovia Freedman (1998: 945) succinctly puts it: 'As long as the Tuskegee Experiment is imprinted in the concerns of Black persons, no matter what their educational background and training, the fear of "becoming guinea pigs for White people" will be difficult to dispel' (see also the recent discussion provided by Susan Reverby (2008)).

In some Asian countries, according to Eun-Ok Im and colleagues (2004: 897), surveys and interviews were once used to enforce taxes on lay people by government officials. Hence, in certain situations, researchers may find that their attempts to gain trust from potential research participants can be problematic. Im *et al.* (2004: 897) point out that 'the difficulty that researchers face in developing a sense of trust from participants can be even more pronounced when the researcher does not speak the same language, or

is of a different ethnicity [from] the participants' (see also Chapters 5 and 6 in this volume) .

But this does not mean that indigenous and ethnic minority people do not wish to participate in research. Wendy Wendler *et al.* (2006) have shown that although ethnic minority people have lower participation rates, they are as willing as their white counterparts to participate in research. Sengupta *et al.* (2000) also show that they wish to help their community by taking part in research. And Freimuth *et al.* (2001) have also suggested in their study that African Americans see the value of some types of research.

Because of a negative perception of the research process, which is based on the history and personal experiences of indigenous, ethnic minority and cultural groups, researchers need to reconsider their research design to make it more culturally appropriate for these groups (G. Smith 1992; Rigney 1999; L. Smith 1999, 2008; Lomawaima 2000; Robinson & Trochim 2007; Tillman 2006; Bartlett *et al.* 2007; Bishop 2008; Dillard 2008; Liamputtong 2008). This is particularly so for the design and implementation of a research project, including recruitment, methodology, the process and the outcomes of the research. If the researchers pay more attention to the social and cultural needs of these people, and employ culturally appropriate research methodology in a manner that reduces or eliminates their suspicions and fears about the research, then they may be more willing to participate in the research (see Smith 1999; Tillman 2006; Bishop 2008; Dillard 2008; see also later sections on theoretical frameworks). Most qualitative approaches, which are based on the methodology of healing, love, compassion and the decolonisation of hegemony of positivist science, permit this.

Qualitative methodology and cross-cultural research

> Qualitative research is known for giving voice to people, to hearing people's own personal narrative and using the language of our participants in research. (Munhall 2006: 4)

In this book, I advocate the use of qualitative research inquiry. Qualitative research is essential when there is little knowledge of a research area which deals with 'the questions of subjective experience and situational meaning' (Davies *et al.* 2009: 6). A qualitative approach provides 'a better opportunity for conveying sensitivity' (p. 6). As such, it helps to eliminate or reduce the distrust that individuals from ethnically diverse communities may have towards research and the researchers (Skaff *et al.* 2002; Levkoff

& Sanchez 2003; Liamputtong 2007a; Davies *et al.* 2009; Liamputtong 2009).

I contend that cross-cultural research cannot be too rigid and too 'objective', as in positivist (quantitative) science. As Russell Bishop (2008: 171) suggests, much positivist research has insisted on using 'researcher-determined positivist and neopositivist evaluative criteria, internal and external validity, reliability, and objectivity' and this has 'dismissed, marginalized, or maintained control over the voice of others'. It is impossible to 'measure' people, or to 'generalise' about people, if the researchers wish to understand people within the context of their own society and culture. We are at a juncture of social turmoil in the twenty-first century, when too many people struggle with health and social difficulties and inequalities in their lives. Social scientists have a moral obligation to do something to improve the lives of many marginalised people in different cultures, and it is more likely that a qualitative approach will allow us to accomplish this task.

Qualitative research relies heavily on 'words' or stories that people tell researchers. The focus of this approach is on the social world instead of the world of nature. Fundamentally, researching social life differs from researching natural phenomena (Liamputtong 2010). In the social world, we deal with the subjective experiences of human beings, and our 'understanding of reality can change over time and in different social contexts' (Dew 2007: 434). Essentially, qualitative research aims to 'capture lived experiences of the social world and the meanings people give these experiences from their own perspective' (Corti & Thompson 2004: 326; Liamputtong 2009).

Qualitative research emphasises interpretation and flexibility. The interpretive and flexible approach is necessary for cross-cultural research because the focus of such research is on meaning and interpretation (Denzin & Lincoln 2008; Liamputtong 2007a, 2009). As Martyn Hammersley (1992: 45) suggests, qualitative data are reliable because they 'document the world from the point of view of the people … rather than presenting it from the perspective of the researcher'. For most qualitative researchers, it is accepted that in order to understand people's behaviour, we must attempt to understand the meanings and interpretations that people give to their behaviour.

Because of its flexibility and fluidity, qualitative research is suited to understanding the meanings, interpretations and subjective experiences of individuals (Liamputtong 2007a; Denzin & Lincoln 2008; Dickson-Swift *et al.* 2008; Liamputtong 2009). Qualitative inquiry allows the researchers to be able to hear the voices of those who are 'silenced, othered, and marginalized by the dominant social order', as qualitative methods 'ask not only "what is

it?" but, more importantly, "explain it to me – how, why, what's the process, what's the significance?"' (Hesse-Biber & Leavy 2005: 28; Denzin & Lincoln 2008: Liamputtong 2009). The in-depth nature of qualitative methods allows the researched to express their feelings and experiences in their own words (Liamputtong 2007a; Bryman 2008; Padgett 2008; Liamputtong 2009). This approach is particularly appropriate and essential for researching those communities 'who have historically been described as oppressed but who are wanting to take control of their situation and move towards social change' (Walsh-Tapiata 2003: 60). Here, I refer to many indigenous communities in the world. Linda Tuhiwai Smith (2008: 136) writes:

Qualitative research is an important tool for indigenous communities because it is the tool that seems most able to *wage the battle of representation* … to weave and unravel competing *storylines* … to situate, place, and contexualize; to create spaces for decolonizing … to provide frameworks for hearing silence and listening to the voices of the silenced … to create spaces for dialogue across difference; to analyse and make sense of complex and shifting experiences, identities, and realities; and to understand little and big changes that affect our lives.

In their research on drug use and risky sexual behaviour with young, low-income Latina women, Cathy Lindenberg and colleagues (2001) used a qualitative approach. Lindenberg *et al.* (p. 134) tell us that 'through the use of qualitative research methods and talking directly with clients and providers, we gained understanding of the beliefs, knowledge, practices, and social context in which young, Latina, low-income, immigrant women make their drug use and sexual behavioural choices'. In this study, they adopted focus group methodology and individual ethnographic life stories. They say that these methods were 'indispensable to understanding the contextual and cultural realities in which Latinas make their alcohol, drug use, and sexual decisions'.

Paul Jackson (2000: 347) tells us about a research project in which he had been involved in Zimbabwe in 1998. The project adopted a methodology referred to as an 'enabling state assessment methodology' (ESAM). It was developed because of a general dissatisfaction with conventional (positivist) methodologies in the African context. Often, surveys were used to obtain information from local people. Jackson (p. 348) contends that positivist methodologies do not fully capture the views or agendas of local people. On the contrary, participative research methodology 'relies upon local people to formulate ideas and then to test them against their own experience'.

The opinions of Zimbabwean entrepreneurs about the traditional methodologies of questionnaires and the more participatory-based approach were markedly different. The participatory approach allowed many participants to express and explore their own ideas, which they felt would have been missed by positivist methodologies. One participant who has been subject to numerous research projects said that none of the approaches in which he had been asked to participate 'had allowed him to actually get his views across. He had filled in numerous questionnaires, but had received very little feedback or interaction with the research team'. On the contrary, the 'hands on' approach of the participative research 'had allowed him not only to express and develop his opinions, but also to meet and discuss these issues with other stakeholders' (p. 356).

Qualitative research, Edward Morris (2007: 410) contends, has functioned as 'the sociological vanguard' for exploring cross-cultural issues. Because of the ability of qualitative approaches to closely follow social processes as they emerge and change, the inquiry is particularly useful for examining race, culture and ethnicity as 'the product of social interaction'. In her research regarding women's experiences of education with South Asian girls and women, Mehreen Mirza (1998: 82) adopted a qualitative approach. She articulates on her choice of methodology:

I chose to pursue a qualitative research methodology in order to explore the girls' and women's lives from their own perspectives. I felt that the interview technique would best allow social process to be examined and questions of 'how' and 'why' to be answered. Thus the methodology would provide an informal environment which would encourage the women to discuss 'their experiences, beliefs and values, and the social meaning they attach to a given phenomenon' (Brah & Shaw 1992: 53). This was especially important as I sought to explore sensitive issues such as sexism, racism and culture, as well as the area of 'non-traditional subjects', which can be difficult. Interviewing enables respondents to move beyond answering the questions asked, to raising other issues and concerns which the researcher may not have considered or seen as relevant, thus providing considerable opportunity for respondents to control the interview and hence to dictate the content and form of the data.

In the case study of Mai I have presented above, what can we say about qualitative research? According to Robert Stake (2008: 134), ethnographic materials 'parallel actual experience, feeding into the most fundamental processes of awareness and understanding'. In particular, when the researcher provides a narrative account of the story, he or she allows an 'opportunity for *vicarious experience*, [and then] readers extend their perceptions of happenings' (original emphasis). In the case of Mai, readers are told some new things in a convincing manner, as if they had experienced them. Qualitative researchers posit that

knowledge is socially constructed, and that qualitative materials help readers in the construction of that knowledge (Schwandt 2000; Stake 2008). For a qualitative research community, Stake (2008: 120) asserts, a case story focuses on 'experiential knowledge of the case and close attention to the influence of its social, political, and other contexts'. To this I would add 'the cultural context'.

The example of Mai permits readers to experience the real life of the story. This is largely done by the provision of 'narratives and situational descriptions of case activity, personal relationship and group interpretations' (Stake 2008: 134) by the researcher. Readers come to know about the experience of a Hmong woman and how she sees health and illness in the context of Hmong culture. It is powerful enough to make policy makers listen and find the solution to improve her health.

Methodologically, what can we say about this story? Mai's story was found because of the nature of the qualitative methodology: a process of discovery. Would her story be found in quantitative research such as randomised controlled trials or other standardised measurements used in positivist science, which are seen as 'strong' or 'hard' methods? The answer is probably 'no'. It was only through the processes of in-depth discussion and a good relationship between Mai and me as a researcher that the story unfolded. And this is the beauty of qualitative inquiry.

In sum, qualitative research is an essential approach for performing cross-cultural research. We, as cross-cultural researchers, need to cast the net of our approach wider because we are now living in 'an era when the diversity of human experience in social groups and communities, with languages and epistemologies, is undergoing profound cultural and political shifts' (Smith 2008: 137).

Embracing healing methodology

It is important to 'drink from our own wells', from our own experience not only as individuals but also as members of a people. (Gutierrez 2003: xix)

In the time of global uncertainty and crisis that we are now facing, 'a methodology of the heart, a prophetic, feminist postpragmatism that embraces an ethics of truth grounded in love, care, hope and forgiveness, is needed' (Denzin *et al.* 2008a: 3). Hence, I am introducing the 'healing methodology' in this section.

Healing methodology is theorised by Cynthia Dillard (2008: 286), who argues that the approach is an essential ethic and methodology for working

with indigenous and African women. Healing methodology, accordingly, is 'a form of struggle against domination'. The methodology is 'consistent with the profound indigenous pedagogical tradition of excellence in the history of African people' (see also King 2005: 15). Healing methodology involves action; the researchers must 'engage and change' with situations which they encounter in their research endeavours. Dillard (2008: 286) asserts:

> We must fundamentally transform what research is and whose knowledge and methodologies we privilege and engage … In this spirit, there must be a 'letting go' of knowledge, beliefs, and practices that dishonor the indigenous spiritual understandings that are present in African ascendant scholars, given our preparation and training in predominately Western, male, patriarchal, capitalist knowledge spaces and the manner in which our spiritual understandings are negated, marginalized, and degraded.

The essence of healing methodology is 'spirituality and transformation' (Dillard 2008: 287). This methodology can work to counteract the negative attitudes of many African Americans towards research which was due to 'abusive hegemonic structures that have characterized the methodologies and practice of research in the Western academy' (see also Chapter 2, this volume).

Healing methodology encompasses the principles of 'unconditional love, compassion, reciprocity, ritual and gratitude'. Dillard (2008: 287) also refers to these principles as 'methodologies of the spirit'. These components are proposed as 'a way to honor indigenous African cultural and knowledge production and as activist practice designed to acknowledge and embrace spirituality in the process of all of us becoming more fully human in and through the process of research'. The first three principles are essentially relevant to performing cross-cultural research involving indigenous and marginalised ethnic communities. Hence, I shall focus my discussion on these three issues in the following paragraphs.

Love is the first principle of healing methodology. Too often, as bell hooks (2000: 287) says, researchers do not consider love as the wisdom which can produce 'reciprocal (and thus more just) sites of inquiry'. Love as knowledge will allow the practice 'of looking and listening deeply'. Thus, the researchers will 'know what to do and what not to do in order to serve others in the process of research'. Love also includes carefully seeking understanding of 'the needs, aspiration, and suffering of the ones you love' (Hanh 1998: 4). Deeply understanding the humanity of the individuals with whom we engage in the research process is 'a necessary prerequisite for qualitative work in the spirit' (Dillard 2008: 287; see also Chapter 4 in this volume).