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Abstracts

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Cardiac Rehabilitation: Home and Belonging in Participant Narratives

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The home features prominently as the context of cardiac rehabilitation (CR) practices. This can be crucial to adherence as the home can hold multiple meanings for individuals, such as a place of origin, privacy, security, and belonging. In this ethnography, analysis drew on postcolonial theory to examine how CR participants with diabetes incorporate recommended lifestyle changes into their daily routines. Postcolonial theory is concerned with meanings of home and belonging, and with the representation of knowledge. Interviews and participant journals were completed with 16 men and 11 women, and 14 identified as immigrants to Canada. As home is a place where bodily practices are developed and maintained, many participant narratives were contextualized within the domestic sphere. However, "home" was further expanded within these accounts to include weekend cottages, workplaces, and other locations where participants spent significant time. These were all settings where tacit, practical knowledge was deeply embedded but also called forth practices that were not compatible with CR prescriptions. Several participants described accounts of "unhomely" experiences in settings where they felt uncomfortable or out of place. Many immigrant participants spoke about "back home" and the subjugated knowledges lost in immigration. Often discussion about a prior home exhibited a sense of belonging and nostalgia for a place more conducive to a healthy lifestyle. Analysis of these disjunctures highlights the creative work of redefining everyday settings and practices during CR. The findings demonstrate the multiple sites and forms of knowledge that CR participants must combine to envision meaningful lifestyle changes.

The Central Problem Experienced by Mothers Who Use Illicit Drugs

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Illicit drug use is a major public health problem in Australia with illicit-drug-using women being one of the most marginalized minority groups in our society. With a paucity of literature related to the psychosocial phenomenon of the experience of illicit-drug-using mothers the problems faced by these women were not previously understood. To address this neglect, a grounded theory study in the Glaserian tradition was undertaken.

The central problem, relevant to all study participants, was the threat of loss. The threat of loss emanated from (a) judgment and disapproval by self and others; (b) being abused, controlled, overwhelmed, and dependent; (c) damaging myself and damaging my baby; (d) losing my baby or having my baby taken off me; (e) having a sense of not belonging; and (f) not trusting others and not being trusted. These problems resulted in loss of respect; loss of freedom; loss of health; loss of child; loss of identity; and loss of trust. Each loss experience had distinct characteristics but each was interconnected to other loss experiences where a loss in one area influenced or had a cascade effect to other loss experiences.

By providing a detailed interpretation of the scope, complexity, and interrelationships among different loss experiences, a better understanding of the lives of illicit-drugusing mothers has been achieved. This interpretation has provided a platform on which to articulate the basic psychosocial process these mothers used to manage the multiple challenges they faced.

The Inadequacy of Direction to Guide Novice Grounded Theorists

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Many human experiences defy measurement, and to understand social phenomena, one needs to interpret the meanings humans assign to events and situations. Qualitative research allows researchers to explore participants' experiences from within their social context and interpret, conceptualize, and develop theory on human behavior, values, culture, and relationships. Grounded theory (GT) was first discovered by Glaser and Strauss in the 1960s. The disciplinary roots of GT were in social psychology